To Whom It May Concern:

The American College of Osteopathic Emergency Physicians (ACOEP) representing nearly 5,000 osteopathic emergency medicine physicians and students joined by the American Osteopathic Association (AOA) representing 110,000 osteopathic physicians and osteopathic medical students, write to express strong concern about the potential classification of the medication Ketamine as a Schedule 1 drug.

It is our understanding that the Food and Drug Administration (FDA) is accepting stakeholder input through this request for comment in order to subsequently advise the 36th Expert Committee on Drug Dependence (ECDD) of the World Health Organization (WHO) as to whether Ketamine should be reclassified as part of a current review. We therefore provide the following comments for your consideration.

Osteopathic physicians are trained to treat the whole person. Specifically, for osteopathic emergency physicians, Ketamine is considered to be an important component in the daily treatment of patients. When administered appropriately by a trained physician (DO or MD), Ketamine provides great value and support to the emergency department in the sedation of pediatric and adult patients who are undergoing a painful procedure or as part of the arsenal in acute pain management. Ketamine has also been proven to be a preferred medication for the treatment and sedation of an intubated asthmatic patient. This medication has been well researched and its value has been proven time and again.

Medical history has shown that while several medications on the market are susceptible to abuse, such as Propofol, the positive medical uses for these types of medications far outweigh unnecessary restrictions on them. Highly trained physicians use them in a controlled environment to treat their patients and most facilities have strict protocols governing their proper use as well as to safeguard against...
both potential abuse and adverse outcomes. Classification of Ketamine as a Schedule 1 medication would severely restrict and reduce medical access.

To remove or limit this medication from the emergency department would provide an immense disservice to our patients, which would then result in having to use other medications which are not nearly as safe or effective as Ketamine.

We appreciate your consideration of this request to maintain appropriate access to Ketamine by not classifying it as a Schedule 1 medication, and look forward to working with the agency on this and other issues of mutual interest to the safety of the patients we serve.

Sincerely,

Mark Mitchell, DO, FACOEP
President, ACOEP

John W. Becher, DO, FACOEP dist.
President, AOA