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**MAINE**  
State Government

Winter 2007-2008

## Notes from your Licensing Board

### Maine Board of Licensure in Medicine

**This issue reports the adverse licensing actions taken by the Board of Licensure in Medicine in 2007**

### Board Member Communications

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It is likely that licensees may feel the need to approach members of the board with whom they are personally acquainted to ask advice about impending board matters. Individual board members must be circumspect in regards to expressing opinions outside board meetings for a number of reasons. Therefore, it may appear that a board member is evasive or unhelpful to these requests for information. The following are reasons why:

- the Board of Licensure in Medicine is a state regulatory board and acts as a group with a legal quorum at a legally recognized meeting
- an individual member may not represent the majority opinion
- incorrect information might be inadvertently dispensed
- the individual member may be seen as biased in future discussions
- there may be an ex parte violation if a matter is already set for hearing

Board members, particularly the physician members, may feel a need to reassure or educate licensees who contact them about issues before the board. It may seem logical to the licensee or medical leadership to contact a person they know to be a board member for advice. This will not always be a rewarding exchange. As a member of a regulatory board, the physician member may limit their conversation to general topics and refer the person to a member of board staff if more specific information is requested.

### Responding to Complaints

When a complaint is filed with or by the Board, the licensee is asked to respond to the complaint. Recently, the Board has seen an increase in incomplete or "off the cuff" responses. These types of responses are not appropriate and only serve to lengthen the process, and sometimes, change the outcome.

Responses can be incomplete in several ways including not answering all the patient's concerns, not discussing the rationale behind medical decision making, and not including the entire medical record. All of these omissions cause the Board to submit second requests for information and can lengthen the complaint review process by one or more months. When responding to the complaint, it is more efficient to take some additional time during the initial response and thoroughly answer all the concerns than to answer additional questions later.

Receiving a complaint can be a stressful and frustrating event. In some cases you may even be angry that the patient has filed a complaint despite the fact you felt you went out of your way to help them. Responses written in the anger of the moment, and the Board does receive these, are not helpful. It is far better to sit back and "take a deep breath" before submitting a response rather than sending a short two or three paragraph letter stating, in essence, you did everything right and the patient is a jerk for not realizing it. This type of communication is not helpful. It is far more helpful to explain the treatment provided, the thought process involved, and what efforts were taken to educate the patient about the treatment.

In some cases, the failure to adequately respond has led the Board to order Informal Conferences and ask the licensee to appear in person before the Board. In two recent cases where licensees were ordered to Informal Conferences they submitted additional information before attending and stated, "my initial response did not set forth the chronology of care or directly address the concerns presented," and "I also

## Responding to Complaints (cont'd)

want to expand upon my initial response which, upon reflection, does not contain sufficient detail." In both cases the additional information answered some of the questions the Board had and may have obviated the need for the Informal Conference if it had been presented when originally requested.

When the Board notices a licensee of a complaint and requests records it expects the entire record. On several occasions licensees have responded to additional Board requests by submitting records they failed to submit in their original response, but which support their defense. Failing to provide the entire medical record upon request is not excusable and may lead the Board to question your record keeping skills and/or the veracity of the records.

In the event you receive a complaint from the Board, we urge you to give it your full consideration and address it as completely as possible. This allows the Board to work more efficiently and can save you a great deal of time, effort, and stress down the road.

## Adverse Licensing Actions—2007

### Revocation, Surrender, and Suspension:

ANDREWS, ROBERT P., M.D. License # 005671; 06/12/07. At the conclusion of an Informal Conference held on June 12, 2007, the licensee voluntarily surrendered his Maine medical license in lieu of proceeding to an Adjudicatory Hearing. This action is based on unprofessional conduct, prescribing practices and medical records documentation issues.

BABINE, SARAH E., M.D. LICENSE # 016174; 01/09/07. At the conclusion of an Adjudicatory Hearing held on January 9, 2007, the Board issued an interim decision that ordered the continued suspension of the licensee's medical license in Maine until such time as she requests that the Board resume the hearing. Such request shall not be granted until at least four months have elapsed from January 26, 2007, and until the licensee submits written statements from the Physician's Health Program, her treating psychiatrist, and Dr. Meyer that she is fit to return to the active practice of medicine. On 07/10/07 the licensee agreed to accept a medical license subject to the following conditions: a five (5) year license probation, effective retroactively to January 9, 2007, subject to the following conditions; 1) the licensee shall abstain from the use of alcohol and any prescription medication not specifically prescribed by her primary care provider or her psychiatrist; 2) the licensee shall participate in the Physicians Health Program (PHP); 3) the licensee shall ensure that the PHP provides the Board with quarterly reports regarding her compliance; 4) the licensee shall continue treatment with a psychiatrist pre-approved by the Board and ensure that the Board receives quarterly reports from her treating psychiatrist; 5) the licensee shall ensure that for the first ten (10) weeks following her return to active practice that she works no more than twenty (20) hours per week; and 6) the licensee agrees that her medical practice will be monitored by a physician pre-approved by the Board. This action is based on substance abuse issues.

BOBKER, DANIEL, M.D. : License # 013940; 06/12/07. Thirty (30) day summary suspension of Maine medical license based on substance abuse issues.

CICHON, ALFRED B., P.A.-C: LICENSE # PA-248; 03/13/07. Thirty (30) day summary suspension of Maine physician assistant's license based on the imminent threat to the public posed by the licensee's continued practice due to the provision of medical services without the supervision of a physician. On 05/08/07, at the conclusion of an Adjudicatory Hearing held on May 8, 2007, the Board voted to reprimand the licensee. In addition, the licensee shall pay a fine of \$1,500. and pay the Board's cost of hearing. The licensee's application for renewal of his license to practice medicine as a physician's assistant is granted as of May 8, 2007. The license is suspended for a period of ninety (90) days until August 8, 2007. This action is based on fraud and deceit in the provision of medical services, unprofessional conduct and violation of a statute or rule of the Board.

DAVIS, BRUCE H., M.D. License # 015279; 02/20/07. On February 20, 2007, the Board voted to accept the licensee's voluntary surrender of his Maine medical license. The licensee surrendered his license while under investigation for unprofessional conduct as a result of his alleged failure to comply with a prior Board decision and order.

DRISCOLL, JOHN P., M.D. LICENSE # 010203; 01/03/07. Automatic suspension of license for positive test result while under Consent Agreement for substance abuse monitoring. On 02/13/07 the licensee agreed to the immediate revocation of his license to practice medicine in the State of Maine. This action was based on unprofessional conduct and habitual substance abuse.

FLETCHER, ANDREW J., M.D. License # 016680; 04/27/07. Automatic suspension of license for positive test for the presence of a prohibited substance while under Consent Agreement for substance abuse monitoring. On 06/12/07, at the conclusion of an Adjudicatory Hearing held on June 12, 2007 the Board voted to immediately revoke the licensee's Maine medical license effective April 27, 2007. The licensee may not apply for reinstatement of his medical license prior to October 29, 2007. This action is based on substance abuse issues.

## Adverse Licensing Actions – 2007 (cont'd)

MCBRIDE, PAMELA J., M.D. License # TD071042; 11/13/07. On November 13, 2007 the Board voted to accept the licensee's voluntary surrender of her Maine medical license. The licensee surrendered her license while under investigation for unprofessional conduct.

MORONG, DOUGLAS M. P.A.-C: LICENSE # PA-503; 01/09/07. In lieu of proceeding to an Adjudicatory Hearing, the licensee agrees to the immediate and permanent revocation of his Maine physician's assistant license. This action is based on fraud or deceit in the provision of medical care, unprofessional conduct, and substance abuse that is foreseeably likely to result in the licensee performing medical services in a manner that endangers the safety of patients.

PATURU, SUMATHI, M.D. License # 013900; 08/14/07. At the conclusion of an Adjudicatory Hearing held on August 14, 2007, the Board voted to uphold its preliminary decision to deny the licensee's application for relicensure. This action is based on incompetence, unprofessional conduct and revocation of the licensee's license to practice medicine in two other states.

### Probation:

MATTHIAS, WEEZA, M.D. License # 016622; 11/13/07. In lieu of proceeding to an Adjudicatory Hearing, the licensee agrees to accept a three (3) year license probation with the following conditions: a) the licensee shall establish and maintain a patient relationship with a single primary care physician approved by the Board, and if that physician is unavailable, from a covering physician approved in advance by the Board. The licensee shall ensure that her Board-approved primary care physician and/or covering physician: 1) is outside of the licensee's own medical practice and 2) is the sole prescriber of the licensee's prescription medication(s) (in conjunction with the licensee's Board approved psychiatrist); b) the licensee shall engage in counseling and treatment, including psychotherapy and psychopharmacology, with a Board-approved psychiatrist; c) the licensee shall ensure that her Board-approved psychiatrist furnishes the Board with quarterly reports concerning her counseling and treatment, including monitoring of her mental health status and use of alcohol; d) the licensee agrees that the Board will have access to her present and future medical and counseling records; e) the licensee agrees to abstain completely from the use of alcohol and/or illegal drugs; and f) the licensee agrees to submit to testing by an individual or agency designated by the Board for the presence of alcohol and/or illegal drugs if and when directed by the Board. This action is based on mental health issues.

MICHALOWSKI, ELLEN E., M.D.: LICENSE # 014320; 04/10/07. In lieu of proceeding to an Adjudicatory Hearing the licensee agrees to accept a reprimand from the Board. In addition, the licensee accepted a five (5) year probation with conditions. The licensee will establish and maintain a patient relationship with a single primary care physician approved by the board. The licensee will engage in counseling and treatment regarding chronic pain, substance use and depression with a board approved individual. The licensee shall ensure that for twelve (12) months following the execution of the Consent Agreement the Board will receive monthly reports; thereafter the Board shall receive quarterly reports. This action is based on unprofessional conduct.

### Warnings:

JONES, GEORGE M., M.D. License # 013089; 09/11/07. In lieu of proceeding to an Adjudicatory Hearing, the licensee agreed to accept a warning from the Board and reimburse the Board for the costs of the investigation. This action is based on failure to provide appropriate medical supervision and oversight to a physician's assistant.

ROSEN, DAVID S., M.D. License # 015730; 08/14/07. At the conclusion of an Adjudicatory Hearing held on August 14, 2007, the Board voted to issue the licensee a letter of warning. In addition the licensee shall pay costs of hearing. This action is based on fraud or deceit in obtaining a license.

### Monitoring:

CLEMETSON, CHARLES D.M., M.D.: License #013808; 02/13/07. After review of the licensee's compliance with the terms of the Consent Agreement for Conditional License effective November 10, 2004 the licensee agreed to amendments to paragraphs 1 and 10 under "Agreement" which required his medical practice to be monitored by a Board-approved physician. The Board will not consider any application from the licensee to modify or terminate any provisions of the Consent Agreement prior to November 10, 2007.

SITTERLY, KARL F., M.D.: LICENSE # 015041; 04/10/07. In lieu of proceeding to an Adjudicatory Hearing the licensee agrees to accept a modification of licensure. The licensee is subject to substance abuse monitoring. The licensee shall consult with a board approved individual for substance abuse counseling at least monthly. The licensee shall also consult with a board approved individual for mental health counseling at least monthly. Commencing one (1) month following the execution of the Consent Agreement and continuing for one (1) year, the licensee's treatment provider(s) shall submit a report(s) to the Board monthly. Thereafter, the treatment provider(s) shall submit a report(s) quarterly. Within thirty (30) days of returning to the active practice of medicine, the licensee shall submit for Board approval the name of a physician who shall monitor his practice. This action is based on unprofessional conduct and substance abuse issues.



**Maine Board of Licensure in  
Medicine**

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**Notify the Board of Address Changes Immediately**

Many people experience problems at renewal time because they have neglected to notify the Board of an address change. To prevent delays or even loss of license due to lapse, notify the Board immediately of any change in your mailing address. Simply send a signed note with changes to the Board.

Check out our website at either of the following sites, <http://www.maine.gov/md> or [http://www.docboard.org/me/me\\_home.htm](http://www.docboard.org/me/me_home.htm), to verify that the Board has your correct mailing address on file. If the address is incorrect, simply send a signed note with changes to the Board.

**Important Notice for Physician Assistants!**

The Board and the Physician Assistant Advisory Committee have recommended coordinating the Physician Assistant's license renewal with their Schedule II renewal. Those Physician Assistants whose licenses expire on 3/31/08 will also, if applicable, apply to renew their delegated Schedule II prescriptive authority with the same effective date. This will give licensees and practice administrators one less date to remember. Schedule II renewal fees will be prorated.

**Committee on Physician Health Confidential professional help for substance abuse is available by contacting Dr. David J. Simmons at 622-3374 or 623-9266**