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# Public Citizen

## NEWS RELEASE

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### REPORT BLASTS DANGEROUSLY LENIENT DISCIPLINE OF DOCTORS GUILTY OF SEX-RELATED OFFENSES

#### *ALMOST 40 PERCENT CONTINUE TO PRACTICE*

A study released today by Public Citizen's Health Research Group finds that approximately four of every 10 physicians disciplined for sex-related offenses continue to practice medicine because of overly-lenient actions by regulatory agencies. **Sex-related offenses include offenses which do not involve sexual contact with patients, such as public indecency, sexual harassment of co-workers, and sexual offenses involving members of the doctor's family.**

The study is based on records of 542 physicians disciplined for sex-related offenses since 1981. Of those, 39.9 percent are currently licensed to practice in one or more of the jurisdictions that sanctioned them. An additional 9.2 percent hold suspended licenses and could potentially be reinstated in the future.

"The records include a doctor guilty of sexually abusing his teenage psychiatric patients, a physician who drugged a patient unconscious before sexually abusing her, and a pediatrician who repeatedly had sex with her 13-year-old son. All too often offenses similar to these are inadequately punished, and the physicians allowed to continue practicing," said Dr. Sidney Wolfe, Director of the Health Research Group and co-author of the study.

According to the study, "Physicians Disciplined for Sex-Related Offenses," the number of disciplinary actions taken against doctors is extraordinarily low compared to estimates of the real number of sex-related offenses committed by physicians, and some states appear to have gone for years without disciplining any doctors for sex-related offenses.

In 1994, the most active year for such disciplinary measures, just 0.023 percent of physicians were sanctioned for sex offenses, but studies estimate the prevalence of physicians who commit sexual misconduct from 3.5% to as high as 13 percent. That means that while just 1.2 percent of physicians will be disciplined in their lifetime (assuming a 50-year career), between 66 percent and 91 percent of physicians who actually commit sex-related offenses will never be disciplined for them.

(over)

“Patients must be better protected from doctors guilty of sex-related offenses. Physicians who have violated the public’s trust in this way must be aggressively identified and sanctioned,” said Christine Dehlendorf, co-author of the report.

The report found that physicians specializing in psychiatry, child psychiatry, obstetrics & gynecology, and family/general practice were significantly more likely to be found guilty of sex offenses than their colleagues in other fields. For instance, although psychiatrists comprised only 6.3 percent of all physicians, they accounted for 27.9 percent of physicians disciplined for sex-related offenses. Child psychiatrists made up only 0.8 percent of the physician population but accounted for 2.5 percent of the offenders. OB/GYNs (6.1 percent of the doctor population) made up 12.6 percent of the offenders. Family practitioners (12.4 percent of the physician population) made up 20.3 percent of the disciplined doctors.

Doctors who were disciplined for sex offenses tended to be older - about 50 - than the average doctor in practice but otherwise were no different than other physicians in terms of qualifications, certification status, or whether they practiced in an urban area.

Public Citizen's report recommends changes to protect the public. These include:

- Enactment of criminal and civil laws forbidding any sexual contact between physicians and patients, whether consensual or not.
- More severe penalties against physicians who commit sex-related offenses.
- Greater representation by non-physicians on medical disciplinary boards.
- Education programs in medical schools, residency programs and in continuing medical education to emphasize the responsibility of physicians to protect patients from abuse and to report offending colleagues.
- The protection of the identities of all victims throughout the disciplinary process.

“Physicians Disciplined for Sex-Related Offenses” was written by Christine Dehlendorf, a research fellow with the Public Citizen Health Research Group and Dr. Sidney Wolfe, co-founder of Public Citizen's Health Research Group. The report also includes doctor-specific identified records for approximately 500 physicians and can be purchased for \$15 including postage and handling from Public Citizen Publications, 1600 20th St. N.W., Washington D.C., 20009.

# Public Citizen

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Joan Claybrook, President

**[A copy of this letter was sent to all State governors]**

June 4, 1997

Dear Governor:

We are writing this letter to urge you to take action to protect the citizens of your state from physicians who misuse their positions of authority and trust by engaging in sexual conduct with their patients, and by doing so, inflict immense damage on their victims. Although increased attention has been paid in recent years to the problem of physicians who sexually exploit their patients, state legal and regulatory systems are still, for the most part, inadequate in responding to the problem. Indeed, in the report released today by Public Citizen's Health Research Group, *Physicians Disciplined for Sex-Related Offenses*, it is found that only a small fraction of the doctors estimated to commit sex-related offenses are ever disciplined by state medical boards, and of those who have been disciplined, approximately 4 out of 10 continue to practice medicine because of overly-lenient actions by regulatory agencies. (While the report's analysis included physicians disciplined for a wide range of sex-related offenses, some of which did not involve a patient, in this letter we are focusing on the narrower problem of physicians who engage in sexual conduct with patients.)

There are many steps that must be taken to deal with this serious problem, ranging from increased disciplinary action by state medical boards, to requiring educational programs in medical schools to teach future doctors the seriousness of sexual misconduct. **One vital step, however, and one that you can encourage, is for each state to pass criminal laws to prohibit sexually exploitative behavior by medical care providers.** An example of such a law is that passed in Idaho in 1996, which defines any act of sexual contact between a patient and a medical care provider as "sexual exploitation," and provides for a fine and/or imprisonment for such conduct. (Idaho Code §18-919) While many states have laws that may deal in a general way with sex-related offenses by physicians, such as laws against sexual harassment that may protect a physician's employee, or medical practice laws that prohibit "unprofessional behavior" in general, a law similar to the Idaho law is important because it deals very specifically with the physician-patient situation. Such a law explains the type of behavior that is unacceptable, provides a basis for the state taking action against offending physicians, and makes clear the seriousness with which society views this type of misconduct and abuse by physicians.

Ralph Nader, Founder

1600 20th Street NW • Washington, DC 20009-1001 • (202) 588-1000

We urge you to seek passage of a similar law to protect the citizens of your state from unscrupulous and unethical behavior by those physicians whose unprofessional misconduct injures patients and causes lasting scars. We have enclosed with this letter a copy of our report, including an appendix listing those doctors sanctioned by or resident in your state who have been disciplined for sex-related offenses.

Public Citizen's Health Research Group is a non-profit, consumer advocacy group founded in 1971 to fight for the public's health and to give consumers more control over decisions that affect their health. We have been involved in tracking and analyzing the disciplining of physicians for more than seven years, and have found that the frequency and severity of disciplinary actions against physicians who commit all forms of misconduct are woefully inadequate. We hope that you will take action to help solve the problem of physicians who engage in sexual misconduct with patients--a particularly egregious form of physician misconduct.

Sincerely,

Sidney M. Wolfe, M.D.  
Director

Christine Dehlendorf  
Research Fellow

Lauren Dame  
Staff Attorney

Public Citizen's Health Research Group

**Comments of Barbara Neuman, Executive Director  
of the Vermont Board of Medical Practice, Regarding  
Public Citizen's Health Research Group Report on  
Physicians Disciplined for Sex-related Offenses  
June 4, 1997**

The report issued today by Public Citizen's Health Research Group will provide invaluable assistance to state medical boards in further understanding the devastating consequences of physician sexual misconduct and the need to hold offending physicians accountable.

Due to the increasingly complex nature of these cases, more training needs to be done to assist state medical boards in the investigation and prosecution of these cases. In addition to its analysis of board actions, the report provides a centralized resource of current literature, codes of ethics and policies in this area which will be very useful for training purposes. Treatment problems also are discussed in the report. Such information is essential for board members, prosecutors and investigators to gain a full understanding of the impact this kind of unprofessional conduct has on the victim and what is needed to help the victim come forward and report sexual misconduct to a state medical board. Boards will learn from this report that the effectiveness of the various approaches to discipline is directly related to what the experts tell us about treatment in these cases.

Victim assistance laws also are noted in the report. Since 1992 Vermont has had a *Victim Shield Law* which, if invoked in a board disciplinary proceeding, bars the discovery and admission of evidence of the sexual history of the victim of alleged sexual misconduct. Furthermore, the law protects the confidentiality of victims in disciplinary hearings by allowing the Vermont Medical Practice Board's hearing panel to close portions of disciplinary hearings at the request of the victim when the hearing panel deems it appropriate to protect the identity of the victim and the confidentiality of his or her medical records. Experienced prosecutors have found that the mere existence of this shield law empowers victims and gives them the strength and reassurance necessary to enable them to come forward with their complaint and testify when required.

**Comments of Barbara Neuman Continued, Page Two**

The report further notes that in response to this serious problem, state medical boards have developed and issued more detailed policies on sexual misconduct. In order to implement these new policies, boards have begun conducting relevant workshops. The Federation of State Medical Boards of the United States released a 1996 *Report on Sexual Boundary Issues* and in the same year held regional workshops incorporating this subject. Investigating sexual misconduct cases was one component of an April 1997 workshop for medical board investigators sponsored by the Medical and Osteopathic Board Executive Directors' organization, Administrators in Medicine (AIM). Medical board prosecutor training is planned for the near future. Board members also have been involved in 1996 Federation workshops and in a workshop sponsored by the Maine Medical and Osteopathic Boards. While the report expresses some concern about the adequacy of physician discipline, state medical boards are determined that tougher policies coupled with aggressive training will result in increased identification and discipline of offending physicians.

In addition, other educational efforts have begun to increase physician and patient awareness of this issue. For example, the report highlights the Maryland Board of Physician Quality Assurance videotapes entitled, *Crossing the Line* and *Patient/Doctor Relationship*. These two videotapes were developed and distributed by the Maryland Board and demonstrate that Board's commitment to bring this matter to the public's attention.

Finally, of great importance is the report's recommendation that preventative strategies which target the profession and the public are essential to addressing this issue. All parties - the public, the boards, the profession, the medical schools and continuing medical education - have a role in this process. Public participation is necessary and must be encouraged so citizens are confident that the strategies in place are working. Public access to disciplinary information, such as on the *Massachusetts Physician Profile* available through the Administrators in Medicine (AIM) World Wide Web *DocFinder* (<http://www.docboard.org>), will make this information more accessible, and thus enable the public to play a meaningful role in this process.

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Joan Claybrook, President



**ATTENTION PRESS**

**Please put the following information in your story. It might fend off many inquiries that you may otherwise get about how to order the report.**

Copies of “Physicians Disciplined for Sex-Related Offenses,” are available for \$15.

To order, send a check or money order made out to:

Public Citizen Publications Dept: PRF97  
1600 20th Street, NW  
Washington, DC 20009

**‘For more information about ordering “Physicians Disciplined for Sex-Related Offenses,” or for credit card orders, please call 1-800-289-3787.’**

Ralph Nader, Founder

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### Press Guidelines

#### For Using *Physicians Disciplined for Sex-Related Offenses*

\* **It is essential to realize that the database of sex-related orders includes orders which did not involve sexual contact with patients. The offenses for which these orders were issued include public indecency and sexual harassment of coworkers, among other offenses. Inclusion in this analysis does not necessarily indicate that a physician has committed sexual misconduct with a patient.**

\* In the listing of physicians' records in Appendix III, each state's section includes:

- doctors disciplined by that state's medical board;
- doctors with addresses in that state who were sanctioned by other states' medical boards, the Medicare/Medicaid program, or the Federal Drug Enforcement Agency;
- records that were considered "matches" to those doctors listed in the first two categories, in that they met the following criteria:

Records with the same first and last name were compared and matched if one or more of the following was true:

- they had the same birth date;
- they were sanctioned by the same state and had the same license number;
- a middle name in one matched the middle name in the other;
- a middle name in one matched the middle initial in the other; or
- the first and last names matched and no other information was given to indicate a non-match;

Additional matches were made based on information contained in the orders.

Please note, however:

**Names sound alike. Having a name similar to one in this report does not mean a doctor has been sanctioned. Many agencies failed to give us much identifying information on each doctor, and of the half a million doctors in this country, at least two are bound to have the same name.**

\* If you plan to focus your coverage on individual doctors listed in this report, please request the full disciplinary files or copies of disciplinary orders from the appropriate agency. Much of the information in this report has been condensed from more detailed documents.

\* Please note in your coverage that not all agencies provided us with full information on license reinstatements, or on judicial appeals which may have led to a disciplinary action being overturned. Again, additional information on appeals and offenses is available from the agency which sanctioned the doctor.

Ralph Nader, Founder