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# Public Citizen

## NEWS RELEASE

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Contact: Dr. Sidney Wolfe  
or Bill Wagner, 202/588-1000

### **13,012 QUESTIONABLE DOCTORS: MOST ALLOWED TO CONTINUE PRACTICING MEDICINE, OFTEN PUTTING PATIENTS AT SERIOUS RISK**

A new report by Public Citizen, *13,012 QUESTIONABLE DOCTORS*, names 13,012 physicians, most of whom -- despite a record of proven incompetence or other serious problems which can interfere with their practice of medicine -- are continuing to treat patients across America's fifty states and the District of Columbia.

According to the information we have obtained, fewer than a third of the country's questionable doctors are prevented from practicing by the state medical boards and federal agencies charged with monitoring them. This information is recorded in the federally funded National Practitioners Data Bank but, because the law requires that the data be kept secret from the public, most patients are unaware that their health care provider may be putting their lives and well-being in jeopardy.

To combat this secrecy and provide health care consumers with the information they need, Public Citizen has established its own data bank of doctors who have been disciplined, now made publicly available in the fourth edition of *QUESTIONABLE DOCTORS*.

This new edition of *QUESTIONABLE DOCTORS*, which has 3,415 doctors not in the last edition, names 13,012 doctors disciplined by state and federal agencies and is available as a three-volume, fifty-state set, or formatted as individual state listings. For example, the New York state version contains information on 1,655 doctors; the California report, 1,382 doctors; the Florida report, 1,234 doctors; the Illinois report, 866 doctors; the Ohio report, 708 doctors; the Texas report, 978 doctors; and the New Jersey report, 948 doctors. The data was secured from state medical boards, the federal Drug Enforcement Agency, the Food and Drug Administration, and the Medicare program.

Of the 25,069 disciplinary actions taken against the doctors named in Public Citizen's report, only 26.5% led to any removal, even temporarily, of a doctor's license. Listed in the book are 1,913 doctors involved in criminal offenses, 1,622 doctors involved in substandard care, incompetence or negligence, 1,378 doctors who overprescribed or misprescribed drugs, 1,059 doctors involved in drug or alcohol abuse, and 264 doctors involved in sexual abuse of or sexual misconduct with a patient.

While disciplinary measures taken against questionable doctors vary from state to state, for most of the U.S. population, that discipline is spotty at best. High-population states such as California, New York, Pennsylvania and Illinois have some of the highest concentrations of questionable doctors in the country, and all have discipline rates below the national average of 4.3 actions per 1,000 physicians. "For too long, doctors and their ostensible gate-keepers have failed to realize that consumers need to protect themselves," said Public Citizen's Dr. Sidney M. Wolfe. "In addition to the serious problem of too little discipline being done, health care consumers are being denied their fundamental right to existing critical information about the very professionals they are supposed to trust most -- their doctors."

Public Citizen's report calls for changes in state and federal policy to combat this epidemic of dangerous health care, including the following recommendations:

- \* Data-sharing by state medical boards, Medicare, state Medicaid agencies and the Drug Enforcement Administration should be congressionally mandated.
- \* The National Practitioner Data Bank should be opened to the public.
- \* The names of doctors whose controlled-substances prescription licenses are removed or restricted by the Drug Enforcement Administration should be routinely publicized.
- \* State medical boards should report to the public all their disciplinary actions and the offenses for which their actions were taken.
- \* Within each state, medical practice statutes must be strengthened, medical boards restructured, and funding and staffing dramatically increased.

# # #

Copies of the full three-volume *13,012 QUESTIONABLE DOCTORS* are available for \$250; individual state listings are \$15 each. To order, send a check or money order made out to Public Citizen, Publications QD, 1600 20th Street N.W., Washington, D.C. 20009. Please specify state for all individual state orders.

Public Citizen is a nonprofit membership organization in Washington, D.C., representing consumer interests through lobbying, litigation, research and publications. Since its founding by Ralph Nader in 1971, Public Citizen has fought for consumer rights in the marketplace, for safe and secure health care, for fair trade, for clean and safe energy sources, and for corporate and government accountability.

\* \* \*

## Executive Summary

*A license to practice medicine is a hard-won privilege. It is a privilege to hear our innermost thoughts, to see us naked, to cut us open, and to provide us with potentially dangerous drugs. Yet for too long the state and Federal government agencies chartered to protect us from those no longer fit to hold that privilege have fallen down on the job. Many state medical boards and other regulatory agencies have either entirely failed to catch doctors guilty of incompetence, drunkenness, or patient abuse, or have let them get away with slaps on the wrist such as fines or reprimands.*

For just as long, doctors and their ostensible gate-keepers have failed to realize that consumers need to protect themselves. They have either refused to provide information on those shoddy doctors they have spotted, or they have made it awfully hard to get.

Information in the one Federal repository of disciplinary actions by State medical boards and Federal agencies--the National Practitioner Data Bank--is kept secret from both patients and from almost all physicians. It is partially in protest to this congressionally-mandated secrecy that Public Citizen's Health Research Group has established our own publicly-available data bank of doctors who have been disciplined. What follows are just a few of the main findings from our study of the data as reported in the national version of *13,012 Questionable Doctors* and in the state versions:

- \* *13,012 doctors disciplined by either state medical boards or Federal agencies are listed in the national books.* This represents an increase of 3,415 new physicians since the last time we analyzed the data in late 1993.

- \* These doctors had a total of *25,069 disciplinary actions* taken against them, the most common of which were probation (5,211 times), license revocation (2,321 times), license suspension (2,425 times) and license surrender (1,876 times). (See other types of disciplinary actions in Table 3, page 22.)

- \* For those doctors with disciplinary actions for which the states or Federal agencies supplied information on the offenses they had committed (about 2/3 of the doctors in the book), the following numbers of doctors committed the five most serious offenses (see Table 4, page 23 and the explanation of Table 4, page 18 for the more complete list of offenses):

*Sexual abuse of or sexual misconduct with a patient: 264 doctors*

*Substandard care, incompetence or negligence: 1,622 doctors*

*Misprescribing or overprescribing of drugs: 1,378 doctors*

*Criminal Conviction (includes plea of guilty or no contest): 1,913 doctors*

*Drug or alcohol abuse: 1,059 doctors*

\* An analysis of the 1,208 doctors who were the subject of DEA disciplinary actions revealed that 376 or 31% were not the subject of any state disciplinary action even though their Federal narcotics license had been revoked or restricted.

\* Similarly, of the 1,715 Medicare doctors who were the subjects of the 1,752 Medicare disciplinary actions, 520 or 30% were not disciplined by their state boards even though most (98.6% of actions) had involved exclusion from Medicare.

Thus, many states are not acting promptly, if at all, against physicians about whom a Federal agency has already compiled sufficient information to discipline them for very serious offenses.

Even for those states which do discipline doctors, for most of the serious offenses, some states frequently do little more than slap physicians on the wrist, leaving the majority free to practice with few if any restrictions.

\* The only offense for which more than one-half of the disciplined physicians were at least temporarily taken out of practice was sexual abuse of or sexual misconduct with a patient, including some cases of rape. In this category, 70% of the 264 physicians listed in the book had licenses revoked, suspended or they surrendered their licenses but 30% (79 doctors) did not have to stop practicing at all. Many more of the 185 other doctors, especially those whose licenses were just temporarily suspended, are probably back in practice again. (See Table 5, page 24 and the explanation of Table 5, page 19 for details.)

\* For the other four most serious offenses, the majority of physicians against whom disciplinary actions were taken escaped even a temporary cessation of their practices.

*Substandard care, incompetence or negligence:* 1,622 doctors. Only 33% of these physicians had to stop practicing, even temporarily. 67% or 1,087 were not required to stop. (See Table 6, page 24 and the explanation of Table 6, page 19 for details.)

*Criminal conviction (includes plea of guilty or no contest):* 1,913 doctors. Only 42% of these doctors had to stop practicing, even temporarily. 58% or 1,109 were not required to stop. (See Table 7, page 25 and the explanation of Table 7, page 19 for details.)

*Misprescribing or overprescribing of drugs:* 1,378 doctors. Only 32% of these physicians had to stop practicing, even temporarily. 68% or 937 were not required to stop. (See Table 8, page 25 and the explanation of Table 8, page 19 for details.)

*Drug or alcohol abuse:* 1,059 doctors. Only 39% of these doctors had to stop practicing, even temporarily. 61% or 646 were not required to stop. (See Table 9, page 26 and the explanation of Table 9, page 19 for details.)

Thus, it is likely that most of the doctors in these above four categories of very serious offenses are currently practicing medicine, with few if any of their patients aware of these offenses.

Precisely because regulators provide so many protections for these health care practitioners, the Congressional Office of Technology Assessment recently concluded that a formal disciplinary action against a doctor provides a good reason to question his or her care.

**Our study of the nation's medical quality control system led us to conclude that:**

\* *Too little discipline is still being done.* Less than one-half of 1% of the nation's doctors face any serious state sanctions each year.

\* *Far too few state medical board disciplinary actions are for medical negligence or incompetence.* Of the 10,211 instances in which we knew the basis (the offense) for which a disciplinary action was taken and for which the basis of the action was not an action by another state, only 1,677 of those cases (16.4%) were for substandard care, incompetence or negligence.

**This country's system for ensuring medical quality needs to be made much stronger. Below we suggest several avenues towards improvement:**

\* *Most states need to strengthen their medical practice statutes, restructure their medical boards, and dramatically increase both funding and staffing.* Most states should also establish programs to audit and weed out bad doctors so that patient injuries can be prevented rather than simply reacted to. The few states we are aware of that already have some kind of proactive program in place include Georgia, Mississippi, Missouri, Oregon, Utah, Virginia, and West Virginia.

The total number of serious state disciplinary actions against physicians increased 22% from 2,190 reported for 1993 to 2,675 in 1994 for a nationwide rate of 4.3 serious actions per 1,000 physicians. A difference greater than 25-fold exists between Wyoming, the state with the highest rate (12.41 per 1,000), and the District of Columbia, with the lowest rate, (0.48).

It is clear that state-by-state performance is spotty. None of the nation's dozen largest states is represented among those 15 states with the highest disciplinary rates. In fact, as seen in Table 1, page 11, all of the top 10 states had rates at least twice as high (7.94 or higher) as those of large states such as Pennsylvania (2.04 per 1,000), Illinois (2.92), Massachusetts (3.03), Michigan (3.28), California (3.28) and New York (3.97).

It is not unreasonable to estimate that at least 1 percent of doctors in this country deserve some serious disciplinary action each year. This would amount to 6,233 disciplined doctors a year, far in excess of the 2,675 doctors with serious disciplinary actions in 1994. If this had occurred, 3,558 more doctors would have had serious disciplinary actions that year.

## **Recommendations**

\* *Congress* should require cooperation and routine data-sharing between state medical boards, Medicare Peer Review Organizations, state Medicaid agencies, and the Drug Enforcement Administration in catching and sanctioning malfeasant physicians.

\* *The National Practitioner Data Bank*, which began collecting information on questionable doctors in September 1990, should be opened to the public. This change will require legislation.

\* *The Drug Enforcement Administration* should routinely tell the public and pharmacists which doctors' controlled substances prescription licenses it has pulled or restricted.

\* *State medical boards* should be required to promptly make public all their disciplinary actions and the offenses for which their actions were taken, and to regularly distribute lists of actions to consumers, the press, and other health care consumer organizations.

**Statement by Sidney M. Wolfe M.D.  
Director, Public Citizen's Health Research Group  
Concerning New Report, 13,012 Questionable Doctors  
March 28, 1996**

*A license to practice medicine is a hard-won privilege. It is a privilege to hear our innermost thoughts, to see us naked, to cut us open, and to provide us with potentially dangerous drugs. Yet for too long the state and Federal government agencies chartered to protect us from those no longer fit to hold that privilege have fallen down on the job. Many state medical boards and other regulatory agencies have either entirely failed to catch doctors guilty of incompetence, drunkenness, or patient abuse, or have let them get away with slaps on the wrist such as fines or reprimands.*

If all of the state medical boards were doing as good a job as states such as Georgia, Kentucky, West Virginia, Iowa, and several other states who are consistently among the top 15 states in the rate of serious disciplinary actions against doctors, the book's title would be more like 25,000 Questionable Doctors instead of 13,012.

**Sexual Abuse of Patients or Sexual Misconduct by Doctors**

The most rapidly growing category of serious problems for which doctors are being disciplined is sexual misconduct. We do not believe that doctors are actually sexually abusing patients more often than before but rather that they are getting apprehended more often. From 1990 to 1994, the percentage of all offenses for which doctors were disciplined which were in this category rose from 2.5% to 5.1%. (See attached letter from Georgia Medical Board Executive Director Andrew Watry on this topic.)

In addition to the 264 doctors listed in *13,012 Questionable Doctors* whose stated offense was sexual abuse of or sexual misconduct with a patient or sexual misconduct, there were an additional 292 doctors whose "official" offense was something else such as professional misconduct but for whom the state board provided additional information making it clear that the doctor had committed a sexual offense. This makes a total of 556 doctors listed in the book(s) who committed a sexual offense.

Despite the seriousness of this most flagrant violation of the doctor-patient relationship, many states did not regularly take the most serious kind of disciplinary actions against these doctors. (By the most serious actions, we refer to license revocation, suspension or surrender.) Of states with 10 or more offenses actually listed in the sexual abuse or misconduct category, only Massachusetts, by taking one of these three actions, got almost all of the offending doctors to stop practicing



at least temporarily. For 25 of 26 cases (96.2%) of sexual offense in Massachusetts, one of these actions was taken. At the other end of the spectrum, in Minnesota, which took action in 19 instances of sexual abuse or misconduct, in only 5 (26.3%) instances was there a revocation, suspension or surrender of license to practice. Overall for the whole country, the percentage of sexual offenses which resulted in at least temporary cessation of practice for doctors was 66.7%. We estimate that more than 100 doctors in the United States who committed sexual offenses are currently practicing medicine, mainly unbeknownst to their patients.

## **Substandard Care, Incompetence or Negligence**

There are 1,622 doctors listed in the book whose offense was substandard care, incompetence, or negligence. Only 33% of these physicians had to stop practicing, even temporarily. Of all of the offenses (sometimes more than one offense per doctor) in our data base in this category, states again varied widely in the frequency with which they actually got these doctors to stop practicing. For states which had 10 or more offenses listed in this category, Iowa, with 23 such offenses, took actions in 15 (65.2%) which at least temporarily got doctor out of practice. On the other hand, Arizona, a board which has come under intense criticism recently within the state had a very poor record. For 29 offenses in the category of substandard care, incompetence or negligence, in only one case (3.4%) was the license revoked, suspended or surrendered.

Attached are examples of doctors whose offenses were sexual abuse or misconduct or substandard care but who were allowed to continue practicing without even a temporary cessation of their practice.

## **Recommendations**

\* *Congress* should require cooperation and routine data-sharing between state medical boards, Medicare Peer Review Organizations, state Medicaid agencies, and the Drug Enforcement Administration in catching and sanctioning malfeasant physicians.

\* *The National Practitioner Data Bank*, which began collecting information on questionable doctors in September 1990, should be opened to the public. This change will require legislation. The American Medical Association, concerned with the possibility of such legislation passing and public disclosure of this important information about doctors, recently passed a resolution at their annual meeting to abolish the Data Bank.

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**MEMORANDUM**

**TO:** Sidney Wolfe, M.D.

**FROM:** Andrew Watry   
Executive Director  
Georgia Medical Board

**DATE:** March 18, 1996

**RE:** Disciplinary Process - Sex Cases

Thank you for allowing me to explain the process of public protection in this important area. For medical licensing boards, sex cases are difficult and frustrating. One thing consumers need to remember about medical boards is that they are essentially prosecutorial agencies. Just like the courts, boards can only take action after prevailing in a legal process. The nature of sex cases makes them more difficult to prosecute. Drug cases, for example, involve prescriptions which involve leaving a trail of physical evidence such as a written prescription, drug order, undercover visit, etc. For sex cases, it is indispensable that we have good solid witness testimony in order to prosecute. Undercover is alot less likely; who is going to ask a female state employee to go into a doctor's office and allow herself to be fondled or abused sexually? Patients who have been sexually abused are rightfully anxious about coming forward. My message is that this can be done professionally and the patient can be protected.

If the doctor contests the charges, we have to make a prosecution case, and that means bringing in live witness testimony. There are ways of protecting witnesses from abuse by the legal system. For example, in one of our cases, even though the media were present at the hearing, we were able to shield the patient. We hid the patient's name in the public record, the reporters cooperated so as not to expose the patient, the patient was articulate and accurate in her testimony, and in conclusion we were ultimately able to revoke the physician's license. This simply could not have

Memorandum to Sidney Wolfe

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happended if we did not have such a courageous, thoughtful complainant.

I should also like to take the opportunity to make recommendations on how to avoid becoming a victim either of sexual abuse or other kinds of abuse. First and foremost, be an informed consumer. Recognize that despite the best efforts of medical boards, there are physicians who are incompetent, addicted to drugs or alcohol, mentally ill, and sexual abusers. Be at least as careful about seeking medical care as you are about any major consumer decision. Research the background of the provider; find out if he or she has disciplinary history. Find out if the practitioner is well respected in the community. If possible, ask others who have had a chance to visit with this practitioner about their impressions. These impressions are often valuable. Check with the licensure board for public information and if you think you have been abused or victimized by your health care practitioner, report him or her promptly to the medical board. Be willing to testify, if necessary, if that is what is necessary to get that practitioner out of circulation.

AW:aj

## Number of Doctors Listed in Each State Section

State	Number of Doctors Sanctioned	State	Number of Doctors Sanctioned
Alabama	110	Nebraska	79
Alaska	50	Nevada	88
Arizona	378	New Hampshire	38
Arkansas	48	New Jersey	948
California	1,382	New Mexico	90
Colorado	314	New York	1,655
Connecticut	177	North Carolina	347
Delaware	27	North Dakota	75
Florida	1,234	Ohio	708
Georgia	605	Oklahoma	195
Hawaii	85	Oregon	233
Idaho	23	Pennsylvania	625
Illinois	866	Rhode Island	95
Indiana	268	South Carolina	264
Iowa	332	South Dakota	20
Kansas	180	Tennessee	299
Kentucky	367	Texas	978
Louisiana	240	Utah	152
Maine	53	Vermont	63
Maryland	341	Virginia	407
Massachusetts	488	Washington	253
Michigan	521	Washington,	
Minnesota	417	D.C.	136
Mississippi	163	West Virginia	233
Missouri	524	Wisconsin	339
Montana	48	Wyoming	34

Number and Percent of Serious Actions Taken in Cases of Substandard Care, Incompetence, or Negligence			
State *	Total Number of Actions Taken	Number Which Resulted in a Serious Disciplinary Action **	Percent Which Resulted in a Serious Disciplinary Action **
Iowa	23	15	65.2%
Louisiana	53	31	58.5%
Massachusetts	21	12	57.1%
South Carolina	16	9	56.3%
New York	135	74	54.8%
Michigan	67	35	52.2%
New Jersey	60	31	51.7%
Ohio	13	6	46.2%
Colorado	82	36	43.9%
Maryland	46	20	43.5%
Minnesota	10	4	40.0%
California	176	65	36.9%
Missouri	33	12	36.4%
Oregon	11	4	36.4%
West Virginia	19	6	31.6%
Washington	40	12	30.0%
Illinois	36	10	27.8%
Georgia	42	9	21.4%
Wisconsin	74	15	20.3%
Texas	86	17	19.8%
Connecticut	62	12	19.4%
Florida	259	48	18.5%
Rhode Island	31	4	12.9%
Virginia	24	1	4.2%
Arizona	29	1	3.4%

\*States must have at least 10 actions taken for this offense to be included.

\*\*Serious actions are revocation, surrender, emergency suspension and suspension.

Number and Percent of Serious Actions Taken in Cases of Sexual Abuse of or Sexual Misconduct With a Patient			
State*	Total Number of Actions Taken	Number Which Resulted in a Serious Disciplinary Action**	Percent Which Resulted in a Serious Disciplinary Action**
Massachusetts	26	25	96.2%
Maryland	22	16	72.7%
California	41	29	70.7%
Virginia	11	6	54.5%
Wisconsin	10	5	50.0%
Florida	16	7	43.8%
Washington	20	8	40.0%
Minnesota	19	5	26.3%

\*States must have at least 10 actions taken for this offense to be included.

\*\*Serious actions are revocation, surrender, emergency suspension and suspension.

# **Examples of Doctors in 13,012 Questionable Doctors Who Committed Serious Offenses and Are Still Practicing**

The following examples illustrate the fact that many doctors who have committed extremely serious offenses are being given inexcusably lax disciplinary actions---too often not even temporarily being taken out of practice:

## **Sexual Offenses**

### ***Doctors in Iowa:***

*Disciplinary action:* Fine; reprimand.

*Offense:* Charges of committing an act contrary to good morals by videotaping a 17-year-old female residing in his home, retaining the video, storing it at the hospital where he worked and viewing it for sexual reasons.

*Disciplinary action:* Probation; fine.

*Offense:* Allegations of improper sexual contact with patient.

### ***Doctor in Maryland***

*Disciplinary action:* 36-month probation; restriction placed on license including having a chaperone present during exams of all patients; psychotherapy required; required to take continuing medical education. Suspension stayed.

*Offense:* Initiated and engaged in unprofessional conduct; attempted to touch and engage in sexual contact; made inappropriate personal inquiries and remarks concerning his affection for one patient.

### ***Doctors in Minnesota***

*Disciplinary action:* Fine; restrictions placed on license including psychotherapy and a detailed and structured plan for supervision; required to take continuing medical education.

*Offense:* Psychiatrist held women patients on his lap. Hugged and fondled them; asked patients inappropriate sexual questions; failed to report the rape of a female patient.

*Disciplinary action:* Suspension of controlled substance license until he completes continuing medical education; fine; monitoring.

*Offense:* Unethical and unprofessional conduct; improper management of medical records; maintained a sexual relationship for 20 years while he treated a patient for narcolepsy; also prescribed biphedamine to her for three years although he was aware she misused it on occasion and frequently failed to document it; prescribed propoxyphene-N for another

patient 81 times but documented only one prescription in chart; saw another patient for treatment of depression and weight control and failed to refer her for a psychiatric consultation.

**Doctor in New Jersey**

*Disciplinary action:* Fine; restriction placed on license including having a chaperone present when examining female patients; reprimand. Suspension stayed.

*Offense:* Sexual impropriety in the examination of a female patient and for failing to conform with the board's regulations dealing with the dispensing of medication.

**Doctor in Pennsylvania**

*Disciplinary action:* 24-month probation which includes psychiatric counseling; reprimand.

*Offense:* Simultaneously maintained professional and sexual relationships with a patient.

**Doctor in Virginia**

*Disciplinary action:* Reprimand.

*Offense:* From 1985 through May 1991 he engaged in sexual misconduct with four patients and one employee which involved inappropriate touching.

**Substandard Care, Incompetence or Negligence**

**Doctors in California**

*Disciplinary action:* 36-month probation. Revocation stayed.

*Offense:* Gross negligence in anesthesiology practice; failed to adequately oxygenate and ventilate a patient post-arrest.

*Disciplinary action:* 36 month probation. Revocation stayed.

*Offense:* Gross negligence in failing to perform re-exploratory surgery to rule out cardiac tamponade; also repeated negligent acts in cardiothoracic practice.

*Disciplinary action:* 60-month probation. Revocation stayed.

*Offense:* Gross negligence and incompetence in management and surgeries of 22 patients diagnosed by him as having vertebralbasilar artery insufficiency requiring reconstruction.

*Disciplinary action:* 60-month probation. Revocation stayed.

*Offense:* Gross negligence, repeated negligence and incompetence in orthopedic practice; mismanaged a hip replacement surgery; and in a second surgery explored the wrong disc and failed to catch his own error necessitating additional surgery by another surgeon.



**California, continued**

*Disciplinary action:* 36-month probation. Revocation stayed.

*Offense:* Repeated negligent acts for failure to perform a pelvic and a pap smear on a patient seen once every two months from 1981 to February 1989; the patient died April 1989 from terminal invasion of cervical cancer.

*Disciplinary action:* 60-month probation. Revocation stayed.

*Offense:* Gross negligence and repeated negligent acts in anesthesiology practice.

**Doctor in Minnesota**

*Disciplinary action:* Restriction placed on license in that he will give board notice if he performs duties other than those in emergency room or applies for surgical privileges.

*Offense:* While supposedly performing 2 hernia repair operations in the 1970s, he removed one child's testicle and another child's vas deferens; refused to immediately see patient with appendicitis in 1980; poorly performed gallbladder removal in 1983, resulting in patient being hospitalized.

**Doctor in Texas**

*Disciplinary action:* 60-month probation; required to take continuing medical education; monitoring. Suspension stayed.

*Offense:* From 3/10/89 through 6/30/89 performed repeat c-sections on three patients without medical indications; even though sonograms were normal and there was no evidence of fetal distress; the babies were delivered at 37 weeks gestation; on 4/27/89 he failed to adequately treat a patient in the emergency room and prematurely discharged her prior to stabilizing her blood pressure; on 8/5/89 he performed an abortion on one patient and knowingly discharged her with fetal tissue remaining in the uterus; from 3/10/89 through 8/5/89 he failed to accurately document patient medical records.

**Doctor in Wisconsin**

*Disciplinary action:* Reprimand.

*Offense:* Did not diagnose pulmonary emboli as the cause of symptoms in a patient who five months later suffered a massive pulmonary embolus and died from that condition; patient had not volunteered nor had physician asked about a family history of clotting problems; in reviewing the patient's chart the day before he died did not see lung scan results.

**13,012 Questionable Doctors: Data for all of the United States  
Offenses for Which Doctors Were Disciplined (Excluding Discipline  
by Another State)**

<b>Offense</b>	<b>Percent</b>
Criminal Conviction	19.5%
Substandard Care, Incompetence, or Negligence	16.4%
Misprescribing or Overprescribing Drugs	14.1%
Drug or Alcohol Abuse	11.8%
Professional Misconduct	10.0%
Providing False Information to Medical Board	3.1%
Sexual Abuse of or Sexual Misconduct With a Patient	2.8%
Mental or Physical Impairment	2.6%
Hospital Privilege Loss or Restriction	1.2%
Insurance or Medicare/Medicaid Fraud	0.5%
<b>Total of the Most Serious Offenses</b>	<b>82.0%</b>

## **Omission**

On Table 1, starting on page 11, the state of Washington was inadvertently omitted from the ranking. Washington was ranked 27 in 1994, 24 in 1993 with 58 serious actions in 1994, 12,449 nonfederal MDs in 1992 and a ranking of 4.66 serious actions per 1,000 MDs.



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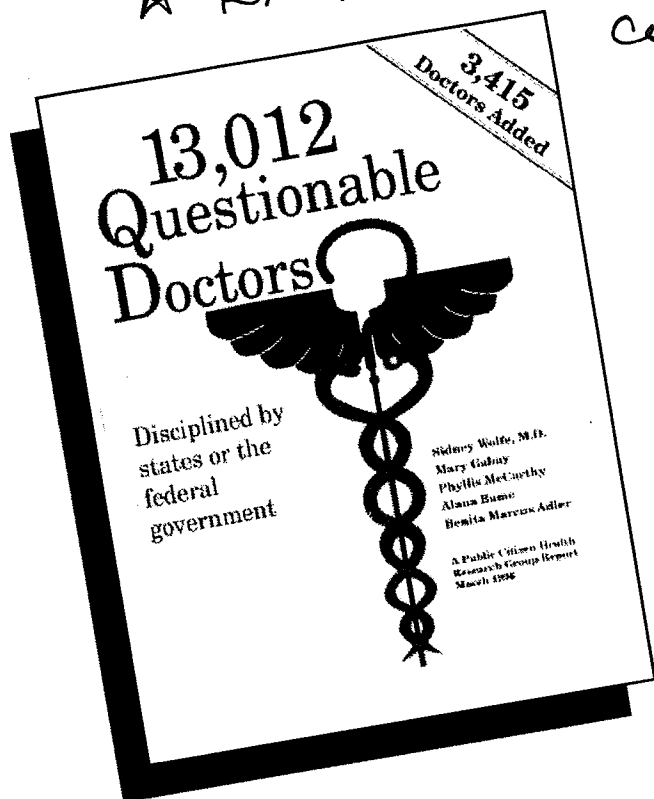
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## Questionable Doctors

who—largely unknown to their patients—have a proven record of incompetence, substance abuse, patient abuse or the misprescribing of dangerous drugs.

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Joan Claybrook, President

## Press Guidelines For Using *13,012 Questionable Doctors*

\* *The Disciplinary Action section for your state includes:*

- *doctors disciplined by your state medical board, as specified in the State Data section of the state chapter;*
- *doctors with addresses in your state who were sanctioned by other states' medical boards, the Medicare/Medicaid program, the federal Drug Enforcement Agency, or the Food and Drug Administration;*
- *records that are considered "matches" to those doctors listed in the first two categories in that they met the following criteria:*

*Six database fields were used to "match" entries: last name, first name, middle name, the suffix (Jr., Sr., etc.), license number, and birth date. It compared two entries with the same first and last name and "matched" them 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.*

\* *The offenses for which doctors listed in this book were disciplined range from advertising violations to murder convictions, and the disciplinary actions range from license revocations to reprimands. We ask that if you reproduce names in this report, that you reproduce the entire listing for each doctor.*

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

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

Ralph Nader, Founder

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