

Health Letter

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Public Citizen's Health Research Group Ranking of the Rate of State Medical Boards' Serious Disciplinary Actions, 2006-2008

Using an analysis of data just released by the Federation of State Medical Boards (FSMB) on all disciplinary actions taken against doctors in 2008, we have calculated the rate of serious disciplinary actions (revocations, surrenders, suspensions and probation/restrictions) taken by state medical boards in 2008. This rate of serious actions per 1000 physicians continues to be significantly lower than the peak for the past nine years (see Figure on page 2). The rate in 2008 — 2.92 serious actions per 1000 physicians — is 21.5% lower than the peak rate in 2004 of 3.72 serious actions per 1000 physicians.

The most recent three-year average state disciplinary rates (2006-2008) ranged from 0.95 serious actions per 1,000 physicians (Minnesota) to 6.54 actions per 1,000 physicians (Alaska), a 6.9-fold difference between the best and worst state doctor disciplinary boards (see Methods at the end of this report for the details of our calculations).

10 Worst States (those with the lowest three-year rate of serious disciplinary actions).

As can be seen in Table 1 (page 4), the list of the bottom 10 states, those with the lowest serious disciplinary action rates for 2006-2008, includes not only small states such as New Hampshire but large states such as California and Florida. This is the first time since we have been doing these analyses that California or Florida have been among the ten states with the lowest rate of serious disciplinary actions.

Table 2 (page 5) shows that four of these 10 states, (Maryland, Minnesota, South Carolina, and Wisconsin) have been consistently among the bottom 10 states for each of the last six three-year periods. In addition, Mississippi has been among the bottom 10 states for each of the last five three-year cycles and Connecticut has been in the bottom 10 states for each of the last three three-year cycles.

This year we have done further analyses to determine which states have had the largest decreases or increases in their ranking compared to other states between the 2001-3 and 2006-8 periods. All of the states with the greatest decrease or increase in rankings (at least 20 places lower or higher) had considerable changes in the actual rates between 2001-3 and 2006-8.

As can be seen in Chart 1, five states had decreases of at least 20 in their ranking of state disciplinary actions from the 2001-3 rate until the latest (2006-8 rate).

For a state such as California, with 112,776 physicians in 2007, this sharp

decrease in rate and in rank means far fewer California physicians are being seriously disciplined. If the rate of serious discipline were the same in the 2006-8 interval as it had been in the 2001-3 interval, 105 more serious disciplinary actions would have been taken against California doctors per year in the 2006-8 interval than actually were taken.

For Georgia, with a decrease in average rate of 1.95 over the same interval, if the 2001-3 rates had been maintained in 2006-8, there would have been 47 more serious disciplinary actions against Georgia physicians per year during this latter interval.

10 Best States (those with the highest three-year rates of serious disciplinary actions).

Table 2 shows that six of the 10 best states (Alaska, Arizona, Colorado, Kentucky, Ohio and Oklahoma) have been in the top 10 for all six of the three-year average periods in this report.

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For a state such as Illinois, with 42,512 physicians in 2007, the improvement in discipline between the rate in 2001-3 and the rate in 2006-8 means that a much larger number of serious disciplinary actions are now being taken against Illinois physicians. If the rate of serious discipline in 2006-8 had been as low as in 2001-3 — 1.47 fewer serious actions per year — there would have been 62 fewer serious disciplinary actions taken against Illinois physicians per year in 2006-8 than actually occurred.

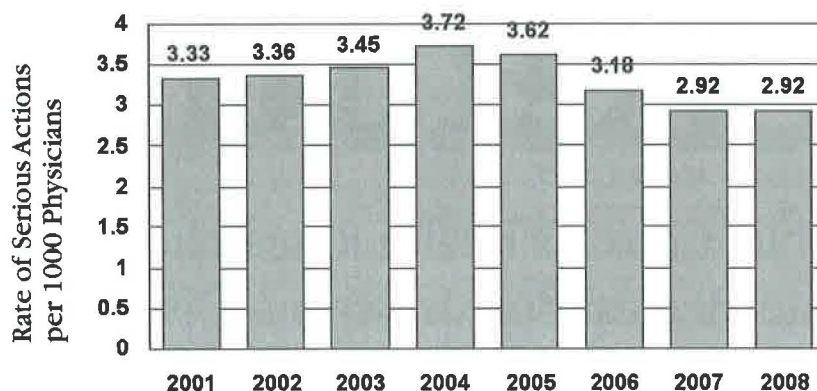
Similarly, in North Carolina, with 26,850 physicians in 2007, the improvement in the rate of serious disciplinary actions from 2001-3 to 2006-8 means that 1.85 more serious actions per 1000 physicians, or a total of 50 more physicians a year, are being seriously disciplined than in the earlier period.

Discussion

These data demonstrate a remarkable variability in the rates of serious disciplinary actions taken by the state boards. Once again, only one of the nation's 15 most populous states, Ohio, is represented among those 10 states with the highest disciplinary rates. For the first time, the largest state in the country, California, is among the 10 states with the lowest rates of serious disciplinary actions. Absent any evidence that the prevalence of physicians deserving of discipline varies substantially from state to state, this variability must be considered the result of the boards' practices. Indeed, the ability of certain states to rapidly increase or decrease their rankings (even when these are calculated on the basis of three-year averages) can only be due to changes in practices at the board level; the prevalence of physicians eligible for discipline cannot change so rapidly.

Moreover, there is considerable evidence that most boards are under-disciplining physicians. For example, in a report on doctors disciplined for

Annual Rate of Serious Disciplinary Actions by State Medical Boards: 2001-2008



criminal activity that we published recently, 67 percent of insurance fraud convictions and 36 percent of convictions related to controlled substances were associated with only non-severe discipline by the board.¹

In this report, we have concentrated on the most serious disciplinary actions. Although the FSMB does report less severe actions such as fines and reprimands, it is not appropriate to provide such actions with the same weight as license revocations, for example. A state that embarks on a strategy of switching over time from revocations or probations to fines or reprimands for similar offenses should have a rate and a ranking that reflects this decision to discipline less severely.

A relatively recent trend has been for state boards to post the particulars of disciplinary actions they have taken on the Internet. In October 2006, Public Citizen's Health Research Group published a report that ranked the states according to the quality of those postings.² The report showed variability in the quality of those Web sites akin to that reported for disciplinary rates in this report. There was no correlation between state ranking in the Web site report and state ranking in that year's disciplinary rate report (Spearman's $\rho = 0.0855$; $p=0.55$). A good Web site is no substitute for a poor disciplinary rate (or vice versa); states should both appropriately discipline their physicians and convey that information to the public. However,

no state ranked in the top 10 in both reports.

This report ranks the performance of medical boards by their disciplinary rates; it does not purport to assess the overall quality of medical care in a state or to assess the function of the boards in other respects. It cannot determine whether a board with, for example, a low disciplinary rate has been starved for resources by the state or whether the board itself has a tendency to mete out lower (or no) forms of discipline. From the patient's perspective, of course, this distinction is irrelevant.

What Makes a Difference?

Boards are likely to be able to do a better job in disciplining physicians if the following conditions are met:

- Adequate funding (all money from license fees going to fund board activities instead of going into the state treasury for general purposes)
- Adequate staffing
- Proactive investigations rather than only reacting to complaints
- The use of all available/reliable data from other sources such as Medicare and Medicaid sanctions, hospital sanctions, malpractice payouts, and the criminal justice system
- Excellent leadership
- Independence from state medical societies
- Independence from other parts of the state government so that the board has the ability to

Chart 1. Five States with Largest Decreases in Rank for the Rate of Serious Disciplinary Actions from 2001-3 to 2006-8; the decrease in rank is followed by the actual decrease in rate/1000 physicians.

| State | 2001-3 Rank | 2006-8 Rank | - in Rank | - in Rate /1000 docs |
|---------------|-------------|-------------|-----------|----------------------|
| Alabama | 13 | 36 | 23 | 2.10 |
| California | 22 | 43 | 21 | 0.93 |
| Georgia | 15 | 42 | 27 | 1.95 |
| Mississippi | 20 | 48 | 28 | 1.50 |
| New Hampshire | 25 | 46 | 21 | 1.13 |

Chart 2. Five States With Largest Increases in Rank for the Rate of Serious Disciplinary Actions From 2001-3 to 2006-8; the increase in rank is followed by the actual increase in rate/1000 physicians.

| State | 2001-3 Rank | 2006-8 Rank | + in Rank | + in Rate /1000 docs |
|----------------|-------------|-------------|-----------|----------------------|
| D.C. | 42 | 17 | 25 | 1.68 |
| Hawaii | 51 | 13 | 38 | 2.86 |
| Illinois | 35 | 15 | 20 | 1.47 |
| Maine | 34 | 10 | 24 | 1.93 |
| North Carolina | 41 | 14 | 27 | 1.85 |

develop its own budgets and regulations

- A reasonable legal standard for disciplining doctors ("preponderance of the evidence" rather than "beyond a reasonable doubt" or "clear and convincing evidence")

Most states are not living up to their obligations to protect patients from doctors who are practicing medicine in a substandard manner. Serious attention must be given to finding out which of the above bulleted variables are deficient in each state. Action must then be taken, legislatively and through pressure on the medical boards themselves, to increase the amount of discipline and, thus, the amount of patient protection. Without adequate legislative oversight, many medical boards will continue to perform poorly.

Methods

Public Citizen's Health Research Group has calculated the rate of serious disciplinary actions per 1,000 doctors in each state. Using state-by-state data just released by the

Federation of State Medical Boards (FSMB) on the number of disciplinary actions taken against doctors in 2008,³ combined with data from earlier FSMB reports covering 2006 and 2007, we have compiled a national report ranking state boards by the rate of serious disciplinary actions per 1,000 doctors for the years 2006-8 (See Table 1) and for earlier three-year intervals (See Table 2).

Because some small states do not have many physicians, an increase or decrease of one or two serious actions in a year can have a much greater effect on the rate of discipline in such states (and their ranks) than it would in larger states. To minimize such fluctuations, we therefore calculate the average rate of discipline over a three-year period: the year of interest and the preceding two years. Thus, the newest ranking is based on rates from 2006, 2007 and 2008, not the rate for 2008 alone.

Our calculation of rates of serious disciplinary actions per 1,000 doctors by state is created by taking the number of such actions for each state (revocations, surrenders, suspensions and probation/restrictions, the first

two categories in the FSMB data) and dividing that by the American Medical Association (AMA) data on total M.D.s as of December 2007⁴ in that state. We add to this denominator the number of osteopathic physicians⁵ for the 37 boards that are combined medical/osteopathic boards. We then multiply the result by 1,000 to get board disciplinary rates per 1,000 physicians. This rate calculation is done for each year and the average rate for the last three years is used as the basis for this year's state board rankings (Table 1). We then repeated these calculations for each of the five previous three-year intervals (2001-3, 2002-4, 2003-5, 2004-6 and 2005-7; Table 2).

This report is available online at <http://www.citizen.org/publications/release.cfm?ID=7652>.

1. Jung P, Lurie P, Wolfe SM. U.S. Physicians Disciplined For Criminal Activity. Health Matrix 2006;16:335-50

2. Larson, M, Marcus B, Lurie P, Wolfe SM. 2006 Report of Doctor Disciplinary Information on State Web Sites: A Survey and Ranking of State Medical and Osteopathic Board Web Sites, available at www.citizen.org/publications/release.cfm?ID=7478.

3. Federation of State Medical Boards. Summary of 2007 Board Actions, available at www.fsmb.org/pdf/2007_SummarBoardActions.pdf.

4. Physician Characteristics and Distribution in the U.S. American Medical Association, 2008 Edition.

5. Fact Sheet: American Osteopathic Association. Statistics as of August, 2004, available at www.osteopathic.org/index.cfm?PageID=aoa_ompreport_us#50.

RATES AND RANKING OF THE RATE OF STATE MEDICAL BOARDS' SERIOUS DISCIPLINARY ACTIONS, 2008
(HRG PUBLICATION # 1868 - TABLES)

Table 1: Ranking of Serious Doctor Disciplinary Action Rates by State Medical Licensing Boards, 2006-2008

| Rank 2006-2008 ¹ | State | Number of Serious Actions, 2008 | Number of Physicians, 2007 ^{2, 3} | Serious Actions per 1,000 Physicians, 2006 – 2008 ⁴ |
|--------------------------------|----------------------|------------------------------------|---|---|
| 1 | Alaska | 11 | 1,874 | 6.54 |
| 2 | Kentucky | 53 | 11,513 | 5.87 |
| 3 | Ohio | 205 | 38,807 | 5.33 |
| 4 | Arizona | 79 | 15,710 | 5.12 |
| 5 | Oklahoma | 44 | 7,245 | 5.02 |
| 6 | North Dakota | 10 | 1,831 | 4.99 |
| 7 | Louisiana | 68 | 12,875 | 4.74 |
| 8 | Iowa | 32 | 7,758 | 4.56 |
| 9 | Colorado | 74 | 15,589 | 4.54 |
| 10 | Maine | 23 | 4,305 | 4.44 |
| 11 | Nebraska | 20 | 5,126 | 4.34 |
| 12 | Wyoming | 5 | 1,248 | 4.16 |
| 13 | Hawaii | 23 | 4,877 | 4.04 |
| 14 | North Carolina | 96 | 26,850 | 4.02 |
| 15 | Illinois | 145 | 42,512 | 3.90 |
| 16 | Oregon | 60 | 12,690 | 3.88 |
| 17 | District of Columbia | 19 | 5,226 | 3.81 |
| 18 | Arkansas | 20 | 6,826 | 3.61 |
| 19 | New York | 293 | 89,399 | 3.41 |
| 20 | Montana | 7 | 2,735 | 3.38 |
| 21 | Utah | 10 | 6,269 | 3.36 |
| 22 | Vermont | 2 | 2,735 | 3.28 |
| 23 | Delaware | 6 | 2,728 | 3.15 |
| 24 | New Mexico | 22 | 5,533 | 3.14 |
| 25 | West Virginia | 15 | 4,760 | 3.11 |
| 26 | Idaho | 13 | 3,241 | 3.07 |
| 27 | Missouri | 54 | 18,136 | 2.96 |
| 28 | Virginia | 96 | 25,117 | 2.96 |
| 29 | Rhode Island | 11 | 4,654 | 2.85 |
| 30 | Indiana | 39 | 16,381 | 2.73 |
| 31 | Pennsylvania | 110 | 43,257 | 2.66 |
| 32 | Nevada | 20 | 5,591 | 2.63 |
| 33 | Texas | 159 | 60,378 | 2.60 |
| 34 | Kansas | 29 | 7,899 | 2.57 |
| 35 | South Dakota | 5 | 2,128 | 2.57 |
| 36 | Alabama | 30 | 11,647 | 2.55 |
| 37 | Michigan | 69 | 28,356 | 2.49 |
| 38 | Washington | 60 | 21,287 | 2.46 |
| 38 | Massachusetts | 67 | 33,986 | 2.46 |
| 40 | Tennessee | 40 | 18,137 | 2.44 |
| 41 | New Jersey | 80 | 33,954 | 2.44 |
| 42 | Georgia | 54 | 24,098 | 2.40 |
| 43 | California | 264 | 112,776 | 2.37 |
| 44 | Florida | 106 | 55,037 | 2.35 |
| 45 | Maryland | 59 | 27,134 | 2.20 |
| 46 | New Hampshire | 5 | 4,480 | 2.10 |
| 47 | Connecticut | 27 | 15,194 | 1.97 |
| 48 | Mississippi | 19 | 6,291 | 1.87 |
| 49 | Wisconsin | 25 | 17,295 | 1.64 |
| 50 | South Carolina | 18 | 11,939 | 1.23 |
| 51 | Minnesota | 16 | 17,670 | 0.95 |

¹ Rank is calculated based upon an average of the disciplinary rates for 2006, 2007, and 2008.

² Includes osteopathic physicians for boards with jurisdiction over both physicians and osteopaths.

³ In previous reports we used non-federal physicians, but in this report we used data for total physicians because the American Medical Association no longer provides physician data broken down by federal/non-federal status.

⁴ Disciplinary rate for the period is calculated by averaging the disciplinary rates over the three-year period 2006-8.

**RANKING OF THE RATE OF STATE MEDICAL BOARDS' SERIOUS DISCIPLINARY ACTIONS, 2001-8
(HRG PUBLICATION # 1868 - TABLES)**

Table 2: Ranks Based Upon Average Doctor Disciplinary Rates Over The Preceding Three Years^{5,6}

| | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 |
|-----------------------------------|------|------|------|------|------|------|
| Alabama ⁷ | 13 | 17 | 22 | 26 | 34 | 36 |
| Alaska ⁷ | 6 | 4 | 2 | 1 | 1 | 1 |
| Arizona | 2 | 7 | 6 | 9 | 4 | 4 |
| Arkansas ⁷ | 29 | 45 | 39 | 23 | 16 | 18 |
| California | 22 | 22 | 23 | 27 | 36 | 43 |
| Colorado ⁷ | 8 | 9 | 8 | 8 | 6 | 9 |
| Connecticut ⁷ | 38 | 38 | 38 | 42 | 45 | 47 |
| Delaware ⁷ | 50 | 50 | 50 | 44 | 29 | 23 |
| District of Columbia ⁷ | 42 | 31 | 36 | 37 | 22 | 17 |
| Florida | 36 | 37 | 32 | 35 | 31 | 44 |
| Georgia ⁷ | 15 | 18 | 20 | 25 | 33 | 42 |
| Hawai ⁷ | 51 | 51 | 42 | 33 | 21 | 13 |
| Idaho ⁷ | 14 | 21 | 25 | 24 | 25 | 26 |
| Illinois ⁷ | 35 | 25 | 18 | 12 | 12 | 15 |
| Indiana ⁷ | 27 | 27 | 24 | 28 | 27 | 30 |
| Iowa ⁷ | 12 | 12 | 15 | 7 | 11 | 8 |
| Kansas ⁷ | 32 | 30 | 31 | 36 | 41 | 34 |
| Kentucky ⁷ | 1 | 2 | 1 | 2 | 2 | 2 |
| Louisiana ⁷ | 17 | 14 | 13 | 11 | 14 | 7 |
| Maine | 34 | 35 | 46 | 34 | 24 | 10 |
| Maryland ⁷ | 48 | 47 | 44 | 43 | 43 | 45 |
| Massachusetts ⁷ | 23 | 23 | 28 | 30 | 35 | 39 |
| Michigan | 40 | 39 | 40 | 39 | 40 | 37 |
| Minnesota ⁷ | 47 | 48 | 49 | 49 | 50 | 51 |
| Mississippi ⁷ | 20 | 41 | 51 | 51 | 49 | 48 |
| Missouri ⁷ | 31 | 11 | 10 | 6 | 30 | 27 |
| Montana ⁷ | 9 | 8 | 12 | 18 | 20 | 20 |
| Nebraska ⁷ | 28 | 24 | 16 | 10 | 5 | 11 |
| Nevada | 33 | 46 | 47 | 47 | 46 | 32 |
| New Hampshire ⁷ | 25 | 26 | 21 | 21 | 26 | 46 |
| New Jersey ⁷ | 24 | 29 | 35 | 40 | 42 | 41 |
| New Mexico | 21 | 19 | 29 | 22 | 37 | 24 |
| New York ⁷ | 18 | 16 | 17 | 17 | 19 | 19 |
| North Carolina ⁷ | 41 | 34 | 26 | 16 | 15 | 14 |
| North Dakota ⁷ | 3 | 3 | 7 | 19 | 13 | 6 |
| Ohio ⁷ | 7 | 6 | 4 | 4 | 3 | 3 |
| Oklahoma | 5 | 5 | 5 | 5 | 9 | 5 |
| Oregon ⁷ | 16 | 20 | 19 | 20 | 17 | 16 |
| Pennsylvania | 45 | 36 | 33 | 32 | 38 | 31 |
| Rhode Island ⁷ | 46 | 44 | 37 | 38 | 23 | 29 |
| South Carolina ⁷ | 43 | 43 | 45 | 50 | 51 | 50 |
| South Dakota ⁷ | 37 | 33 | 43 | 48 | 47 | 35 |
| Tennessee | 44 | 40 | 30 | 29 | 28 | 40 |
| Texas ⁷ | 26 | 28 | 27 | 31 | 32 | 33 |
| Utah | 10 | 13 | 14 | 15 | 10 | 21 |
| Vermont | 19 | 15 | 11 | 13 | 8 | 22 |
| Virginia ⁷ | 30 | 32 | 34 | 41 | 39 | 28 |
| Washington | 39 | 42 | 41 | 45 | 44 | 38 |
| West Virginia | 11 | 10 | 9 | 14 | 18 | 25 |
| Wisconsin ⁷ | 49 | 49 | 48 | 46 | 48 | 49 |
| Wyoming ⁷ | 4 | 1 | 3 | 3 | 7 | 12 |

⁵ Rank for each year is calculated based on an average of the disciplinary rates from that year and the preceding two years.

⁶ Whereas in previous reports we used data on non-federal physicians, in this report we used data for total physicians because the American Medical Association no longer provides physician data broken down by federal/non-federal status. The data in this table are based on total physician data for all years, including those in previous reports. Differences in rank from previous reports are minor (see text).

⁷ These states have a combined state medical and osteopathy board.

Product Recalls

March 20, 2009 –April 21, 2009

This chart includes recalls from the Food and Drug Administration (FDA) Enforcement Report for drugs and dietary supplements, and Consumer Product Safety Commission (CPSC) recalls of consumer products.

DRUGS AND DIETARY SUPPLEMENTS

The recalls noted here reflect actions taken by a firm to remove a product from the market. Recalls may be conducted on a firm's own initiative, by FDA request or by FDA order under statutory authority. If you have any of the drugs noted here, label them "Do Not Use" and put them in a secure place until you can return them to the place of purchase for a full refund. You can also contact the manufacturer. If you want to report an adverse drug reaction to the FDA, call (800) FDA-1088. The FDA Web site is www.fda.gov. Visit www.recalls.gov for information about FDA recalls and recalls issued by other government agencies.

Recalls and Field Corrections: Drugs – CLASS I

Indicates a problem that may cause serious injury or death

Name of Drug or Supplement; Problem; Recall Information

ALR Industries FAT LOSS & ENERGY SERIES Venom HYPERDRIVE 3.0, Fat Loss and Metabolism Support, Sustained Energy and Focus, Appetite Control Improved Performance, Dietary Supplement, 90 Capsules, packaged in bottles, UPC 094922 53474 3; Approximately 190,000 bottles; FDA analysis revealed that the product contains the undeclared active pharmaceutical ingredient sibutramine. All lot codes; Applied Lifescience Research Industries

ETHEX Hydromorphone Hydrochloride Tablets, USP, CII, 2 mg, packaged in 100-tablet bottles, Rx only, Manufactured by KV Pharmaceutical Co for ETHEX Corporation, St. Louis, MO 63044, NDC 58177-620-04, 2,700 bottles (100 tablets/bottle); The product may contain oversized tablets. Lot #: 90219, exp. date 03/2010; Ethex Corp.

Isosorbide Mononitrate, 60 mg, Each tablet contains 60 mg Isosorbide Mononitrate, packaged in 30 tablet bottles, Rx only, Allscripts product #5341-0; NDC 58177-238-04; 213,804 tablets (Includes Recall #'s D-215/220-2009); The products may contain oversized tablets. Lot #'s: 6024159, 5347164 and 5342206; Allscripts LLC.

NIKKI HASKELL'S StarCaps Diet System Dietary Supplement Capsules, NATURAL EXTRACT PAPAYA & GARLIC, 550mg, 30 count bottles; 67,312 bottles – 30 capsules per bottle (total for 3 lots); Unapproved new drug; the dietary supplement lots contain the undeclared drug ingredient Bumetanide, a prescription diuretic. Lot #'s: 84810, exp. date 12/2011; 82866, exp date 12/2009; 83801, exp. date 12/2010; Balanced Health Products, Inc.

Recalls and Field Corrections: Drugs – CLASS II

Indicates a problem that may cause temporary or reversible health effects; unlikely to cause serious injury or death

Name of Drug or Supplement; Problem; Recall Information

Doxazosin Mesylate, 2 mg, packaged in 30 tablet bottles; Allscripts product #5169-0, Rx only, NDC 58177-267-04; The products may contain oversized tablets. Lot #: 6222195; Allscripts LLC.

Doxazosin Mesylate, 4 mg, packaged in 30 tablet bottles; Allscripts product #5170-0, Rx only, NDC 58177-268-04; The products may contain oversized tablets. Lot #: 6240238; Allscripts LLC.

Doxazosin Mesylate, 8 mg, packaged in 30 tablet bottles; Allscripts product #5245-0, Rx only, NDC 58177-269-04; The products may contain oversized tablets. Lot #'s: 7026031, 7023181 and 6270227; Allscripts LLC.

Fleet Phospho-soda, Ginger-Lemon flavor, catalog #105FBN, 1.5 fluid ounce (45 mL) bottles packaged in retail boxes, UPC 3-01320-10915-3; Over the counter (OTC) laxative products available to consumers are labeled as intended for "professional use only." The products contain oral sodium phosphate solutions. Multiple lots; C B Fleet Co. Inc.

Fleet Phospho-soda, Ginger-Lemon flavor, catalog #805FPPK, 1.5 fluid ounce (45 mL) bottles packaged in boxes, For Use By Health Professionals Only, Not For Retail Sale, UPC 3-01320 10702-9; Over the counter (OTC) laxative products available to consumers are labeled as intended for "professional use only." The products contain oral sodium phosphate solutions. Multiple lots; C B Fleet Co. Inc.

Fleet Phospho-soda, Unflavored, catalog #105BN, 1.5 fluid ounce (45 mL) bottles packaged in retail boxes, UPC 3-01320-10815-6; Over the counter (OTC) laxative products available to consumers are labeled as intended for "professional use only." The products contain oral sodium phosphate solutions. Multiple lots; C B Fleet Co. Inc.

Fleet Phospho-soda, Unflavored, catalog #805PPK, 1.5 fluid ounce (45 mL) bottles packaged in boxes, For Use By Health Professionals Only, Not For Retail Sale, UPC 3-01320 10701-2; Over the counter (OTC) laxative products available to consumers are labeled as intended for "professional use only." The products contain oral sodium phosphate solutions. Multiple lots; C B Fleet Co. Inc.

Fleet Phospho-soda EZ-Prep Bowel Cleansing System, catalog #102, containing 2 bottles of unflavored Phospho-soda 45 mL (1.5 fluid ounces and 1.0 fluid ounces); 2 lemonade flavor packets (0.07 ounces); one-12 fluid ounce mixing cup and patient information sheets, packaged in a papercard box, 3-01320-00102-0; Over the counter (OTC) laxative products available to consumers are labeled as intended for "professional use only." The products contain oral sodium phosphate solutions. Multiple lots; C B Fleet Co. Inc.

Guaifenesin DM, each tablet contains 600 mg guaifenesin and 30 mg dextromethorphan HBr, packaged in bottles of 14, 20, 28 and 40 sustained release tablets; Rx only, 28 tablets, 14 tablets, 20 tablets and 40 tablets; Rx only, NDC 58177-213-04; The products may contain oversized tablets. Lot #s: 7275211, 7276119, 7281311, 7271047, 7261161, 7229056, 7310172, 7270038, 7229057, 7299121 and 7242044; Allscripts LLC.

Guaifenesin/Pseudoephedrine 600 mg/120 mg, each extended-release tablet contains guaifenesin 600 mg, Pseudoephedrine 120 mg, packaged in bottles of 14, 20, 30 and 60 tablets; 20 tablets, 14 tablets, 30 tablets and 60 tablets; Rx only, NDC 58177-208-04; The products may contain oversized tablets. Lot #s: 7305022, 7304178, 7296154, 7292080, 7290143, 7281238, 7278159, 7271079, 7258173, 7304175, 7295202, 7304176, 7296161, 7295203, 7290142, 7281237, 7271065, 7270018, 7304177, 7295200 and 7271078; Allscripts LLC.

Hyoscyamine Sulfate, 0.125 mg, packaged in 20 tablet bottles, Allscripts product #3763-2, Rx only, NDC 58177-274-04; The products may contain oversized tablets. Lot #s: 8044136 and 8038052; Allscripts LLC.

MS Extended-Release Tablets, 15 mg, Each Tablet Contains: MS 15 mg, Caution: For Further Manufacturing, Processing or Repacking, Not For Sale in the United States (Export Only), Rx Only; The products were not manufactured in conformance with Good Manufacturing Practices (GMP's). Lot #s: 91331 and 99750; KV Pharmaceutical Co.

MS Extended-Release Tablets, 30 mg, Each Tablet Contains: MS 30 mg, Caution: For Further Manufacturing, Processing or Repacking, Not For Sale in the United States (Export Only), Rx Only; The products were not manufactured in conformance with Good Manufacturing Practices (GMP's). Lot number: 98383; KV Pharmaceutical Co.

MS Extended-Release Tablets, 60 mg, Each Tablet Contains: MS 60 mg, Caution: For Further Manufacturing, Processing or Repacking, Not For Sale in the United States (Export Only), Rx Only; The products were not manufactured in conformance with Good Manufacturing Practices (GMP's). Lot #: 98384; KV Pharmaceutical Co.

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THE PUBLIC CITIZEN HEALTH RESEARCH GROUP

Health Letter

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CONSUMER PRODUCTS

Contact the Consumer Product Safety Commission (CPSC) for specific instructions or return the item to the place of purchase for a refund. For additional information from the Consumer Product Safety Commission, call their hotline at (800) 638-2772. The CPSC web site is www.cpsc.gov. Visit www.recalls.gov for information about FDA recalls and recalls issued by other government agencies.

Name of Product Problem Recall Information

AC Adaptor used with ThinkVision Soundbars. The plastic shell of the AC Adaptor can crack, posing a risk of electric shock to consumers. Lenovo Inc., (800) 426-7378 or www.lenovo.com.

Aviva Leaps and Bounds Folding Trampolines with Safety Pad ("L&B") and Aviva Pirate Jump 'N Play Trampolines ("Pirate"). The metal support legs of the trampoline can bend or break and the bungee cords that secure the mat to the frame can fray or break, posing a fall hazard to the user. Aviva Sports, Inc. (888) 352-9763 or www.aviva-trampoline-recall.com.

Baby Necessities pacifiers. The pacifiers are banned under federal law. They failed federal safety tests when the nipples separated from the base. This poses a choking hazard to young children. OKK Trading, (877) 655-8697 or www.okktrading.com.

Bally Total Fitness, Everlast, Valeo and Body Fit Fitness Balls. An overinflated fitness ball can unexpectedly burst while in use, causing the user to fall to the floor. EB Brands, (800) 624-5671 or www.ebbrands.com.

Bush Hog Off-Road Utility Vehicles. The utility vehicle's throttle cable can lock in freezing temperatures. This can cause the engine not to return to idle when the driver takes his or her foot off the accelerator pedal, posing a risk of loss of vehicle control and injury to the driver and passenger. Bush Hog LLC, (877) 873-0143 or www.bushhog.com.

CARS Fleece Clog Children's Shoes. The shoe has four decorative wheels that can detach, posing a choking hazard to young children. Buster Brown & Co., (888) 869-1044 or www.busterbrownshoes.com.

Children's Fishing Poles. The paint on the reels of these fishing poles contains excessive levels of lead, violating the federal lead paint standard. Zebco Brands, (800) 588-9030 or www.zebco.com.

Children's Hooded Fleece Jackets. The jackets have a drawstring through the hood which can pose a strangulation hazard to children. In February 1996, CPSC issued guidelines to help prevent children from strangling or getting entangled on the neck and waist drawstrings in upper garments, such as jackets or sweatshirts. Golden Grove Trading Inc., (888) 800-3939.

Clothing Irons. The clothing iron can overheat, posing a fire hazard to consumers. Conair Corporation, (800) 687-6916 or www.Conair.com.

Direct Vent Gas Fireplaces. Gas can accumulate in the firebox if the pilot light is not lit or has gone out. When consumers relight the pilot light, the accumulated gas can ignite with force and shatter the glass fireplace doors posing a serious laceration hazard. Central Fireplace, (800) 248-4681 or www.centralfireplace.com.

Ergorapido, Pronto and Precision Vacuums. The vacuum's battery can expand and burst, posing a risk of injury to the user and bystanders. Electrolux Home Care Products Inc., (800) 932-1778 or www.stickvacrecall.com.

Evenflo Envision™ High Chairs. Recline fasteners and metal screws on both sides of the high chair can loosen and fall out, allowing the seatback to detach or recline unexpectedly. Children can fall backwards or fall out of the high chair and suffer bumps and bruises to the head, abrasions, cuts and bruises. Detached hardware also poses a choking hazard to children. Evenflo Company Inc., (800) 233-5921 or www.evenflo.com.

Evenflo Majestic™ High Chairs. Plastic caps and metal screws on both sides of the high chair can loosen and fall out, allowing the seatback to suddenly fall back or detach from the high chair. Children can fall backwards or fall out of the high chair and suffer injury to the head, broken bones, abrasions, cuts and bruises. Detached hardware also poses a choking hazard to children. Evenflo Company Inc., (800) 233-5921 or www.evenflo.com.

CONSUMER PRODUCTS

Folding Patio Chairs. The side supports on these chairs can splinter when weight is placed, posing a fall hazard to consumers. Ross Stores Inc., (877) 455-7677 or www.rossstores.com.

Fresh Décor 10 Count LED Star String Lights. Electrical wiring in the lights can overheat, posing a fire hazard to consumers. Four Star Group USA Inc., (877) 723-3929 (877-SAFEWAY) or contact the retailer where the lights were purchased.

GE Profile™ Freestanding Dual Fuel Ranges. The wiring in the rear of the range can overheat, posing a fire and burn hazard to consumers. GE Consumer & Industrial, (888) 352-9764 or www.geappliances.com.

3-in-1 High Chairs. The seat can fall backwards from high chair frame if the booster seat release is unlatched while the child is in the product. Also, the seat back can detach if not fully snapped in place, posing a fall hazard and risk of serious injury to young children. Fisher-Price, (800) 432-5437 or www.service.mattel.com.

Hooded Fleece Sweatshirts. The jackets have a drawstring through the hood which can pose a strangulation hazard to children. In February 1996, CPSC issued guidelines to help prevent children from strangling or getting entangled on the neck and waist drawstrings in upper garments, such as jackets or sweatshirts. Dysfunctional Clothing LLC, (800)-760-3417 or www.lostenterprises.com.

Hooded Fleece Sweatshirts. The sweatshirts have a drawstring through the hood which can pose a strangulation hazard to children. In February 1996, CPSC issued guidelines to help prevent children from strangling or getting entangled on the neck and waist drawstrings in upper garments, such as jackets or sweatshirts. MM Compound LLC (also known as Metal Mulisha Clothing), (877)-685-4742.

Hooded Fleece Sweatshirts. The sweatshirts have a drawstring through the hood which can pose a strangulation hazard to children. In February 1996, CPSC issued guidelines to help prevent children from strangling or getting entangled on the neck and waist drawstrings in upper garments, such as jackets or sweatshirts. Rusty North America, (877) 857-8789.

Illuminated Round Rocker Switches. The wiring diagram on the switch's package is incorrect. The Neutral and Line notation is reversed, posing a shock hazard to consumers. RadioShack Corp., (800) 843-7422 or www.radioshack.com.

Insignia 26-inch Flat-Panel LCD Model IS-LCDTV26 Televisions. The television's power supply can fail, posing a fire and burn hazard to consumers. Best Buy Co. Inc., (800) 233-0462 or www.bestbuy.com.

Log Splitters. The log splitter's hydraulic cylinders can have defective rod retention, causing the seals to leak and the rods to detach. This can result in serious injury to the operator, as the rod can rapidly, unexpectedly extend the splitting wedge. Brave Products Inc., (800) 350-8739 or www.logsplitters-ironoak.com or www.braveproducts.com.

O'Neill Children's Sweatshirts with Drawstrings. The jackets have a drawstring through the hood which poses a strangulation hazard. In February 1996, CPSC issued guidelines to help prevent children from strangling or getting entangled on the neck and waist drawstrings in upper garments, such as jackets. La Jolla Sport USA, (800) 213-6444 or www.oneill.com.

Outerwears Funnel Pre-Filters. The Funnel Pre-Filters can create a flash when they are removed from the tank posing a fire hazard. Outerwears Inc., (800) 967-3450 or www.outerwears.com.

Philips Senseo One-Cup Coffeemakers. An electrical fault and the build-up of calcium from hard or medium water can cause an obstruction in the coffeemaker. If this happens, the boiler can burst, posing a burn hazard to consumers. Philips Consumer Lifestyle, (866) 604-0051 or www.senseoexchange.com.

Polaris Snowmobiles. The fuel lines on the snowmobiles can make contact with one another, which could result in a fuel leak. This can pose a fire hazard to consumers. Polaris Industries Inc., (888) 704-5290 or www.polarisindustries.com.

Rocketfish Model RF-INV80 Universal AC/DC/USB Portable Power Source. While charging the battery, the power source can unexpectedly ignite, posing a fire hazard to consumers. Best Buy Co. Inc., (800) 233-0462 or www.bestbuy.com.

Signature Gourmet™ 12-Cup Programmable Coffeemakers and Kitchen Gourmet® 10-Cup Coffeemakers. These coffeemakers can ignite due to an electrical failure, posing a fire hazard. Atico International USA Inc., (877) 546-4835 or www.aticousa.com.

Shape-O Toy Maracas. The maracas can break and expose small parts, posing a choking hazard to young children. In addition, the handle poses a suffocation hazard to young children. Tupperware U.S. Inc., (888) 887-9273 or www.tupperware.com.

Spektrum Dx6i Radio Transmitters used with Model Aircrafts. The defective radio transmitters can cause model airplanes and helicopters they control to fall from the sky while in flight and crash into bystanders or property. The propellers can also spin unexpectedly injuring a person standing too close or working on the aircraft. This poses impact and laceration hazards to consumers and a risk of property damage. Horizon Hobby Inc., (877) 504-0233 or www.horizonhobby.com.

Stanley® Stud Sensors 200 and Stanley® FatMax® Stud Sensors 400. The stud sensor can fail to calibrate properly and detect AC electrical wires behind the wall, posing a shock hazard to the user. The Stanley Works, (866) 215-1132 or www.stanleytools.com.

SunKids Convertible Cribs. The sides of the crib are made of mesh that expands, creating a gap between the side and the crib's mattress if it's not zipped into place, or a gap between the side and an added mattress. A young child can slip into this

gap and become entrapped or suffocate. Also, the crib's drop side can fail to fully latch posing a fall hazard to young children. Suntech Enterprises Inc., (888) 268-8139.

Travel Tender Play Yards. One or more rails can collapse unexpectedly, posing a fall or entrapment hazard to young children. Simplicity, Inc. and SFCA, Inc., Burlington Coat Factory at (888) 223-2628; Babies R Us at (800) 869-7787 or www.babiesrus.com; Target at (800) 440-0680 or www.target.com; Kohl's Department Stores at (866) 887-8884 or www.kohls.com.

"Vista Residential" Security System Control Panels. Security systems programmed with a wireless silent panic feature can fail to operate properly the first time the panic button is pressed on the remote transmitter. If the panic button is pressed only once, this can unexpectedly leave residents without a triggered alarm during an emergency. Ademco de Juarez s.r.l., (800) 645-7492 or www.security.honeywell.com.

What's Inside? Soft Toy Boxes. The head of the stuffed butterfly toy can detach from the body, posing a choking hazard to children. Lakeshore Learning Materials, (800) 428-4414 or www.lakeshorelearning.com.

Women's Shoes. Heels on the shoes can easily detach, posing a fall hazard to consumers. Wal-Mart Stores Inc., (800) 925-6278 or www.walmartstores.com.

Zoo Pacifiers. The pacifiers failed to meet federal safety standards. The nipples can separate from the base easily, posing a choking hazard to young children. Healthtex, (866) 348-5080.



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children “will support the safety and effectiveness” of the drug among children in this age group. This would presumably counteract the widespread criticism of using risperidone and other antipsychotic medications in young children both because of the side effects of these medications and the fact that it is very difficult to clarify psychiatric diagnoses in such children.

In another proposed project that would compare Risperdal against other antipsychotics used to treat bipolar disorder in children, Biederman told the company that the results “will clarify the competitive advantages of risperidone against other neuroleptics [antipsychotics].” He was thus essentially guaranteeing the outcome of the treatment trials before he carried them out, a rather remarkable way to undertake a scientific inquiry.

Dr. Biederman is only one of many prominent psychiatrists who have recently been identified as having unethical relationships with pharmaceutical companies. Most of these relationships have been made public by the excellent work of Senator Charles E. Grassley of Iowa and his staff, who have obtained documents from pharmaceutical companies relating to their financial support of psychiatrists and other physicians.

Dr. Frederick K. Goodwin, for example, is a former director of the National Institute of Mental Health. For several years, Dr. Goodwin hosted a popular weekly radio program, “The Infinite Mind,” on National Public Radio. Dr. Goodwin, an expert

on bipolar disorder, was enthusiastic about using mood stabilizer drugs to treat bipolar disorder in children and promoted such treatment on his program. At the same time, Goodwin was giving drug company-sponsored talks to doctors, promoting the use of mood stabilizers in children. In 2005, for example, GlaxoSmithKline paid Goodwin \$329,000 for giving talks to promote its mood stabilizer, Lamictal. Radio listeners were not informed about Dr. Goodwin’s conflict of interest.

Another prominent psychiatrist who has been cited by Senator

Grassley as having a possible conflict of interest is Dr. Alan F. Schatzberg, a Professor of Psychiatry at Stanford University and President-Elect of the American Psychiatric Association. Senator Grassley raised questions about Dr. Schatzberg’s stock holdings totaling \$4.8 million in a drug development company.

The American Psychiatric Association (APA) is dependent on pharmaceutical companies for almost one-third of its total income. In 2008, for example, Eli Lilly alone gave the APA \$1.3 million, according to the online Lilly grant registry (www.lillygrantoffice.com/grant_registry.jsp). The annual meeting of the APA has been likened to a pharmacological jamboree, with exhibits by as many as 24 drug companies. A Public Citizen study published in 2005 reported that over half of the companies’ exhibits “were in violation of either APA rules or FDA regulations” (Lurie P et al., Violations of exhibiting and FDA rules at an American Psychiatric Association annual meeting, *Journal of Public Health Policy* 2005;26:389–399).

Attempts by the pharmaceutical industry to influence prescribing by psychiatrists extend from prominent individuals such as Dr. Biederman to lesser known psychiatrists such as Dr. John E. Simon and Dr. Daniel J. Carlat. Dr. Simon, a psychiatrist in Minnesota, was appointed in 2004 to the Minnesota Medicaid Drug Formulary Committee, the group that decides which psychiatric drugs will be reimbursed under the state’s Medicaid program. From 2004 to 2006, according to published reports, Dr. Simon received more than \$350,000 from pharmaceutical companies for giving talks promoting their products.

Dr. Daniel J. Carlat, a psychiatrist in Massachusetts, is another example of a lesser-known psychiatrist who took money from drug companies in exchange for promoting their products. According to the Boston Globe, Carlat gave talks at luncheon and dinner meetings of psychiatrists for one year to promote antidepressants, totaling about \$30,000. He then stopped, he says, because he realized that he had become, in his words, a “drug whore.”

“There’s really no nice way to say it,” he said. “If you’re being paid to offer an opinion you’re not all that confident that you believe, you’re corrupt.”

Dr. Carlat is one of the few who have publicly identified the core of the problem, the corruption of psychiatric practice by financial incentives offered by drug companies. It is, in essence, widespread psychoprositution. ♦

“There’s really no nice way to say it,” said Dr. Daniel J. Carlat. “If you’re being paid to offer an opinion you’re not all that confident that you believe, you’re corrupt.”

Psychoprostitution

The following article was written by psychiatrist Dr. E. Fuller Torrey.

Dr. Joseph Biederman, a Professor of Psychiatry at Harvard Medical School, has taken the pharmaceutical company corruption of psychiatry to new depths.

In November 2008, the *New York Times* reported that Biederman had failed to report to Harvard at least \$1.4 million in income from Johnson and Johnson (J&J) and other pharmaceutical companies as he was supposed to do. He was thus in violation of the university's conflict-of-interest regulations.

J&J makes Risperdal, the trade name for risperidone, an antipsychotic drug J&J has been promoting for serious psychiatric disorders, such as schizophrenia and bipolar disorder, in children. Biederman, a well-

known child psychiatrist, was in a position to influence the prescribing practices of his psychiatric peers. He had had a close relationship with J&J for several years, having received up to \$3,000 for giving a single lecture to promote their products.

According to the news reports, Biederman was not merely a passive recipient of the drug company's largesse. As outlined in company documents, Biederman solicited the company "multiple times to propose the creation" of a center at Harvard that would "generate and disseminate data" supporting the use of Risperdal in children and adolescents. The center, Biederman promised, would "move forward the commercial goals of J&J." The company provided almost \$1.0 million for Biederman's center.

Additional documents released

in February 2009 have now demonstrated that the relationship between Dr. Biederman and the drug company was even more unethical than previously known. According to the *New York Times*, Biederman essentially guaranteed the outcome of treatment trials to be carried out for Johnson and Johnson in the center they were funding. Biederman told the company that a proposed trial using Risperdal for preschool

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