



Ranking of State Medical Board Serious Disciplinary Actions, 2009-2011

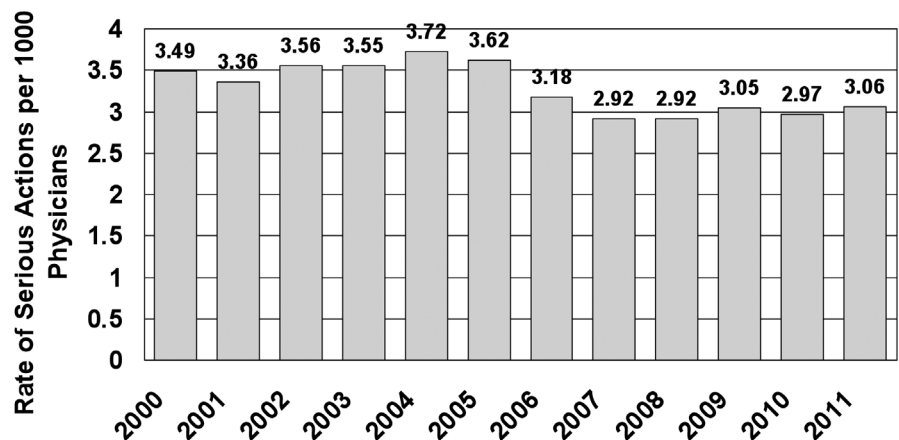
By analyzing data on all disciplinary actions taken against doctors in 2011 — information recently released by the Federation of State Medical Boards (FSMB) — Public Citizen’s Health Research Group has calculated the rate of serious disciplinary actions (revocations, surrenders, suspensions and probations/restrictions) taken by state medical boards in 2011.

This 2011 rate of serious actions per 1,000 physicians (3.06) stands slightly higher than the 2010 rate (2.97) but is still 18 percent lower than the peak rate in 2004 (3.72; see the “Annual Rate” chart on this page).

The most recent three-year average of state disciplinary rates (2009-11) ranged from 1.33 serious actions per 1,000 physicians (South Carolina) to 6.79 actions per 1,000 physicians (Wyoming), a 5.5-fold difference in the rate of discipline between the best and worst state doctor disciplinary boards (see the “Methods” section on page 3 for the details of our calculations).

Table 5 on page 4 shows the new

Annual Rate of Serious Disciplinary Actions by State Medical Boards, 2001-2011



ranking for all states. See Table 6 on page 5 for state rankings across the last nine three-year periods reviewed.

10 worst states (lowest three-year rates of serious disciplinary actions)

As can be seen in Table 1 on page 2, the list of the 10 worst states includes not only small states and districts such as Rhode Island and the District of

Columbia, but also large states such as Florida, New Jersey, Massachusetts and Minnesota.

see RANKING, page 2

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HRG Works for You!

Latest work: obesity drugs, medical device policy and whistle-blowers

The work of Public Citizen’s Health Research Group (HRG) doesn’t end with its *Health Letter* and *Worst Pills, Best Pills News* publications. HRG uses current academic research, government data and information from whistle-blowers to advocate for consumers by:

- petitioning the government to remove unsafe drugs or medical devices from the market, and to require warnings of dangerous side effects on other drugs;
- testifying before government committees and arguing against approval of unsafe drugs and medical devices;
- writing letters to government agencies on the adverse effects of numerous drugs and medical devices; and
- lobbying Congress to strengthen the regulatory oversight of drugs and medical devices.

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RANKING, from page 1

Three of these 10 states (Minnesota, South Carolina and Wisconsin) have been consistently among the bottom 10 states for each of the last nine three-year periods.

In addition, Connecticut has been among the bottom 10 states for each of the last six three-year cycles. Florida and Rhode Island have now been among the bottom 10 states for the last four three-year periods.

Again this year, we have done further analyses to determine which states have had the largest decreases or increases in their rankings compared to other states between the year of their highest rate and the 2009-11 period. All of the states with the greatest decrease or increase in rankings had considerable changes in actual rates between their highest year and 2009-11.

As can be seen in Table 2 on this page, five states had decreases of at least 25 in their ranking of state disciplinary actions from the year of their highest rate until 2009-11. Table 2 shows that Massachusetts fell 25 places in ranking between 2002-04 and 2009-11.

10 best states (highest three-year rates of serious disciplinary actions)

Of the 10 states listed in Table 3 on page 3, three (Alaska, Ohio and Oklahoma) have been in the top 10 for all nine of the three-year periods covered in this report.

Delaware had the largest increase in rank, rising from 50th place in 2001-03 to fourth place in 2009-11.

Table 1. 10 Worst States

State/District	Actions/ 1,000 Docs, 2009-11	Times in Bottom 10 Since 2001-03
South Carolina	1.33	9
District of Columbia	1.47	2
Minnesota	1.49	9
Massachusetts	1.66	3
Connecticut	1.82	6
Wisconsin	1.90	9
Rhode Island	2.02	4
Nevada	2.07	5
New Jersey	2.26	2
Florida	2.28	4

Discussion

These data demonstrate 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 fourth year in a row, one of the largest states in the country, Florida, although showing some improvement, is still 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 rapidly decrease their rankings (even

see [RANKING, page 3](#)

Table 2. States With Largest Decreases in Rank for the Rate of Serious Disciplinary Actions From Year of Highest Average Rank* to 2009-11 Rank

State/District	Highest Rate and Rank (Year)	2009-11 Rank	Decrease in Rank
District of Columbia	16 (2007-09)	50	34
Montana	8 (2002-04)	38	30
Idaho	14 (2001-03)	41	27
Missouri	6 (2004-06)	32	26
Massachusetts	23 (2002-04)	48	25

*See Table 6.

Table 3. 10 Best States

State/District	Actions/ 1,000 Docs, 2009-11	Times in Top 10 Since 2001-03
Wyoming	6.79	7
Louisiana	5.58	4
Ohio	5.52	9
Delaware	5.32	1
New Mexico	5.28	3
Nebraska	4.70	4
Alaska	4.69	9
Oklahoma	4.65	9
Washington	4.45	1
West Virginia	4.32	2

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when these are calculated on the basis of three-year averages) can only be due to changes in practices at the board level, often related to the resources available for adequate staffing. 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 Public Citizen report on doctors disciplined for criminal activity, published in 2006, 67 percent of insurance fraud convictions and 36 percent of convictions related to controlled substances were associated with only nonsevere 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 on the Internet the particulars of disciplinary actions they have taken. In October 2006, we published a report that ranked the

Table 4. States With Largest Increases in Rank (20 or More) for the Rate of Serious Disciplinary Actions From Year of Lowest Average Rank* to 2009-11 Rank

State	Lowest Rate and Rank (Year)	2009-11 Rank	Increase in Rank
Delaware	50 (2001-03)	4	46
Washington	45 (2004-06)	9	36
Mississippi	51 (2004-06)	17	34
Hawaii	51 (2004-06)	18	33
North Carolina	41 (2001-03)	16	25

*See Table 6.

states according to the quality of those postings.² The report showed variability in the quality of those websites akin to that reported for disciplinary rates in this report. There was no correlation between state ranking in the website report and state ranking in that year’s disciplinary rate report. A good website 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 the better boards “better”?

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 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 bulleted variables on this page are deficient in each state. Action must then be taken, through legislation 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

We have calculated the rate of serious disciplinary actions per 1,000 doctors in each state. Using state-by-state data just released by the FSMB on the number of disciplinary actions taken against doctors in 2011,³ combined with data from earlier FSMB reports covering

see **RANKING, page 6**

Table 5. Ranking of Serious Doctor Disciplinary Action Rates by State Medical Licensing Boards, 2009-11 (See endnotes on page 6.)

Rank 2009-11 ¹	State/District	Number of Serious Actions, 2011	Number of Physicians, 2010 ^{2,3}	Serious Actions per 1,000 Physicians, 2009-11 ⁴
1	Wyoming	12	1,340	6.79
2	Louisiana	56	13,767	5.58
3	Ohio	234	40,569	5.52
4	Delaware	18	2,858	5.32
5	New Mexico	28	5,759	5.28
6	Nebraska	23	5,347	4.70
7	Alaska	7	1,990	4.69
8	Oklahoma	33	7,619	4.65
9	Washington	109	21,795	4.45
10	West Virginia	22	4,922	4.32
11	Arizona	50	16,944	4.12
12	Colorado	58	16,787	4.08
13	Kentucky	52	11,959	3.94
14	North Dakota	3	1,899	3.75
15	Iowa	26	7,966	3.60
16	North Carolina	83	28,799	3.56
17	Mississippi	38	6,511	3.56
18	Hawaii	11	5,087	3.53
19	Illinois	143	44,284	3.45
20	Oregon	48	13,755	3.36
21	Indiana	64	16,850	3.25
22	Virginia	74	26,577	3.11
23	Maine	15	4,426	3.05
24	New York	280	89,794	2.98
25	Arkansas	18	7,060	2.95
26	Kansas	26	8,321	2.93
27	Maryland	92	28,075	2.91
28	California	365	118,110	2.86
29	Pennsylvania	123	44,988	2.82
30	Texas	206	65,149	2.79
31	Vermont	7	2,752	2.78
32	Missouri	48	19,030	2.76
33	Tennessee	39	19,035	2.72
34	South Dakota	6	2,244	2.71
35	Alabama	31	12,051	2.69
36	New Hampshire	13	4,838	2.65
37	Georgia	67	25,443	2.65
38	Montana	7	2,817	2.63
39	Michigan	71	29,331	2.56
40	Utah	17	6,865	2.44
41	Idaho	11	3,504	2.43
42	Florida	171	58,026	2.28
43	New Jersey	78	33,991	2.26
44	Nevada	10	5,899	2.07
45	Rhode Island	13	4,869	2.02
46	Wisconsin	43	18,160	1.90
47	Connecticut	34	15,747	1.82
48	Massachusetts	53	36,128	1.66
49	Minnesota	28	18,721	1.49
50	District of Columbia	2	5,896	1.47
51	South Carolina	20	12,774	1.33

Table 6. Ranks Based Upon Average Doctor Disciplinary Rates Over the Preceding Three Years^{5,6} (See endnotes on page 6.)

State/District	2003	2004	2005	2006	2007	2008	2009	2010	2011
Alabama ⁷	13	17	22	26	34	36	37	31	35
Alaska ⁷	6	4	2	1	1	1	1	2	7
Arizona	2	7	6	9	4	4	5	8	11
Arkansas ⁷	29	45	39	23	16	18	32	23	25
California	22	22	23	27	36	43	41	35	28
Colorado ⁷	8	9	8	8	6	9	7	10	12
Connecticut ⁷	38	38	38	42	45	47	47	48	47
Delaware ⁷	50	50	50	44	29	23	35	13	4
District of Columbia ⁷	42	31	36	37	22	17	16	37	50
Florida	36	37	32	35	31	44	44	45	42
Georgia ⁷	15	18	20	25	33	42	36	40	37
Hawaii ⁷	51	51	42	33	21	13	10	11	18
Idaho ⁷	14	21	25	24	25	26	28	29	41
Illinois ⁷	35	25	18	12	12	15	15	20	19
Indiana ⁷	27	27	24	28	27	30	24	26	21
Iowa ⁷	12	12	15	7	11	8	13	14	15
Kansas ⁷	32	30	31	36	41	34	27	22	26
Kentucky ⁷	1	2	1	2	2	2	3	12	13
Louisiana ⁷	17	14	13	11	14	7	8	1	2
Maine	34	35	46	34	24	10	14	19	23
Maryland ⁷	48	47	44	43	43	45	43	39	27
Massachusetts ⁷	23	23	28	30	35	39	46	47	48
Michigan	40	39	40	39	40	37	39	38	39
Minnesota ⁷	47	48	49	49	50	51	51	51	49
Mississippi ⁷	20	41	51	51	49	48	45	33	17
Missouri ⁷	31	11	10	6	30	27	34	25	32
Montana ⁷	9	8	12	18	20	20	22	32	38
Nebraska ⁷	28	24	16	10	5	11	11	9	6
Nevada	33	46	47	47	46	32	29	30	44
New Hampshire ⁷	25	26	21	21	26	46	48	44	36
New Jersey ⁷	24	29	35	40	42	41	40	41	43
New Mexico	21	19	29	22	37	24	9	7	5
New York ⁷	18	16	17	17	19	19	21	24	24
North Carolina ⁷	41	34	26	16	15	14	12	16	16
North Dakota ⁷	3	3	7	19	13	6	2	6	14
Ohio ⁷	7	6	4	4	3	3	4	3	3
Oklahoma	5	5	5	5	9	5	6	4	8
Oregon ⁷	16	20	19	20	17	16	17	17	20
Pennsylvania	45	36	33	32	38	31	31	28	29
Rhode Island ⁷	46	44	37	38	23	29	30	46	45
South Carolina ⁷	43	43	45	50	51	50	50	50	51
South Dakota ⁷	37	33	43	48	47	35	26	36	34
Tennessee	44	40	30	29	28	40	33	27	33
Texas ⁷	26	28	27	31	32	33	38	34	30
Utah	10	13	14	15	10	21	25	43	40
Vermont	19	15	11	13	8	22	42	42	31
Virginia ⁷	30	32	34	41	39	28	19	21	22
Washington	39	42	41	45	44	38	23	18	9
West Virginia	11	10	9	14	18	25	18	15	10
Wisconsin ⁷	49	49	48	46	48	49	49	49	46
Wyoming ⁷	4	1	3	3	7	12	20	5	1

RANKING, from page 3

2009 and 2010, we have compiled a national report ranking state boards by the rate of serious disciplinary actions per 1,000 doctors for the years 2009-11 (see Table 5) and for earlier three-year intervals (see Table 6).

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 2009, 2010 and 2011.

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 data on total M.D.s as of December 2010⁴ 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 5 on page 4). We have also calculated these averages for each of the eight previous three-year intervals (2001-03, 2002-04, 2003-05, 2004-06, 2005-07, 2006-08, 2007-09 and 2008-10 — see Table 6 on page 5).

This report is available online at www.citizen.org/hrg2034. ♦

RANKING report references

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/Page.aspx?pid=700.

³ Federation of State Medical Boards. Summary of 2011 Board Actions, available at <http://fsmb.org/pdf/2011-summary-of-board-actions.pdf>.

⁴ Physician Characteristics and Distribution in the U.S. American Medical Association, 2011 edition.

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

Notes to Tables 5 and 6

¹ Rank is calculated based upon an average of the disciplinary rates for 2009, 2010 and 2011.

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

³ In previous reports, we used nonfederal 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 and nonfederal status.

⁴ Disciplinary rate for the period is calculated by averaging the disciplinary rates over the three-year period 2009-11.

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 nonfederal physicians, in this report, we used data for total physicians because the American Medical Association no longer provides physician data broken down by federal and nonfederal status.

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

HRG Works for You! (continued from page 1)

Our latest consumer advocacy actions include:

- **Testimony on Obesity Drugs** — 3/29/2012 — HRG director Dr. Sidney Wolfe testified before the Food and Drug Administration's (FDA's) Endocrinologic and Metabolic Drugs Advisory Committee regarding cardiovascular risk assessment of obesity drugs. Wolfe noted a pattern in which the FDA approves an obesity drug only to remove it from the market following a wave of reports of fatal cardiovascular events (such as heart attack and stroke, pulmonary hypertension and heart valve damage). In his testimony, he asserted that obesity drugs have no benefit for most consumers because of the relatively short-term use and that, even in that short period of time, the drugs harm those consumers. Given the current evidence of risks associated with these drugs, Wolfe stressed that obesity drugs must be tested for cardiovascular risk in randomized, placebo-controlled studies before any such drug is put on the market, lest the FDA put millions more patients at risk.
- **Comments on Medical Device Regulatory Policy** — 4/2/2012 — Wolfe and Dr. Michael Carome, HRG deputy director, submitted comments to the U.S. Senate Committee on Health, Education, Labor and Pensions regarding the committee's proposed changes to medical device regulatory policy. The HRG leaders voiced concerns about several provisions in the comments that would promote corporate interests over those of patients. Those provisions favoring the industry included proposals to allow individuals with financial conflicts of interest to serve on FDA advisory committees that advise the agency about whether to approve new medical devices and drugs. Congress is expected to pass final legislation on medical devices by the end of September.
- **Action Following Wyoming Whistle-Blower Tip** — 4/5/2012 — After getting a tip from an anonymous whistleblower that hundreds of patients undergoing surgery at Wyoming's Sheridan Memorial Hospital may have been exposed to infectious diseases because of the hospital's failure to properly sterilize or disinfect its reusable laryngeal mask airways, we wrote hospital officials and the Wyoming Department of Health on March 20, urging that the hospital immediately notify each patient who may have been exposed, offer them screening for potential infections, and treat those patients found to be infected. After initially deflecting responsibility and offering solutions that came well short of the necessary redress for patients — and under intense pressure from Public Citizen via local news media — on April 5, 2012, the hospital chose to act responsibly. It notified all patients who were exposed and offered screening, as HRG had initially advised.

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Product Recalls

April 5, 2012 – May 16, 2012

This section includes recalls from the Food and Drug Administration (FDA) Enforcement Report for drugs and dietary supplements (www.fda.gov/Safety/Recalls/EnforcementReports/default.htm), and Consumer Product Safety Commission (CPSC) recalls of consumer products.

DRUGS AND DIETARY SUPPLEMENTS

Recalls and Field Corrections: Drugs – Class I

Indicates a problem that may cause serious injury or death

Norgestimate and Ethinyl Estradiol Tablets, USP; 0.18 mg/0.035 mg, 0.215 mg/0.035 mg and 0.25 mg/0.035 mg; 28-count blister card; three blister cards per carton. Volume of product in commerce: 92,952 cartons. Contraceptive tablets out of sequence: Due to a packaging error, select blisters were rotated 180 degrees within the card, revers-

ing the weekly tablet orientation and making the lot number and expiry date visible only on the outer pouch. Lot #: 04110101, 04110106 and 04110107, expiration date 07/31/2013; 04110114, 04110124 and 04110129, expiration date 08/31/2013; and 04110134, expiration date 09/30/2013. Glenmark Generics Ltd.

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

Campral Delayed-Release Tablets (acamprosate calcium), 333 mg, 1 blister card (42 tablets), professional sample blister pack. Volume of product in commerce: Unknown. Failed USP dissolution test requirements: Failing high results for the acid-stage dissolution test were obtained at the 18-month test interval. Lot #: 1073308, expiration date 10/31/2012. Forest Pharmaceuticals Inc./Merck Sante.

up: One unit dose package of prednisolone, USP, 4 mg, was found with the back of the blister card that has the dosing instructions rotated 180 degrees so that there is one tablet in the row for Day 1 (versus six tablets) and six tablets in the row for Day 6 (versus one tablet). Lot #: S003M11, expiration date 09/2013. Vintage Pharmaceuticals LLC dba Qualitest Pharmaceuticals.

Campral Delayed-Release Tablets (acamprosate calcium), 333 mg, 3 x 60 blister card (180 tablets per carton). Volume of product in commerce: Unknown. Failed USP dissolution test requirements: Failing high results for the acid-stage dissolution test were obtained at the 18-month test interval. Lot #: 1069783, expiration date 04/30/2012; and 1079546 and 1082538, expiration date 01/31/2013. Forest Pharmaceuticals Inc./Merck Sante.

Midodrine Hydrochloride Tablets, 5 mg, 100-count bottle. Volume of product in commerce: 7,088 bottles. Tablet thickness: This product is being recalled due to out-of-specification (above and below) results for tablet weight and above-specification results for tablet thickness. Lot #: BT0643, expiration date 06/2013. Sandoz Inc.

Campral Delayed-Release Tablets (acamprosate calcium), 333 mg, 10 x 10 blister card (100 tablets per carton), hospital unit dose. Volume of product in commerce: Unknown. Failed USP dissolution test requirements: Failing high results for the acid-stage dissolution test were obtained at the 18-month test interval. Lot #: 1071614, expiration date 04/30/2012; 1072823, expiration date 10/31/2012; and 1077653 and 1078959, expiration date 01/31/2013. Forest Pharmaceuticals Inc./Merck Sante.

Ovcon 50 Tablets (norethindrone and ethinyl estradiol), USP, 1 mg/50 mcg, three-count blister card, 28 tablets per carton. Volume of product in commerce: 24,754 blister cards. CGMP deviations: This recall is being initiated as part of the commitments to the response to the FDA concerns on lack of full shelf-life stability data supporting 12-month expiry date. Lot #: 506964B, expiration date 05/2012; 509310A, expiration date 09/2012; and 511071A, expiration date 12/2012. Warner Chilcott Company LLC.

Good Neighbor Pharmacy, Nighttime Liquid Caps Multisymptom Cold/Flu Relief (acetaminophen, dextromethorphan HBr, doxylamine succinate), 12 softgels per blister card. Volume of product in commerce: 22,368 blister cards. Label mix-up: Good Neighbor Pharmacy brand Nighttime Liquid Caps are being recalled because the labeling states "Antihistamine Free" when the product contains an antihistamine. Lot #: X05350, X07080, X14328, X17788 and X23422. PI Developments Inc./Banner Pharmacaps Inc.

Pramipexole Dihydrochloride Tablets, 0.125 mg, 63-count bottle. Volume of product in commerce: 424,675 bottles. Impurities/degradation products: Product may not meet the impurity specification through the 24-month shelf life. Lot #: 314467, 314642, 315467 and 315468, expiration date 03/2012; 317085, 317086 and 317218, expiration date 08/2012; 33800308A, expiration date 04/2013; and 33800780A and 33800781A, expiration date 06/2013. Teva Pharmaceuticals USA Inc./Barr Laboratories Inc.

Methylprednisolone Tablets, USP, 4 mg, one unit for dose pack, 21 tablets. Volume of product in commerce: 109,143 cartons. Label mix-

RegenArouse, Natural Female Intimacy Enhancement, one capsule, herbal supplement. Volume of product in commerce: Unknown. Marketed without an approved NDA/ANDA: Food and Drug Administration lab results found undeclared tadalafil in the product. Tadalafil

DRUGS AND DIETARY SUPPLEMENTS (continued)

is used as a treatment for male erectile dysfunction. Lot #s: 130100, expiration date 12/2013. Regeneca Inc.

RegenErect, Natural Male Enhancement, one capsule, herbal supplement. Volume of product in commerce: Unknown. Marketed without an approved NDA/ANDA: Food and Drug Administration lab results found undeclared tadalafil in the product. Tadalafil is used as a treatment for male erectile dysfunction. Lot #s: 120126, 120127, 120128 and 120129, expiration date 12/2013. Regeneca Inc.

Tetracycline HCl Capsules, USP, 250 mg, 100-count bottle. Volume of product in commerce: Unknown. Presence of foreign substance(s): There is a potential for foreign particulate matter in the API. Lot #s: 702101, expiration date 04/2012; 33401717A, expiration date 05/2012; 33402259A, expiration date 08/2012; 33402394B, expiration date 10/2012; 315037 and 316165, expiration date 05/2013; 317237 and 115032A, expiration date 08/2013; 34000391A and 34000392A, expiration date 11/2013; 34002112B and 34002113A, expiration date 03/2014; and 34002114A, expiration date 04/2014. Teva Pharmaceuticals USA Inc./Barr Laboratories Inc.

Tetracycline HCl Capsules, USP, 250 mg, 100-count carton, 10 cards of 10 x 1-count capsules per blister. Volume of product in commerce: Unknown. Presence of foreign substance(s): There is a potential for foreign particulate matter in the API. Lot #s: 317297, expiration date 08/2012; 34000390A, expiration date 11/2012; and 34002112A, expiration date 03/2013. Teva Pharmaceuticals USA Inc./Barr Laboratories Inc.

Tetracycline HCl Capsules, USP, 250 mg, 1,000-count bottle. Volume of product in commerce: Unknown. Presence of foreign substance(s): There is a potential for foreign particulate matter in the API. Lot #s: 33401718A, expiration date 05/2012; 33401719A, expiration date 06/2012; 33402144A, expiration date 07/2012; 33402258A, 33402259B, 702950 and 702951, expiration date 08/2012; 33402392A and 33402393A, expiration date 10/2012; 316512 and 316513, expiration date 05/2013; 317238, 317338 and 115031B, expiration date 08/2013; 34000390B, expiration date 11/2013; 34002110A and 34002111A, expiration date 02/2014; 34002115C, expiration date 04/2014; and 34000393A, expiration date 11/2014. Teva Pharmaceuticals USA Inc./Barr Laboratories Inc.

Tetracycline HCl Capsules, USP, 500 mg, 100-count bottle. Volume of product in commerce: Unknown. Presence of foreign substance(s): There is a potential for foreign particulate matter in the API. Lot #s: 33401714A, expiration date 05/2012; 33402143A and 702953, expiration date 07/2012; 33402422A and 33402423A, expiration date 08/2012; 33402426A, expiration date 09/2012; 33402427A, 33402451A and 33402545A, expiration date 10/2012; 702836 and 702954, expiration date 11/2012; 33402664A, expiration date 12/2012; 315857, 315858, 315859, 315958 and 315959, expiration date 04/2013; 315856, expiration date 05/2013; 316709, 316991, 316992, 316993 and 317491, expiration date 07/2013; 317601, 317619, 317620, 317621 and 317622, expiration date 09/2013; 115764A and 115765A, expiration date 10/2013; 34000662A, 115768A, 34000663B, 34000664A and 34000667A, expiration date 01/2014; 34002095A, 34002100B and 34002101A, expiration date

03/2014; and 34002108B, expiration date 05/2014. Teva Pharmaceuticals USA Inc./Barr Laboratories Inc.

Tetracycline HCl Capsules, USP, 500 mg, 100-count carton, 10 cards of 10 x 1-count capsules per blister. Volume of product in commerce: Unknown. Presence of foreign substance(s): There is a potential for foreign particulate matter in the API. Lot #s: 115767B, expiration date 10/2012; 34000663A, expiration date 01/2013; and 34002104A, expiration date 04/2013. Teva Pharmaceuticals USA Inc./Barr Laboratories Inc.

Tetracycline HCl Capsules, USP, 500 mg, 1,000-count bottle. Volume of product in commerce: Unknown. Presence of foreign substance(s): There is a potential for foreign particulate matter in the API. Lot #s: 33401715A, expiration date 05/2012; 33401716A, expiration date 06/2012; 33402424A and 33402425A, expiration date 09/2012; 33402450A, expiration date 10/2012; 33402546A and 33402550A, expiration date 11/2012; 33402665A, expiration date 12/2012; 316225 and 316785, expiration date 04/2013; 315863, 316093, 316094 and 316511, expiration date 05/2013; 316994, 316995 and 316996, expiration date 07/2013; 317236, 317813, 317814 and 317815, expiration date 09/2013; 115766A and 115767A, expiration date 10/2013; 34000665A and 34000666A, expiration date 01/2014; 34002096A, 34002098A, 34002099A and 34002102A, expiration date 03/2014; and 34002104C, 34002105B and 34002106B, expiration date 04/2014. Teva Pharmaceuticals USA Inc./Barr Laboratories Inc.

Topiramate Tablets, 50 mg, 1,000-count bottle. Volume of product in commerce: Unknown. Impurities/degradation products: The specified lots may not meet the impurity specification through expiry. Lot #s: 16T023, 16T024 and 16T026, expiration date 03/2012. Teva Pharmaceutical Industries Ltd.

Topiramate Tablets, 100 mg, 60-count bottle. Volume of product in commerce: Unknown. Impurities/degradation products: The specified lots may not meet the impurity specification through expiry. Lot #s: 29T097 and 29T098, expiration date 08/2013. Teva Pharmaceutical Industries Ltd.

Topiramate Tablets, 100 mg, 1,000-count bottle. Volume of product in commerce: Unknown. Impurities/degradation products: The specified lots may not meet the impurity specification through expiry. Lot #s: 29T093, 29T094 and 29T096, expiration date 07/2013; and 29T099, expiration date 08/2013. Teva Pharmaceutical Industries Ltd.

Topiramate Tablets, 200 mg, 1,000-count bottle. Volume of product in commerce: Unknown. Impurities/degradation products: The specified lots may not meet the impurity specification through expiry. Lot #s: 30T044, expiration date 06/2012; and 30T085, expiration date 07/2013. Teva Pharmaceutical Industries Ltd.

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 CPSC, call its hotline at (800) 638-2772. The CPSC website 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

Bicycle Brake Levers. The adjuster cap and brake cable can slide out of position and make the brakes nonoperational. This can cause a rider to lose control of the bicycle and crash. Specialized Bicycle Components Inc., at (877) 808-8154 or www.specialized.com.

Circulon Cookware Set. The glass lid used with the 5-quart covered sauté pan can crack, break or shatter, posing a laceration hazard to consumers. Meyer Corp., at (800) 326-3933 or www.circulon.com.

Class Club Children's Letterman Jackets. Snaps on the jacket can detach, posing a choking hazard to young children. Supreme Trading Ltd., at (866) 466-3523 or www.dillards.com.

Classic Series Circular Saw Blade 3-Pack. The saw blades can fall out of the bottom of the plastic packaging, posing a laceration hazard. Irwin Industrial Tool Co., at (800) 464-7946 or www.irwinrecall.com.

Digital Concepts Compact Travel Charger. The plastic holding the screws can break, causing the screws to come loose and the casing to separate. This can expose energized components, posing an electrocution or electric shock hazard. Sakar International Inc., at (877) 397-8200 or www.sakar.com/recall.

Evanix Speed and Conquest Air Rifles. The safety switch can be overcome by pulling the trigger with force, allowing the rifle to fire and resulting in a serious injury or death. Meca Evanix, at (216) 292-2570 or www.airventuri.com.

Exmark Quest 42" ZRT Riding Mowers. Bearings supporting the riding mower's deck can fail and cause the deck to interfere with the operator's controls. This poses a crash hazard. Exmark Mfg. Co. Inc., at (800) 667-5296 or www.exmark.com/safety.aspx.

Farm Glass and Metal Spiral Tea Light Holder. Due to the design of the product, the tea lights can burn with a high flame, posing a fire hazard to consumers. Nantucket Distributing Co. Inc., at (888) 287-3232 or www.christmastreeshops.com.

First Fitness Trampolines With Handlebars. Metal fatigue can cause the handlebar to break away during use, posing a risk of laceration from exposed metal surfaces or the risk of other injury from a fall. Aqua-Leisure Industries Inc., at (888) 912-7087 or www.aqualeisure.com.

Folding Step Stools. The folding step stools can break or collapse unexpectedly when in use, posing a fall hazard to consumers. Kennedy International Inc., at (855) 270-8301 or www.kennedy-intl.com.

Gas Grills. The regulator on the grill can leak propane gas, which can ignite. This poses fire and burn hazards to consumers. One World Technologies Inc., at (800) 867-9624 or www.stokgrills.com.

Gems 3100 Pressure Detectors/Transducers. The transducer can fail to detect water pressure accurately in a fire suppression sprinkler system. This could cause the sprinkler system to fail to activate and pump water to the sprinklers in the event of a fire. Gems Sensors Inc., at (855) 877-9666 or www.gemssensors.com.

Gerber Instant Knife. The locking mechanism on the spring-assisted blade can fail to engage properly, causing the blade to fold during use and posing a laceration hazard. Gerber Legendary Blades, at (877) 314-9130 or www.gerbergear.com.

Girls' Winter Jackets With Drawstrings. The sweatshirts have a drawstring through the hood, which poses a strangulation hazard to children. In February 1996, CPSC issued guidelines about drawstrings in children's upper outerwear. In 1997, those guidelines were incorporated into a voluntary standard. In July 2011, based on the guidelines and voluntary standard, CPSC issued a federal regulation. CPSC's actions demonstrate a commitment to helping prevent children from getting strangled with or entangled in neck and waist drawstrings in upper outerwear, such as jackets and sweatshirts. LA Fashion Hub, at (800) 919-1001 or lafashionhub@yahoo.com.

"Goddess" Hooded Sweatshirts With Drawstrings. The sweatshirts have a drawstring through the hood, which poses a strangulation hazard to children. CPSC is committed to helping prevent children from being strangled with or entangled in neck and waist drawstrings in upper outerwear, such as jackets and sweatshirts. LANY Group LLC, at (855) 691-7662.

GT, Giant and Trek Bicycles With SR Suntour Suspension Forks. The suspension fork's internal support tubes can break and cause the rider to lose control, fall and crash. SR Suntour, at (855) 205-2453 or www.srsuntour-cycling.com.

Kolcraft Tender Vibes and Light Vibes Bassinets. The latches that attach the bassinet base onto the metal frame can appear to be locked in place but still remain unlocked. This allows the bassinet to become detached from the metal frame, causing the bassinet to fall and the infant to be injured. Kolcraft Enterprises Inc., at (888) 624-1908 or www.kolcraft.com.

Lenovo ThinkCentre M70z and M90z Computers. A defect in an internal component in the power supply can cause overheating and pose a fire hazard. Lenovo, at (855) 248-2194 or www.lenovo.com/aiopsurecall.

"Me Jane" and "B-Hip Kids by Me Jane" Girls' Jackets With Faux Fur Trim. The jackets have drawstrings at the waist that could become snagged or caught in small spaces or vehicle doors and pose an entanglement hazard to young children. CPSC is committed to helping prevent children from being strangled with or entangled in neck and waist drawstrings in upper outerwear, such as jackets and

CONSUMER PRODUCTS (continued)

sweatshirts. Louise Paris Ltd., at (877) 537-7517 or complaints@louiseparis.com.

Miflex High-Pressure Scuba-Diving Hoses. The diving hose can rupture, reducing the available air supply to the diver and posing a drowning hazard. Miflex 2, at (888) 249-5404 or www.xsscuba.com.

M.M.M. Boys' Jogging Suits. The jacket of this jogging suit has a drawstring at the waist that could become snagged or caught in small spaces or vehicle doors, posing an entanglement hazard. CPSC is committed to helping prevent children from being strangled with or entangled in neck and waist drawstrings in upper outerwear, such as jackets and sweatshirts. Myriad Trading Inc., at (877) 841-0646.

O'Neill Pluto Hooded Flannel Shirts. The hooded sweatshirts have drawstrings in the neck that can pose a strangulation hazard to children. CPSC is committed to helping prevent children from being strangled with or entangled in neck and waist drawstrings in upper outerwear, such as jackets and sweatshirts. La Jolla Sport USA Inc., at (800) 213-6444 or www.shoponeillusa.com.

Porter Athletic Climbing Ropes. The climbing rope can slip through the clamp that connects at the top, posing a fall hazard for climbers. Porter Athletic, at (888) 277-7778 or www.porterathletic.com.

PUMA USA V-Konstruk Training Jacket With Pockets. The jacket has a drawstring at the waist that has toggles and is not stitched to the back of the jacket. The drawstring could become snagged or caught in small spaces or vehicle doors, and it poses an entanglement hazard. CPSC is committed to helping prevent children from getting strangled with or entangled in neck and waist drawstrings in upper outerwear, such as jackets and sweatshirts. PUMA North America Inc., at (855) 351-7489 or www.puma.com.

Rockland Furniture Drop-Side Cribs. The cribs' drop sides can malfunction, detach or otherwise fail, causing part of the drop side to fall out of position and creating a space into which an infant or toddler can roll and become wedged or entrapped. This can lead to strangulation or suffocation. A child can also fall out of the crib. Drop-side incidents can also occur due to incorrect assembly and with age-related wear and tear. Nan Far Woodworking Co. Ltd., at (877) 967-5770 or www.rocklandimmobilizationkit.com.

Salsa Minimalist Bicycle Racks. The L-shaped mounting straps used to attach the bicycle rack to the front of the bicycle can break and cause the rack to fall while the bicycle is in use. This poses a fall hazard to the rider. Salsa Cycles/Quality Bicycle Products Inc., at (877) 725-7211 or www.salsacycles.com.

Sonoma Valley Swivel-Top Bar Stool 24" or 30" Models. The bolts attaching the top of the bar stool to the leg assembly can come loose, causing the seat to dislodge and resulting in a fall hazard. Gaomi Yatai Wooden Ware, at (800) 223-9125 or www.intercon-furniture.com.

Sportspower BouncePro 14' Trampolines. The netting surrounding these trampolines can break, allowing children to fall through the net-

ting and be injured. Sportspower Ltd., at (866) 370-2131, (888)-965-0565 or www.sportspoweritd.net/recall-bouncepro-14ft.html.

SX and QH Boys' Zip-Front Hooded Jackets. The jackets have drawstrings through the hood. This poses a strangulation hazard to children. CPSC is committed to helping prevent children from being strangled with or entangled in neck and waist drawstrings in upper outerwear, such as jackets and sweatshirts. Bonded Apparel Inc., at (888) 974-1555.

Target Home Bunny Sippy Cup. The ear on the cup can poke a child in the eye area during use, posing an injury hazard. Target Corp., at (800) 440-0680 or www.target.com.

Teryx Recreational Off-Highway Vehicles. The recalled products have been incorrectly labeled as having a higher occupant capacity than is safe. Operating the vehicle with additional occupants creates an injury or death hazard. Kawasaki Motors Corp., at (866) 802-9381 or www.kawasaki.com.

Toilet and Cabinet Locks. Young children can unexpectedly disengage the toilet locks and gain access to water in the toilet, posing the risk of drowning. Users are also at risk of injury from dangerous or unsafe items stored in the cabinet. Dorel Juvenile Group Inc., at (877) 416-8105 or www.djgusa.com.

Whoozit Starry Time Rattle. The clear spheres on each end of the rattle can break, releasing small parts and posing a choking hazard to small children. Manhattan Group LLC, at (800) 541-1345 or www.manhattantoy.com.

"YMI" Girls' Hooded Sweatshirts With Drawstrings. The sweatshirts have a drawstring through the hood, which poses a strangulation hazard to children. CPSC is committed to helping prevent children from being strangled with or entangled in neck and waist drawstrings in upper outerwear, such as jackets and sweatshirts. YMI Jeanswear, at (888) 394-1398 or www.ymijeans.com.

Outrage of the Month! The Personal Face of Inadequate Doctor Discipline

Our annual report in this issue of *Health Letter* (comparing state medical boards' records of disciplining doctors — in too many cases, poor records) admittedly lacks the personal details that translate poor board performance into its adverse impact on patients in a given state.

By looking at just one state, Minnesota (which has been ranked in the bottom five of all 50 states and the District of Columbia for the past nine years), we can get a better idea of the preventable damage suffered by patients because of the state's poor disciplinary record.


A recent investigation by the *Minneapolis Star Tribune* highlighted some of this actual or potential damage:

- Since 2000, at least 46 Minnesota doctors escaped board discipline after authorities in other states took action against their licenses for such missteps as committing crimes, patient care errors or having sexual or inappropriate relationships with patients.
- The Minnesota board also chose not to act against a state-licensed radiologist who mistakenly inserted a chest tube into the

wrong lung of a patient during a procedure in Florida. In that case, 20 states, including Florida, followed with some type of action.

- Another Minnesota physician was reprimanded and ordered to receive psychological counseling after the board found he abused his position of authority and engaged in a sexual relationship with a vulnerable patient who had received electroshock therapy for depression. He had handled the woman's care at Fairview University Medical Center. He later allowed the woman to move into his home, where he began a romantic relationship with her less than a year after she left the hospital, according to the board order.

In Minnesota and other states with poor disciplinary records, each doctor who should be seriously disciplined but is not often has a practice of several hundred or more patients. The multiplying effect of inadequate discipline is dangerously clear. Citizens should press their state legislators to exercise much more oversight of state medical boards than is now the case. ♦

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