

Board Members
Board Meetings & Minutes
Newsletter
Contact Us

July 29, 2025 Newsletter

Downloadable PDF Version

In this issue:

FROM THE CHAIR

- [Comments from the New Board Chair](#)

WHAT EVERYONE SHOULD KNOW

- [Update on Possible Merger of BOLIM and the Board of Osteopathic Licensure](#)
- [Rulemaking Updates](#)
- [Continuing Education Relating to Certain Infection-Associated Chronic Conditions](#)
- [Scams](#)

ADVERSE ACTIONS

- [Adverse Actions](#)

LICENSING ISSUES

- [Physician Assistant Compact Update](#)

HEALTH AND WELLNESS

- [Burnout and Compassion Fatigue](#)

BOARD NEWS

- [Maroulla Gleaton, MD, Past Board Chair](#)

Board Opportunities

- [An Opportunity to Join the Board - Seeking Physician Member](#)

FROM THE EDITOR

- [Bona Liborum](#)

FROM THE CHAIR

Comments from the New Board Chair

Renée Fay-LeBlanc, M.D., Board Chair

My name is Renée Fay-LeBlanc, and I am an internal medicine physician with Portland Community Health Center DBA Greater Portland Health Center. I was elected as BOLIM's Chair in June and began my term on July 1st. As I begin my role as BOLIM Chair, I would like to express deep gratitude to my predecessor, Dr. Maroulla Gleaton, MD, for her almost two decades of service to BOLIM, its licensees, and the citizens of Maine.

In addition to our usual monthly Board meeting agenda, which includes reviewing numerous complaints and applications, BOLIM is working on several initiatives, which are highlighted here and discussed in more detail later in this newsletter.

- Guidelines for IV hydration clinics/medical aesthetic practices – IV hydration clinics and medical aesthetic practices (also known as med spas) have popped up in Maine and across the country. These clinics are largely unregulated and can fall through the cracks of different licensing boards. BOLIM is participating in a work group with the board of nursing and pharmacy to develop guidelines for care provided in these clinics.
- Re-entry License – BOLIM has recognized that using a consent agreement (which is disciplinary) as the only pathway for a licensee to re-enter practice after two years is unnecessarily punitive. In response to this, BOLIM is proposing a new Re-entry License so that once adopted, licensees will have a non-disciplinary pathway to re-enter practice.
- BOLIM/BOL workgroup – Members of BOLIM and BOL have been meeting since January to discuss the possibility of merging into one board that would oversee all MDs, DOs, and PAs. In June, the boards voted to continue to participate in workgroup discussions and delineate what a new consolidated board would look like and how it would operate.
- PA compact – For several years, the state of Maine has participated in a multistate compact, whereby MDs are able to obtain licensure in multiple states through the compact. Since this model has been successful, a PA multistate license compact is in development. BOLIM's representative currently chairs the PA Compact Commission, and BOLIM will be participating in this compact when it goes live.

I look forward to leading BOLIM and working with our licensees as we strive to accomplish these initiatives and protect the health, safety, and welfare of the Maine community.

WHAT EVERYONE SHOULD KNOW

Update on Possible Merger of BOLIM and the Board of Osteopathic Licensure

LD 805 Resolve to Direct the Board of Licensure in Medicine and the Board of Osteopathic Licensure to Conduct a Study Regarding the Feasibility of Combining Those Boards

The Board of Licensure in Medicine (BOLIM) and the Board of Osteopathic Licensure (BOL) jointly submitted a resolve to the legislature to consider merging the boards in the most recent legislative session. In response, the legislature sent a letter to the boards asking the boards to continue studying the possibility and submit a report back to the legislature no later than January 15, 2026.

Although separate entities, BOLIM and BOL have a history of working collaboratively on many projects, including database systems to allow participation in compacts, and have a number of joint rules.

BOLIM and BOL started a joint work group in January 2025 to discuss issues related to a possible merger.

The first meeting occurred on January 28, 2025, and meetings are held monthly. All meetings are open to the public and include dedicated time for public comment.

In addition, a web page, <https://www.maine.gov/md/about/merger>, has been created. The web page contains notices and agendas of upcoming meetings as well as notes and documents from past meetings.

If you have a concern or comment, please submit it to BOLIM's executive director at tim.e.terranova@maine.gov.

Rulemaking Updates

BOLIM is currently in the process of amending Chapters 1 and 2 and drafting two other possible rules.

Chapter 1 is the rule that covers MD licensing. The amendment includes many changes, including, but not limited to:

- The creation of a reentry license. This license would allow someone to reenter practice after a gap of two or more years without the need for a consent agreement and would not be reportable to the National Practitioner Data Bank. Currently, reentry programs are typically achieved through a consent agreement, which is considered a reportable action to the National Practitioner Data Bank.
- Change the term “permanent license” to “clinical license.” This reflects the fact that the license is not permanent but requires regular renewal.
- Acceptance of current ABMS certification (excluding lifetime certification) as equivalent to the required 40 hours of CME. The three hours of opioid CME required by statute would still be required.
- Changing the fee for an inactive license from \$500 per renewal to \$100 per renewal.

Chapter 1 is expected to be posted for public comment by the end of July. The draft will be posted on our homepage at www.maine.gov/md. We recommend all licensees review the changes and submit comments as appropriate.

Chapter 2 is the rule that covers PA licensing. The amendment will change the title of PA from “physician assistant” to “physician associate,” as well as other minor updates. The change is necessary as the legislature approved the title change effective September 24, 2025.

Chapter 2 is expected to be posted for public comment by the end of September. The draft will be posted on our homepage at www.maine.gov/md. We recommend all licensees review the changes and submit comments as appropriate.

BOLIM is working with the Board of Osteopathic Licensure and the Board of Nursing on a rule regarding IV Hydration and Medical Spas. A work group with members of each organization has met to discuss issues. The work group has accepted a draft that will be presented to each board later this summer. Once finalized and approved by each board, the draft will be posted for public comment. When complete, the final proposed draft will be posted on our homepage at www.maine.gov/md.

BOLIM is working to draft a rule on adjudicatory hearings. This rule is in its early stages and would provide structure when hearings occur. Once finalized for public comment, it will be posted on our homepage at www.maine.gov/md.

BOLIM encourages all of its licensees to remain up to date on proposed changes to regulations and offer their comments as appropriate.

Continuing Education Relating to Certain Infection-Associated Chronic Conditions

LD 1688, An Act to Encourage Continuing Education Relating to Certain Infection-Associated Chronic Conditions for Physicians and Nurses, was introduced in the 132nd legislature. As drafted, the bill would require BOLIM, the Board of Osteopathic Licensure, and the Board of Nursing to encourage licensees to attend CME related to infection-associated chronic conditions, including long COVID, chronic Lyme disease, myalgic encephalomyelitis, postural orthostatic tachycardia syndrome, and dysautonomia.

As part of its testimony, BOLIM educated the legislature on its program of creating 3 free online CME modules each year and indicated that it would dedicate one of those modules to this topic in fiscal year

2026. The module is expected to be ready in late winter or early spring 2026.

In the meantime, BOLIM encourages its licensees who treat or otherwise interact with patients experiencing these conditions to obtain the necessary education to appropriately care for patients.

BOLIM-sponsored, free online CME is created in partnership with the MMA Center for Quality Improvement and can be found at <https://qclearninglab.org/>.

Scams

We continue to receive reports of licensees receiving calls from scammers who identify themselves as either from BOLIM or from the DEA in connection with BOLIM. In some cases, they are asking licensees to pay as much as \$12,880 to maintain the state license. Requests such as this should be viewed with extreme suspicion and, if there are any doubts, call the BOLIM offices directly to verify the status of your license. Attached is a recent example of a [scam letter](#) provided by the DEA.

Scammers who obtain personal information such as date of birth, social security number, and home address can use that information to commit identity theft and cause significant financial problems for the victim. Money sent to scammers, as requested in the example above, will not be “refunded.”

If you receive a suspicious call or letter, you should not share any personal information over the phone or by email. Licensees who think they may be a victim of a scam or attempted fraud should contact the Consumer Protection Division of the Office of the Attorney General toll-free at 800-436-2131 (TTY 711) or online at: <https://www.maine.gov/ag/consumer/>.

In addition, the Federal Bureau of Investigation (FBI) provides the following tips about how to avoid becoming a victim of a scam:

How to Avoid Being Victimized by Impostors Posing as Regulators

The FBI lists four best practices for licensees to avoid becoming a victim of an extortion scheme:

- Use official websites and official phone numbers to independently verify the authenticity of communications from alleged law enforcement or medical board officials.
- Independently contact those boards or law enforcement agencies to confirm the identity of the person(s) contacting the provider.
- Do not provide personal identifying information (Social Security Number, date of birth, or financial information) in response to suspicious emails, phone calls, or letters, and do not provide professional information (medical license number, NPI number, or DEA license number).
- Be wary of any request for money or other forms of payment regarding supposed criminal investigations by alleged law enforcement agencies or regulatory entities.

For more information, visit this link to the FBI's website: <https://professionallicensingreport.org/fbi-impostors-posing-as-regulators-threaten-medical-licensees-nationwide-with-license-suspension/>.

ADVERSE ACTIONS

Adverse Actions

In 2024, the Board reviewed approximately 370 complaints and investigative reports - an average of 30 per meeting. While the number of complaints received by the Board remains consistently large, the number of complaints that result in adverse action is quite small. In most cases, the conduct resulting in adverse action is egregious, or repeated, or both.

The Board's complaint process is relatively straight-forward. FAQs about the complaint process are available on the Board's website: <https://www.maine.gov/md/complaint/discipline-faq>. Brochures regarding the complaint process are also available on the Board's website: <https://www.maine.gov/md/resources/forms>.

Upon receipt of a complaint, it is forwarded to the licensee for a written response, along with a copy of the relevant medical records. Generally, the licensee's response is shared with the complainant, who may then submit a reply. The Board reviews the complaint file once completed and may take any of the following actions:

- Dismiss
- Dismiss and issue a letter of guidance
- Investigate Further
- Invite the licensee to an informal conference
- Schedule an adjudicatory hearing

The following adverse actions are being reported for the purpose of educating licensees regarding ethical and/or legal issues that can lead to discipline, and to inform licensees of any limitations or restrictions imposed upon the scope of practice.

Albert W. Adams, MD License #MD14557 (Date of Action June 18, 2025) On June 18, 2025, the Board issued a Decision and Order following an adjudicatory hearing held on May 13, 2025. The Board found that the evidence admitted at the hearing demonstrated that Dr. Adams had not been informed by the infant's mother that the infant's father had shaken the infant. Accordingly, the Board found that Dr. Adams had not exhibited incompetence and had not engaged in unprofessional conduct.

Ian G. Reight, MD License #MD17935 (Date of Action June 10, 2025) On June 10, 2025, the Board issued a Decision and Order following an adjudicatory hearing held on July 9, 2024, August 13, 2024, and September 10, 2024. The Board found by preponderance of the evidence that Dr. Reight engaged in unprofessional conduct by violating a standard of professional behavior established in the practice of medicine regarding his conduct and comments toward a female co-worker who was also a patient. The Board granted the Licensee's pending renewal application and imposed the following: 1) A one-year period of probation, to occur during employment as a medical provider, during which the Licensee must engage in monthly mentorship sessions, with quarterly reports to be provided to the Board by the mentor. The mentoring should begin within three months of the Licensee beginning work at a place of new employment and should be provided by a mentor approved by Board Staff. And 2) Dr. Reight is responsible for a portion of hearing costs totaling \$3,000, payable within 90 days.

Philip J. Bower, MD License #MDE14864 (Date of Action May 14, 2025) On May 14, 2025, Philip J. Bower, M.D. and the Board entered into a Consent Agreement finding that Dr. Bower had engaged in activity that requires a clinical license to practice medicine and that exceeded the scope of the emeritus license he holds; and he had engaged in unprofessional conduct by prescribing to himself and a family member in a manner inconsistent with established professional and ethical standards for physicians; and he had failed to maintain medical records in accordance with established professional standards. For the admitted violations, the Consent Agreement imposes: 1) a warning; 2) an ongoing practice prohibition that he shall not render any medical care or prescribe any drug or medications to any patient physically located in Maine; and 3) an ongoing practice prohibition that he shall not prescribe any drugs or medications to himself or family members.

Ryan J. Mountjoy, MD License #MD21058 (Date of Action May 13, 2025) On May 13, 2025, Ryan J. Mountjoy, MD, and the Board entered into a Consent Agreement for unprofessional conduct, violation of Board rules, and substance misuse. The Consent Agreement imposes a period of probation of not less than five (5) years with conditions including that Dr. Mountjoy shall: 1) convert his license to inactive status until completion of specified Primary Treatment and Board review; 2) enroll in and successfully complete specified treatment; 3) establish his ability to safely practice before conversion of his license to active status; 4) engage in ongoing treatment; and 5) enroll in, and comply with requirements of, the Maine Professionals Health Program (MPHP).

Iwan Sugiharto Nyotowidjojo, MD License #MD26749 (Date of Action May 13, 2025) On May 13, 2025, the Board issued a Disciplinary Order Pursuant to the Interstate Medical Licensure Compact to Iwan Sugiharto Nyotowidjojo, MD. The Board imposed the same discipline as another IMLC-member state as follows: 1) a license restriction prohibiting Dr. Nyotowidjojo from prescribing, dispensing, administering or authorizing the prescription or administration of controlled substances or dangerous drugs with addictive potential or potential for abuse to himself; 2) a license restriction prohibiting Dr.

Nyotowidjojo from using his Maine license to diagnose, treat, or prescribe the controlled substance Ambien/Zolpidem to patients in Maine; and 3) requiring Dr. Nyotowidjojo to comply with all terms of the August 23, 2024 Medical Board of California's Interim Order Imposing License Restrictions.

Eric S. Skoblar, MD License #MD25530 (Date of Action April 8, 2025) On April 8, 2025, Eric S. Skoblar, M.D. and the Board entered into a Consent Agreement finding that Dr. Skoblar had demonstrated incompetence, engaged in unprofessional conduct, including disruptive behavior, and had violated Board Rules Chapter 21, regarding prescribing controlled substances, and Chapter 1 requiring timely reporting to the Board of termination of employment. For the admitted violations, the Consent Agreement imposes: 1) a civil penalty; and 2) requirements that if Dr. Skoblar ever seeks active licensure in Maine he must: a) enroll in Maine Professionals Health Program ("MPHP") and comply with all MPHP terms and conditions for the entire period of active licensure; b) provide evidence of appropriate medical evaluation; c) provide proof of completion of continuing medical education on the topics of patient communications, medical record keeping, medical ethics, controlled substance prescribing and management of chronic pain, and appropriate health care workplace communication; d) engage in individual psychotherapy with a Board-approved licensed psychiatrist or psychologist for a period of at least one year; e) engage a Board-approved specialist to address communication; f) actively engage a Physician Practice Monitor for at least 12 months; and 8) enroll in and maintain compliance with a controlled substance stewardship program for at least 12 months.

Clifford R. Peck, MD License #MD16744 (Date of Action April 8, 2025) On April 8, 2025, Clifford R. Peck, MD and the Board entered into a Consent Agreement finding that Dr. Peck had misused alcohol or other substances, had professional diagnoses of mental or physical conditions that have resulted or may result in his performing services in a manner that endangers the public, had engaged in unprofessional conduct, and had violated Board rules by failing to timely report termination of his employment to the Board. As discipline for the admitted violations, the Consent Agreement imposes a period of probation for not less than two years requiring that Dr. Peck: 1) enroll in and comply with the Maine Professionals Health Program ("MPHP") for at least two years; 2) engage in counseling with a Board-approved psychologist for at least one year; 3) and if Dr. Peck resumes medical practice he must actively engage with a Physician Practice Monitor for a period of at least one year.

G. Paul Savidge, MD License #MD8503 (Date of Action April 8, 2025) On April 8, 2025, the parties entered into a Second Amendment to the Consent Agreement effective April 8, 2025, amending paragraph 11(c)(5) to impose additional current requirements related to Dr. Savidge's Physician Practice Monitor; adding paragraph 11(c)(6) to require Dr. Savidge to participate in the Community Care Partnership of Maine ("CCPM") Controlled Substances Stewardship Program (CSS Program) which will provide regular ongoing expert review of patients prescribed controlled substances with reports to the Board and written recommendations Dr. Savidge must follow; adding paragraph 11(c)(7) requiring the completion of continuing medical education courses on the subjects of appropriate treatment of opioid addiction, opioid use disorder, and appropriate prescribing of buprenorphine; and adding paragraph 11(c)(8) under which Dr. Savidge's substantial and material non-compliance with the terms of the Consent Agreement as amended may result in discipline, including potential suspension of his medical license.

Yasser El-Wahidy Farrag, MD License #MD24131 (Date of Action April 8, 2025) On April 8, 2025, Dr. Farrag failed to renew his medical license while under investigation for allegations that he engaged in the practice of fraud, deceit or misrepresentation in connection with services rendered within the scope of the license to practice medicine issued by the Board.

Alan S. Segal, MD License #MD25413 (Date of Action April 8, 2025) On April 8 2025, the Board voted to accept Dr. Segal's request to permanently surrender his Maine medical license while under investigation for an alleged professional diagnosis of a mental or physical condition that has resulted or may result in the licensee performing services in a manner that may endanger the health and safety of patients.

Elaine Jones, MD License #MD20904 (Date of Action April 8, 2025) On April 8 2025, the Board voted to accept Dr. Jones's request to permanently surrender her Maine medical license while under investigation for alcohol or substance misuse and a professional diagnosis of a mental or physical

condition that has resulted or may result in the licensee performing services in a manner that may endanger the health and safety of patients.

Albert W. Adams, MD License #MD14557 (Date of Action April 17, 2025) On April 17, 2025, the Board issued a Stay of the Emergency Suspension of Dr. Adams's license to practice medicine. A full hearing is scheduled for May 13, 2025.

Albert W. Adams, MD License #MD14557 (Date of Action April 14, 2025) On April 14, 2025, the Board issued an Emergency Suspension of Dr. Adams's license to practice medicine in Maine for a thirty-day period ending on May 14, 2025, at 11:59 p.m. based on preliminary findings that Dr. Adams engaged in conduct that evidenced incompetence and/or unprofessionalism.

David L. Conner, MD License #MD14890 (Date of Action April 11, 2025) On April 11, 2025, Dr. Conner's license to practice medicine was automatically suspended in accordance with paragraph 21(c) of his Consent Agreement with the Board, dated November 16, 2023. Dr. Conner's license was automatically suspended because he was practicing medicine for a period in excess of sixty (60) consecutive days without having an actively engaged physician practice monitor.

Albert W. Adams, MD License #MD14557 (Date of Action March 28, 2025) On March 28, 2025, the Board issued a Disciplinary Order for Substantial and Material Noncompliance with Board Consent Agreement to Albert W. Adams, MD. The Board imposed a Reprimand for noncompliance with the February 12, 2024, Consent Agreement.

David L. Conner, MD License #MD14890 (Date of Action March 28, 2025) On March 28, 2025, the Board issued a Disciplinary Order for Substantial and Material Noncompliance with Board Consent Agreement to David L. Conner, MD. The Board imposed a Reprimand for noncompliance with the November 16, 2023, Consent Agreement.

Robert Westcot, II, MD License #MD12847 (Date of Action March 21, 2025) On March 11, 2025, the Board voted to accept Dr. Westcot's request to withdraw his license while under investigation for allegations of unprofessional conduct, which withdrawal Dr. Westcot submitted on March 21, 2025.

Jesus M. Gandarillas, PA License #1819 (Date of Action March 11, 2025) On March 11, 2025, PA Gandarillas and the Board entered into a Consent Agreement for unprofessional conduct and violating Board Rules. The Consent Agreement imposes a period of probation for not less than one year requiring that he: 1) engage a Board-approved Physician Practice Mentor with quarterly reports to the Board; 2) complete fourteen (14) hours continuing medical education courses in case-specific differential diagnosis, appropriate assessment and care of global bounce-back patients, managing care for non-compliant patients, managing care for patients with social issues, managing care to appropriately factor in social determinants, medical recordkeeping, treatment of substance use disorders and trauma informed care within nine months; and 3) pay a civil penalty of \$100.

Bernard H. Perlman, MD License #18122 (Date of Action March 11, 2025) On March 11, 2025, Dr. Perlman and the Board entered into a Consent Agreement for Permanent Surrender of his Maine medical license, in which the Board made findings that he: a) engaged in the practice of fraud, deceit or misrepresentation in connection with services rendered within the scope of the license issued; b) misused alcohol, drugs or other substances that may have resulted in the licensee performing services in a manner that may have endangered the health and safety of patients; c) engaged in conduct that evidenced incompetence; d) engaged in unprofessional conduct; d) violated Board Rules Chapter 21; e) prescribed controlled substances for other than legitimate medical purposes; and f) failed to comply with a Board Consent Agreement.

LICENSING ISSUES

Physician Assistant Compact Update

Sixteen states have now joined the compact, and the PA Compact Commission continues working to complete the groundwork needed to make the compact a reality.

A great deal of work needs to be accomplished prior to the compact going live. This includes rulemaking and the creation of an infrastructure and database that can be used by all states. For other compacts, this process normally takes at least 24 months. The PA Compact Commission held its first meeting in September 2024, and members of the PA Compact are moving quickly and deliberately. Actions to date include:

- Temporary funding has been secured.
- A Request for Information was published regarding a possible data system, and the Compact Commission saw presentations from possible vendors at the April Commission meeting.
- The executive committee is now drafting a Request for Proposals for the Compact database.
- The rules committee has been working hard on draft rules regarding the State of Qualifying License and the privilege process.

Up-to-date information can be found on the PA Compact Website, <https://www.pacompact.org/>. BOLIM will notify all licensed physician assistants once it is fully operational.

HEALTH AND WELLNESS

Burnout and Compassion Fatigue

Guy R. Cousins, LCSW, LADC, CCS, Director MPHP

Sometime ago, I did an in-service with an integrated behavioral health organization on the topic of burnout and compassion fatigue. The in-service ended up lasting much longer than scheduled due to the extended question-and-answer period that occurred.

As a group, we discussed the ideas of burnout and compassion fatigue and how we each defined them. Burnout and compassion fatigue do have similarities, but they are very different.

Burnout is often the result of stress that accumulates over time and happens with highly demanding jobs and work environments. Conversely, compassion fatigue often develops from caring for others who are going through a great deal of pain and trauma. Being exposed to these types of situations for a prolonged period can reduce a medical professional's ability to express compassion and care. Medical professionals are exposed to a great deal of primary and secondary trauma in their day-to-day interactions with patients and clients. The cumulative effect of both burnout and compassion fatigue can result in the medical professional not being able to perform at their optimal level. Burnout and compassion fatigue can often lead to:

- The inability of individuals to express compassion and care for patients
- Due to fatigue, they may not be able to make the best decisions for their patients, and medical errors become more likely to occur
- Providing sub-standard care may reduce patients' satisfaction and interfere with their recovery
- A disconnect with patients can leave professionals feeling dissatisfied and dejected
- Medical professionals often report struggling with intense feelings of guilt, shame, and anger

It can be scary for medical professionals to realize that they might be experiencing burnout and/or compassion fatigue (or both). Here are things we can do to manage our responses differently:

- Make time for self-care (investing time in some fun and healthy activities)
- Set boundaries (establish emotional and physical boundaries)
- Find support (connect with colleagues, family, friends)
- Be mindful (learn to be in the moment, on purpose, without judgment)
- Take regular breaks (refresh and re-energize moments)
- Remember that you are human (it's not about perfection; it's more about excellence)
- Rediscover what work means to you (rediscover your passion for the work)

These ideas are not a quick fix. There is an old Maine saying, "It's a mile into the woods, it's a mile out." Don't expect things to miraculously be different immediately, but do expect that things will become different and change if you do things differently. In the field of helping others, we need to recognize that we all could use an extra hand at times. Be the medical professional who doesn't ask their patients to

do something that they wouldn't do. Reaching out for help is transformative. Asking and receiving help changes how you see and experience the world.

I'll leave you with a quote from the legendary coach John Wooden, who once said, "Failure is not fatal, but failure to change can be."

The MPHP works to support medical professionals in building community as part of their pathway of recovery. Please reach out to us if you need assistance: <https://www.mainemphp.org/> or (207) 623-9266.

BOARD NEWS

Maroulla Gleaton, MD, Past Board Chair

Dr. Gleaton, who joined BOLIM in 2007, ended her third 6-year term on June 30, 2025. During her 18 years of service, Dr. Gleaton served as Board Secretary for 2 years and Board Chair for 11 years.

Highlights of her tenure on the Board include encouraging the development of an effective working relationship with the Federation of State Medical Boards (FSMB), on which she was elected to two terms on its Board of Directors. Many of the FSMB model policies and guidelines have served as the basis for new or updated Board rules, policies, and guidelines on such issues as sexual misconduct, successful communication skills, office-based opioid treatment, telemedicine, medical professionalism and the use of social media, re-entry to practice, as well as the timely licensing of internationally trained physicians badly needed to stabilize a wavering workforce.

In addition, Dr. Gleaton represented BOLIM as a representative on multiple FSMB workgroups, including Innovations in State-Based Licensure and Sexual Boundary Violations.

It is important to note that Maine's collaboration with the FSMB has included the adoption of the FSMB uniform application and the FCVS to verify applicants' credentials, and eventually Maine's entry into the Interstate Medical Licensure Compact.

In fact, Maine was the first state to pilot the FSMB's new Physician Data Center, which has been very successful.

Throughout her tenure with BOLIM, Dr. Gleaton's devotion of time, energy, enthusiasm, and commitment provided steady leadership. She has made an invaluable contribution to BOLIM's mission of protecting the public not only in Maine but across the nation.

Board members and staff thank Dr. Gleaton for her exemplary service and wish her the best of good fortune in her future ventures -- and adventures.

BOARD OPPORTUNITES

An Opportunity to Join the Board - Seeking Physician Member

Take advantage of this opportunity to gain a broad and deeply informed perspective on the spectrum of medical practice in Maine while performing an essential public service in overseeing public safety.

The Maine Board of Licensure in Medicine ("Board") has been licensing and regulating allopathic physicians in Maine since 1895. Today, it consists of 11 members – 6 actively practicing allopathic physicians, 2 actively practicing physician assistants, and 3 public members. The Board is seeking one physician member who meets the following statutory qualifications:

[Must be a] graduate of a legally chartered medical college or university having authority to confer degrees in medicine and must have been actively engaged in the practice . . . in this State for a continuous period of 5 years preceding . . . appointment to the Board.

The Board currently has a seat available for an allopathic physician.

The Board meets once a month at its offices in Augusta, Maine. The members of the Board are provided with materials for an upcoming meeting 1-2 weeks in advance. A typical Board meeting commences at 8:00 am and lasts until 4:00-5:00 pm. During a meeting, the Board conducts reviews of applications for licensure, complaints and investigations, and rulemaking. In addition, the Board occasionally holds informal conferences and adjudicatory hearings to resolve complaints and investigations.

The Board is composed of motivated, hard-working individuals committed to ensuring the protection of the public. The Board is supported by a dedicated staff of professionals. Anyone who may be interested in this challenging and rewarding opportunity should contact Tim Terranova, Executive Director at (207) 287-6930 or by email at tim.e.terranova@maine.gov; or Valerie Hunt, Assistant Executive Director at (207) 287-3605 or e-mail at valerie.a.hunt@maine.gov.

Bona Librorum

Wendy Dean, M.D. with Simon Talbot, M.D. *If I Betray These Words: Moral Injury in Medicine and Why It's So Hard for Clinicians to Put Patients First* (2023). These physicians, one a psychiatrist who formerly practiced emergency medicine and the other a surgeon and associate professor of surgery at Harvard Medical School, have taken a novel approach to the problem of distress in practice that often leads to burnout or worse (e.g., detachment, cynicism, suicide). Similar to a trend in psychology, their focus has shifted attention from individuals' attributes and their idiosyncratic responses to stress to the structural characteristics of the situation that cause stress in the first place.

Instead of recommending corrective measures to reinforce individuals' resilience to stress, such as yoga and mindfulness meditation, these physicians introduce the concept of "moral injury" as an alternative root cause of the problem. Moral injury is "when a person perpetuates, bears witness to or fails to prevent an act that transgresses their deeply held moral beliefs."

Why is moral injury more frequent these days? Since the 1980s, control over how physicians practice has been dramatically expanded by hospitals that have become a partner in healthcare "systems," private equity-brokered (i.e., for-profit) organizations for healthcare "management," and certain governmental regulations. All have contributed to regulating the practice too often to maximize profits for stakeholders. Some of these regulations produce moral injury by requiring practices that contravene the conscience and training of many whom they affect directly.

We now live in the thrall of a 4.5 trillion healthcare industry. It should be no surprise that the flow of money is not always in the best interests of the patient or the physician or that moral injury is far too often the consequence.

Editor-in-Chief David Nyberg, Ph.D. Graphic Design Ann Casady

Credit

Copyright © 2019
All rights reserved.

Information

[Maine.gov](#)
[Site Policies](#)
[Accessibility](#)
[Comments/Questions](#)
[Board Home](#)

Contact

Maine Board of Licensure in
Medicine
137 State House Station
161 Capitol Street
Augusta, Maine 04333-0137
Telephone: (207) 287-3601
Fax: (207) 287-6590