Board Members
Board Meetings & Minutes
Newsletter
Contact Us

July 29, 2026 Newsletter

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In this issue:

FROM THE CHAIRS

- Welcome

WHAT EVERYONE SHOULD KNOW

- Chapter 15 Joint Rule Regarding Standards of Practice for Intravenous (IV) Therapy Businesses, Medical Spas, and Medical Aesthetic Businesses
- Learning Lab Updates

MAINE CENTERS FOR DISEASE CONTROL AND PREVENTION

- Think Ebola

ADVERSE ACTIONS

- Adverse Actions

LICENSING UPDATES

- Changes to the Practice Agreement Requirement
- PA Background Checks Required

HEALTH AND WELLNESS

- Mindfulness

BOARD OPPORTUNITIES

- An Opportunity to Join BOLIM

FROM THE EDITOR

- Bona Librorum

FROM THE CHAIRS

Welcome

Renée Fay-LeBlanc, M.D. & Christine Munroe, D.O.

Welcome to the inaugural edition of BOM News. Many of you are familiar with BOLIM, the Board of Licensure in Medicine's Newsletter. BOM News recognizes the merging of the Board of Licensure in Medicine (BOLIM) and the Board of Osteopathic Licensure (BOL) into a new organization, The Board of Medicine (BOM). BOM News will have a broader audience, reaching all licensed allopathic and osteopathic physicians as well as all licensed physician associates in the state of Maine.

The merger will become official on January 1, 2027. It is anticipated that the creation of BOM will help protect the citizens of Maine by streamlining processes and creating more consistent standards among the licensed professions.

A joint BOLIM and BOL workgroup has been meeting monthly for the past 18 months to address issues and review progress on the merger in advance of January 1, 2027. This workgroup will continue to meet monthly with live streaming available to the public. You can find information about how to watch as well as notes and materials from previous meetings on the merger web page, https://www.maine.gov/md/about/merger.

We have received questions from licenses about how they will be affected by the change. Two of the most frequently asked questions are:

What will happen to my license on 1/1/27?

The answer is nothing will change for you. Your current license will remain effective in its current status until your next scheduled renewal. At renewal, updated licenses will be issued under BOM.

Will I need to meet different qualifications for licensure/renewal?

The answer is, not right away. BOM will be going through the rulemaking process to create consistency and incorporate the new law. Until that is done, the individual board rules and qualifications remain in effect. Even when the new rules are in place, basic qualifications, such as MDs needing to graduate from an accredited allopathic school and DOs graduating from an accredited osteopathic school, will remain. BOM recognizes that the three professions it will license are unique and distinct. It will continue to recognize those distinctions.

We are committed to making this merger as smooth as possible and strive to keep all licensees informed. We will continue to include updates on the board merger in future BOM newsletters. If you have a question about the board merger, please email tim.e.terranova@maine.gov and it may be featured in an upcoming edition.

WHAT EVERYONE SHOULD KNOW

Chapter 15

Chapter 15, the Joint Rule Regarding Standards of Practice for Intravenous (IV) Therapy Businesses, Medical Spas, and Medical Aesthetic Businesses, became effective on July 14, 2026.

The rule, which is a joint rule with BOLIM and BOL, as well as the Board of Nursing, clarifies that the scope of practice and the standards of practice for individuals providing health care services in intravenous (IV) therapy businesses, medical spas, and medical aesthetic businesses remain the same as the scope of practice and standards of practice required for those health care services provided in other health care settings.

The rule defines terms and sets forth scope and standard of practice guidelines for any individual or licensee providing health care services to individuals at any of these businesses or spas, including provisions regarding scope of practice and standards for compounding medications, and to mixing IV solutions.

An official version of the rule can be found at https://www.maine.gov/sos/rulemaking/agency-rules/department-professional-and-financial-regulation-rules#373.

MMA-CQI Learning Lab: New Look and Feel, Same Great Courses

The Maine Medical Association Center for Quality Improvement Learning Lab has a new look and feel. Users will find the same informative and engaging courses with an improved look and better functionality.

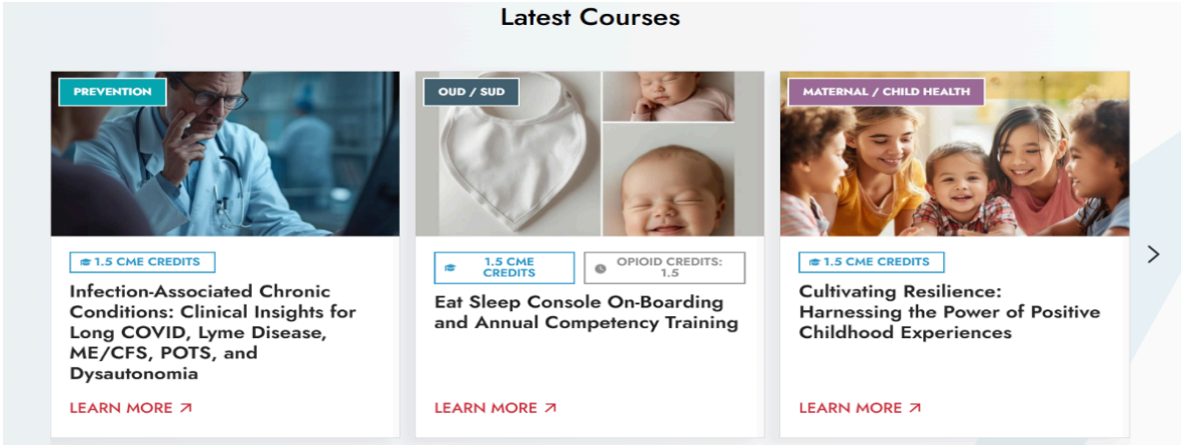
A search function allows users to identify courses by keyword, topic, or CME credits. Within the courses, users can easily identify the learning objectives, the number and type of CME credits offered, and the process for receiving a CME certificate. We have added FAQs to help answer the most asked questions, although we are always available to assist users and can be reached by email at learninglab@mma-cqi.org.

In addition to receiving a CME Certificate by email within 10 business days of completing a course, we also can report CME credit information to CME Passport, a free centralized web application provided by the Accreditation Council for Continuing Medical Education (ACCME). Physicians can create a personalized account to view and generate transcripts of their reported CME credits, and licensing boards can view CME credits submitted for completed courses.

The Learning Lab provides evidence-based courses designed to support clinicians, improve care, and advance professional practice in several topic areas: OUD / SUD (Opioid Use Disorder / Substance Use Disorder), Maternal / Child Health, Prevention, Legal and Other, and TREATME (Treatment, Recovery, Education, and Advocacy for Teens with Substance Use Disorder). Most courses offer *AMA PRA Category 1 Credit(s)*™ and many offer opioid credits that meet Maine's education requirement for opioid education and the MATE Act's training requirement for SUD and treatment of pain.

Courses are self-paced and consist of multiple sub-sections or units containing various elements, including video lessons, hyperlinks to readings and web resources, and pre- and post-tests for assessing knowledge and understanding gained on the course topic.

CME Certificates are emailed to MDs and DOs and CME Certificates of Participation are emailed to all other users upon completion of the course. Check out the new look, sign up, or log in at MMA-CQI Learning Lab!



MAINE CENTERS FOR DISEASE CONTROL AND PREVENTION

Think Ebola

Dr. Isaac Benowitz & Stephen Moss

On May 15, 2026, the Democratic Republic of the Congo (DRC) and Uganda announced an ongoing outbreak of Bundibugyo Virus Disease (BVD). Bundibugyo Virus is a member of the Ebolavirus family. As of July 1, 2026, there have been 1,481 confirmed cases and 454 confirmed deaths reported to public health authorities. One person with Ebola was identified in France, linked to exposure in DRC, and no cases have been identified in the United States. Risk to the public remains low.

The U.S. Centers for Disease Control and Prevention (U.S. CDC) is encouraging clinicians to “Think Ebola” and prepare for the possibility of a patient presenting with BVD. Appropriate infection prevention steps should be taken to protect healthcare workers if such a patient is identified. The “Think Ebola” guidance centers on three key actions: Identify, Isolate, and Inform.

Identify: Patients are only considered at risk for BVD if they have traveled to an affected country **AND** have symptoms compatible with BVD. The current list of affected countries is:

- Democratic Republic of the Congo (DRC)
- Uganda
- South Sudan

Please note that this list is subject to change as the outbreak evolves. Changes will be reflected at U.S. CDC’s page on Information for Travelers Returning from Ebola-Affected Areas.

Symptoms compatible with BVD are:

- **Fever (≥100.4°F or ≥38.0°C)**, headache, muscle pain, weakness and fatigue, sore throat, loss of appetite, diarrhea, vomiting, abdominal pain, unexplained hemorrhaging

Patients must meet **both of these criteria** to be suspected of having BVD.

Isolate: If a patient does meet these criteria, they should immediately be placed in a private room, preferably with a dedicated bathroom, if available. Staff should enter the room as infrequently as possible, perform only necessary procedures, and a log of everyone who enters the room should be kept. Interview the patient to determine risk factors for Ebola. Maine CDC can be contacted at 1-800-821-5821 with any questions regarding a patient’s risk assessment.

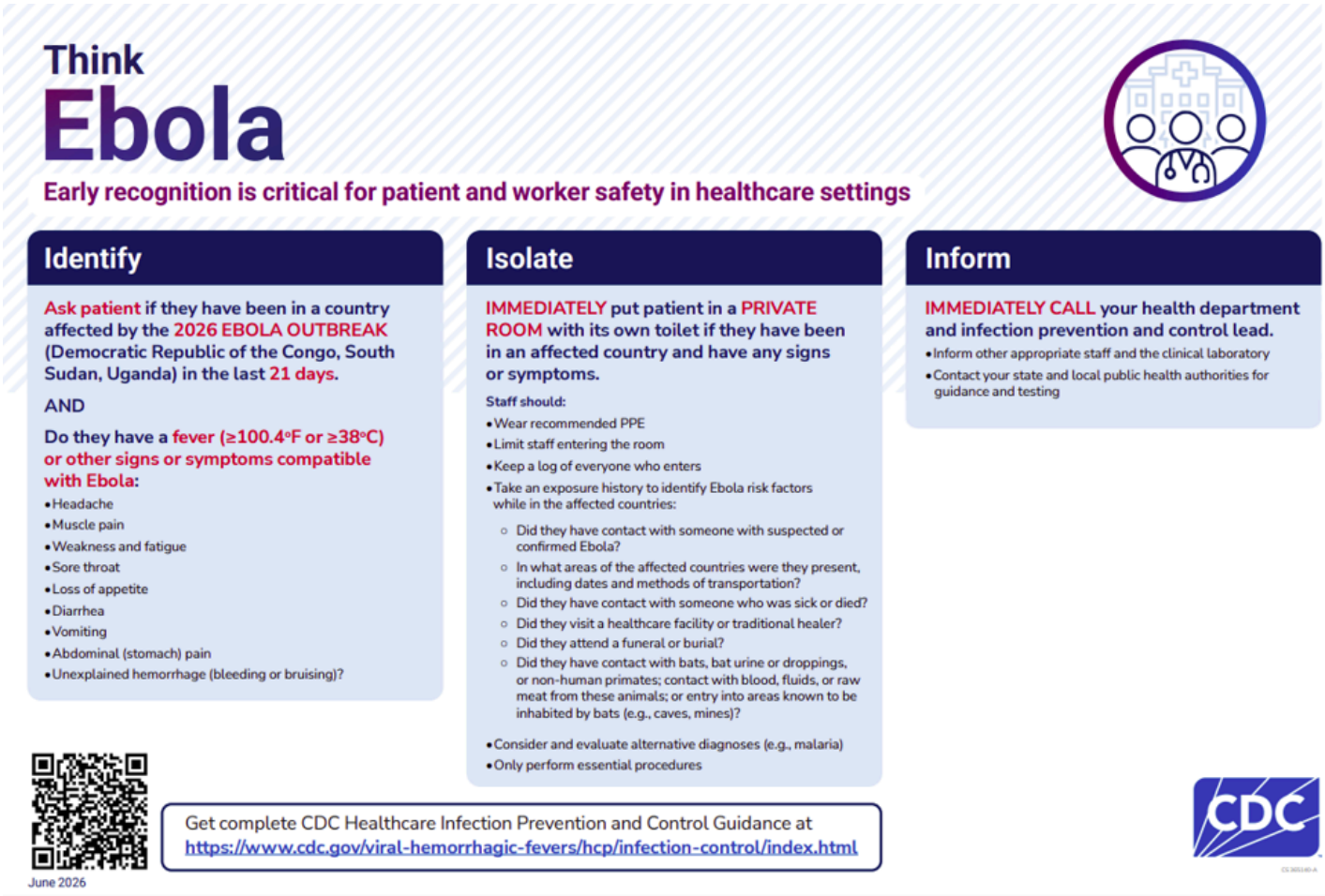
High risk activities include:

- Contact with someone with BVD, including someone recently deceased from BVD
- Providing health care to a patient with BVD
- Living with someone with BVD

Clinicians should consider alternate causes of symptoms, such as malaria, influenza, and COVID-19. Finally, proper personal protective equipment (PPE) must be utilized when entering the patient space or interacting with the patient. Demonstrations of PPE donning and doffing in the acute care setting may be found at U.S. CDC’s page on Donning and Doffing PPE During Management of Patients with Selected VHF in U.S. Hospitals. In an outpatient clinic, health care personnel should utilize a fluid-resistant gown, double gloves (preferably extended cuff), a surgical mask or N95 or higher respirator, and a face shield.

Inform: If a patient meets **both criteria**, staff should immediately notify Maine CDC at 1-800-821-5821 for a clinical consult and next steps. If warranted, Maine CDC will arrange for transport to an appropriate

facility.



ADVERSE ACTIONS

Adverse Actions

This edition of BOM includes only BOLIM adverse actions. Future editions will include actions from both boards.

In 2025, BOLIM reviewed approximately 370 complaints and investigative reports -- an average of 30 per meeting. While the number of complaints received by BOLIM 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.

BOLIM's complaint process is relatively straight-forward. Videos explaining the complaint process are available on our website at https://www.maine.gov/md/complaint/file-complaint; FAQs about the complaint process are available at https://www.maine.gov/md/complaint/discipline-faq; and brochures regarding the complaint process are available at 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.

Colin P. Renaud, P.A. License #PA2974 (Date of Action June 9, 2026) On June 9, 2026, the Board and P.A. Renaud entered into a Consent Agreement finding Mr. Renaud held himself out to Maine patients as holding a license to practice as a "doctor" when he did not hold such a license in Maine. The violations cited include noncompliance with the proper use of the title doctor, engaging in the practice of fraud, deceit or misrepresentation, unprofessional conduct, and false, misleading, or deceptive advertising. As for these violations the Consent Agreement imposes: 1) a reprimand; 2) a civil penalty in the amount of $1000. In addition, P.A. Renaud is required to immediately cease advertising himself as a "doctor" in Maine via any websites offering his medical services to patients in Maine, including, at a minimum, on the MedMatrix website, unless he obtains licensure that permits him to do so.

John L. Niles, M.D. License #MD23058 (Date of Action June 9, 2026) On July 7, 2026, the Board and Dr. Niles entered into a Consent Agreement finding Dr. Niles engaged in conduct beyond the scope of his expired license, and granting the reinstatement of his license to practice medicine. The Consent Agreement imposed as discipline: 1) a warning; and 2) a civil penalty of $1,000.

Courtney Dugan, M.D. License #MD28118 (Date of Action July 6, 2026) On July 6, 2026, the Board's denial of the renewal of Dr. Dugan's license to practice medicine for failure to complete the continuing medical education required for licensure became final.

Albert W. Adams, M.D. License #MD14557 (Date of Action June 9, 2026 and June 16, 2026) On June 9, 2026, the Maine Board of Licensure in Medicine voted that Dr. Adams was in substantial and material noncompliance with his existing Consent Agreements as follows: (a) under his Consent Agreement in case nos. CR23-34 and CR23-43, as First Amended, by failing to (i) complete Board-approved CME required to remediate ongoing deficiencies identified by his Second Physician Practice Monitor; and (ii) submit for Board approval a qualified program or physician to perform independent expert review of controlled substance prescribing; and (b) under his Consent Agreement in case no. CR25-84, by failing to (i) timely schedule the required comprehensive neurocognitive evaluation; (ii) enroll in the in-person Professional Development for Distressed Physicians course as directed by the Board; and (iii) timely submit for Board review the curriculum vitae of a psychiatrist to perform the comprehensive medication review. Under the terms of both Consent Agreements, for the substantial and material noncompliance, the Board voted to suspend Dr. Adams' license until he comes into compliance with the above-identified terms. On June 16, 2026, the Board reviewed additional materials submitted by Dr. Adams to demonstrate compliance and determined that Dr. Adams remained in substantial and material non-compliance with the requirements to complete the Board-approved CMEs to remediate ongoing deficiencies; and that further information was required to establish the qualifications of the physician submitted to perform the independent expert review of Dr. Adams' controlled substance prescribing. Dr. Adams' license suspension will continue until Dr. Adams comes into compliance with these remaining requirements.

Allan S. Teel, M.D. License #MD12495 (Date of Action May 12, 2026) On May 12, 2026, the Board and Dr. Teel executed a First Amendment to the Consent Agreement in CR24-126 (with the effective date January 13, 2026). This First Amendment amends paragraph 21(b) to provide that the Compass Opioid Stewardship Program will provide the independent expert review of Dr. Teel's controlled substance prescribing required under the Consent Agreement.

Paul G. Ronco, M.D. License #MD15994 (Date of Action May 12, 2026) The Board voted to accept Dr. Ronco's request to permanently surrender his Maine license to practice medicine, while under investigation for incompetence, unprofessional conduct, and violation of the Board's controlled substance prescribing rules. The surrender became effective on May 12, 2026.

Bruce G. Manley, P.A. License #PA599 (Date of Action May 12, 2026) On May 12, 2026, the Board and Mr. Manley entered into a Consent Agreement for misuse of alcohol, drugs or other substances, a professional diagnosis of a mental or physical condition that may result in the licensee rendering medical services in a manner that endangers patients, and unprofessional conduct. The Consent Agreement imposes a period of probation of not less than five (5) years including as conditions that Mr. Manley shall: 1) enroll in and be successfully discharged from one or two intensive outpatient treatment programs; 2) shall convert his PA license to Inactive Status during at least the first four weeks of the IOP; 3) following successful discharge from the IOP, submit and comply with the requirements of a Board-approved outpatient Maintenance Recovery Plan for a minimum of at least two years; 4) enroll in and comply with the requirements of a monitoring agreement with the Maine Professionals Health Program for a minimum period of five years; 5) attend a 12-step program weekly for a period of at least one year; 6) engage in ongoing treatment for at least 2 years; 7) abstain from the use of alcohol, drugs or any other controlled or illicit substance except those prescription drugs properly prescribed for a legitimate medical purpose that have been disclosed in advance or for which a prescription was written on an emergency basis for a legitimate medical purpose; 8) notify the Board of any positive toxicology results within three (3) calendar days; and 9) consult with his existing prescriber related to a recommendation in his evaluation.

Jake N. Cho, M.D. License #MD26739 (Date of Action May 12, 2026) On May 12, 2026, the Board and Dr. Cho executed a First Amendment to the Consent Agreement in CR23-165 (with the effective date October 8, 2024). The First Amendment adds subparagraph 11(h), which reflects the fact that Dr. Cho is currently practicing solely out of state, and that the requirements imposed by subparagraphs 11(a), 11(e), and 11(g) will begin to toll only when Dr. Cho resumes active clinical practice in the state of Maine. In addition, upon resumption of practice in Maine, Dr. Cho shall be bound for a period of two years of active clinical practice by the requirements that he maintains and comply with his Boundary Protection Plan, he ensures current practice location and contact information are provided to the Board, and he maintains an adult chaperone for all physical examinations of female patients.

Farhaad R. Riyaz, M.D. License #MD23600 (Date of Action April 14, 2026) On April 14, 2026, the Maine Board of Licensure in Medicine voted to issue discipline against the license of Dr. Riyaz for substantial and material non-compliance with his Consent Agreement (effective October 13, 2022). As a result of Dr. Riyaz's consistent and repeated failure to timely submit the reports required under his Consent Agreement, the Board determined Dr. Riyaz was in substantial and material noncompliance and, pursuant to his Consent Agreement, imposed a warning and a civil penalty in the amount of $1,000, due within thirty (30) calendar days from the issuance of the Disciplinary Order.

Rupinder S. Gill, P.A. License #PA808 (Date of Action April 15, 2026) On April 15, 2026, the Board and Rupinder S. Gill, P.A. entered into a Consent Agreement for unprofessional conduct, violation of Board rules, and misuse of alcohol or other substances. The Consent Agreement imposes a period of probation of not less than two (2) years with conditions including that Mr. Gill shall: 1) enroll in and comply with the requirements of a monitoring agreement with the Maine Professionals Health Program; 2) abstain from the use of alcohol; 3) notify the Board of any positive toxicology results within three (3) calendar days; 4) engage in ongoing treatment; and 5) obtain additional medical evaluation.

Courtney C. Macleod, P.A. License #PA1418 (Date of Action April 15, 2026) On April 15, 2026, the Board and Courtney C. Macleod, P.A. entered into a Consent Agreement for unprofessional conduct, violation of Board rules, and misuse of alcohol or other substances. The Consent Agreement imposes a civil penalty in the amount of $100 and a period of probation of not less than two (2) years with conditions including that Ms. Macleod shall: 1) enroll in and comply with the requirements of a monitoring agreement with the Maine Professionals Health Program; 2) abstain from the use of alcohol; 3) notify the Board of any positive toxicology results within three (3) calendar days; and 4) engage in ongoing treatment.

Edwin L. Peak, M.D. License #MD29633 (Date of Action April 15, 2026) On April 15, 2026, the Board granted Dr. Peak's license to practice medicine subject to conditions of licensure and probation, including that Dr. Peak must comply with all terms of a Board-approved formal plan of supervision, as well as all terms of the Consent Agreement for Licensure.

Alex McKinlay, M.D. License #MD28553 (Date of Action March 26, 2026) On February 23, 2026, the Board's denial of the renewal of Dr. McKinlay's license to practice medicine became final when Dr. McKinlay failed to timely appeal. The basis of the license denial was failure to complete the required continuing medical education to qualify for license renewal.

Albert W. Adams, M.D. License #MD14557 (Date of Action February 10, 2026) On February 10, 2026, the Board and Albert W. Adams, M.D. entered into a Consent Agreement related to professional diagnoses of mental or physical conditions that have resulted or may result in the performance of services in a manner that endangers the health or safety of patients, and a pattern of unprofessional conduct. The Consent Agreement imposes a period of probation of not less than five years, during which Dr. Adams shall: 1) attend a course in professional development addressing distressed physician behaviors; 2) engage in psychotherapy with a Board-approved psychotherapist to address identified patterns; 3) undergo a comprehensive neurocognitive evaluation with a Board-approved evaluator; 4) undergo comprehensive medication review with Board-approved psychiatrist; and 5) create and implement a Board-approved plan to reduce his weekly working hours to a baseline of no more than fifty (50) to sixty (60) hours per week.

Albert W. Adams, M.D. License #MD14557 (Date of Action February 10, 2026) On February 10, 2026, the Board and Dr. Adams executed a First Amendment to the Consent Agreement in CR23-34 and CR23-43 (orig. effective date February 12, 2024). This First Amendment requires Dr. Adams to identify a new qualified program or physician for Board approval to provide independent, expert monthly reviews of Dr. Adams' controlled substance prescribing.

Narendranath Lakshmipathy, M.D. License #MD29486 (Date of Action February 10, 2026) On February 10, 2026 the Board issued a Disciplinary Order under the Interstate Medical Licensure Compact statute to Narendranath Lakshmipathy, M.D. for disciplinary action taken by another IMLC state (Kentucky April 21, 2025). Since that state imposed discipline, the Board determined Dr. Lakshmipathy has been established to have engaged in unprofessional conduct under the IMLC and IMLC statutes and imposed the same discipline: a Reprimand.

George Ming-Jen Wu, M.D. License # MD28870 (Date of Action February 10, 2026) On February 10, 2026, the Board and Dr. George Ming-Jen Wu M.D. entered into a Consent Agreement for a diagnosis of a physical condition that could impact patient care, and for failure to timely report a criminal charge arrest. For the admitted violations, the Consent Agreement imposes: 1) a warning, and 2) for a period of not less than two (2) years: (a) Dr. Wu shall continue Board-approved psychotherapy; (b) comply with terms of his Massachusetts Physician Health Services agreement; (c) continue in care of his primary care and cardiology providers; and (d) comply with state and federal laws.

LICENSING UPDATES

Change to the Practice Agreement Requirement

On April 3, 2026, the Governor signed LD2088 into chaptered law, removing the requirement of practice agreements for PAs with over 4,000 clinical hours. Since this change in law, the Board has received numerous inquiries surrounding what this change means for PAs and what notification or documentation needs to be provided to the Board.

It is important to note that for PAs with fewer than 4,000 clinical hours, the requirements remain the same. PAs in this category are required to submit a Uniform Notice of Employment or a Collaborative Agreement, depending on their work setting.

For PAs with over 4,000 clinical hours, we require documented proof. The easiest way for a PA to provide proof is through a letter on letterhead from their employer(s) indicating the name of the PA and title as a PA, dates employed and total hours worked. The letter must be hand signed and sent from the employer(s) directly to Board staff. If appropriate proof is provided and approved by the Board, PAs in this category can work as a sole provider. As indicated in the Winter 2020 BOLIM newsletter, PAs who were

licensed in Maine prior to 2018 are not required to submit proof of hours. Although no additional documentation is required aside from documented proof of hours, all PAs seeking to work as a sole provider must work within their scope of practice as outlined in Chapter 2, Section 6 (1), “A physician assistant may provide any medical service for which the physician assistant has been prepared by education, training and experience and is competent to perform.”

If you have questions regarding this new change or how to provide proof of hours, please reach out to Board Staff.

PA Background Checks Required

In anticipation of the start of the PA Compact, background checks are now required for PA licensure. This requirement began with all initial applications several months ago and with renewal applications expiring on 5/31/2026. At this time, background checks are required prior to the processing of all PA renewal applications. When a renewal application is submitted, the information to schedule the background check is sent out. At that time, an Ok to Practice Letter is sent to the PA, indicating that the license remains in active Title 5 status, pending resolution of the application. However, the renewal application will not be processed until the results of the background check have been received.

We have received many questions surrounding the scheduling of background check appointments and the use of the mail-in card option. We would like to clarify that the mail-in card option is only for those located outside of the State of Maine. Questions regarding scheduling and the mail-in card option need to go through Identogo. It is important to note that if the wrong recipient is selected for the background check results, the results cannot be forwarded. PAs must select the Maine Board of Licensure in Medicine-Physician Assistant as the results recipient.

We encourage PAs to complete their background check as soon as possible, as to not delay the processing of their renewal application. There is a one-time fee paid to the vendor for this process, and registration is required. Please visit https://me.state.identogo.com/ to schedule.

HEALTH AND WELLNESS

Mindfulness

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

Healthcare professionals are often encouraged to “be more mindful.” For some, that advice resonates. For others, it can sound vague, unrealistic, or even a little “out there.” Yet the challenge of staying present is far from new.

More than 500 years ago, Leonardo da Vinci observed:

The average human looks without seeing, listens without hearing, eats without tasting, touches without feeling, moves without physical awareness, inhales without awareness of odor or fragrance, and talks without thinking.

Many of us can relate. Between patient care, documentation, family responsibilities, professional obligations, and the constant demands of modern life, it’s easy to move through our days on autopilot. We often assume this is simply the way life is today. Yet DaVinci’s words remind us that this tendency has been part of the human experience for centuries.

Mindfulness is the practice of intentionally paying attention to the present moment with openness rather than judgment. As Dr. Jon Kabat-Zinn, founder of Mindfulness-Based Stress Reduction, describes it, mindfulness means paying attention “on purpose, in the present moment, and without judgment.”

For healthcare professionals, mindfulness can seem almost impossible. Clinical practice requires constant multitasking, rapid decision-making, interruptions, competing priorities, and caring for others in high-

pressure environments. Ironically, many of us encourage our patients, colleagues, and program participants to practice mindfulness while rarely giving ourselves permission to do the same.

Yet mindfulness is more than a wellness strategy. It supports better listening, clearer thinking under pressure, more thoughtful decision-making, and stronger relationships with patients, colleagues, and loved ones. In professions where communication and sound judgment directly affect patient safety and quality of care, being fully present is not a luxury—it is an essential professional skill.

The good news is that mindfulness is a skill that can be learned. Like any clinical or professional competency, it develops through consistent practice rather than good intentions alone. As William James wrote:

"The faculty of voluntarily bringing back a wandering attention, over and over again, is the very root of judgment, character, and will. An education which should improve this faculty would be the education par excellence. But it is easier to define this ideal than to teach it."

Perhaps the shift begins not with doing less, but with noticing more. Taking one intentional breath before entering a patient's room, giving a colleague your full attention, or pausing before reacting can interrupt the cycle of constant distraction and reconnect us with the present moment.

Mindfulness is simple, but it is not easy. Like every meaningful skill, it requires practice. In a profession devoted to caring for others, learning to be fully present may be one of the most important ways we care for ourselves — and ultimately, provide the best care for those who depend on us.

Healthy professionals provide safer, more compassionate care, and mindfulness is one practical way to strengthen both personal well-being and professional practice.

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 OPPORTUNITIES

An Opportunity to Join BOLIM

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 ("BOLIM") has been licensing and regulating allopathic physicians in Maine since 1895. Today, it consists of 11 members – 6 actively practicing physicians, 2 actively practicing physician associates, and 3 public members. The BOLIM is seeking two physician members who meet the following statutory qualifications:

> [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.

There are currently 2 open allopathic physician seats. The Board has a current special interest in seating a surgeon in one of those seats.

BOLIM meets once a month at its offices in Augusta, Maine. The members of BOLIM 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, BOLIM conducts reviews of applications for licensure, complaints and investigations, and rulemaking. In addition, BOLIM occasionally holds informal conferences and adjudicatory hearings to resolve complaints and investigations.

BOLIM is composed of motivated, hard-working individuals committed to ensuring the protection of the public. BOLIM 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.

FROM THE EDITOR

Bona Librorum

Lorraine Daston. Rules: *A Short History of What We Live By*. Princeton University Press, 2022.

The history of rules is full of paradox and dilemma. It's the story of how we can't do without something we often dislike, in order to affiliate with one another and be effective in planned projects.

Readers who approach this book, as I did, with the basic question: "How should I think about rules?" will be enlightened and grateful for the keen and witty scholarship Daston brings to her advice.

Daston, director emerita of the Max Planck Institute for the History of Science, is an historian whose work abuts philosophy, religion, law, and the social sciences. Her examples and illustrations come in a rich variety from ancient to current sources.

The author explicates two sets of mind, useful for sorting types of rules, and our responses to them. First, is this typology: 1) rules as algorithms used for calculating and measuring; 2) rules as governing laws and regulations; and 3) rules as models to imitate, to learn from.

Second, she emphasizes the distinction between "thin" and "thick" rules. Thin rules are typically explicit, short, and intended to be widely used, if not universal. Thick rules are embedded in context where details matter for their interpretation and application. Compare a Senate Parliamentarian ruling on an appropriation bill (thin) with a well-known thick rule for fiction writers – "Show don't tell." The former is fixed; the latter is flexible.

We have a word for those who obey thin rules to the extreme: **procrustean**. For those who tolerate exceptions of all kinds to thick rules: **latitudinarian**.

These two mind sets offer multiple ways of handling rules in clinical and administrative medicine. There are times when following thin algorithmic rules carefully is better than taking a risk, but sometimes taking a risk is the way to go when available rules don't quite fit the condition of this particular patient with these ambiguous symptoms.

In a sense, thin rules draw out general responses by ignoring details and thereby limiting risk. Whereas thick rules focus on details and often invite risk: trying something new can make one a fool as well as sometimes a savior (at another risk of being a bane to hospital attorneys).

It is handy to have persuasive explanations this book provides for defending choices whether to follow, bend, or ignore the rules when seeking the best outcome in a problematic situation, all things considered.

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

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