Reflections on Being Disciplined by the Board

It was my third day on my new job when I was told that the practice used pre-signed prescriptions for controlled substances. I knew this was in violation of DEA rules, but I had been unemployed for over 6 months so I went along. That was the first of my several mistakes that led to disciplinary action by the Board of Licensure in Medicine (BOLIM).

I had little recent education on pain treatment and that was focused on which drug works for what kind of pain, what the side effects were and how to minimize them but very little was said about addicts, addiction, substance abuse and drug diversion. What I knew about those subjects I had learned from the required courses for my Florida license in the mid 1990s. Pain causes should be sought and treated, but while searching, and if nothing treatable is found, pain must still be treated. As acetaminophen is to fever, narcotics are to chronic pain. Patients certainly knew that, and some were manipulating providers for narcotics and abusing or selling these medications. These people were easy to identify, so I needed to make it difficult or impossible for them to get these dangerous drugs.

Soon I realized that some patients who didn’t fit the typical drug abuser profile could also have problems with them. Drug companies’ articles and representatives told me repeatedly that we could eliminate addiction and abuse by prescribing the longer acting drugs, as they were designed to prevent the “high” that caused addiction. So, weed out obvious abusers; treat all with chronic pain with longer acting narcotics to prevent addiction; keep dangerous drugs away from teens and children; keep the required documentation. While providers were being disciplined regularly by the Board for controlled substance prescribing, I followed the rules and had no need to worry. Where was my common sense?

A pharmacist complained to the Board about the amount of opioid medications Mr. X was receiving. When the BOLIM demand for all of Mr. X’s records came, I knew his story well. Many neurologists, spine surgeons, neurosurgeons, and physical therapists had tried and failed to control his pain. Any one of his multiple maladies was severe enough to need narcotics, but no one had ever commented on his narcotic use and he had been taking them for at least 20 years without incident. He was a college graduate, intelligent, well spoken and looked as anyone with marginally controlled pain would. His pill counts were always correct or he had extra pills; his drug screens were perfect. It was all in the chart. I knew I was wrong for the prescription dispensing, but the record documented that Mr. X was diagnosed, treated, and monitored appropriately. How could I know of his family’s issues?

During my Informal Conference with the Board, I soon realized my concept of proper treatment of pain and protection of the public was antiquated and my documentation was poor. However, my discipline and its publicity at first seemed too harsh. The discipline

Editor’s Note: The author, a PA-C, was willing to have this article published under his name to make a more powerful impact, but we think his reflections are powerful enough on their own.
What the Board Is All About

When I consider the twelve years I spent on the Board, change was becoming a major theme. New issues were more frequently and more suddenly becoming important, with a need to consider differing points of view and ultimately to give some form of guidance. As everything else in life was speeding up, so was life on the Board. The changes we were experiencing were a reflection of the broad changes in how medicine was practiced, with greater emphasis on the inclusion of the patient in his or her care, as well as on the patient—physician relationship. Private practices and physicians who stayed in one place throughout their careers were disappearing; larger groups became the norm. The loss of primary care physicians was particularly troublesome and discussed at the Board. Telemedicine changed the landscape of how medicine was practiced and posed important licensing issues.

One other major change was the approach to narcotics and controlled substances, which began taking more and more of the Board’s time. The manner in which the Board approached the prescription and monitoring of controlled substances during my years evolved in a way that I still feel very good about. The Board looked at its policy as a means to help both the public as well as physicians and physician assistants, by identifying standards of care that were both reasonable and necessary for good patient care. The Board recognized that controlled substances were needed in many cases for good patient care. However, it also found that some patients were being poorly managed and poorly monitored, often to the point of harm. As well, lack of monitoring was sometimes enabling abuse. Charting at times was abysmal. In most cases, the Board chose to work with physicians through education, rather than initially taking away the ability to prescribe. Our hope was that with education and effort, physicians would be able to make changes in order to meet the standard of care in prescribing and monitoring controlled substances. This was the right approach, even though it was not always successful.

One thing that unfortunately did not change is the Board’s inability to put out the word, to make it known what it is there for, how it can be helpful. This is a large disappointment to me, because the Board has a lot of good people working with it and for it. Licensing is of course needed, to be sure that physicians are competent to practice medicine, which is fundamental for protecting the public. Yet most physicians I have spoken with have no feeling for what the Board does except to take their money so they can have a license, which they don’t like but have to put up with, and then to be there if they do something really wrong. I understand aversion to regulation and to government intrusion, but I also doubt any of us really believe we should be practicing without oversight of licensure. I have asked colleagues why they read the Board’s newsletter. Most actually do not, and those who do admit they are mostly interested in seeing which of their colleagues have lost their license or received sanctions. So why should we care about what the Board has to say in their newsletter articles? I would simply point out that the Board has spent and continues to spend a great deal of time on issues critical to our practice of medicine. For example, recent subjects have included obtaining meaningful informed consent, guidelines for controlled substance prescribing, and cautions about ethical conduct with patients. Staying abreast of these issues is likely time very well spent. Let me particularly emphasize that the Board is made up of six of our physician and one of our physician assistant colleagues from Maine, along with three Maine public members. The work that they do, along with the decisions and opinions they render, are something that all those who live in this state benefit from. The newsletter is one way the Board tries and get some of their work out to us.

Although I could spend a great deal of time writing about change, I should emphasize what we do not want to change, which is the Board’s primary purpose: to protect the public. Protecting the public means creating an environment in which physicians meet a clinical, and more broadly, a professional standard of care. The Board is the body the public turns to when it needs help. Having spent twelve years on the Board, I know with certainty that protecting the public will always be what the Board is all about.

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was: 1) No use of controlled substances for patients with chronic pain unless in residential or hospice care or metastatic cancer; 2) Treatment of acute pain with controlled substances for no more than 10 days; 3) No Schedule II prescribing without Board authorization; and 4) CME on prescribing and record keeping.

I attended the Board required CME courses on "Documentation and Record Keeping" and "Prescribing of Controlled Substances." Only then did I fully understand how wrong I had been. I had failed to do no harm. My knowledge was outdated. I was easily duped and had lost respect for how dangerous these drugs are. I had minimal knowledge of how to recognize those who were addiction prone and abusers, and as a consequence had introduced vulnerable persons to addiction, causing misery and suffering to them, their families, and society in general.

I now know that narcotics are very rarely the correct solution for non-cancer chronic pain. Pharmaceutical company articles and data cannot be trusted. To prescribe these medications legally and morally requires a detailed psychological evaluation of the patient and his situation as well as a thorough search for the causes of their pain and meticulous documentation. You must be a methodical diagnostician and current on pain therapy to know when and how to prescribe medications safely, and more importantly when not to prescribe them. You are not only risking your ability to practice your profession and to provide for your family but also risk causing great harm to patients. The Board correctly limited the way I am allowed to prescribe these drugs, which never cure, but can kill. How could I have lived with myself had I caused a death? Could you?

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### 2014 Meeting Schedule

Meetings are held the second Tuesday of the month convening at 9:00 a.m. Sub-committees (except for PA Advisory Committee) meet prior to the start of the meeting at scheduled times.

#### Medical Board Meetings
- January 14
- February 11
- March 11
- April 8
- May 13
- June 10
- July 8
- September 9
- October 14
- November 10
- December 9

#### PA Advisory Committee Meetings
Meetings are held on the following dates at 8:00 am:
- March 4
- June 3
- September 3
- December 2

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The Board is proposing revisions to its Chapter 4 Rules. Please check our website in early December for further information and a copy of the proposed revisions.

**Notify the Board of Business and Home Address Changes Immediately**

Many people experience problems at renewal time because they have neglected to notify the Board of an address change. To prevent delays, or even loss of license due to lapse, notify the Board immediately of any change in your address.

To verify that the Board has your correct addresses on file, visit: [www.mainegov.md](http://www.mainegov.md) and click on “Find a Licensee” at the lower left. If the address is incorrect, simply send a signed note with changes to the Board or submit the new information online at: [www.mainegov/online/doclicensing/](http://www.mainegov/online/doclicensing/)

**Confidential Help Available**

Confidential professional help for substance abuse is available by calling 207 623-9266.

For more information, visit the MPHP website at [https://www.mainemed.com/memberservices/medical-professionals-health-program](https://www.mainemed.com/memberservices/medical-professionals-health-program) or send an email to: mphp@mainemed.com