



THE EXAMINER

A Newsletter of the South Carolina Board of Medical Examiners • January 2001

BOARD NOTES

Board Elects New Officers

At its October 2000, meeting, the Board of Medical Examiners elected the following officers for 2001:

- Louis E. Costa, II, D.M.D., M.D., a facial plastic surgeon in Charleston, president
- Roger A. Ray, M.D., a neurologist in Anderson, vice president
- Timothy J. Kowalski, D.O., a child and adolescent psychiatrist in Columbia, secretary

The Board is required to elect new officers annually, and while no term limits exist, officers typically serve terms of one or two years.

Two New Board Members Elected, One Member Re-Elected

Norman B. Clinkscales, M.D., a board certified diagnostic radiologist from Sumter, and **Satish M. Prabhu, M.D.**, an anesthesiologist from Columbia, have been elected as new members of the Board of Medical Examiners. Dr. Clinkscales represents the 5th Congressional District, and Dr. Prabhu, represents the 2nd Congressional District. They will begin their first

BOARD . . . Continued Page 2

Medical Board Has New Administrator

On May 3, 2000, John D. Volmer began his duties as administrator for the Board of Medical Examiners. Volmer replaced Aaron J. Kozloski who accepted a position as general counsel for the South Carolina Medical Association (SCMA).

Volmer is a retired special agent for the FBI and began his career with the Medical Board in February 1990 as a special investigator. In April 1995, he was promoted to the position of assistant administrator for investigations where he supervised the investigative staff of the Board.

A graduate of the University of Wisconsin, Volmer is married to Lorelle A. Volmer. They have two children who live in Columbia.

Veteran Board Members Complete Service

Three veteran members of the Board of Medical Examiners completed their terms of service to the citizens and medical community of South Carolina in 2000.

Elizabeth S. Christensen, of Aiken, began her service with the Board as a consumer member in January 1991, and completed that service more than nine years later in May 2000. Christensen brought valued insight as a public member to all board meetings.

Dr. Ben C. Pendarvis, Jr., of Orangeburg, and Dr. Hartwell Z. Hildebrand, of Rock Hill, began their terms in January 1993. Both physicians will complete their Board service on Dec. 31, 2000. Both Dr. Pendarvis and Dr. Hildebrand served as Board president and both served on various Board committees over the years. Each physician brought a unique perspective and viewpoint to the Board.

All three departing members will be missed. We appreciate their dedication.

Continuing Medical Education – Reminder

As of January 2000, all licensed South Carolina physicians applying for annual re-registration must complete 40 hours of Category I approved continuing medical education (CME) by January 2002. A random audit of physicians will be done in 2002 regarding documented 40 hours of CME for the previous two calendar years. A complete copy of the Board's policy regarding CME is printed in this newsletter in the "New Policies" section.





THE EXAMINER

A Newsletter of the South Carolina Board of Medical Examiners

South Carolina Department of Labor, Licensing and Regulation

Board Members

President

Gubernatorial At-Large Member

Louis E. Costa, II, D.M.D., M.D.
Southeastern Facial Plastic Surgery
247 Calhoun Street
Charleston, S.C., 29401
FIRST TERM: 5/9/95 - 12/31/98
SECOND TERM: 1/1/99 - 12/31/02

Vice President

3rd Congressional District

Roger A. Ray, M.D.
Anderson Area Medical Center
800 North Fant Street
Anderson, S.C., 29621
FIRST TERM: 1/1/98 - 12/31/2001

Secretary

Osteopathic, Elected-At-Large

Timothy J. Kowalski, D.O.
William S. Hall Psychiatric Inst.
P.O. Box 202, Cottage C
Columbia, S.C. 29202
FIRST TERM: 1/1/97 - 12/31/00
SECOND TERM: 1/1/01 - 12/31/04

1st Congressional District

Robert H. Bowles, M.D.
Parkwood Orthopedic Clinic
1249 Savannah Hwy.
Charleston, S.C., 29407
FIRST TERM: 1/1/00 - 12/31/03

2nd Congressional District

Satish M. Prabhu, M.D.
Critical Health Systems
1410 Blanding Street #1
Columbia, SC 29201
FIRST TERM: 1/1/01 - 12/31/04

4th Congressional District

James G. Wallace, M.D.
Plastic Surgery Associates
24 Memorial Medical Drive
Greenville, S.C., 29605
FIRST TERM: 1/1/94 - 12/31/97
SECOND TERM: 1/1/98 - 12/31/01

5th Congressional District

Norman B. Clinkscales, M.D.
Tuomey Regional Medical Center
129 North Washington Street
Sumter, SC 29150
FIRST TERM: 1/1/01 - 12/31/04

6th Congressional District

Vera C. Hyman, M.D.
P.O. Box 100559, Florence, S.C., 29501-0559
FIRST TERM: 1/1/96 - 12/31/99
SECOND TERM: 1/1/00 - 12/31/03

Elected-At-Large Member

James D. Whitehead, Jr., M.D.
3 Coatbridge Lane, Lexington, SC, 29072
FIRST TERM: 1/1/94 - 12/31/97
SECOND TERM: 1/1/98 - 12/31/2001

Gubernatorial Lay Member

Susan C. Reynolds
c/o Alley Cat
2222 Augusta Street, Greenville, S.C. 29605
FIRST TERM: 5/9/00 - 6/30/02

Board Staff

The administrative staff of the board is composed of employees of the South Carolina Department of Labor, Licensing and Regulation. The staff may be reached at (803) 896-4500 or by e-mail: medboard.mail.llr.state.sc.us

Board Administrator

John D. Volmer

Administrative Assistant to the Board Administrator

Carole Chauvin

Assistant Administrator, Licensing

Annette Disher

USMLE Exams and Limited Licenses

Donna Howard

Physician Assistant Licensure

Brenda Williams

Respiratory Care Licensure

Brenda Williams

Acupuncturist Permits

Annette Disher

Assistant Administrator, Compliance

Karen Newton

Licensure Verifications

Patt Browy

Assistant Administrator, Investigations

Henry B. Morgan

BOARD . . . Continued from Page 1

terms January 1, 2001.

Timothy J. Kowalski, D.O., a board certified child and adolescent psychiatrist, from Columbia, was re-elected as the osteopathic at-large member. Dr. Kowalski will begin his second term January 1, 2001.

Board Appoints Physician Assistant Advisory Committee

As required in the new Physician Assistant Practice Act, a Physician Assistant Committee was appointed by the Medical Board at the October 2000, quarterly meeting. The committee serves as an advisory group to the Board of Medical Examiners. The following nominees were appointed to the committee:

- Dr. Robert Bowles – Ex Officio member
- Elizabeth Christensen – Consumer member
- Beth Parris – Consumer member
- Arnold Metz – PA
- Lisa Sand – PA
- Keith Stewart – PA
- James R. Buehler, M.D.
- Hartwell Z. Hildebrand, M.D.
- David Meacher, M.D.

S.C. Board Of Medical Examiners 2001 Board Meeting Deadline Dates

<i>Board Meeting Date</i>	<i>Agenda Closing Date</i>
Feb. 5 - 7	Jan. 12
May 20 - 22	April 26
July 22 - 24	June 28
Oct. 22 - 24	Sept. 27

MEDICAL DISCIPLINARY COMMISSION

MDC members are elected by physicians in their congressional district for three-year terms and are limited to three terms. Each member's term normally expires on September 30 of the year indicated after his or her name.

First District

S. Sandford Estes, M.D. (2003 - third term)
1364 Ashley River Road
Charleston, SC 29407-5347

Edmund S. Higgins, M.D. (2002)
1408 Middle Street
Sullivan's Island, SC 29482

Marcelo L. J. Hochman, M.D. (2003 - second term)
P. O. Box 80789
Charleston, SC 29416

Arthur E. Jordan, M.D. (2001)
945 82nd Parkway
Myrtle Beach, SC 29572

Walter D. Leventhal, M.D. (2001 - second term)
299 Midland Parkway
Summerville, SC 29485-8104

Second District

Charles W. Harmon, M.D. (2003 - third term)
P.O. Box 220
Lexington, SC 29071-0220

Raymond G. Lande, D.O. (2003 - second term)
14 New Grant Court
Columbia, SC 29209

Harry J. Metropol, M.D. (2001)
1333 Taylor Street, 3-E
Columbia, SC 29201

Stephen M. Soltys, M.D. (2003)
108 Glen Ridge Court
Irmo, SC 29063

Bryan L. Walker, M.D. (2001 - third term)
439 Saluda Avenue
Columbia, SC 29205

Third District

Sallie A. Carter, M.D. (2003 - second term)
500 N. Fant Street
Anderson, SC 29621

J. David Deholl, M.D. (2002)
2000 E. Greenville St, Suite 3700
Anderson, SC 29621

William E. Durrett, M.D. (2003 - second term)
130 Longwood Green Court
Aiken, SC 29803

Margaret H. Fitch, M.D. (2001)
1520 Two Notch Road, SE
Aiken, SC 29803

Gregory Tarasidis, M.D. (2001)
1015 Spring Street
Greenwood, SC 29646

Fourth District

David L. Cull, M.D. (2002)
50 Club Forest Lane
Greenville, SC 29605

Stephen R. Gardner, M.D. (2003 - second term)
20 Medical Ridge Drive
Greenville, SC 29605

Cecil L. Quattlebaum, M.D. (2001)
135 Commonwealth Dr., #210
Greenville, SC 29615

Jeffrey K. Smith, M.D. (2001)
2094 Woodruff Road
Greenville, SC 29607

Fifth District

Elaine B. Baxley, M.D. (2001 - second term)
206 Fire Tower Road
Camden, SC 29020

Gary R. Culbertson, M.D. (2001)
18 Miller Road
Sumter, SC 29150

R. Jeffrey Seymore, M.D. (2002)
8015 Kiwi Point
Tega Cay, SC 29708

Otis D. Speight, M.D. (2003 - second term)
2098 Diamond Head Circle
Fort Mill, SC 29715

Sixth District

Mark A. Fox, M.D. (2001)
800 E. Cheves Street, Suite 370
Florence, SC 29506

Sompong Kraikit, M.D. (2003 - third term)
255 South Warley Street
Florence, SC 29501-4444

Douglas A. MacPherson, M.D. (2003 - second term)
728 Lancelot Drive
Florence, SC 29505

Thomas L. Stoughton, M.D. (2002)
901 E. Cheves Street, #600
Florence, SC 29506

Robert E. Turner, III (2001)
1594 Freedom Blvd., #102
Florence, SC 29505

At Large Members

Stephanie C. Brundage, M.D. (2002 - second term)
877 W. Faris Road
Greenville, SC 29605-4254

Milton S. Costa, M.D. (2002 - second term)
347 Folly Road
Charleston, SC 29412-2641

Leonard E. Forrest, M.D. (2001)
900 Bowman Road, Suite 300
Mt. Pleasant, SC 29464

Willie B. Louis, M.D. (2001)
655 Laurel Street
Orangeburg, SC 29115

Allan A. Rashford, M.D. (2003 - second term)
2 Race Street
Charleston, SC 29403

David E. Uden, M.D. (2003 - third term)
115 Eagles Nest Drive, #C
Seneca, SC 29678-2762

SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING AND REGULATION
BOARD OF MEDICAL EXAMINERS

Final Orders and Other Actions • January 1, 2000 through October 25, 2000

Respondent/Location	Action/Date	Findings of Fact/(Sanction)
Name Unpublished	Consent Order January 4, 2000	Practiced medicine after license had expired. <i>(Private Reprimand and \$15 fine.)</i>
Broughton, John B., III, RCP Charleston, SC	Agreement to Permanently Deactivate License January 6, 2000	Alcohol dependency and bipolar disorder. <i>(License to practice respiratory care permanently placed in an inactive status.)</i>
Name Unpublished	Consent Order January 11, 2000	Practiced medicine after license had expired. <i>(Private Reprimand and \$45 fine.)</i>
Name Unpublished	Consent Order January 11, 2000	Practiced medicine after limited license had expired. <i>(Private Reprimand and \$250 fine.)</i>
Name Unpublished	Consent Order January 11, 2000	Practiced medicine after limited license had expired. <i>(Private Reprimand and \$250 fine.)</i>
Name Unpublished	Consent Order January 11, 2000	Practiced medicine after limited license had expired. <i>(Private Reprimand and \$250 fine.)</i>
Name Unpublished	Consent Order January 12, 2000	Practiced medicine after limited license had expired. <i>(Private Reprimand and \$250 fine.)</i>
Scharstein, Jeffrey, M.D., Darlington, SC	Interim Order of Reinstatement January 13, 2000	Arrested and charged with illegal possession of Schedule III and IV controlled substances. <i>(License to practice medicine reinstated pending further order of the Board.)</i>
Name Unpublished	Consent Order January 14, 2000	Practiced medicine after limited license had expired. <i>(Private Reprimand and \$250 fine.)</i>
Name Unpublished	Consent Order January 14, 2000	Practiced medicine after limited license had expired. <i>(Private Reprimand and \$250 fine.)</i>
Name Unpublished	Consent Order January 14, 2000	Practiced medicine after limited license had expired. <i>(Private Reprimand and \$250 fine.)</i>
Name Unpublished	Consent Order January 18, 2000	Practiced medicine after license had expired. <i>(Private Reprimand and \$85 fine.)</i>
Name Unpublished	Consent Order January 27, 2000	Practiced medicine after limited license had expired. <i>(Private Reprimand and \$250 fine.)</i>
Jennings, Christopher R., M.D. Greenville, SC	Order of Temporary Suspension February 2, 2000	Admitted to diverting drugs for personal use. <i>(License to practice medicine temporarily suspended.)</i>
Name Unpublished	Final Order February 9, 2000	Poor recordkeeping concerning one patient. <i>(Private reprimand, \$250 fine and terms and conditions before license can be reactivated.)</i>
Name Unpublished	Final Order February 9, 2000	Substandard care regarding one patient. <i>(Private reprimand, \$1,000 fine and terms and conditions on license.)</i>
Name Unpublished	Consent Order February 15, 2000	Practiced medicine after license had expired. <i>(Private Reprimand and \$225 fine.)</i>
Kazaglis, Jon C., M.D. Travelers Rest, SC	Final Order February 17, 2000	Prescribed controlled substances for three persons outside of a valid physician-patient relationship. <i>(Public reprimand, \$2,000 fine, and terms and conditions on license.)</i>
Rubel, Christopher J., M.D. Taylors, SC	Final Order February 17, 2000	Prescribed controlled substances and other medications outside of a valid physician-patient relationship, diagnosis of alcohol dependence, and threats and assaults upon police officers associated with his arrests. <i>(Public reprimand, \$1,000 fine and terms and conditions on license.)</i>
Name Unpublished	Order of Dismissal February 23, 2000	<i>(Dismissed.)</i>
Name Unpublished	Order of Dismissal February 23, 2000	<i>(Dismissed.)</i>

Orders . . . Continued Page 5

Respondent/Location	Action/Date	Findings of Fact/(Sanction)
Name Unpublished	Order of Dismissal February 23, 2000	<i>(Dismissed.)</i>
Name Unpublished	Private Reprimand February 23, 2000	Inappropriate and disruptive behavior in a medical environment. <i>(Private reprimand and \$2,000 fine.)</i>
Name Unpublished	Final Order February 23, 2000	Prescribed narcotics and benzodiazepines without documented medical justification, failed to adequately record the basis for diagnosis and over-prescribed same. <i>(Private reprimand, \$2,000 fine and terms and conditions on license.)</i>
Name Unpublished	Final Order February 23, 2000	Was addicted to alcohol or drugs to such a degree as to render physician unfit to practice medicine, as evidenced by in-patient treatment for substance abuse. <i>(Private reprimand, \$1,000 fine and terms and conditions on license.)</i>
Name Unpublished	Final Order February 23, 2000	Was addicted to alcohol or drugs to such a degree as to render physician unfit to practice medicine, as evidenced by physician's diagnosis of opiate dependence and acts of deception in obtaining and concealing use of such drugs, including controlled substances. <i>(Private reprimand, \$1,000 fine and terms and conditions on license.)</i>
Bolt, William F., M.D. Anderson, SC	Final Order March 1, 2000	Did not provide competent medical service, as evidenced by his failure to adequately document medical findings and treatment. <i>(Public Reprimand, \$10,000 fine, and terms and conditions on license.)</i>
Wellman, Samuel D., M.D. Ft. Lauderdale, FL	Order March 1, 2000	Committed acts indicating he does not possess the character and fitness to practice medicine in this State. <i>(Application for license in South Carolina denied.)</i>
Turner, Robert Pearce, M.D. Summerville, SC	Order of Conditional Reinstatement March 1, 2000	Affirmed his commitment to a life of sobriety. <i>(License to practice temporarily reinstated pending Final Order of the Board.)</i>
Name Unpublished	Consent Order March 10, 2000	Practiced respiratory care after limited license had expired. <i>(Private Reprimand and \$25 fine.)</i>
Jennings, Christopher R., M.D. Greenville, SC	Order of Conditional Reinstatement March 28, 2000	Affirmed his commitment to a life of sobriety. <i>(License to practice medicine temporarily reinstated pending Final Order of the Board.)</i>
Alston, Clarence B., M.D. Johns Island, SC	Order of Temporary Suspension March 21, 2000	Failed to abide by terms and conditions of Private Agreement. <i>(License to practice medicine temporarily suspended.)</i>
Name Unpublished	Order of Dismissal March 30, 2000	<i>(Dismissed.)</i>
Name Unpublished	Consent Order April 4, 2000	Practiced respiratory care after license had expired. <i>(Private Reprimand and \$75 fine.)</i>
Reynolds, Orris W., RCP Greenville, SC	Order of Temporary Suspension April 7, 2000	Failed to abide by terms and conditions of Private Agreement dated November 5, 1999. <i>(License to practice respiratory care temporarily suspended.)</i>
Name Unpublished	Order of Dismissal April 7, 2000	<i>(Dismissed.)</i>
Miller, Michael Francis, M.D. Annapolis, MD	Agreement April 9, 2000	Disciplinary action in New York. <i>(License to practice medicine in South Carolina placed on inactive status.)</i>
Yates, Clifton, M.D., Orangeburg, SC	Order of Temporary Suspension April 19, 2000	Arrested and charged with trafficking in cocaine, possession of marijuana, and possession of marijuana with intent to distribute in the vicinity of a school. <i>(License to practice medicine temporarily suspended.)</i>
Alston, Clarence B., M.D., West Columbia, SC	Voluntary Surrender Agreement May 19, 2000	License to practice medicine in South Carolina is voluntarily surrendered.
Name Unpublished	Final Order May 24, 2000	Failed to perform a detailed neurologic evaluation or make a timely referral to a neurologist. <i>(Private reprimand and terms and conditions on license.)</i>
Name Unpublished	Consent Order May 24, 2000	Practiced respiratory care without a current license. <i>(Private Reprimand and \$150 fine and terms and condition on license.)</i>

Respondent/Location	Action/Date	Findings of Fact/(Sanction)
Ritchie, Henry S., M.D. Spartanburg, SC	Final Order June 6, 2000	Pled guilty to 47 counts of dispensing and distribution of controlled substances outside the usual course of medical practice and for other than legitimate medical purposes. <i>(License revoked.)</i>
Name Unpublished	Consent Order June 6, 2000	Practiced respiratory care after license had expired. <i>(Private Reprimand and \$150 fine.)</i>
Name Unpublished	Consent Order June 6, 2000	Practiced respiratory care after license had expired. <i>(Private Reprimand and \$50 fine.)</i>
Fletcher, Steven F., M.D. Greenville, SC	Final Order June 6, 2000	Engaged in dishonorable, unethical or unprofessional conduct through his crude sexual remarks and acts while his patient was incapacitated and under physician's care and control. <i>(Public reprimand; \$5,000 fine and terms and conditions on license.)</i>
Name Unpublished	Final Order June 8, 2000	Obtained controlled substances by fraud and deception for personal use. <i>(Private Reprimand and terms and conditions on license.)</i>
Name Unpublished	Order of Dismissal June 8, 2000	<i>(Dismissed.)</i>
Young, Gardner, D.O. Ridge Spring, SC	Final Order June 8, 2000	Urine screen positive for cocaine. <i>(Public reprimand, \$1,000 fine and terms and conditions on license.)</i>
Madison, Shirley Ann, M.D. Aiken, SC	Final Order June 8, 2000	Sustained a physical or mental disability which renders further practice dangerous to the public. <i>(License suspended and additional evaluation and requirements mandated before Board will schedule for further review.)</i>
Alam, Safdar, M.D. Spartanburg, SC	Final Order June 8, 2000	Unethical sexual relationship with a patient and improper examination. <i>(License suspended and evaluation required before Board will schedule for further review.)</i>
Name Unpublished	Final Order June 9, 2000	Admitted abuse of controlled substances. <i>(Private Reprimand, \$2,000 fine and terms and conditions on license.)</i>
Sinha, Vinaya K., M.D. Estill, SC	Final Order June 29, 2000	Sudden abandonment of patients without adequate notice or arrangements for emergency, interim care. <i>(License to practice medicine in South Carolina is revoked.)</i>
Ayers, Bobbie E., Jr., M.D. Myrtle Beach, SC	Final Order June 29, 2000	Dispensed extremely large quantities of controlled substances and other dangerous drugs without a bonafide physician-patient relationship and without indication or documented medical justification. <i>(Public Reprimand, license suspended with conditions for reinstatement, \$10,000 fine and terms and conditions on license once reinstated.)</i>
Helton, Ann, M.D. Rock Hill, SC	Final Order June 29, 2000	Physician has demonstrated a mental disability that renders further practice dangerous to the public. <i>(License indefinitely suspended with terms and conditions for reinstatement.)</i>
Name Unpublished	Consent Order July 11, 2000	Practiced medicine after limited license had expired. <i>(Private Reprimand and \$250 fine.)</i>
Name Unpublished	Consent Order July 12, 2000	Practiced respiratory care without a current license. <i>(Private Reprimand and \$125 fine.)</i>
Name Unpublished	Consent Order July 14, 2000	Practiced respiratory care without a current license. <i>(Private Reprimand and \$75 fine.)</i>
Name Unpublished	Consent Order July 17, 2000	Practiced medicine after limited license had expired. <i>(Private Reprimand and \$250 fine.)</i>
Boyd, Gwendolyn M., M.D. Kingstown, NC	Order of Temporary Suspension July 18, 2000	License to practice medicine in NY revoked upon her addiction to alcohol, practicing while impaired and refusal to seek treatment. <i>(License to practice medicine temporarily suspended.)</i>
Name Unpublished	Consent Order July 21, 2000	Practiced respiratory care without a current license. <i>(Private Reprimand and \$125 fine.)</i>
Jennings, Christopher R., M.D. Greenville, SC	Final Order July 26, 2000	Was addicted to alcohol or drugs to such a degree as to render him unfit to practice medicine and has engaged in dishonorable, unethical or unprofessional conduct by his diversion and self-administration of controlled substances. <i>(Public reprimand.)</i>
Yates, William M., M.D. Columbia, SC	Order Denying Request July 26, 2000	Report provided by physician was not obtained in compliance with Board's prior order, was self-serving, inadequate and inaccurate and not helpful to the Board in developing a final sanction. <i>(Board's prior order of May 31, 1999 remains unchanged as the final order in this matter.)</i>

Respondent/Location	Action/Date	Findings of Fact/(Sanction)
Fletcher, Steven F., M.D. Greenville, SC	Order Denying Motion for Reconsideration July 26, 2000	Physician's conduct was a serious violation of the Medical Practice Act as found in the Board's Final Order, and merits a public sanction. <i>(Motion denied.)</i>
McRee, John B., M.D. North Augusta, SC	Final Order July 27, 2000	Unethical and unprofessional conduct as evidenced by his sexual advances toward a patient, having sexual intercourse with a patient, and failing to provide proper evaluation, documentation and follow-up for prescriptions for Valium. <i>(Public reprimand, \$5,000 fine, \$2854.79 costs for proceedings, and terms and conditions on license.)</i>
Long, John Malcolm, III, M.D. Birmingham, AL	Order of Temporary Suspension July 27, 2000	Pled guilty to using the internet to attempt to knowingly persuade, induce and entice persons under 18 years of age to engage in sexual activity. <i>(License to practice medicine temporarily suspended.)</i>
Name Unpublished	Consent Order August 2, 2000	Practiced respiratory care without a current license. <i>(Private Reprimand and \$25 fine.)</i>
McAbee, Melanie K., RCP Union, SC	Order of Temporary Suspension August 8, 2000	Admitted to taking multiple tablets of ambien from her employer. <i>(License to practice respiratory care is temporarily suspended.)</i>
Name Unpublished	Consent Order August 17, 2000	Practiced respiratory care without a current license. <i>(Private Reprimand and \$25 fine.)</i>
Gatchell, Keith C., M.D. Clinton, SC	Order of Temporary Suspension August 31, 2000	Attempted to treat a patient while impaired. <i>(License to practice medicine is temporarily suspended.)</i>
Girgis, Sobhi A., M.D. Cordova, SC	Order of Temporary Suspension September 22, 2000	Currently under a severe mental disability. <i>(License to practice medicine is temporarily suspended.)</i>
Reynolds, Orris W., RCP Greenville, SC	Agreement to Relinquish License September 26, 2000	<i>(Licensee gives up forevermore the right to practice respiratory care in South Carolina.)</i>
Browning, Gregory V., M.D. Florence, SC	Order of Temporary Suspension October 16, 2000	Pled guilty to twenty-one counts of causing an act with respect to drugs while such drugs were held for sale after shipment in interstate commerce. <i>(License to practice medicine is temporarily suspended.)</i>
Name Unpublished	Final Order October 17, 2000	Wrote a prescription for a one month supply of a schedule II controlled substance for his wife's use, using a fictitious name. <i>(Private Reprimand and must take prescribing course within one year.)</i>
Name Unpublished	Final Order October 17, 2000	Unprofessional and inappropriate conduct between licensee and hospital staff. <i>(Private Reprimand, \$1,000 fine, and terms and conditions on license.)</i>
Browning, Gregory V., M.D. Florence, SC	Interim Order of Reinstatement October 19, 2000	<i>(License reinstated with terms and conditions.)</i>
Yates, Clifton, M.D. Orangeburg, SC	Order of Conditional Reinstatement October 23, 2000	<i>(License reinstated with terms and conditions.)</i>
Name Unpublished	Final Order October 25, 2000	Used threatening and abusive conduct toward hospital staff. <i>(Private Reprimand and fine.)</i>
Name Unpublished	Final Order October 25, 2000	Had a sexual affair with a former patient. <i>(Private Reprimand and \$5,000 fine.)</i>
Levitsky, Leon R., M.D. Lanham, MD	Final Order October 25, 2000	Deficient patient care, deficient recordkeeping practices and abandonment of a patient. License to practice revoked in another state. <i>(License indefinitely suspended, \$1,175.17 costs, and terms and conditions prior to reinstatement.)</i>
Crouch, William E., M.D. Charleston, SC	Final Order October 25, 2000	Relapsed into the use of alcohol or drugs and pled guilty to a crime involving drugs. <i>(License suspended, \$2,000 fine and terms and conditions on license.)</i>
Alam, Safdar, M.D. Spartanburg, SC	Supplemental Order October 25, 2000	Unethical sexual relationship with a patient, pursued a relationship with another patient and improper examination. <i>(License suspended, stayed and reinstated with terms and conditions. \$2,309.90 fine and costs.)</i>

This report is only a brief summary of these matters. It does not purport to be a complete account of the Board's findings. The Board's complete factual and legal conclusions are contained in its Orders. These are available pursuant to the Freedom of Information Act by writing to the Board at P. O. Box 11289, Columbia, SC 29211-1289. A research and copying fee may be charged for each request.

NEW POLICY STATEMENTS ADOPTED IN 2000

The Board of Medical Examiners adopted the following Policy Statements during the calendar year 2000:

First Time Missed Drug Screens Or Initial Positive Reports

In determining whether to recommend issuance of a temporary suspension order for a first-time missed drug screen or initial positive report by a Board-referred participant, staff shall immediately advise the licensee to complete the following steps within 24 hours or the next working day, whichever is shorter:

1. Immediately stop practicing pending resolution of non-compliance issues. Submit a copy to staff of all requests for voluntary medical leave (with no patient care) to all employers and hospitals at which privileges are held and any other written confirmation from supervisors, colleagues, office managers or other persons requested by staff to confirm complete withdrawal from practice; and
2. Provide a drug screen in any manner requested by the Recovering Professional Program (RPP); and
3. Present himself/herself to the RPP or a provider designated by the RPP for prompt evaluation of possible impairment. This evaluation shall be for the purpose of determining whether the missed drug screen was the result of non-compliance or relapse.

If it is determined by the RPP that there is no relapse involved by individual evaluation, the licensee may be approved in writing to resume practice, and the incident shall not be counted as the first time missed drug screen or initial positive report under this policy. Once staff has been advised by the RPP that a licensee has been approved to return to practice, a letter authorizing the licensee to return to practice shall be sent from the Board administrator. When appropriate, the letter also shall include admonishment against repeating such action with a reminder of the consequences involved and notification that the licensee may be required to appear before the Board at its next regularly scheduled meeting.

If it is determined that relapse is involved either by individual evaluation or subsequent drug screen result, the licensee may be required by the RPP to obtain an in-patient or intensive outpatient evaluation at a center approved by the RPP and/or obtain treatment as recommended by the evaluation team at a treatment facility approved by the RPP. The results of the evaluation, any treatment, subsequent drug screens and other information received will be verbally reported immediately by the RPP to the Board administrator followed by written report for the president's or Board's consideration, as appropriate. A temporary order of suspension may be issued immediately by the president of the Board based on the information gathered and the recommendation of the RPP. The standard disciplinary process shall be initiated for an appearance and hearing to take place in due course.

If the licensee refuses or fails to follow the foregoing procedure, staff shall recommend the immediate issuance of a temporary suspension order by the president of the Board for violation of the licensee's order or agreement.

Submission of Documentation to be Considered at Board Meetings

The Board will not entertain additional documentation, such as handouts, etc., that are not submitted 10 days prior to a Board meeting. This means that no one slotted to appear at a Board meeting will be allowed to present information for the Board's consideration either a few days before the meeting or during their appearance at the meeting.

Co-Management of Ophthalmic Surgery

Notice

In accordance with S.C. Code Ann. Section 1-23-40, notice is hereby

given that the South Carolina Board of Medical Examiners has adopted the following statement regarding ophthalmic pre-operative assessment and post-operative care for patients as guidance for licensed physicians in the practice of medicine under the South Carolina Medical Practice Act and the Principles of Medical Ethics, as adopted by the Board. For disciplinary purposes in matters before the Board, compliance with this statement will not be considered a violation of the physician's professional duty to provide competent medical service under S. C. Code Ann. Sections 40-47-200(F)(7), (8), (12) or Regulation 81-60(A), (B), (C), and (E) of the Principles of Medical Ethics, adopted by the Board.

Ophthalmic Pre-Operative Assessment And Post-Operative Care

The ophthalmic surgeon has the primary responsibility for the pre-operative assessment and the post-operative care of his/her patients regardless of the type of surgery performed. For most ophthalmic surgery, this includes an examination on the first post-operative day by the operating surgeon or another medical doctor of equal skills and training.

The surgeon should follow the patient until post-operatively stable and there is no fixed time when the patient is sent back to the referring provider.

If a situation arises in which the surgeon concludes that the delegation of post-operative care is in the patient's best interest, then the surgeon should pre-operatively inform the patient of the pre-arranged plans and the patient must voluntarily consent to this in writing. This consent process should include the reason for the transfer of the case, the qualifications of the healthcare provider who will render the post-operative care, and any special risks that may result from this arrangement.

The transfer of care must not occur unless it is clinically appropriate and in the patient's best interest.

The co-management must not be done as a matter of routine policy on all patients.

Although a physician who conducts himself in accordance with this policy will avoid disciplinary action by the Board of Medical Examiners, a physician may still face civil liability under some circumstances, and should therefore consult private counsel where doubt exists as to what actions are appropriate.

Sale of Health Related Products In Physicians' Offices

In accordance with the S.C. Code Ann. Section 1-23-40, notice is hereby given that the South Carolina Board of Medical Examiners has adopted the following statement regarding the sale by South Carolina physicians of health-related products in physicians' offices as guidance for licensed physicians in the practice of medicine under the South Carolina Medical Practice Act and the Principles of Medical Ethics, as adopted by the Board:

Policy

"Health-related products" are any products that, according to the manufacturer or distributor, benefit health. "Selling" refers to the activity of dispensing items that are provided from the physician's office in exchange for money and includes the activity of endorsing a product that the patient may order or purchase elsewhere that results in direct remuneration for the physician. This Policy does not apply to the sale of prescription items.

In-office sale of health-related products by physicians presents a financial conflict of interest, risks placing undue pressure on the patient, and threatens to erode patient trust and undermine the primary obligation

New Policy . . . Continued Page 9

of physicians to serve interests of their patients before their own.

- (1) Physicians who choose to sell health-related products from their offices should not sell a product whose claims of benefit lack scientific validity. Physicians should rely on peer-reviewed literature and other unbiased scientific sources that review evidence in a sound, systematic and reliable fashion.
- (2) Because of the risk of patient exploitation and the potential to demean the profession of medicine, physicians who choose to sell health-related products from the office must take steps to minimize financial conflicts of interest utilizing the following guidelines:
 - (a) In general, physicians should limit sales to products that serve the immediate and pressing needs of their patients. For example, if traveling to the closest pharmacy would in some way jeopardize the welfare of a patient with a broken leg requiring crutches, then it may be appropriate to provide the product from the physician's office.
 - (b) Physicians may distribute health-related products to their patients free of charge or at cost in order to make useful products readily available to their patients. When health-related products are offered free or at cost, it helps ensure removal of the elements of personal gain and financial conflicts of interest.
- (3) Physicians must disclose fully the nature of their financial arrangement with a manufacturer or supplier to sell health-related products. Disclosure includes informing patients of financial interests as well as availability of the product elsewhere. Disclosure can be accomplished through face-to-face communication, or by posting an easily understandable written notification in a prominent location in the office. Physicians should, upon request, provide patients with understandable literature in addressing the risks, benefits and limits regarding the health-related product.
- (4) Physicians should not participate in exclusive distributorships of health-related products that are available only through physicians' offices. Physicians should encourage manufacturers to make products of established benefit more widely accessible to patients than exclusive distribution mechanisms allow.

Sexual Boundary Issues

Physician sexual misconduct is behavior that exploits the physician-patient relationship in a sexual way. This behavior is non-diagnostic and non-therapeutic, may be verbal or physical, and may include expressions of thoughts and feelings or gestures that are sexual or that reasonably may be construed by a patient as sexual.

There are primarily two levels of sexual misconduct: sexual violation and sexual impropriety. Behavior listed in both levels may be the basis for disciplinary action if the behavior was an exploitation of the physician-patient relationship.

Sexual violation may include physician-patient sex, whether or not initiated by the patient, and engaging in any conduct with a patient that is sexual or may be reasonably interpreted as sexual, including but not limited to:

1. sexual intercourse, genital to genital contact
2. oral to genital contact
3. oral to anal contact, genital to anal contact
4. kissing in a romantic or sexual manner
5. touching breasts, genitals or any sexualized body part for any purpose other than appropriate examination or treatment, or where the patient has refused or has withdrawn consent
6. encouraging the patient to masturbate in the presence of the physician or masturbation by the physician while the patient is present
7. offering to provide practice-related services, such as drugs, in exchange for sexual favors.

Sexual impropriety may comprise behavior, gestures or expressions that are seductive, sexually suggestive or sexually demeaning to a patient, including but not limited to:

1. disrobing or draping practices that reflect a lack of respect for the patient's privacy, deliberately watching a patient dress or undress instead of providing privacy for disrobing
2. subjecting a patient to an intimate examination in the presence of medical students or other parties without the explicit consent of the patient or when consent has been withdrawn
3. examination or touching of genitals without the use of gloves
4. inappropriate comments about or to the patient, including but not limited to making sexual comments about a patient's body or underclothing, making sexualized or sexually demeaning comments to a patient, making comments about potential sexual performance during an examination or consultation except when the examination or consultation is pertinent to the issue of sexual function or dysfunction, requesting details of sexual history or sexual likes or dislikes when not clinically indicated for the type of consultation
5. using the physician-patient relationship to solicit a date
6. initiation by the physician of conversation regarding the sexual problems, preferences or fantasies of the physician
7. examining the patient intimately without consent.

The scope of sexual misconduct behavior would also include advances toward employees, staff, patients or former patients, or immediate family of patients of any origin whether office, clinic or hospital.

Patient consent should not be viewed as a legal defense.

Sale of Non-Health Related Products

In accordance with the S.C. Code of Laws, Ann. Section 1-23-40, notice is hereby given that the South Carolina Board of Medical Examiners has adopted the following statement regarding the sale or promotion to patients of non-health related goods or services from a licensed South Carolina physician's practice site as guidance for physicians in the practice of medicine under the South Carolina Medical Practice Act and the Principles of Medical Ethics as adopted by the Board.

Policy

The sale or promotion of non-health related goods or services by physicians presents a conflict of interest and threatens to erode the primary obligation of physicians to serve the interests of their patients before their own. This activity risks placing undue pressure on the patient and risks demeaning the practice of medicine.

A licensee shall be deemed to engage in dishonorable conduct by offering to sell or promote a non-health related product or service to a patient from a location at which the licensee regularly practices the healing arts unless otherwise allowed as follows:

A licensee shall not be deemed to engage in dishonorable conduct by offering to sell or promote a non-health related product or service if all of the following conditions are met:

- (1) The sale or promotion is for the benefit of a public service organization.
- (2) The sale or promotion does not directly or indirectly result in financial gain to the licensee.
- (3) No patient is unduly influenced to make a purchase.
- (4) Such sale or promotions are not a regular part of the licensee's business.
- (5) Such sales or promotions are conducted in a dignified manner.

A licensee shall be deemed to engage in dishonorable conduct if the licensee, at a location of regular practice of the healing arts, recruits or solicits a patient to participate in a business opportunity involving the sale or promotion of a product or service, or if the licensee requires the patient to recruit or solicit others to participate in a business opportunity, and the sale or promotion of the product or service directly or indirectly results in financial gain to the licensee.

Section 40-47-200(F)(8) of the South Carolina Medical Practice Act authorizes the Board to discipline a licensed South Carolina physician who is *engaging in dishonorable, unethical or unprofessional conduct that is likely to deceive, defraud, or harm the public.*

Requests to Terminate or Amend Agreements, Orders or Conditions

Requests from licensees to terminate or amend a term or condition in an agreement or order will not be entertained until any and all pending formal complaints have been resolved.

Requirements For Renewal Or Reactivation Of Individuals Who Have Not Practiced Respiratory Care For Five Years Or More

South Carolina Code Section 40-47-590, among other things, places on the Board of Medical Examiners and the Respiratory Care Committee general responsibility for determining the qualifications of practitioners for licensure renewal or reactivation and continuing professional education. Given the rapidly changing technology, pharmacology and new procedures in the treatment of pulmonary and critical care patients, the Board and the committee believe that practitioners who have not practiced respiratory care for five years or more may not be authorized to practice without first demonstrating current clinical competency.

Current clinical competency may be demonstrated by submitting proof of the following items:

1. Proof of 15 or more contact hours of continuing education during the 12 months immediately preceding the date of application for licensure renewal or reactivation; and
2. Passage of NBRC Entry-Level Examination within the immediately preceding five years.

Procedure

1. Applicant submits a completed application and fee to LLR, Board of Medical Examiners.
2. Staff submits application to the Respiratory Care Committee for review.
3. Respiratory Care Committee makes a recommendation to the Board of Medical Examiners to grant or deny the application based on its review of the information submitted by the applicant.
4. Board of Medical Examiners grants or denies the application.
5. Staff notifies the applicant in writing (certified mail, return receipt requested) of the Board's decision concerning the application. The decision may be communicated in a letter from the staff or Office of General Counsel (OGC). If the Board's decision is to deny the application, an Order should be prepared by OGC and served by staff on the applicant by certified mail, return receipt requested. A copy of the notice should be filed in the Board's records, with proof of service (green card or affidavit)

Continuing Medical Education

As of January 2000, it became a requirement that every currently licensed physician in South Carolina acquire at least 40 hours of category I CME every two calendar years in order to reregister his or her license. Physicians will be required to report CME completion biennially during license re-registration. Compliance will initially be monitored through random audits beginning in 2002.

Policy:

Applicants for medical re-registration must complete a minimum of 40 hours of approved continuing medical education (CME) during the previous two consecutive calendar years.

Procedure

1. Add the following yes-no question to the personal data section of the application for relicensure:
Have you completed 40 hours of approved continuing medical education in the two consecutive calendar years prior to this application?
2. Request supporting documentation of such education of 1 percent of the applicants applying in a given year = 100 physicians. Form to be developed.
3. Utilize a "focus" approach when selecting physicians required to confirm their CME. Exclude:
 - a. Physicians who have completed an accredited residency program within the last five years.
 - b. Physicians who have met the CME requirements of their specialties in order to maintain their specialty board certification, e.g., board-certified family physicians.
 - c. Retired physicians with no patient care responsibilities.

Considerations

1. What constitutes "approved" CME?
Category I CME accredited by the AMA or AOA or its equivalent sponsored by a specialty board. Documented journal club participation or more innovative formats; for example, a practitioner-designed program offered in the office or hospital setting. The reading of journal articles is not acceptable due to the lack of an accountable monitor.
2. Will retired physicians be required to participate?
No, as long as they are not engaged in the practice of medicine.
3. Will the CME be specialty specific?
Yes, in that 75 percent, or 30 of the 40 hours required every two years, must be directly related to the type of patient care the licensee renders.
4. What action will be taken if the applicant does not meet the requirement?
A grace period of six months will be allowed for the applicant to acquire the required CME. If not, his or her license will be suspended until the requirement is met.

Lost Wallet Cards, Respiratory Care Practitioners

Any RCP requesting a replacement wallet card will be asked to submit a "lost card" form certifying under oath that the card has been lost or destroyed. A fee of \$10 will be required with this form.

Exemption for Ventilation by Individuals with Proven Competency

South Carolina Code Section 40-47-530(A) states that the South Carolina Respiratory Care Practice Act does not affect certain provisions, including, among others, an individual or other health care professional who is licensed by the state or who has proven competency in one or more of the functions included in the definition of Respiratory Care Practice as long as the person does not represent themselves as a Respiratory Care Practitioner.¹ To qualify for this exemption, an individual must provide proof of formal training for the functions which include an evaluation of competence through a mechanism that is determined by the Board and committee to be both valid and reliable. Accordingly, this policy is adopted by the Board and committee to establish an appropriate mechanism for determining an individual's qualification for an exemption under Section 40-47-530(A)(3). Any exemption granted must be limited to the function(s) for which competency has been satisfactorily proven and approved by the Board.

Procedure

1. Applicant submits a completed application and fee to LLR, Board of Medical Examiners.
2. Staff submits application to Respiratory Care Committee for review.
3. Respiratory Care Committee makes a recommendation to Board of Medical Examiners to grant or deny the application based on its review of the information submitted by the applicant.
4. Board of Medical Examiners grants or denies the application for exemption.
5. Staff notifies the applicant in writing (certified mail, return receipt requested) of the Board's decision concerning the application. The decision may be communicated in a letter from the staff or Office of General Counsel (OGC). The letter must advise the applicant that the exemption is strictly limited to the specific function(s) for which the application was approved, and that any other function(s) first must be approved by the Board in a similar manner. If the Board's decision is to deny the application, an Order should be prepared by OGC and served by staff on the applicant by certified mail, return receipt requested. A copy of the notice should be filed in the Board's records, with proof of service (green card or affidavit).

Minimum Requirements

An individual exemption may be granted to an applicant who meets the following minimum requirements:

2. The applicant has proven competency in one or more of the functions included in the definition of the practice of respiratory care. Applicant must provide proof of formal training in the application of artificial pressure adjuncts to the respiratory system in one or more of the following functions:
 - (a) Set-up, application, troubleshooting and maintenance of artificial pressure adjuncts:
 - (1) Continuous Positive Airway Pressure (CPAP)
 - (2) Bi-Level Positive Airway Pressure (BIPAP)
 - (3) Invasive Mechanical Ventilation (via artificial airway)
 - (b) Patient assessment and ongoing response to application for artificial pressure adjuncts to the respiratory system:
 - (1) Pulse oximetry
 - (2) Specimen collection (i.e.; arterial blood gas analysis)
 - (3) Pulmonary function testing (weaning parameters)
 - (4) Ventilator Settings
 - (5) Exhaled tidal volume
 - (6) Analysis of fraction of inspired oxygen
 - (7) Plan of care
 - (c) Indications, contra-indications and hazards associated with the application of artificial pressure adjuncts to the respiratory system.
 - (d) Response to emergencies associated with the application of artificial pressure adjuncts to the respiratory system:
 - (1) Power failure
 - (2) Accidental loss of an artificial airway
 - (3) Equipment failure
2. Individual must submit a copy of the course description including faculty who provided the formal training, dates of attendance and certification of successful completion of training.
3. Individual must submit proof of initial and ongoing competency assessment in the application of artificial pressure adjuncts to the respiratory system. An original certification, certified training or original letter on letterhead from the appropriate representative of the organization verifying that the applicant attended and successfully completed the training must be submitted.

4. Individual must submit information regarding anticipated employment responsibilities and employment setting.

¹ Section 40-47-510(4) states that the "Practice of respiratory care" may include, but is not limited to, the administration of pharmacologic, diagnostic and therapeutic agents related to respiratory care procedures necessary to implement a treatment, disease prevention, pulmonary rehabilitative, or diagnostic regimen prescribed by a physician; transcription and implementation of written or verbal orders of a physician pertaining to the practice of respiratory care; observing and monitoring the signs and symptoms, general behavior, general physical response to respiratory care treatment and diagnostic testing including determination of whether such signs, symptoms, reactions, behavior, or general response exhibit abnormal characteristics and implementation, based on observed abnormalities or appropriate reporting, referral, respiratory care protocols or changes in treatment pursuant to the written or verbal orders of a person licensed to practice medicine under the laws of this State; or the initiation of emergency procedures under the regulations of the board or as otherwise permitted in this article. The practice of respiratory care may be performed in a clinic, hospital, skilled nursing facility, private dwelling, or other place considered appropriate or necessary by the board in accordance with the written or verbal order of a physician and must be performed under a qualified medical director.

Internet Prescribing

In accordance with the S.C. Code Ann. Section 1-23-40, notice is hereby given that the South Carolina Board of Medical Examiners has adopted the following statement regarding the prescribing of medications by South Carolina physicians via the Internet or toll-free telephone as guidance for licensed physicians in the practice of medicine under the South Carolina Medical Practice Act and the Principles of Medical Ethics, as adopted by the Board.

Policy

It is unprofessional conduct for a physician to initially prescribe drugs to an individual without first establishing a proper physician-patient relationship. A proper relationship, at a minimum, requires that the physician make an informed medical judgement based on the circumstances of the situation and on his/her training and experience. This will require that the physician:

- (1) Personally perform an appropriate history and physical examination, make a diagnosis, and formulate a therapeutic plan. This process must be documented appropriately; and
- (2) Discuss with the patient the diagnosis and the evidence for it, and the risks and benefits of various treatment options; and
- (3) Insure the availability of the physician or coverage for the patient for appropriate follow-up care.

Prescribing for a patient whom the physician has not personally examined may be suitable under certain circumstances. These may include, but not be limited to, admission orders for a newly hospitalized patient, prescribing for a patient of another physician for whom the prescriber is taking call, prescribing for a patient examined by a licensed advanced practice registered nurse, a physician assistant or other physician extender authorized by law and supervised by the physician, or continuing medication on a short-term basis for a new patient prior to the patient's first appointment.

Prescribing drugs to individuals the physician has never met based solely on answers to a set of questions, as is common in Internet or toll-free telephone prescribing, is inappropriate and unprofessional.

Section 40-47-200 (F)(8) of the South Carolina Medical Practice Act authorizes the Board to discipline a licensed South Carolina physician who is *guilty of engaging in dishonorable, unethical or unprofessional conduct that is likely to deceive, defraud or harm the public.*



THE EXAMINER

A Newsletter of the South Carolina Board of Medical Examiners
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