



NEWSLETTER

FEE INCREASES

by Donald H. Baepler, Ph.D., D.Sc., Secretary-Treasurer

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The Nevada State Board of Medical Examiners, at its last meeting, which was held in Las Vegas on December 1, 2006, found it necessary to raise a number of fees for the next biennium, which begins July 1, 2007. This increase was adopted out of necessity, but with great reluctance by the Board members. I would like to offer an explanation for these increases, focusing on the biennial registration/renewal fee, which applies to all current licensees.

The biennial registration/renewal fee is limited by statute to \$800 per biennium. Prior to 2003 the fee for M.D.s was \$600 per biennium and had been held at that level for many years. By 2003, the Board had accumulated a significant cash surplus and a number of people, including some legislators, were critical of the board for maintaining this level of cash reserves. Accordingly, the fee was reduced to \$400 for the biennium beginning July 1, 2003. This fee would not generate sufficient revenue to cover the Board's operating expenses, but it would achieve the desired effect of significantly reducing the cash reserves to an acceptable level. This was accomplished and the Board reinstated the \$600 fee for the biennium beginning on July 1, 2005.

Several significant changes affecting the Board's responsibilities occurred during this period of time, each of which resulted in increased expenses for the Board. The legislature charged the Board with licensing the Respiratory Therapists in addition to Physician Assistants and M.D.s. The

legislature also abolished the Medical-Dental Screening Panel, which handled hundreds of patients' complaints, most of which never were referred to the Board for action. The abolishment of this panel almost doubled the number of complaints handled by the Medical Board, its investigative staff, attorneys and its investigative committee. Finally the legislature mandated that the district courts must report to the Board all cases involving physicians, physician assistants or respiratory therapists that result in any finding, judgment or other determination of the court (except for certain matters such as divorce cases). This action also significantly increased the case load of the Board's investigative staff.

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The principal effect of these changes was a significant increase in the Board's staff to handle the increased workload. We added a second M.D. to the staff as a medical reviewer, increased the legal staff from one attorney to three, significantly increased the investigative staff and also added to the licensing staff. We found it necessary to create a second investigative committee of the Board to handle the increased

complaint load, and the number of peer reviews dealing with complaints doubled, as did the number of disciplinary hearings that were held to help resolve patients' complaints. The increase in staff resulted in the Board having to significantly add to our office space, which increased our lease payments and resulted in significant remodeling and furnishing expenses. Finally, starting this spring, we will offer our licensees the option of online registration/renewal rather than filling out paper forms.

Implementing this program has also been costly, but should make the renewal procedure more efficient for the licensing staff and more convenient for the licensees.

The new fees for registration/renewal adopted by the Board for the biennium of July 1, 2007 – June 30, 2009, are: M.D. (active) \$800 (increased from \$600); Physician Assistants \$400 (increased from \$300); Respiratory Therapists \$200 (no increase).

ONLINE LICENSURE RENEWAL

Online licensure renewals for Medical Doctors and Physician Assistants will be available beginning mid-March 2007. Licensees are encouraged to renew their licenses online. If you would like to renew on paper, you may request a paper renewal form by mail, fax or e-mail (elicensensbme@medboard.nv.gov).

Paper renewals will be assessed a processing fee of \$50.00.

You should receive a bright green postcard in the mail that contains your renewal ID (PIN) number. This ID is authorized for use by the licensee only and the licensee must personally log on and complete the application online.

If you do not receive your postcard by the end of March, please contact the Board office at 775-688-2559 (888-890-8210 toll free within the state of Nevada).

New Regulations

At its September and December 2006 quarterly meetings, the Nevada State Board of Medical Examiners adopted two new regulations relating to licensure here in the state of Nevada.

The first is an addition to the *Nevada Administrative Code* (NAC), requiring that licensees and applicants for licensure sign all notifications, applications and communications they have with the Board.

The second is an addition to the NAC, providing a procedure for licensure of eminent physicians.

Any questions concerning these new regulations should be directed to the Board's Licensing Division or Legal Division.

Two-Hour Ethics CME Program Sponsored by the NSBME!

The Nevada State Board of Medical Examiners is providing a CME program at various hospitals throughout the state entitled "Protecting Your Medical License." This is approved for 2 hours of Ethics CME. The next scheduled lecture is at Sunrise Hospital in Las Vegas on April 13, 2007, from 11:00 a.m. to 1:00 p.m.

We are presently securing a time for the lecture to be given at Renown Regional Medical Center in Reno, and are working to schedule a lecture at St. Rose Dominican Hospital in Henderson. The physicians' response to the lecture has been overwhelming. We are sure you will find it well worth your time, let alone the 2 hours of Ethics CME. Once the above locations and times are secured, we will place them on our website. We plan on giving these lectures before June.

Medical Assistants

by Drennan A. Clark, J.D., Executive Director/Special Counsel

The Board has received a number of calls for clarification regarding the article in the last newsletter about medical assistants.

Although the language in the article was taken from current medical regulations in neighboring states, the intent was merely to provide some guidance to help Nevada physicians think twice about qualifications and liability before assigning certain tasks to assistants. Nevada does not currently have a statute or a regulation outlining the duties of medical assistants.

The Board feels that the current regulations in the Nevada Medical Practice Act, NAC 630.230 (h), (i) and (k)(2)(d), sufficiently cover the subject, provide sufficient protection to the public, and require no more specific instruction. They state:

“1. A person who is licensed as a physician or physician assistant shall not:

- (h) Allow any person to act as a medical assistant in the treatment of a patient of the physician or physician assistant, unless the medical assistant has sufficient training to provide the assistance;
- (i) Fail to provide adequate supervision of a medical assistant who is employed or supervised by the physician or physician assistant;
- (k)
 - (2)
 - (d) “Medical assistant” means any person who:
 - (1) Is employed by a physician or physician assistant;
 - (2) Is under the direction and supervision of the physician or physician assistant;
 - (3) Assists in the care of a patient; and
 - (4) Is not required to be certified or licensed by an administrative agency to provide that assistance.”

Other sections of the Medical Practice Act prohibit things like aiding, assisting, employing or advising, directly or indirectly, any unlicensed person in the practice of medicine [NRS 630.305(1)(e)] and delegating responsibility for the care of a patient if the licensee knows, or has reason to know, that the person is not qualified to undertake the responsibility [NRS 630.305(1)(f)].

After consideration, it has been determined that these sections are sufficient to allow the Board to pursue discipline for any imprudent use of medical assistants.

How to Obtain Prescription Information on Patients

by Drennan A. Clark, J.D., Executive Director/Special Counsel

Physicians can obtain information on the prescription histories of their patients by utilizing Nevada's Controlled Substance Prescription Monitoring Plan website, <https://nvpmp.com>, sponsored by the Nevada State Board of Pharmacy. If you have any questions concerning how to use the website, you can call 775-687-5694, and Pharmacy Board staff will assist you.

Nevada State Health Division Encourages Participation In Health Alert Network

By Pam Forest, M.D., Nevada HAN Coordinator

Many physicians in Nevada have completed the four-hour course on the medical consequences of an act of bioterrorism involving the use of chemical, biological, radioactive, or nuclear agents. In that course, the importance of the Nevada Health Alert Network (HAN) in public health emergencies was discussed. Urgent medical information disseminated by the Nevada HAN originates with the Centers for Disease Control and Prevention (CDC), the state health officer, or a county health officer. In the event of an avian influenza pandemic or bioterrorist attack, a communication system that connects the infectious disease authorities with Nevada's physicians and physician assistants is a vital step in the completion of

a comprehensive preparedness plan. Although the network was conceived for use in crisis situations, it is also used to update clinicians about emergent health issues, such as the recent E.coli 0157 outbreaks, Polonium-210 poisonings and seasonal influenza updates.

At present, the system is being updated and expanded to include physicians, physician assistants, and other members of the medical community. Subscription to the service is free. An e-mail address and internet access are required. For enrollment, please contact Dr. Pam Forest at (775) 684-4013 or by e-mail at pforest@nvhd.state.nv.us.

The Garman Guidelines

Reprinted with permission of J. Kent Garman, M.D.,
President, Stanford University Hospital Medical Staff

“Waiting for your first accusation before taking some of these simple steps is foolhardy.”

1. Allow patients to disrobe and dress in private and offer cover gowns and appropriate drapes. (Yes, some physicians do not practice these simple steps.)
2. Have one of your office staff in the room whenever possible, especially during breast and pelvic exams. (I have talked to many physicians who feel this is silly and an added burden on their office staff. However, many women are very offended if these exams are done without another person in attendance. It would be reasonable to have your office nurse ask your patient if she would prefer to have an attendant in the room.)
3. Improve your communication with the patient about the reasons for and methods of examinations. (If you feel a breast examination for axillary lymphadenopathy is

necessary for a hand infection, tell the patient why you are doing it.)

4. Avoid any flirtatious behavior toward patients. (Since you are perceived as a “power” figure, the patient may be hesitant to complain directly to you about jokes or other “innocent” behavior.)
5. Ask someone else to review your office procedures regarding physical exams with a view toward avoiding any risky procedures or making necessary changes. (One series of complaints was dealt with by asking the physician's female office staff to review and change standard examination procedures to avoid future problems.)

Consumer Corner: Medical spas – what you need to know

Reprinted from the Medical Board of California Newsletter, January 2007, with local changes

Medical spa. It sounds so soothing. It evokes images of candles, beautiful music, warmth and pampering. Spahhhh! The words alone can make one relax.

Medical spas are marketing vehicles for medical procedures. If they are offering medical procedures, they must be owned by physicians. The use of the term “medical spa” is for advertising purposes to make the procedures seem more appealing. In reality, however, it is the practice of medicine.

There is no harm in seeking pampering or in wanting to look better. A visit to a spa may provide a needed respite from our stressful lives, and treatments that make us look better often make us feel better. The Medical Board, however, is concerned when medicine is being marketed like a pedicure, and consumers are led to believe that being injected, lasered, and resurfaced requires no more thought than changing hair color.

Medical treatments should be performed by medical professionals only. There is risk to any procedure, however minor, and consumers should be aware of those risks. While it is illegal for unlicensed personnel to provide these types of treatments, consumers should be aware that some persons and firms are operating illegally. Cosmetologists, while licensed professionals and highly qualified in superficial treatments such as facials and microdermabrasion, may never inject the skin, use lasers, or perform medical-level dermabrasion or skin peels. Those types of treatments must be performed by qualified medical personnel. In California, that means a physician, or a registered nurse or physician assistant under the supervision of a physician.

Patients must know the qualifications of persons to whom they are entrusting their health. Those seeking cosmetic procedures should know that the person performing them is medically qualified and experienced. Specifically, patients should:

1) Know who will perform the procedure and his or her licensing status: If a physician is performing the treatment, you should ask about his or her qualifications. Is the doctor a specialist in these procedures? Is he or she board certified in an appropriate specialty? Licensing status may be verified at the board’s website at www.medboard.nv.gov, “Search for a medical doctor, physician assistant or practitioner of respiratory care.” Board certification status may be verified at www.abms.org. If a registered nurse or physician assistant will be doing the

procedure, what are his or her qualifications? Where is the doctor who is supervising them? Are they being supervised, or are they acting alone with a paper-only supervisor? (Although the physician does not have to be onsite, he or she must be immediately reachable.) Again, you should check the supervising doctor’s credentials, as well as the nurse or physician assistant. Those websites are www.nursingboard.state.nv.us and www.medboard.nv.gov.

- 2) Be fully informed about the risks: All procedures carry risks, and conscientious practitioners will fully disclose them. Medical professionals have an ethical responsibility to be realistic with their patients and tell them what they need to know. Use caution if procedures are being heavily marketed with high-pressure sales techniques promising unrealistic results.
- 3) Observe the facility and its personnel: Medical procedures should be done in a clean environment. While one cannot see germs, one can see if the facility looks clean and personnel wash their hands, use gloves, and use sound hygienic practices.
- 4) Ask about complications, and who is available to handle them: If you should have an adverse reaction, you want to know who will be there to help. Who should you call, and what hospital or facility is available where the physician can see you? Qualified physicians have facilities or privileges at a hospital where they can handle emergencies.
- 5) Don’t be swayed by advertisements and promises of low prices: There are a host of medical professionals offering competent, safe cosmetic procedures. If they are being offered at extremely low prices, there is a good possibility that what they are advertising is not what will be delivered. Genuine Botox, Collagen, Restalyne, and other injections are expensive. If someone is offering an injection for \$50, when the going rate at a physician’s office is \$500, then you can be sure it’s not the real McCoy. There have been tragic cases of unscrupulous practitioners injecting industrial silicone and toxic counterfeit drugs that have made patients critically ill, caused disfigurement, or resulted in death.

Know that there is a substantial financial cost to obtaining qualified treatments, as well as some risk. If you want the best results, do your homework and only trust those who demonstrate competence and caution.

News from the U.S. Food and Drug Administration

FDA/ISMP national campaign to help eliminate ambiguous medical abbreviations

Reprinted from the Medical Board of California Newsletter, January 2007

The FDA and the Institute for Safe Medication Practices (ISMP) have launched a national education campaign that focuses on eliminating the use of potentially harmful abbreviations by healthcare professionals, medical students, medical writers, and the pharmaceutical industry. The campaign addresses the use of error-prone abbreviations in all forms of medical communication, including written medication orders, computer-generated labels, medication administration records, pharmacy or

prescriber computer order entry screens, and commercial medication labeling, packaging and advertising.

Ambiguous medical notations are one of the most common and preventable causes of medication errors. Drug names, dosage units, and directions for use should be written clearly to minimize confusion. Misinterpretation may lead to mistakes that result in patient harm or delay the start of therapy due to time spent for clarification.

The following notations **NEVER** should be used.

NOTATION	REASON	INSTEAD USE
U	Mistaken for 0, 4, cc	"unit"
IU	Mistaken for IV or 10	"unit"
QD	Mistaken for QID	"daily"
QOD	Mistaken for QID, QD	"every other day"
Trailing zero (X.0 mg)	Decimal point missed	"X mg"
Naked decimal point (.X mg)	Decimal point missed	"0.X mg"
MS	Can mean morphine sulfate or magnesium sulfate	"morphine sulfate"
MSO4 or MgSO4	Can be confused with each other	"morphine sulfate" or "magnesium sulfate"
cc	Mistaken for U	"mL"
Drug name abbreviations	Mistaken for other drugs or notations	Complete drug name
> or <	Mistaken as opposite of intended	"greater than" or "less than"
μ	Mistaken for mg	"mcg"
@	Mistaken for 2	"at"
&	Mistaken for 2	"and"
/	Mistaken for 1 rather than slash mark	"per"
+	Mistaken for 4	"and"
AD, AS, AU	Mistaken for OD, OS, OU	"right ear," "left ear," or "each ear"
OD, OS, OU	Mistaken for AD, AS, AU	"right eye," "left eye," or "each eye"
D/C, dc, d/c	Misrepresented as "discontinued" when followed by list of medications	"discharge" or "discontinued"

In addition, drug name abbreviations can easily be confused. Always write out the complete drug name. Apothecary units are unfamiliar to many practitioners. Always use metric units.

(If you are interested in either a post or brochures concerning this issue, please call the FDA's San Francisco District Public Affairs line: 510-337-6736.) For more information see: www.ismp.org/tools/abbreviations or www.fda.gov/cder/drug/MedErrors.

FDA Issues Warning About Methadone-Related Deaths

Life-threatening side effects have been reported in patients switched from other narcotic analgesics

In an article by Jane Salodof MacNeil, published in the *Elsevier Global Medical News*, it states: Reports of deaths, cardiac arrhythmias, respiratory depression, and other serious adverse events in people treated with methadone for pain prompted the Food and Drug Administration to issue a public health advisory and revise its prescribing information for methadone hydrochloride.

The advisory states that deaths and life-threatening side effects have been reported in patients just starting treatment with methadone and in those who have switched from other narcotic analgesics to methadone.

“These adverse events are the possible result of unintentional methadone overdoses, drug interactions, and methadone’s cardiac toxicities (QT prolongation and torsades de pointes),” according to the information for health care professionals also posted on the site.

The FDA emphasizes that physicians who prescribe methadone should be familiar with the drug’s toxicities and distinctive pharmacologic properties, and that patients on methadone should be closely monitored, particularly when treatment is started and when the dose is adjusted.

The FDA has not changed any requirements governing methadone administration or dosage, according to officials who participated in a teleconference about the advisory. The new label represents the first revision in decades, however, and contains detailed prescribing information not previously available.

For example, an expanded section on drug-drug interactions includes drugs that did not exist when physicians started prescribing methadone for pain control in the 1940s.

The revision also contains a new table on converting oral morphine to oral methadone for chronic administration.

Conversion tables for other opioids and time frames for methadone rotation are not provided – primarily because there are difficult issues.

“Where we did not see consensus in the literature we remained silent,” said Dr. Celia Jaffee Winchell, a team leader for addiction-treatment drugs in the FDA’s Center for Drug Evaluation and Research.

CALENDAR OF BOARD MEETINGS FOR 2007

Meetings held at the Board office in Reno, videoconferenced to the Las Vegas office of the Nevada State Board of Dental Examiners, unless noted otherwise.

March 16 and 17, 2007, Reno, Nevada

June 8 and 9, 2007, Reno, Nevada

September 14 and 15, 2007, Reno, Nevada

November 30 and December 1, 2007, Las Vegas, Nevada, location TBA

Failure to Register or Terminate Use of X-Ray Machines

Submitted by Karen K. Beckley, M.P.A., M.S., Nevada Bureau of Health Protection Services

To protect public health and safety, registration of X-ray machines in Nevada is required by *Nevada Administrative Code (NAC) 459*. The Nevada State Health Division wishes to thank those responsible X-ray machine owners for promptly registering X-ray machines in accordance with Nevada regulations.

We also note that many current owners (potential registrants) in Nevada are not following proper procedures for applying to register new or replacement X-ray machine acquisitions. Also, we recognize some registrants have disposed of or transferred registered X-ray machines without notifying the State of the termination of use and/or final disposition of the machines.

NAC 459.154, in part, requires that each person who controls an unregistered operational X-ray machine shall apply to the Division for registration of the machine within 30 days after installing the machine.

NAC 459.166 requires, in part, that any person who sells, transfers or disposes of a radiation machine currently registered in this state shall, within 15 days, notify the Division of:

- (a) The name and address of each person who has received such a machine; and
- (b) The date of transfer of each machine.

We invite you to review the agency website, <http://health.nv.gov/BHPS/rhs/forms.htm>, to access the application forms for registering X-ray machines, terminating machine use, and to review the X-ray fee schedule. We also encourage licensing boards for X-ray machine users to add this Health Division link to your own websites.

Speedy Colonoscopies

by Bonnie S. Brand, General Counsel

In a recent article in the *New England Journal of Medicine*, it was found that doctors who spend the most time, at least the recommended six minutes, found ten times as many growths as those who rushed the test.

REMEMBER!

All physician licensees are required by Nevada law (NRS 630.3068) to report any malpractice action filed against the licensee within 45 days of service of process, and to further report any malpractice claim submitted to mediation or arbitration not later than 45 days of the submission to mediation or arbitration. Additionally, licensees must report to the Board any settlement, award, judgment or other disposition or any action or claim for malpractice not later than 45 days after the settlement, award, judgment or other disposition, and must report to the Board any sanctions imposed against the physician licensee which are reportable to the National Practitioner Data Bank not later than 45 days after the sanctions are imposed.

Physician licensees must self-report these matters to the Board. They cannot rely on reports to the Board by insurance companies, hospitals or clinics.

Failure to make the required reports may result in discipline.

A Word from the Nevada Health Professionals Assistance Foundation

by Peter A. Mansky, M.D., Director

The Value of the Nevada Physician Health Programs Of the Nevada Health Professionals Assistance Foundation (NHPAF)

It is not an uncommon perception that physician health programs (PHPs) are in existence only to help and protect physicians. In reality, if one physician is helped to maintain or gain health, the program helps all the patients who benefit from that physician's care.

The history of PHPs goes back to the AMA publication, "The Sick Physician," which summarized papers and reports promulgated during the 15-year period between 1957 to 1972. As strange as it seems today, this publication expanded the awareness of organized medicine in 1972 that physicians themselves suffered from alcoholism, drug dependence and other psychiatric illnesses. It was tragically clear that physicians were not immune to attempting suicide as a consequence of suffering from these illnesses. Furthermore, the attempts of suicide by physicians were more frequently successful than attempts by non-physicians.

The report recommended that physicians:

- Had a **responsibility** to fellow physicians.
- Should assist the **referral** of fellow physicians for **treatment**.
- By referring ill physicians to treatment, **protect patients**.
- Should engage in **prevention** through education of medical students, residents and other physicians about the illnesses.
- Physicians should **foster model legislation** to set up programs to accomplish the above.

In Nevada, the response was somewhat delayed, but with the encouragement of Dr. John Chappel, a professor of psychiatry at the

University of Nevada, a Physician Health Committee was formed. After the creation of the Physician Health Committee, there were several attempts by others to run an effective statewide program. Programs were established and then somehow did not endure. Finally, the NHPAF was formed in 1997, and has been a program for all of Nevada's physicians. The NHPAF is now a member of the FSPHP, which has been organized over the past 15 years and recently has distributed detailed guidelines for PHP operation.

The NHPAF had been operated as a "diversion program" up until 2004, when the directors decided they needed a broader-based, professionally run physician health program (PHP) to provide, among other services, diversion for physicians suffering from a psychiatric illness. Additionally, physicians whose behavior was unacceptable to hospitals or group practices were helped in obtaining wellness and developing more effective coping styles. The function of diversion not only addresses issues pertinent to the mission of medical boards but also must deal with the concerns of hospitals, practice groups, malpractice insurance companies and credentialing entities in Nevada. Additionally, the NHPAF has followed the suggestions of the AMA of prevention and wellness activities, educating hospital staffs, other hospital employees, medical students, residents and practicing clinicians about drug and alcohol dependency, other psychiatric illnesses and topics related to wellness and coping with the pressures of medical practice, along with stress reduction.

It would seem obvious to those of us working in the field that PHPs are of great value to patients and to the state of Nevada. This is not clear to some who feel the programs protect physicians. PHPs help physicians get well, and in doing so protect the public.

A PHP such as NHPAF's PHP can, among other things:

- **Protect the public** - Helping one physician helps the many patients who see that physician for treatment.
- **Decrease crowding in ERs** and outpatient clinics.
- **Prevent patient harm** by enrolling a physician as soon as the illness is suspected rather than disciplining the physician after a lengthy and costly investigation.
- **Promote early recognition of the illnesses before impairment** at the worksite through early identification, evaluation and treatment of the illness. Impairment at the worksite only occurs in the later or more severe stages of the illnesses addressed.
- **Save considerable operational costs** and allocation of staff resources for medical boards (as well as hospitals, managed care and other credentialing agencies).
- **Help in containment of malpractice costs** - Being able to identify the illness in physicians before impairment on the worksite will decrease the incidence of actual malpractice. The preventive activities of the NPHP also function as risk management activities for malpractice insurers and hospitals.

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- **Helps keep good, qualified physicians** practicing in Nevada.
- **Helps the treatment of alcoholism and drug dependence in the general public** by serving as a model for very successful treatment and by the physicians who are participating in the PHP having the ability to quickly and accurately recognize alcoholism and drug dependence in their patients while having the knowledge, empathy and experience necessary to find treatment for their patients.

Protection of Patients

PHPs can identify ill physicians and guide them through evaluation and treatment long before they are impaired on the worksite, having the potential for patient harm related to the illness. Since PHPs operate on a health and wellness basis, they can approach physicians without the lengthy investigative process required for board action. Furthermore, each physician takes care of many patients, often in the range of 400 to 1,000 patients. Helping one physician then may help many patients avoid being exposed to a physician with practice impairment.

Alcoholism and drug dependence affect a physician's personal, family, financial and social life before the illnesses are severe enough to impair the physician's ability to practice safely and effectively. The financial, family and social problems are evident long before the physician is impaired at the worksite. The financial, family and social problems often alert fellow physicians to the possibility of the illness in their colleague. This is especially true for alcoholism, which in the average physician takes years to develop and does not usually reveal itself until the physicians are in their 40s or 50s. Alcoholism is still the most common addiction among physicians in all the state

physician health programs, including the Nevada program.

An example clearly illustrates that family, financial and social problems occur long before impairment at the worksite. Dr. BK was a 49-year-old neurosurgeon at the time he was referred to the physician health program. His family was concerned and made the referral. After clinical evaluation, it was determined that he suffered from alcohol dependence. Upon referral to the PHP, he was immediately told to stop practice and seek an evaluation guided by the PHP.

In approaching this mandate, the PHP spoke extensively with the physician's family. All were angry and resentful of the effects of his illness upon them and their lives over the past 10 years. During this 10-year period, the physician had no complaints emanating from the worksite, and several of his colleagues familiar with the PHP and addiction indicated that he still was considered a valued and skilled surgeon.

Recovering Physicians More Effectively Help Patients Suffering From Depression, Alcoholism, or Drug Dependence

If a physician is treated for depression, alcoholism or drug dependence, the physician's awareness of the illness is increased and the physician is more likely to identify and treat patients suffering from these illnesses. It is well known that when physicians became aware of the effects of smoking tobacco, especially cigarettes, on the lungs and cardiovascular system, most physicians stopped smoking. As a very positive spin-off, so did many of their patients. In the same way, if physicians have an understanding of addiction and alcoholism because they themselves have been treated, they also will influence their patients to seek treatment. It is

evident that recovering physicians more readily diagnose addictive disorders and also serve as a power of example for their patients suffering from addictions. There is a physician in the NHPAF program who is open about his illness and his recovery. He has helped many of the patients in his group practice increase their awareness of the addictive illnesses and to seek treatment. All of the members of his group refer these patients to him.

Public Health Service

All of this results in more extensive, high-quality treatment of addictions and alcoholism. This, in turn, leads to a dramatic public health service in that more than a majority of outpatient visits and emergency department visits are patients whose primary illness is often addiction and/or alcoholism or their primary illness is complicated by addiction or alcoholism. Thus, physician health programs in addressing the illnesses of alcoholism and addiction in physicians leads to a decrease in physician visits and a decrease in the crowding of emergency rooms by patients.

Prevention and Increased Clinical Awareness of Illness

The physician health programs, such as the NHPAF, also teach residents and medical students about the illnesses. Additionally, as stated in JCAHO House Staff Standard 2.6, hospitals are required to:

- Handle physician **health separately** from physician discipline.
- **Educate** physicians, as well as other hospital staff, about physician health and impairment.

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- Develop a procedure to **identify** impaired or potentially impaired physicians and to refer them for evaluation and treatment.

PHPs across the country are offering assistance to hospitals in fulfilling this regulation for JCAHO certification.

Keep Well-Qualified Physicians in Nevada

We need physicians in Nevada. PHPs assist physicians by addressing their health issues. Healthy physicians in Nevada are more likely to stay in practice and to be effective and safe clinicians. Some of the physicians with the best reputation, including department chairs, chiefs of service, and even Nobel prize winners, have been participants in PHPs. Alcoholism and addiction are often associated with the most productive physicians. Only those who reach a severe end stage of the illness become defeated and unproductive. Fortunately, most physicians seek treatment before they are at that stage.

Interestingly, recovering addicts and alcoholics in general appear to be productive and courageous in their general activities. If a medical student attends AA meetings as part of their education process, they will note that the participants in the meeting often discuss their "self-will run riot." They never discuss the problem of "weak will." "Self-will" carries the connotation that:

- I can do anything.
- I can beat the odds.
- I will not become addicted.
- Addiction won't happen to me. I know a lot about these drugs.

So it is no wonder that some of the most successful physicians, who have the courage and energy to be assertive in their practice, also are willing to try addiction substances with the attitude that they will not become addicted.

As examples of having well-qualified clinicians in a PHP, the Nevada program has one of the most sought-after surgeons, three anesthesiologists who are successful and well qualified, three obstetricians who are at the frontier of specialized techniques in their field, along with several family practitioners who have busy successful practices. A number of physicians in the Nevada program are considered among the best doctors in Nevada.

Improve the Treatment of Addiction in General

The NHPAF serves as a model for successful abstinence treatment of alcoholism and drug dependence. This is most salient in the successful treatment of opiate addiction by abstinence. Most addiction experts are of the opinion that treatment of opiate addiction requiring abstinence is rarely successful in treating the general public. This is why most addictionologists support the use of an opiate substitute such as Buprenorphine in the treatment of addiction.

Depending on how recovery is measured, physician health programs have a recovery rate of over 90% (reported range 75% to 95%). It is often felt that the threat of loss of license and career adds to the recovery rate. It may to some extent, but it is well known that monitoring as it occurs in physician

health programs can increase the recovery rate by at least 30%. Furthermore, people suffering from addictive illness continue using in spite of loss of family, financial security and career.

There are now several studies examining the factors of treating physicians with abstinence that can be useful in treating the general public. Physician health programs are therefore serving as a model for effective and successful abstinence treatment of addictive illnesses.

Keep the Joy in Practicing Medicine

PHPs are now able to help physicians deal with stress and to increase their coping skills in general. This leads to more physicians being able to recapture the joy of practice, and through this, increase their effectiveness with their patients. The more a physician is able to transmit their love of treatment, the better their patients do in recovering from illness.

Need for Funding to Cover All the Activities of the NHPAF

The Nevada Health Professionals Assistance Foundation is currently seeking increased funding to be able to accomplish these activities. If you would like to contribute financially to support the above activities, our address is:

NHPAF
9811 W. Charleston Blvd.
Suite 2-382
Las Vegas, Nevada 89117

A Word from the Physician Assistant Advisory Committee of the Board

by John B. Lanzillotta, PA-C, Dan Hickey, P.A.-C, and Janet Wheble, P.A.-C, Physician Assistant Advisors

At the December 2006 NSBME meeting, the Physician Assistant Advisory Committee requested the Board's consideration in adopting legislation on two issues that affect PA practice.

The first concerns the issue of physician assistant signatures on practice-related forms and documents that require a physician signature.

We have long recognized that physician assistant practice responsibilities are determined by the delegatory decisions of our supervising physicians and mutually agreed upon guidelines. PAs in Nevada are not authorized to sign handicapped parking forms and a number of other forms or documents regarding the fitness status of a patient they may be treating. In a busy practice setting, a PA presenting and having his or her supervising physician sign these forms can result in a delay of efficient and timely response. Practicing PAs and members of the Nevada Academy of Physician Assistants approached the Physician Assistant Advisory committee to request the Board's assistance for a possible solution. The Physician Assistant Advisory Committee, in researching this issue, favored a recently passed statute in the state of Rhode Island that addressed this issue. The language in this statute considered PAs as agents of their supervising physicians in the performance of all practice-related activities and allowed PAs to authenticate any form that may be authenticated by their supervising physician. The Board's response to this request was that because of the broad scope of the different state agencies regarding these forms and documents, PAs should request this privilege from each agency rather than having the Board's assistance on a legislative action. The Board was not in favor of formulating any language for legislation regarding this issue.

The second item of the Physician Assistant Advisory Committee's agenda for this meeting was the Board's final consideration and adoption of a regulation allowing Nevada's Board-licensed PAs to act in a declared emergency. This issue had been discussed at five of the previous Board meetings and reached the stage where the Board's legislative committee created language for a proposed regulation amendment that would clarify the circumstances in which a PA could render emergency care at the scene of an accident or a natural or manmade disaster. This proposed amendment to NAC 630.130 had been presented at workshops in both Reno and Las Vegas in November of 2006 for public discussion. In a public

comment there was some concern by the Nevada State Medical Association of the language in this amendment. The first being that the language in the proposed amendment was not specific enough concerning the possibility that PAs possibly would work out of their supervising physician's scope of practice and the supervising physician's potential liability in this regard. The second concern was with the clause "make a reasonable effort to contact and inform the supervising physician" as not reflecting a more urgent effort.

The Board, after some discussion, recommended the language of the proposed amendment be reviewed and revisions made to the language.

The Physician Assistant Advisory Committee contacted Ann Davis, Legislative Director of the American Academy of Physician Assistants, for advice regarding language revisions. The recommendations and revisions were made, which included language addressing the concerns. The following revisions in the proposed amendment to NAC 630.130 were then submitted to Ed Cousineau, the Board's Deputy General Counsel, and incorporated into the proposed regulatory language that will be presented for public comment in upcoming workshops and public hearing on January 30 in Las Vegas and January 31 and February 1 in Reno.

The new language of the proposed amendment reads as follows:

"A physician assistant is considered to be and is deemed the agent of his supervising physician in the performance of all practice-related activities. A physician assistant shall not practice without supervision except in life-threatening emergencies, such as accident scenes, or in emergency situations such as man-made and natural disaster relief efforts. When practicing in these situations, the physician assistant is not the agent of the supervising physician, and the supervising physician is not responsible or liable for any care rendered by the physician assistant. A physician assistant operating in these circumstances will provide whatever medical care is possible based on the need of the patient and the training, education and experience of the physician assistant. If a licensed physician is available on scene, the physician assistant may take direction from the physician. The physician assistant must make a reasonable effort to contact the supervising physician as soon as possible to advise him of the incident and the physician assistant's role in providing care."

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The next step will be to present the revised language to the Board at the March 2007 meeting for discussion of public workshop comments and the Board's final decision on whether to grant approval and the future of this becoming a regulation.

The Physician Assistant Advisory Committee is appreciative of the efforts of Drennan A. Clark, J.D.,

Executive Director/Special Counsel, and Ed Cousineau, Deputy General Counsel, for their advice and assistance in initiating and approving the language for this proposed amendment.

Members of the Physician Assistant Advisory Committee may be reached through the Nevada State Board of Medical Examiners at (775) 688-2559.

A Word from the Practitioner of Respiratory Care Advisory Committee of the Board

Steven E. Kessinger, CRT, Practitioner of Respiratory Care Advisor

We have reached the midpoint of our biennial licensing period, so I thought I would give you all a few reminders about licensing in general.

First, let me reiterate that since licensing began, it is now the responsibility of the individual therapist to make sure that everything is in order for his or her initial license or for a renewal. The paradigm change from "I have a right to practice" to "you have the privilege to practice" has been seen by some as a harsh pill to swallow. The change in the status of respiratory care in Nevada is well documented in the pages of previous newsletters and notices stating the names of those people who did not meet the standards created by our alliance with the Board of Medical Examiners. The BME deals with thousands of M.D., PA and RCP licensees and applicants each year, and does so with great success, but also by following very specific guidelines.

Here are a few hints to keep in the back of your minds.

For managers:

When first speaking to a prospective candidate, be sure to impress upon him or her the urgency of obtaining an application as soon as possible.

Also tell him or her to read the directions carefully so as not to cause delays in the processing.

Between you and the applicant be sure to make contact with the licensing specialist assigned to the applicant. This process alone can ensure that the license will be processed with the utmost speed.

Remember that Nevada does not have a reciprocity act with other states.

For RTs:

By the end of this year (2007) you should have all of your 20 CEUs complete. Waiting until the last days of February can cause delays (especially if many others do the same thing.) CEUs must be from accrediting bodies approved by the Board. These can be found at the BME website under CEU requirements for RCPs.

When you change address it is your responsibility to notify the Board. The BME will send a renewal notice to your last known address but will not have the time to try and locate you if you fail to reply.

If you have had a name change within the renewal period, you must have legal evidence of the change and send that with your re-application.

Finally, once you are finished completing the application, have someone else review it for you. Re-reading your own application over and over can sometimes cause you to miss an obvious error.

Have a good year and please contact us with any questions or concerns.

Correction

In the Board's Summer 2006 issue of its Newsletter, Volume 33, we had an article that warned of improper uses of Human Growth Hormone. The article was published for information and as a warning and a reminder to the Board's licensees that there are legal restrictions to the use of Human Growth Hormone.

In the article, we referred to a Las Vegas facility that had been the subject of a *60 Minutes* episode on CBS Television. The facility's principal owner and founder, Alan Mintz, M.D., was not identified by name, but it was noted that he was not licensed to practice medicine in Nevada,

although he was licensed in other states. Dr. Mintz has assured the Board that he does not practice medicine in his clinic in Nevada, but has Nevada-licensed physicians on staff for any medical treatment or advice given there. Further, we referred to the facility as a "Spa." This was the *60 Minutes* implication. Dr. Mintz has corrected us. His facility, Cenegenics Medical Institute of Las Vegas, Nevada, is a medical clinic practicing age management medicine. He assures the Board that they do not inject Human Growth Hormone there, but rather prescribe it only to patients who have a verifiable deficiency of the growth hormone.

REMINDER

In 2005, the Legislature passed a law requiring both the Medical Board and the Osteopathic Board to secure information from their licensees regarding in-office surgeries in which conscious sedation, deep sedation or general anesthesia is used, or which result in a sentinel event. Forms were sent to licensees in December 2005, requesting a response for calendar year 2005. Forms were again sent to licensees of the Board of Medical Examiners in December 2006, requesting a response for calendar year 2006.

A negative reply is required; i.e., "I don't do any in-office surgical procedures."

Failure to respond to the form inquiry can result in discipline.

Disciplinary Actions Taken by the Board of Medical Examiners

ANTHONY, Layfe, M.D. (9724)

Salt Lake City, UT

Charges: A complaint was filed against Dr. Anthony alleging his license had been suspended by the state of Utah, that he failed to report the suspension to the Nevada Board, and that he renewed his license to practice medicine by means of bribery, fraud, or misrepresentation or by any false, misleading, inaccurate or incomplete statement.

Disposition: On September 15, 2006, the Board accepted and approved a Stipulation for Settlement of its complaint against Dr. Anthony, whereby the Board entered an order finding that Dr. Anthony failed to report to the Nevada Board the suspension of his medical privileges in Utah within 30 days, a violation of NRS 630.306(11), and that he renewed an application to practice medicine with an inaccurate or incomplete statement, a violation of NRS 630.304(1). The Board suspended Dr. Anthony's license to practice medicine in Nevada for 12 months, staying the suspension on the condition that Dr. Anthony remain in compliance with, and satisfactorily complete, his probationary period in Utah. If he returns to Nevada to practice medicine during the remainder of his probationary period in Utah, additional conditions, as enumerated in the Settlement Agreement, shall be imposed upon him until expiration of that probationary period.

Dr. Anthony was also ordered to reimburse the Board's costs and expenses incurred in the investigation and prosecution of the case against him, payable within 60 days of acceptance, adoption and approval of the Settlement Agreement by the Board.

BACCHUS, Amir, M.D. (7888)

Las Vegas, NV

Charges: A complaint was filed against Dr. Bacchus alleging failure to use the reasonable care, skill or knowledge ordinarily used under similar circumstances in providing care or treatment to a patient.

Disposition: On September 15, 2006, the Board accepted and approved a Stipulation for Settlement of its complaint against Dr. Bacchus, whereby the Board entered an order finding that Dr. Bacchus committed malpractice for failing to use the reasonable care, skill or knowledge ordinarily used under similar circumstances in providing care or treatment to a patient, a violation of NRS 630.301(4). The Board ordered that Dr. Bacchus attend 12 hours of continuing medical education, approved by the Chairman of the Board's Investigative Committee, within 1 year of the acceptance, adoption and approval of the Settlement Agreement by the Board, at Dr. Bacchus' own expense, and in addition to any other continuing medical education required as a condition of licensure.

Dr. Bacchus was also ordered to reimburse the Board's costs and expenses incurred in the investigation and prosecution of the case against him, payable within 90 days of acceptance, adoption and approval of the Settlement Agreement by the Board.

EZEANOLUE, Dolue, M.D. (8421)

Las Vegas, NV

Charges: A complaint was filed against Dr. Ezeanolue alleging failure to use the reasonable care, skill or knowledge ordinarily used under similar circumstances in providing care or treatment to a patient.

Disposition: On September 15, 2006, the Board found that Dr. Ezeanolue committed malpractice for failing to use the reasonable care, skill or knowledge ordinarily used under similar circumstances in providing care or treatment to a patient, a violation of NRS 630.301(4). The Board ordered that Dr. Ezeanolue receive a public letter of reprimand and that he reimburse the Board's costs and expenses incurred in the investigation and prosecution of the case against him, payable within 90 days of the date of the Board's order.

SCHMERLER, Elliott, M.D. (5247)

Las Vegas, NV

Charges: A complaint was filed against Dr. Schmerler alleging failure to use the reasonable care, skill or knowledge ordinarily used under similar circumstances in providing care or treatment to a patient.

Disposition: On September 15, 2006, the Board found that Dr. Schmerler committed malpractice for failing to use the reasonable care, skill or knowledge ordinarily used under similar circumstances in providing care or treatment to a patient, a violation of NRS 630.301(4). The Board ordered that Dr. Schmerler receive a public letter of reprimand and that he reimburse the Board's costs and expenses incurred in the investigation and prosecution of the case against him.

SKOGERSON, Kent, M.D. (5737)

Carson City, NV

Charges: A complaint was filed against Dr. Skogerson alleging failure to use the reasonable care, skill or knowledge ordinarily used under similar circumstances in providing care or treatment to a patient.

Disposition: On December 1, 2006, the Board found that Dr. Skogerson committed malpractice for failing to use the reasonable care, skill or knowledge ordinarily used under similar circumstances in providing care or treatment to a patient, a violation of NRS 630.301(4). The Board ordered that Dr. Skogerson receive a public reprimand and that he reimburse the Board's costs and expenses incurred in the investigation and prosecution of the case against him, payable within 90 days of the date of the Board's order.

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TONKENS, Ross, M.D. (6014)

Cary, NC

Charges: A complaint was filed against Dr. Tonkens alleging he administered, dispensed or prescribed a controlled substance to his spouse on non-emergency occasions.

Disposition: On September 15, 2006, the Board accepted and approved a Stipulation for Settlement of its complaint against Dr. Tonkens, whereby the Board entered an order finding that Dr. Tonkens prescribed a Schedule II controlled substance to his wife on three non-emergency occasions, a violation of NRS 630.306(3). The Board ordered that Dr. Tonkens receive a public letter of reprimand and that he reimburse the Board's costs and expenses incurred in the investigation and prosecution of the case against him, payable within 60 days of acceptance, adoption and approval of the Settlement Agreement by the Board.

WATSON, Robert, M.D. (9076)

Reno, NV

Charges: A complaint was filed against Dr. Watson alleging failure to use the reasonable care, skill or knowledge ordinarily used under similar circumstances in providing care or treatment to a patient.

Disposition: The Board found that Dr. Watson committed malpractice for failing to use the reasonable care, skill or knowledge ordinarily used under similar circumstances in providing care or treatment to a patient, a violation of NRS 630.301(4). The Board ordered that Dr. Watson be placed on probation for 6 months, that he receive a public letter of reprimand, that he be required to personally attend continuing medical education courses on the subjects of medical record-keeping and ethics, for a minimum total of 12 credits, within 1 year of the date of the Board's order, at his own expense and in addition to any other continuing medical education required as a condition of licensure. Dr. Watson was also ordered to reimburse the Board's costs and expenses incurred in the investigation and prosecution of the case against him.

PUBLIC REPRIMANDS ORDERED BY THE BOARD

DOLUE EZEANOLUE, M.D.

Dr. Ezeanolue:

On October 13, 2006, the Nevada State Board of Medical Examiners entered an order finding you **guilty** of one (1) violation of the Medical Practice Act of the State of Nevada, more specifically:

COUNT I: The complaint related to this matter alleges that Patient A, who is referenced in the original complaint filed by the Investigative Committee, presented to you at Mountain View Hospital in Las Vegas with complaints of chest pain and nausea. Patient A had a prior medical history of Hodgkin's disease, a splenectomy, and heavy alcohol intake. Various diagnostic tests were ordered by you and Patient A was thereafter admitted to the hospital. On the following day, you authorized Patient A's discharge with a diagnosis of onset diabetes and probable food poisoning. Ultimately Patient A was not discharged due to a change in his health condition, specifically shortness of breath and a "fruity odor" about him. Further diagnostic tests were ordered for Patient A which resulted in a new diagnosis of metabolic acidosis. Thereafter, Patient A, was transferred to the hospital's Intensive Care Unit and various specialists were brought in for consultation. Patient A expired several days later due to multiple organ failure brought on by diabetic acidosis and pancreatitis.

As a result of their finding of **guilty**, the Board entered its **ORDER** as follows: That your care and treatment of Patient A constituted malpractice, as your conduct deviated from the appropriate standard of care that should have been applied under the same or similar circumstances. You are to be publicly reprimanded. Further, you shall reimburse the Board the costs and expenses incurred in the investigation and prosecution of the matter in the amount of \$7,416.72 within ninety (90) days of the date of the Board's decision.

Accordingly, it is my unpleasant duty as President of the Nevada State Board of Medical Examiners to formally and publicly reprimand you for your conduct which has brought personal and professional disrespect upon you, and which reflects unfavorably upon the medical profession as a whole.

Javaid Anwar, M.D., President

(Continued on page 18)

ELLIOTT SCHMERLER, M.D.

Dr. Schmerler:

On October 13, 2006, the Nevada State Board of Medical Examiners entered an order finding you **guilty** of one (1) violation of the Medical Practice Act of the State of Nevada, more specifically:

COUNT I: You treated Patient A, who is referenced in the original complaint filed by the Investigative Committee, a then twenty-nine-year-old female, on multiple instances between April and June of 2000. The complaint alleges that your care was substandard based upon a poor pre-operative workup, poor documentation and monitoring over the course of your treatment procedures, administration of unsafe levels of lidocaine, inappropriate use of antibiotics, and operating on Patient A while she was suffering from an infection at the wound site of a previous surgical procedure. Further, the medical records related to the second procedure indicate that Patient A suffered significant blood loss during the procedure and that based upon this circumstance, the procedure should have been aborted.

As a result of their finding of **guilty**, the Board entered its **ORDER** as follows: That your care and treatment of Patient A constituted malpractice, as your conduct deviated from the applicable and appropriate standard of care that should have been applied under the same or similar circumstances. You are to be publicly reprimanded. And you shall reimburse the Board the costs and expenses incurred in the investigation and prosecution of the matter in the amount of \$7,882.61 within one (1) year of the date of the Board's Findings of Fact, Conclusions of Law, and Order.

Accordingly, it is my unpleasant duty as President of the Nevada State Board of Medical Examiners to formally and publicly reprimand you for your conduct which has brought personal and professional disrespect upon you, and which reflects unfavorably upon the medical profession as a whole.

Javaid Anwar, M.D., President

KENT SKOGERSON, M.D.

Dear Dr. Skogerson:

On December 1, 2006, the Nevada State Board of Medical Examiners found you **guilty** of one (1) violation of the Medical Practice Act of the State of Nevada, more specifically; that you had diagnosed Patient A with GERD after performing a manometry and based on the symptoms she described. There is no evidence in the medical records to indicate that a pH test or any biopsy from the EEG had been performed. Therefore, your failure to properly diagnose Patient A, as described above, is malpractice and thus a violation of NRS 630.301(4).

As a result of their finding of **guilty**, the Board entered its **ORDER** as follows: That you are to be publicly reprimanded and that you shall reimburse the Board the costs and expenses incurred in the investigation and prosecution of the matter in the amount of \$16,913.67, to be paid within ninety (90) days of the date of the Order.

Accordingly, it is my unpleasant duty as President of the Nevada State Board of Medical Examiners to formally and publicly reprimand you for your conduct which has brought personal and professional disrespect upon you, and which reflects unfavorably upon the medical profession as a whole.

Javaid Anwar, M.D., President

(Continued on page 19)

ROSS TONKENS, M.D.

Dear Dr. Tonkens:

On September 15, 2006, the Board of Medical Examiners approved the stipulation for settlement entered into between you and the Investigative Committee.

As a result of the stipulated settlement, and the approval thereof by the Board, the Board found you guilty of a violation of NRS 630.306(3), administering, dispensing or prescribing any controlled substance, by a licensee, to or for himself, or to others except as authorized by law. NRS 453.381(1) states, in part, that a physician shall not prescribe, administer or dispense a controlled substance listed in schedule II for his spouse except in cases of emergency. The Board hereby enters its Order as follows:

1. That you be issued a public reprimand
2. That you pay the sum of all Board costs of bringing this Complaint in the amount of \$2,003.48.

Accordingly, it is my unpleasant duty as President of the Nevada State Board of Medical Examiners to formally and publicly reprimand you for conduct which has brought personal and professional discredit upon you, and which reflects unfavorably on the medical profession as a whole.

Javaid Anwar, M.D., President

ROBERT WATSON, M.D.

Dr. Watson:

On October 13, 2006, the Nevada State Board of Medical Examiners entered an order finding you **guilty** of one (1) violation of the Medical Practice Act of the State of Nevada, more specifically:

COUNT I: The complaint related to the matter alleges that Patient A, who is identified in the patient designation served with the underlying complaint related to this matter, presented to you in August of 2002, for a hernia repair consultation and possible concurrent removal of Patient A's non-functioning right testicle. Thereafter, both surgical procedures were performed, and it was later determined that you removed Patient A's functioning left testicle rather than the non-functioning right testicle. It was further alleged in the underlying complaint that you failed to perform a genital exam on Patient A or obtain informed consent from him prior to removing Patient A's testicle and that this inaction amounted to malpractice as defined in Nevada's Medical Practice Act.

As a result of their finding of **guilty**, the Board entered its **ORDER** as follows: That your care and treatment of Patient A constituted malpractice, as your conduct deviated from the appropriate standard of care that should have been applied under the same or similar circumstances. Your license to practice medicine in the state of Nevada is to be placed in probationary status for six months from the date of the Board's decision. During this six-month timeframe, all medical records prepared relating to your care and treatment of your patients shall be reviewed by the Board at the Board's discretion. You shall attend twelve hours of continuing medical education related to medical record keeping and ethics within one year of the date of the Board's decision. You are to be publicly reprimanded. Further, you shall reimburse the Board the costs and expenses incurred in the investigation and prosecution of the matter in the amount of \$6,560.73.

Accordingly, it is my unpleasant duty as President of the Nevada State Board of Medical Examiners to formally and publicly reprimand you for your conduct which has brought personal and professional disrespect upon you, and which reflects unfavorably upon the medical profession as a whole.

Javaid Anwar, M.D., President

NEVADA STATE BOARD OF MEDICAL EXAMINERS
1105 Terminal Way, Suite 301, Reno, NV 89502

*It's the law! You must
notify the BME within
30 days of changing your
practice address or
mailing address. To help
ensure that you receive
your license renewals and
other important information
on time, call the BME for an
address change form, or
print the form from
[www.medboard.nv.gov/Forms/
Address%20Change-Licensees.pdf](http://www.medboard.nv.gov/Forms/Address%20Change-Licensees.pdf)*