



STATE OF WISCONSIN

Department of Safety and Professional Services
1400 E Washington Ave.
Madison WI 53703

Mail to:
PO Box 8935
Madison WI 53708-8935

Email: dspd@wisconsin.gov
Web: <http://dspd.wi.gov>

Governor Scott Walker Secretary Dave Ross

Voice: 608-266-2112 • FAX: 608-267-0644 • TTY: 608-267-2416

**MEDICAL EXAMINING BOARD MEETING
Room 121A, 1400 E. Washington Avenue, Madison
DPS Contact: Tom Ryan (608) 261-2378
OCTOBER 17, 2012**

The following agenda describes the issues that the Board plans to consider at the meeting. At the time of the meeting items may be removed from the agenda. Please consult the meeting minutes for a summary of the actions and deliberations of the Board.

8:00 A.M.

OPEN SESSION

1. Call to Order – Roll Call
2. Declaration of Quorum
3. Introduction of New Board Member(s)
4. Recognition of Board Member(s)
5. Adoption of the Agenda (insert) (1-4)
6. Approval of Minutes of September 19, 2012 (insert) (5-12)
7. Executive Director Matters
 - a. Staff Changes
8. **DSPS Staff Website Presentation – APPEARANCE 8:15 AM. – Jeff Weigand, Policy Director, Division of Policy Development (insert) (13-14)**
9. **Items Received After Mailing of Agenda**
 - a. Presentation of Proposed Stipulations and Final Decisions and Orders
 - b. Presentation of Proposed Decisions
 - c. Presentation of Interim Orders
 - d. Petitions for Re-hearing
 - e. Petitions for Summary Suspension
 - f. Petitions for Extension of Time
 - g. Petitions for Assessments
 - h. Petitions to Vacate Orders
 - i. Petitions for Designation of Hearing Examiner
 - j. Requests for Disciplinary Proceeding Presentations
 - k. Motions
 - l. Appearances from Requests Received or Renewed
 - m. Speaking Engagement, Travel and Public Relation Requests
 - n. Application Issues
 - o. Examination Issues
 - p. Continuing Education Issues
 - q. Practice questions

10. Items for Board Discussion

- a. FSMB Matters
- b. Wis. Admin Code Chapter MED 10 Discussion and Voting
 1. Social Media Discussion and Voting **(insert) (15-32)**
 2. Physician Prescribing Discussion and Voting **(insert) (33-38)**
 3. Remainder of Chapter MED 10 Items for Discussion
- c. Wis. Admin. Code Chapter MED 8 Status
- d. Legislative Report
- e. Medical Board Newsletter
- f. Board Outreach/Speaking Engagements/Travel and Public Relation Requests
 1. Report from Mary Jo Capodice, DO, on the the AAOE Meeting, October 8, 2012 in San Diego, CA. **(insert) (39-40)**
 2. Consider motion to authorize Mary Jo Capodice to attend the AAOE Summit Meeting, January 4-5, 2013 in Scottsdale, A . **(insert) (41-44)**

11. Screening Panel Report

12. Informational Item(s)

13. Public Comment(s)

14. New/Other Business

CLOSED SESSION

CONVENE TO CLOSED SESSION to deliberate on cases following hearing (Wis. Stat. § 19.85 (1) (a)); consider closing disciplinary investigation(s) with administrative warning(s) (Wis. Stat. § 19.85 (1) (b), and Wis. Stat. § 440.205); consider individual histories or disciplinary data (Wis. Stat. § 19.85 (1) (f)); and to confer with legal counsel (Wis. Stat. § 19.85 (1) (g)).

CS-1 Full Board Oral Examination – APPEARANCE 11:30 A.M. – FARHAD AHMADY, MD (insert) (45-82)

CS-2 Deliberation of Stipulation(s), Final Decision(s) and Order(s) in the Matter of:

- a. Evan K. Saunders, MD - 08 MED 315, 11 MED 124 and 11 MED 157 **(insert) (83-88)**

CS-3 Deliberation of Proposed Administrative Warning(s)

- a. 12 MED 146 (B.W.G., DO) **(insert) (89-90)**
 - o Case Advisor – Timothy Swan
- b. 11 MED 367 (A.S., MD) **(insert) (91-94)**

CS-4 Review of Administrative Warning in ccase 11 MED 121 – APPEARANCE 11:45 A.M. – Attorney Kim Kluck, Division of Legal Services and Compliance, and Attorney Mary Wolverton on Behalf of R.P.R., MD (insert) (95-96)

CS-5 Consideration of Complaint(s)

- a. 11 MED 312 **(insert) (97-100)**
- b. 12 MED 021 **(insert) (101-104)**

CS-6 Monitoring (insert) (105-106)

- a. Shirley Y. Godiwalla, MD – Request to Remove Limitation **(insert) (107-118)**
- b. Jonathan E. Thomas, MD – Request for Modifications **(insert) (119-138)**

CS-7 Case Closings (insert) (139-140)

CS-8 Consulting with Legal Counsel

Deliberation of Items Received in the Bureau after Preparation of Agenda

- a. Proposed Stipulations
- b. Proposed Decisions and Orders
- c. Proposed Interim Orders
- d. Objections and Responses to Objections
- e. Complaints
- f. Petitions for Summary Suspension
- g. Remedial Education Cases
- h. Petitions for Extension of Time
- i. Petitions for Assessments
- j. Petitions to Vacate Orders
- k. Motions
- l. Administrative Warnings
- m. Matters Relating to Costs
- n. Appearances from Requests Received or Renewed
- o. Examination Issues
- p. Continuing Education Issues
- q. Application Issues
- r. Monitoring Cases
- s. Professional Assistance Procedure Cases

Division of Legal Services and Compliance – Meeting with Individual Board Members

Division of Legal Services and Compliance – Case Status Reports and Case Closings

Ratifying Licenses and Certificates

RECONVENE INTO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

Voting on Items Considered or Deliberated on in Closed Session if Voting is Appropriate

New/Other Business

ADJOURNMENT

2:00 PM

CLOSED SESSION

Examination of 12 (twelve) Candidates for Licensure – Drs. Osborn, Simons, Swan and Westlake

Page intentionally left blank

**MEDICAL EXAMINING BOARD
MINUTES
SEPTEMBER 19, 2012**

PRESENT: James Barr; Carolyn Bronston; Mary Jo Capodice, DO; Rodney Erickson, MD; Jude Genereaux; Suresh Misra, MD; Gene Musser, MD; Sandra Osborn; Timothy Swan, MD; Sridhar Vasudevan, MD; Sheldon Wasserman, MD; Timothy Westlake, MD

EXCUSED: Kenneth Simons, MD

STAFF: Tom Ryan, Executive Director; Sandra Nowack, Legal Counsel; Karen Rude-Evans, Bureau Assistant; other DSPS staff

CALL TO ORDER

Dr. Sheldon Wasserman, Chair, called the meeting to order at 8:06 a.m. A quorum of twelve (12) members was confirmed.

ADOPTION OF AGENDA

Amendments:

- Under PRESENTATION OF PROPOSED STIPULATIONS, FINAL DECISIONS AND ORDERS (open session), insert – Item I:
Donald Eugene Reimer, MD – 11 MED 290
 - Attorney Arthur Thexton
 - Case Advisor – Sridhar Vasudevan
- William J. Houghton, MD – 12 MED 162
 - Attorney Kim Kluck
 - Case Advisor – Jude Genereaux
- Item CS-2i (closed session) under DELIBERATION OF PROPOSED STIPULATIONS..., insert after page 268:
Donald Eugene Reimer, MD – 11 MED 290
 - Attorney Arthur Thexton
- William J. Houghton, MD – 12 MED 162
 - Attorney Kim Kluck
- Item CS-5b (closed session) under CONSIDERATION OF COMPLAINTS, insert after page 324:
b. 12 MED 162
- (closed session) Under DELIBERATION OF ITEMS RECEIVED IN THE BUREAU AFTER PREPARATION OF THE AGENDA, insert after page 584::
k. Petition for Designation of Hearing Official
 - William J. Houghton, MD – 12 MED 162

- Attorney Kim Kluck
- Case Status Report – insert at the end of the agenda in closed session

MOTION: Suresh Misra moved, seconded by Sridhar Vasudevan, to adopt the agenda as amended. Motion carried unanimously.

APPROVAL OF MINUTES OF AUGUST 15, 2012

MOTION: Carolyn Bronston moved, seconded by Suresh Misra, to approve the minutes of August 15, 2012 as written. Motion carried unanimously.

ITEMS FOR BOARD DISCUSSION

Consideration of Appointments to the Council of Anesthesiologist Assistants

MOTION: Timothy Swan moved, seconded by Sridhar Vasudevan, to appoint Kenneth Simons, MD, Robert Stupi, AA-C, Jay Mesrobian, MD, Carolyn Farrell, MD, and Marcy Salzer to the Council on Anesthesiologist Assistants. Motion carried unanimously.

MTBT 1-7 Relating to Temporary Licensure and Continuing Education

MOTION: Gene Musser moved, seconded by Jude Genereaux, that the Medical Examining Board has no comment on this matter. Motion carried unanimously.

Wis. Admin. Code Chapter MED 10 Discussion and Voting

MOTION: Sridhar Vasudevan moved, seconded by Timothy Swan, subject to technical legal revisions and review prior to public hearing, to accept draft rule language concerning informed consent as follows:

- Subject to and limited by Wis. Stat. sec. 448.30, performing an act constituting the practice of medicine and surgery without required informed consent.

Motion carried unanimously.

MOTION: Sridhar Vasudevan moved, seconded by Suresh Misra, subject to technical legal revisions and review prior to public hearing, to accept draft rule language concerning self report of practice limitations, as set out below:

- Failure within thirty days, to report to the Department any final adverse action taken against the licensee's authority to practice medicine and surgery by another licensing jurisdiction concerned with the practice of medicine or surgery.

- Failure within thirty days to report to the Department any adverse action taken by the Drug Enforcement Administration against the licensee's authority to prescribe controlled substances.

Motion carried unanimously.

MOTION: Sridhar Vasudevan moved, seconded by Sandra Osborn, that the Wisconsin Medical Examining Board (MEB) work collaboratively with the Wisconsin Hospital Association or the Wisconsin Medical Society or both to consider amendments to Wis. Stat. sec 50.36(3) that would provide notice of a practice limitation to the MEB at the same time the report is made to the NPDB, or other mutually agreeable proposal to ensure timely reports to the MEB under this section. Motion carried unanimously.

MOTION: Sridhar Vasudevan moved, seconded by Suresh Misra, to accept draft rule language concerning violations or convictions of the crimes delineated on page 60 of this agenda in addition to the provisions of current MED10.02(2)(p), and other violations or convictions of laws substantially related to the practice of medicine and surgery. Motion carried unanimously.

MOTION: Suresh Misra moved, seconded by Jude Genereaux, to accept the draft rule language concerning business practices as follows:

- Obtaining any fee by fraud, deceit or misrepresentation.
- Employing unethical or illegal billing practices.
- Directly or indirectly giving or receiving any fee, commission, rebate or other compensation for professional services not actually and personally rendered, unless allowed by law, though this prohibition should not preclude the legal functioning of lawful professional partnerships, corporations or associations.
- Representing, claiming or causing the appearance that the physician possesses a particular medical specialty certification by a Board recognized certifying organization, (ABMS and AOA or successor organizations, if any) if not true.

Motion carried unanimously.

MOTION: Timothy Swan moved, seconded by Rodney Erickson, subject to technical legal revisions and review prior to public hearing, to accept the provisions set forth on pages 68-70 of today's agenda with the exceptions as follow:

- Delete lines 27-29
- Correct line 22 to delete "15 minutes" and insert "a period of time necessary to avoid unacceptable risk of harm to the patient"

- Lines 31-32 delete everything after “sec. 146.81(4)”
- Delete lines 38-49

Motion carried unanimously.

MOTION: Sridhar Vasudevan moved, seconded by Timothy Westlake, subject to technical legal revisions and review prior to public hearing, to accept the draft rule language with the exceptions as follow:

- Line 14 – delete “in” and insert “on”
- Line 15 – delete “building” and insert “premises”
- Line 18, insert “Knowingly” at the beginning of the sentence

Motion carried. Sandra Osborn and Carolyn Bronston opposed.

Board Outreach/Speaking Engagements/Travel and Public Relations Requests

- **Consider motion to authorize Mary Jo Capodice, DO, to attend the AAOE Meeting, October 8, 2012 in San Diego, CA**

MOTION: Sridhar Vasudevan moved, seconded by Sandra Osborn, to authorize Mary Jo Capodice to attend the AAOE Meeting, October 8, 2012 in San Diego, California. Motion carried unanimously.

- **Consider motion to authorize Legal Counsel Sandy Nowack to attend the FSMB Board Attorney Workshop, November 1-2,2012 in New Orleans, LA**

MOTION: Sridhar Vasudevan moved, seconded by Gene Musser, to request that the Department authorize legal counsel or DOE staff to attend the FSMB Attorney Workshop, November 1-2, 2012 in New Orleans, LA. Motion carried unanimously.

RECESS TO CLOSED SESSION

MOTION: Sandra Osborn moved, seconded by Gene Musser, to convene to closed session to deliberate on cases following hearing (Wis. Stat. § 19.85 (1) (a)); consider closing disciplinary investigation(s) with administrative warning(s) (Wis. Stat. § 19.85 (1) (b), and Wis. Stat. § 440.205); consider individual histories or disciplinary data (Wis. Stat. § 19.85 (1) (f)); and to confer with legal counsel (Wis. Stat. § 19.85 (1) (g)). Roll call: James Barr-yes; Carolyn Bronston-yes; Mary Jo Capodice-yes; Jude Genereaux-yes; Suresh Misra-yes; Gene Musser-yes; Sandra Osborn-yes; Timothy Swan-yes; Sridhar Vasudevan-yes; Sheldon Wasserman-yes; Timothy Westlake-yes. Motion carried unanimously.

Open session recessed at 1:16 p.m.

RECONVENE IN OPEN SESSION

MOTION: Sridhar Vasudevan moved, seconded by Sandra Osborn, to reconvene in open session. Motion carried unanimously.

Open session reconvened at 2:41 p.m.

ITEMS VOTED ON DURING CLOSED SESSION

FULL BOARD ORAL EXAMINATION

MOTION: Gene Musser moved, seconded by Sandra Osborn, to deny the application for licensure of **Nanda K. Kar, MD**. Motion carried unanimously.

PROPOSED STIPULATIONS, FINAL DECISIONS AND ORDERS

MOTION: Sridhar Vasudevan moved, seconded by Jude Genereaux, to adopt the Proposed Stipulation, Final Decision and Order in the disciplinary proceedings against **Paul E. Mannino, MD (11 MED 137)**. Motion carried unanimously.

MOTION: Sridhar Vasudevan moved, seconded by Sandra Osborn, to adopt the Findings of Fact, Conclusions of Law, Final Decision and Order in the disciplinary proceedings against **Michael A. Ganz, MD (11 MED 043)**. Motion carried unanimously.

MOTION: Carolyn Bronston moved, seconded by Suresh Misra, to adopt the Findings of Fact, Conclusions of Law, Final Decision and Order in the disciplinary proceedings against **Anatol Stankevych, MD (11 MED 203 and 11 MED 231)**. Motion carried unanimously.

MOTION: Jude Genereaux moved, seconded by Sandra Osborn, to adopt the Findings of Fact, Conclusions of Law, Final Decision and Order in the disciplinary proceedings against **Javier A. Rincon, MD (12 MED 004)**. Motion carried unanimously.

MOTION: Gene Musser moved, seconded by Timothy Swan, to adopt the Findings of Fact, Conclusions of Law, Final Decision and Order in the disciplinary proceedings against **Bruce K. Jacobson, MD (11 MED 415)**. Motion carried unanimously.

MOTION: Suresh Misra moved, seconded by Timothy Westlake, to adopt the Findings of Fact, Conclusions of Law, Final Decision and Order in the disciplinary proceedings against **Ellen Blank, MD (10 MED 383)**. Motion carried unanimously.

- MOTION:** Timothy Swan moved, seconded by Sridhar Vasudevan, to adopt the Findings of Fact, Conclusions of Law, Final Decision and Order in the disciplinary proceedings against **Behram Pastakia, MD (11 MED 140)**. Motion carried unanimously.
- MOTION:** Suresh Misra moved, seconded by Rodney Erickson, to adopt the Findings of Fact, Conclusions of Law, Final Decision and Order in the disciplinary proceedings against **Rodrigo A. Castillo, MD (11 MED 245)**. Motion carried unanimously.
- MOTION:** Sridhar Vasudevan moved, seconded by Gene Musser, to adopt the Findings of Fact, Conclusions of Law, Final Decision and Order in the disciplinary proceedings against **Donald Eugene Riemer, MD (11 MED 290)**. Motion carried unanimously.
- MOTION:** Suresh Misra moved, seconded by Sandra Osborn, to adopt the Findings of Fact, Conclusions of Law, Final Decision and Order in the disciplinary proceedings against **William J. Houghton, MD (12 MED 162)**. Motion carried unanimously.

PROPOSED DECISION(S) AND ORDER(S)

- MOTION:** Sandra Osborn moved, seconded by Sridhar Vasudevan, to adopt the proposed Final Decision and Order in the disciplinary proceedings against **Amjad Butt, MD, 11 MED 340/DHA Case No. SPS-12-0025**. Motion carried unanimously.
- MOTION:** Jude Genereaux moved, seconded by Suresh Misra, to adopt the proposed Final Decision and Order in the disciplinary proceedings against **Anthony G. Peters, PA, 10 MED 299/DHA Case No. SPS-12-0024**. Motion carried. Sandra Osborn was excused during deliberation and abstained from voting.
- MOTION:** Carolyn Bronston moved, seconded by Suresh Misra, to adopt the proposed Final Decision and Order in the disciplinary proceedings against **Chinelo S. Ude, MD, 11 MED 325/DHA Case No. SPS-12-0026**. Motion carried unanimously.
- MOTION:** Carolyn Bronston moved, seconded by Suresh Misra, to adopt the proposed Final Decision and Order in the disciplinary proceedings against **Roger A. Pellman, MD, 09 MED 418/DHA Case No. SPS-09-0131**. Motion carried. Gene Musser was excused during deliberation and abstained from voting.

PROPOSED ADMINISTRATIVE WARNING(S)

MOTION: Carolyn Bronston moved, seconded by Suresh Misra, to issue the Administrative Warning in case **11 MED 234 against respondent N.C., MD.** Motion carried unanimously.

MOTION: Suresh Misra moved, seconded by Rodney Erickson, to issue the Administrative Warning in case **11 MED 344 against respondent D.P.B., MD.** Motion failed 3 to 8. Sridhar Vasudevan abstained.

CONSIDERATION OF COMPLAINT(S)

MOTION: Carolyn Bronston moved, seconded by Gene Musser, to find probable cause to issue a complaint in the matter of **12 MED 103.** Motion carried unanimously.

MONITORING

MOTION: Carolyn Bronston moved, seconded by Sandra Osborn, to grant the request from **Donald Hennessy, Jr., MD,** for full licensure. Motion carried. Sridhar Vasudevan was excused during deliberation and abstained from voting.

MOTION: Carolyn Bronston moved, seconded by Suresh Misra, to grant the request from **John W. Ingalls, MD,** for full licensure. Motion carried unanimously.

MOTION: Sandra Osborn moved, seconded by Sridhar Vasudevan, to grant the request from **William G. Sybesma, MD,** for full licensure. Motion carried. Suresh Misra, Timothy Swan and Rodney Erickson opposed.

CASE CLOSINGS

MOTION: Carolyn Bronston moved, seconded by Sandra Osborn, to close cases **11MED 171 and 11 MED 259 for P5 with a flag.** Motion carried unanimously.

MOTION: Gene Musser moved, seconded by Suresh Misra, to close case **12 MED 025 for prosecutorial discretion with a referral to the district attorney.** Motion carried unanimously.

MOTION: Sridhar Vasudevan moved, seconded by Gene Musser, to close case **12 MED 068 for prosecutorial discretion with a referral to the district attorney.** Motion carried unanimously.

RATIFY ALL LICENSES AND CERTIFICATES

MOTION: Timothy Westlake moved, seconded by Suresh Misra, to ratify all licenses and certificates as issued. Motion carried unanimously.

ADJOURNMENT

MOTION: Suresh Misra moved, seconded by Sandra Osborn, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 2:41 p.m.

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: DSPS		2) Date When Request Submitted: _____	
		Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: October 17, 2012	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? DSPS Staff Website Presentation	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both		8) Is an appearance before the Board being scheduled? If <u>yes</u>, who is appearing? Jeffrey Weigand, DSPS – APPEARANCE – 8:15 a.m.	9) Name of Case Advisor(s), if required: _____
10) Describe the issue and action that should be addressed: Presentation of New Website.			
11) Authorization			
Signature of person making this request			Date
Supervisor (if required)			Date
Bureau Director signature (indicates approval to add post agenda deadline item to agenda)			Date

Page intentionally left blank

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request:		2) Date When Request Submitted:	
		Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections:			
Medical Examining Board			
4) Meeting Date:	5) Attachments:	6) How should the item be titled on the agenda page?	
October 17, 2012	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Social Media – Board discussion	
7) Place Item in:		8) Is an appearance before the Board being scheduled? If yes, who is appearing?	9) Name of Case Advisor(s), if required:
<input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both			
10) Describe the issue and action that should be addressed:			
Review attached policies from the AMA and the FSMB.			
TIME FOR DISCUSSION: 10-15 minutes			
11) Authorization			
Signature of person making this request			Date
Supervisor (if required)			Date
Bureau Director signature (indicates approval to add post agenda deadline item to agenda)			Date

[OVERVIEW](#) | [HIGHLIGHTS & SPEECHES](#) | [AGENDA](#) | [EVENTS](#) | [REPORTS & RESOLUTIONS](#)

[A A Text size](#) [Print](#) [Email](#) [Share](#)

AMA Policy: Professionalism in the Use of Social Media

The Internet has created the ability for medical students and physicians to communicate and share information quickly and to reach millions of people easily. Participating in social networking and other similar Internet opportunities can support physicians' personal expression, enable individual physicians to have a professional presence online, foster collegiality and camaraderie within the profession, provide opportunity to widely disseminate public health messages and other health communication. Social networks, blogs, and other forms of communication online also create new challenges to the patient-physician relationship. Physicians should weigh a number of considerations when maintaining a presence online:

- (a) Physicians should be cognizant of standards of patient privacy and confidentiality that must be maintained in all environments, including online, and must refrain from posting identifiable patient information online.
- (b) When using the Internet for social networking, physicians should use privacy settings to safeguard personal information and content to the extent possible, but should realize that privacy settings are not absolute and that once on the Internet, content is likely there permanently. Thus, physicians should routinely monitor their own Internet presence to ensure that the personal and professional information on their own sites and, to the extent possible, content posted about them by others, is accurate and appropriate.
- (c) If they interact with patients on the Internet, physicians must maintain appropriate boundaries of the patient-physician relationship in accordance with professional ethical guidelines just, as they would in any other context.
- (d) To maintain appropriate professional boundaries physicians should consider separating personal and professional content online.
- (e) When physicians see content posted by colleagues that appears unprofessional they have a responsibility to bring that content to the attention of the individual, so that he or she can remove it and/or take other appropriate actions. If the behavior significantly violates professional norms and the individual does not take appropriate action to resolve the situation, the physician should report the matter to appropriate authorities.
- (f) Physicians must recognize that actions online and content posted may negatively affect their reputations among patients and colleagues, may have consequences for their medical careers (particularly for physicians-in-training and medical students), and can undermine public trust in the medical profession.



Model Policy Guidelines for the Appropriate Use of Social Media and Social Networking in Medical Practice

A Policy Document of the Federation of State Medical Boards of the United States, Inc.

Adopted by the House of Delegates of the
Federation of State Medical Boards of the United States, Inc., April 2012

Report of the Special Committee on Ethics and Professionalism

Table of Contents

Introduction and Charge	1
Section One	
Preamble	2
Section Two	
An Appropriate Physician-Patient Relationship.	4
Section Three	
Parity of Professional and Ethical Standards	6
Section Four	
Guidelines for the Appropriate Use of Social Media and Social Networking in Medical Practice	7
Section Five	
Key Definitions and Glossary	10
Section Six	
References	12

Introduction and Charge

In recent years the medical profession has become aware of the opportunities and challenges that social media and social networking websites present for physicians. As technology has advanced, many hospitals and health care organizations have found it necessary to create their own policies in order to protect physicians and patients alike. In 2011, FSMB Chair Janelle A. Rhyne, M.D., MACP, asked the members of the Special Committee on Ethics and Professionalism to develop guidelines for state medical and osteopathic boards to consider for their use in educating their licensees on the proper use of social media and social networking websites.

The Special Committee on Ethics and Professionalism was charged with providing ethical and professional guidance to the FSMB membership with regard to the use of electronic and digital media by physicians (and physician assistants, where appropriate) that may be used to facilitate patient care and nonprofessional interactions. Such electronic and digital media include, but are not limited to, e-mail, texting, blogs and social networks. The Committee's proposed model guidelines contained in this report also focus on ways that physicians can protect the privacy and confidentiality of their patients as well as maintain a standard of professionalism in all social media and social networking interactions.

The FSMB is grateful for the efforts of the members of the Special Committee on Ethics and Professionalism who provided input and direction for this project:

Janelle A. Rhyne M.D., MACP, Chair
FSMB Chair
North Carolina Medical Board, Past President

John P. Kopetski
Board Member
Oregon Medical Board

Lance A. Talmage, M.D., FACS, Ex Officio
FSMB Chair-elect
State Medical Board of Ohio

M. Myron Leinwetter, D.O.
President
Kansas State Board of Healing Arts

Radheshyam M. Agrawal, M.D.
Vice Chair
Pennsylvania State Board of Medicine

Bruce D. White, D.O., J.D.
Director
Alden March Bioethics Institute

Constance G. Diamond, D.A.
Board Member
New York State Office of Professional Medical Conduct

Robert P. Fedor, D.O.
Board Member
Florida Board of Osteopathic Medicine

Model Guidelines for the Appropriate Use of Social Media and Social Networking in Medical Practice

Section One

Preamble

The use of social media has become increasingly important across all industries – including health care. *QuantiaMD* surveyed more than 4,000 physicians and reported in September 2011 that 87 percent use a social media website for personal use and 67 percent use social media for professional purposes.¹ In addition, there is evidence that physicians connect with patients through social media websites. Research indicates that 35 percent of practicing physicians have received friend requests from a patient or a member of their family, and 16 percent of practicing physicians have visited an online profile of a patient or patient's family member.²

Social media use presents several challenging questions for administrators and physicians, such as where the boundary of professionalism lies, and whether work experiences can be shared without violating the privacy and confidentiality of patients. One meta-analysis of physician blogs found that nearly 17 percent included enough information about patients for them to be identified.³

Medical schools and their students often use online social networking websites,^{4,5} and students have been disciplined for posting unprofessional online content.⁶ In addition, most physician licensing authorities in the United States have reported incidents of physicians engaging in online professionalism violations, many of which have resulted in serious disciplinary actions. In a 2010 survey of Executive Directors at state medical boards in the United States, 92 percent indicated that violations of online professionalism were reported in their jurisdiction. These violations included Internet use for inappropriate contact with patients (69 percent), inappropriate prescribing (63 percent), and misrepresentation of credentials or clinical outcomes (60 percent). In response to these violations, 71 percent of boards held formal disciplinary proceedings and 40 percent issued informal warnings. Outcomes from the disciplinary proceedings included serious actions such as license limitation (44 percent), suspension (29 percent), or revocation (21 percent) of licensure.⁷

These growing concerns about physician use of social media underscore the need for social media policies. Many hospitals and health care organizations, such as the American Medical Association, American College of Physicians, Cleveland Clinic, and Mayo Clinic, have developed social media policies.^{8,9,10,11}

Social media has enormous potential for both physicians and their patients. It can be used to disseminate information and forge meaningful professional relationships. However, these benefits must occur within the proper framework of professional ethics, and physicians need information on the importance of maintaining the same professional and ethical standards in their online activity or communications using other forms of electronic media.

The FSMB has developed this policy to encourage physicians who use social media and social networking to protect themselves from unintended consequences of such practices and to maintain the public trust by:

- Protecting the privacy and confidentiality of their patients
- Avoiding requests for online medical advice
- Acting with professionalism
- Being forthcoming about their employment, credentials and conflicts of interest
- Being aware that information they post online may be available to anyone, and could be misconstrued

The FSMB acknowledges that there may be instances in which a physician's professionalism or care is questionable and not addressed in this policy or other FSMB policy. Any time a physician enters into a relationship with a patient, whether it is electronically or in person, the physician should abide by the same rules or statutes established by the state medical board.

Section Two

An Appropriate Physician-Patient Relationship

The health and well-being of a patient depend upon a collaborative effort between the physician and patient. The physician-patient relationship is fundamental to the provision of acceptable medical care, and physicians are expected to recognize the obligations, responsibilities and patient rights associated with establishing and maintaining an appropriate physician-patient relationship. The relationship between a physician and patient begins when an individual seeks assistance from a physician for a health-related matter, and the physician agrees to undertake diagnosis and treatment of the patient.¹² The physician-patient relationship can begin without a personal encounter, which allows for online interactions to constitute the beginning of the relationship. Physicians should remember that when using electronic communications they may be unable to verify that the person on the other end of the electronic medium is truly the patient; likewise, the patient may not be able to verify that a physician is on the other end of the communication. For that reason, the standards of medical care do not change by virtue of the medium in which physicians and their patients choose to interact.

The following narratives demonstrate examples where unintended consequences of physicians' use of social media and social networking may undermine a proper physician-patient relationship and the public trust.

1. A urologist who is an astute clinician and well respected by his colleagues recently began posting his comments, views and observations on Twitter. The same day that the United States Preventive Services Task Force came out with a recommendation, in October 2011, against routine Prostate-Specific Antigen (PSA) screening in healthy men for prostate cancer, he posted a tweet with writing that used disrespectful language to disagree with the recommendation. The tweet has now gone viral and has been read by many of his patients, colleagues, fellow researchers, family and friends.
2. A patient noted disrespectful language on a physician's blog when the physician expressed frustration towards another patient who had to visit the emergency department multiple times for failing to monitor her sugar levels. The physician referred to the patient as "lazy" and "ignorant" on their blog.
3. Approximately two years after a physician left his private practice, a former patient asked to "friend" him on Facebook. The physician had set up a Facebook account to participate in a review course for Maintenance of Certification (MOC), but remained on Facebook to stay in touch with family. The physician felt conflicted about the request because he was no longer the patient's physician, and had no intention of returning to private practice. The patient was also very emotionally fragile, and cried at most office visits. The physician wrestled with whether or not to accept the request, but eventually did so for fear that rejecting the request would damage the former patient's self-esteem. The former patient never posted anything inappropriate, and only contacted the physician to wish him a happy birthday. The physician

still feels uncomfortable maintaining this online “friendship,” and has considered closing his Facebook account.

4. A psychiatrist in her 30s used Facebook to befriend a former female patient of similar age who she took care of when she was a psychiatry resident in another state. They had “hit it off” because they had similar tastes in music and art and developed a level of trust that the patient said she had not had with anyone else. They now periodically exchange pleasantries on Facebook, but lately the patient’s affect online appears different, worrying the psychiatrist. The psychiatrist is planning to spend the holidays with her family in the same state as her former patient, and is considering getting together with her former patient to “catch up,” but is unsure how to properly initiate contact with her former patient. Should the psychiatrist just meet her for coffee? Is it appropriate for them to meet at all? She knows she probably shouldn’t use Facebook because it may not be private, but she also doesn’t want to give the patient her personal e-mail address.
5. A concerned patient notes that her physician frequently describes “partying” on his Facebook page, which is accompanied by images of himself intoxicated. The patient begins to question whether her physician is sober and prepared to treat her when she has early morning doctor’s appointments.
6. A physician comes across the profile of one of his patients on an online dating website and invites her to go on a date with him. The patient feels pressured to accept the invitation because her next appointment with her physician would be awkward if she refuses.
7. A first-year resident films another doctor inserting a chest tube into a patient. The patient’s face is clearly visible. The resident posts the film on YouTube for other first-year residents to see how to properly do the procedure.

These examples highlight the importance of proper boundaries within the physician-patient relationship. Even seemingly innocuous online interactions with patients and former patients may violate the boundaries of a proper physician-patient relationship.

Physicians should not use their professional position, whether online or in person, to develop personal relationships with patients. The appearance of unprofessionalism may lead patients to question a physician’s competency. Physicians should refrain from portraying any unprofessional depictions of themselves on social media and social networking websites.

Section Three

Parity of Professional and Ethical Standards

To ensure a proper physician-patient relationship, there should be parity of ethical and professional standards applied to all aspects of a physician's practice, including online interactions through social media and social networking sites. Referencing the FSMB House of Delegate's *Model Guidelines for the Appropriate Use of the Internet in Medical Practice*, adopted in 2002, physicians using social media and social networking sites are expected to observe the following ethical standards:

Candor

Physicians have an obligation to disclose clearly any information (e.g., financial, professional or personal) that could influence patients' understanding or use of the information, products or services offered on any website offering health care services or information.

Privacy

Physicians have an obligation to prevent unauthorized access to, or use of, patient and personal data and to assure that "de-identified" data cannot be linked back to the user or patient.

Integrity

Information contained on websites should be truthful and not misleading or deceptive. It should be accurate and concise, up-to-date, and easy for patients to understand. Physicians using medical websites should strive to ensure that information provided is, whenever possible, supported by current medical peer-reviewed literature, emanates from a recognized body of scientific and clinical knowledge and conforms to minimal standards of care. It should clearly indicate whether it is based upon scientific studies, expert consensus, professional experience or personal opinion.

How these ethical standards relate to the proper use of social media by physicians is explored further in the next section.

Section Four

Guidelines for the Appropriate Use of Social Media and Social Networking in Medical Practice

The following guidelines are recommended for physicians who use social media and social networking in their personal and professional lives.

Interacting with Patients

Physicians are discouraged from interacting with current or past patients on personal social networking sites such as Facebook. Physicians should only have online interaction with patients when discussing the patient's medical treatment within the physician-patient relationship, and these interactions should never occur on personal social networking or social media websites. In addition, physicians need to be mindful that while advanced technologies may facilitate the physician-patient relationship, they can also be a distracter which may lessen the quality of the interactions they have with patients. Such distractions should be minimized whenever possible.

Discussion of Medicine Online

Social networking websites may be useful places for physicians to gather and share their experiences, as well as to discuss areas of medicine and particular treatments. These types of professional interactions with other physicians represent an ancillary and convenient means for peer-to-peer education and dialogue. One current example is Doximity, a professional network with more than 567,000 U.S. physician members in 87 specialties. Using Doximity, physicians are said to be able to exchange HIPAA-compliant messages and images by text or fax and discuss the latest treatment guidelines and medical news in their specialty.¹³ While such networks may be useful, it is the responsibility of the physician to ensure, to the best of his or her ability, that professional networks for physicians are secure and that only verified and registered users have access to the information. These websites should be password protected so that non-physicians do not gain access and view discussions as implying medical advice, which may be counter to the physicians' intent in such discussions. Physicians should also confirm that any medical information from an online discussion that they plan to incorporate into their medical practice is corroborated and supported by current medical research.

Privacy/Confidentiality

Just as in the hospital or ambulatory setting, patient privacy and confidentiality must be protected at all times, especially on social media and social networking websites. These sites have the potential to be viewed by many people and any breaches in confidentiality could be harmful to the patient and in violation of federal privacy laws, such as HIPAA. While physicians may discuss their experiences in non-clinical settings, they should never provide any information that could be used to identify patients. Physicians should never mention patients' room numbers, refer to them by code names, or post their picture. If pictures of patients were to be viewed by others, such an occurrence may constitute a serious HIPAA violation.

Disclosure

At times, physicians may be asked or may choose to write online about their experiences as a health professional, or they may post comments on a website as a physician. When doing so, physicians must reveal any existing conflicts of interest and they should be honest about their credentials as a physician.

Posting Content

Physicians should be aware that any information they post on a social networking site may be disseminated (whether intended or not) to a larger audience, and that what they say may be taken out of context or remain publicly available online in perpetuity. When posting content online, they should always remember that they are representing the medical community. Physicians should always act professionally and take caution not to post information that is ambiguous or that could be misconstrued or taken out of context. Physician employees of health care institutions should be aware that employers may reserve the right to edit, modify, delete, or review Internet communications. Physician writers assume all risks related to the security, privacy and confidentiality of their posts. When moderating any website, physicians should delete inaccurate information or other's posts that violate the privacy and confidentiality of patients or that are of an unprofessional nature.

Professionalism

To use social media and social networking sites professionally, physicians should also strive to adhere to the following general suggestions:

- Use separate personal and professional social networking sites. For example, use a personal rather than professional e-mail address for logging on to social networking websites for personal use. Others who view a professional e-mail attached to an online profile may misinterpret the physician's actions as representing the medical profession or a particular institution.
- Report any unprofessional behavior that is witnessed to supervisory and/or regulatory authorities.
- Always adhere to the same principles of professionalism online as they would offline.
- Cyber-bullying by a physician towards any individual is inappropriate and unprofessional.
- Refer, as appropriate, to an employer's social media or social networking policy for direction on the proper use of social media and social networking in relation to their employment.

Medical Board Sanctions and Disciplinary Findings

State medical boards have the authority to discipline physicians for unprofessional behavior relating to the inappropriate use of social networking media, such as:

- Inappropriate communication with patients online
- Use of the Internet for unprofessional behavior
- Online misrepresentation of credentials

- Online violations of patient confidentiality
- Failure to reveal conflicts of interest online
- Online derogatory remarks regarding a patient
- Online depiction of intoxication
- Discriminatory language or practices online

State medical boards have the option to discipline physicians for inappropriate or unprofessional conduct while using social media or social networking websites with actions that range from a letter of reprimand to the revocation of a license.

Future Changes

The Federation of State Medical Boards recognizes that emerging technology and societal trends will continue to change the landscape of social media and social networking, and how these websites are used by patients and physicians will evolve overtime. These guidelines are meant to be a starting point for the discussion of how physicians should properly communicate with their patients using social media. These guidelines will need to be modified and adapted in future years as technology advances, best practices emerge, and opportunities for additional policy guidance are identified.

Section Five

Key Definitions and Glossary

Blog - Blog is a word that was created from two words: "web log". Blogs are usually maintained by an individual with regular entries of commentary, descriptions of events, or other material such as graphics or video. Entries are commonly displayed in reverse-chronological order. "Blog" can also be used as a verb, meaning to maintain or add content to a blog.

Bridging – Bridging can refer to the function patient networking sites serve for people living with chronic disease. Social networking for the chronically ill bridges the gap between the restrictive conditions in which they live and access to support groups and other resources that are important for coping and recovery.

Chat - Chat can refer to any kind of communication over the Internet, but traditionally refers to one-to-one communication through a text-based chat application commonly referred to as instant messaging applications.

Comment - A comment is a response that is often provided as an answer or reaction to a blog post or message on a social network. Comments are a primary form of two-way communication on the social web.

E-mail - Electronic mail, commonly called e-mail or email, is a method of exchanging digital messages from an author to one or more recipients. Modern e-mail operates across the Internet or other computer networks.

Facebook - Facebook is a social utility that connects people with friends and others who work, study and live around them. Facebook is the largest social network in the world with more than 800 million users.

Forums - Also known as a message board, a forum is an online discussion site. It originated as the modern equivalent of a traditional bulletin board, and a technological evolution of the dialup bulletin board system.

Hashtag - A hashtag is a tag used on the social network Twitter as a way to annotate a message. A hashtag is a word or phrase preceded by a "#". Example: #yourhashtag. Hashtags are commonly used to show that a tweet, a Twitter message, is related to an event or conference.

Instant Messaging - Instant messaging (IM) is a form of real-time direct text-based communication between two or more people. More advanced instant messaging software clients also allow enhanced modes of communication, such as live voice or video calling.

LinkedIn - LinkedIn is a business-oriented social networking site. Founded in December 2002 and launched in May 2003, it is mainly used for professional networking. As of June 2010, LinkedIn had more than 70 million registered users, spanning more than 200 countries and territories worldwide

New Media - New Media is a generic term for the many different forms of electronic communications that are made possible through the use of computer technology. The term is in relation to "old" media forms such as print newspapers and magazines that are static representations of text and graphics.

Skype - Skype is a free program that allows for text, audio and video chats between users. Additionally, users can purchase plans to receive phone calls through their Skype account.

Social Media - electronic communication through which users create online communities to share information, ideas, personal messages, and other content.

Social Networking - networking using an online service, platform, or site that focuses on building social relations among people who share interests and/or activities.

Texting - Text messaging, or texting, refers to the exchange of brief written text messages between fixed-line phone or mobile phone and fixed or portable devices over a network.

Tweet - A message or update that one posts on Twitter.

Twitter - Twitter is a platform that allows users to share 140-character-long messages publicly. User can "follow" each other as a way of subscribing to each others' messages. Additionally, users can use the @username command to direct a message towards another Twitter user.

Webinar - A webinar is used to conduct live meetings, training, or presentations via the Internet.

Wiki - A wiki is a website that allows the easy creation and editing of any number of interlinked web pages via a web browser, allowing for collaboration between users.

Wikipedia - Wikipedia is a free, web-based, collaborative, multilingual encyclopedia project supported by the non-profit Wikimedia Foundation.

Yelp - Yelp is a social network and local search website that provides users with a platform to review, rate and discuss local businesses and services.

YouTube - YouTube is a video-sharing website on which users can upload, share, and view videos.

For a more detailed glossary of social media terms, see the link below.

<http://blog.hubspot.com/blog/tabid/6307/bid/6126/The-Ultimate-Glossary-101-Social-Media-Marketing-Terms-Explained.aspx>

Section Six. References

- ¹ Modahl M, Tompsett L, Moorhead T. Doctors, patients, and social media. 2011. Available at www.quantiamd.com/q-qcp/DoctorsPatientSocialMedia.pdf. Accessed January 24, 2012.
- ² Bosslet GT, Torke AM, Hickman SE, Terry CL, Helft PR. The patient-doctor relationship and online social networks: results of a national survey. *J Gen Intern Med*. 2011. 26(10): 1168-74.
- ³ Lagu T, Kaufman EJ, Asch DA, Armstrong K. Content of weblogs written by health professionals. 2008. *J Gen Intern Med*. 23(10): 1642-6.
- ⁴ Kind T, Genrich G, Sodhi A, Chretien KC. *Medical Education Online* 2010, 15: 5324.
- ⁵ Thompson LA, Dawson K, Ferdig R, Black EW, Boyer J, Coutts J, Black NP. The intersection of online social networking with medical professionalism. 2008. *J Gen Intern Med*. 23(7): 1954-7.
- ⁶ Chretien KC, Greysen SR, Chretien JP, Kind T. Online posting of unprofessional content by medical students. *JAMA*. 2009. 302(12): 1309-15.
- ⁷ Greysen SR, Chretien KC, Kind T, Young A, Gross C. Physician violations of online professionalism and disciplinary actions: a national survey of state medical boards. Under review.
- ⁸ AMA Policy: Professionalism in the Use of Social Media. <http://www.ama-assn.org/ama/pub/meeting/professionalism-social-media.shtml>. Accessed February 1, 2012.
- ⁹ Snyder L. American College of Physicians Ethics Manual. *Ann Intern Med*. 2012;156:73-104
- ¹⁰ Cleveland Clinic Social Media Policy. http://my.clevelandclinic.org/social_media_policy.aspx. Accessed February 1, 2012.
- ¹¹ For Mayo Clinic Employees. <http://dev.sharing.mayoclinic.org/guidelines/for-mayo-clinic-employees/>. Accessed February 1, 2012.
- ¹² Model Guidelines for the Appropriate Use of the Internet in Medical Practice. Federation of State Medical Boards. 2002.
- ¹³ <https://www.doximity.com>. Accessed on February 1, 2012.

Further Reading

Berkman, ET. Social networking 101 for physicians. <http://mamedicallaw.com/2009/10/19/social-networking-101-for-physicians/>. Accessed September 22, 2011.

Cleveland Clinic Social Media Policy. http://my.clevelandclinic.org/social_media_policy.aspx. Accessed February 1, 2012.

Duke University Health Center Facebook Guidelines.
http://www.dukehealth.org/about_duke/about_website/standards/facebook_guidelines. Accessed September 16, 2011.

Faust, R. Developing a Social Media Policy for your Hospital, Practice.
<http://www.physicianspractice.com/blog/content/article/1462168/1926515>. Accessed September 17, 2011.

Kaiser Permanente Social Media Policy.
http://xnet.kp.org/newscenter/media/downloads/socialmediapolicy_091609.pdf. Accessed September 22, 2011.

Social Media Participation Guidelines. <http://www.scribd.com/doc/27664236/Ohio-State-University-Medical-Center-Social-Media-Participation-Guidelines>. Accessed September 18, 2011.

Social Networking and the Medical Practice. <http://www.osma.org/files/documents/tools-and-resources/running-a-practice/social-media-policy.pdf>. Accessed September 17, 2011.

White Paper: A Nurse's Guide to the Use of Social Media.
https://www.ncsbn.org/11_NCSBN_Nurses_Guide_Social_Media.pdf. Updated August, 2011. Accessed September 21, 2011.

VUMC Social Media Policy.
<http://www.mc.vanderbilt.edu/root/vumc.php?site=socialmediatoolkit&doc=26923>. Accessed September 17, 2011.

Page intentionally left blank

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Sheldon Wasserman		2) Date When Request Submitted:	
		Items will be considered late if submitted after 4:30 p.m. and less than: ■ 10 work days before the meeting for Medical Board ■ 14 work days before the meeting for all others	
3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: October 17, 2012	5) Attachments: <input type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Physician Prescribing	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing?	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed:			
11) Authorization			
Signature of person making this request			Date
Supervisor (if required)			Date
Bureau Director signature (indicates approval to add post agenda deadline item to agenda)			Date

AMERICAN MEDICAL ASSOCIATION CODE OF ETHICS

Opinion 8.19 - Self-Treatment or Treatment of Immediate Family Members

Physicians generally should not treat themselves or members of their immediate families. Professional objectivity may be compromised when an immediate family member or the physician is the patient; the physician's personal feelings may unduly influence his or her professional medical judgment, thereby interfering with the care being delivered. Physicians may fail to probe sensitive areas when taking the medical history or may fail to perform intimate parts of the physical examination. Similarly, patients may feel uncomfortable disclosing sensitive information or undergoing an intimate examination when the physician is an immediate family member. This discomfort is particularly the case when the patient is a minor child, and sensitive or intimate care should especially be avoided for such patients. When treating themselves or immediate family members, physicians may be inclined to treat problems that are beyond their expertise or training. If tensions develop in a physician's professional relationship with a family member, perhaps as a result of a negative medical outcome, such difficulties may be carried over into the family member's personal relationship with the physician.

Concerns regarding patient autonomy and informed consent are also relevant when physicians attempt to treat members of their immediate family. Family members may be reluctant to state their preference for another physician or decline a recommendation for fear of offending the physician. In particular, minor children will generally not feel free to refuse care from their parents. Likewise, physicians may feel obligated to provide care to immediate family members even if they feel uncomfortable providing care.

It would not always be inappropriate to undertake self-treatment or treatment of immediate family members. In emergency settings or isolated settings where there is no other qualified physician available, physicians should not hesitate to treat themselves or family members until another physician becomes available. In addition, while physicians should not serve as a primary or regular care provider for immediate family members, there are situations in which routine care is acceptable for short-term, minor problems. Except in emergencies, it is not appropriate for physicians to write prescriptions for controlled substances for themselves or immediate family members. (I, II, IV)

Prescribing, Prescribing for Family Members, and Prescribing by Retired Physicians

October 01, 2006 04:08 PM

Topics: Practitioner/Prescriber, Prescribing Authority

Reprinted from the October 2006 North Carolina Board of Pharmacy Newsletter.

Board staff are frequently asked whether or not, and under what circumstances, a physician may self-prescribe, prescribe for family members, or prescribe after retirement. The North Carolina Medical Board has specific policies to deal with each of these circumstances.

Self-treatment and treatment of family members and others with whom significant emotional relationships exist.*

It is the position of the North Carolina Medical Board that, except for minor illnesses and emergencies, physicians should not treat, medically or surgically, or prescribe for themselves, their family members, or others with whom they have significant emotional relationships. The Medical Board strongly believes that such treatment and prescribing practices are inappropriate and may result in less than optimal care being provided. A variety of factors, including personal feelings and attitudes that will inevitably affect judgment, will compromise the objectivity of the physician and make the delivery of sound medical care problematic in such situations, while real patient autonomy and informed consent may be sacrificed.

When a minor illness or emergency requires self-treatment or treatment of a family member or other person with whom the physician has a significant emotional relationship, the physician must prepare and keep a proper written record of that treatment, including, but not limited to, prescriptions written and the medical indications for them. Record keeping is too frequently neglected when physicians manage such cases.

The Medical Board expects physicians to delegate the medical and surgical care of themselves, their families, and those with whom they have significant emotional relationships to one or more of their colleagues in order to ensure appropriate and objective care is provided and to avoid misunderstandings related to their prescribing practices.

(Adopted May 1991)

(Amended May 1996; May 2000; March 2002; September 2005)



Friday, October 5, 2012

Physicians | Physician Assistants | Consumers | Sut

- [Home](#)
- [About the Board](#)
- [Laws and Rules](#)
- [Documents/Publications](#)
- [Licensing](#)
- [FAQs](#)
- [Links](#)
- [Contact Us](#)
- [Site Map](#)

About the Board

Board News and Policies > Guidelines for Self-Prescribing and Prescribing for Family Members

The NH Board of Medicine supports the AMA Ethical Guidelines regarding prescribing for family members. The Board understands there has been some confusion recently regarding our point of view. As can be seen from the text from the AMA Ethical Guidelines, as printed below, there are certain situations where it could be appropriate for the physician to prescribe for family members. As seen in the underlined section, there are situations in which prescriptive treatment of family members is appropriate, in acute short term situations.

8.19 Self-Treatment or Treatment of Immediate Family Members

Physicians generally should not treat themselves or members of their immediate families. Professional objectivity may be compromised when an immediate family member or the physician is the patient; the physician's personal feelings may unduly influence his or her professional medical judgment, thereby interfering with the care being delivered. Physicians may fail to probe sensitive areas when taking the medical history or may fail to perform intimate parts of the physical examination. Similarly, patients may feel uncomfortable disclosing sensitive information or undergoing an intimate examination when the physician is an immediate family member. This discomfort is particularly the case when the patient is a minor child, and sensitive or intimate care should especially be avoided for such patients. When treating themselves or immediate family members, physicians may be inclined to treat problems that are beyond their expertise or training. If tensions develop in a physician's professional relationship with a family member, perhaps as a result of a negative medical outcome, such difficulties may be carried over into the family member's personal relationship with the physician.

Concerns regarding patient autonomy and informed consent are also relevant when physicians attempt to treat members of their immediate family. Family members may be reluctant to state their preference for another physician or decline a recommendation for fear of offending the physician. In particular, minor children will generally not feel free to refuse care from their parents. Likewise, physicians may feel obligated to provide care to immediate family members even if they feel uncomfortable providing care.

It would not always be inappropriate to undertake self-treatment or treatment of immediate family members. In emergency settings or isolated settings where there is no other qualified physician available, physicians should not hesitate to treat themselves or family members until another physician becomes available. In addition, while physicians should not serve as a primary or regular care provider for immediate family members, there are situations in which routine care is acceptable for short-term, minor problems.

Except in emergencies, it is not appropriate for physicians to write prescriptions for controlled substances for themselves or immediate family members.

HIPAA Q&A: Physicians treating family members

HIPAA Weekly Advisor, March 29, 2010

Q. What safeguards should physicians who treat family members consider?

A. Reasonably ensure the maintenance of relevant audit logs. Also, consider a regular review of patient charts for family members treated regularly. These measures are necessary to reasonably ensure that access to the medical record, whether paper or electronic, is related to treatment, payment, or healthcare operations only.

Securing the charts of family members in a locked receptacle or cabinet is a wise precaution. These charts may be provided to physicians for appointments with family members or when a chart review or consultation is necessary. The HIPAA Privacy Rule does not require these measures; they are merely additional steps to help protect the practice, family members, and physician if the physician is later accused of accessing family members' files for reasons other than treatment.

Page intentionally left blank

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request:		2) Date When Request Submitted:	
		Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: October 17, 2012, 2012	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Report from AAOE Meeting – October 8, 2012	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? (name) <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: Report from Dr. Capodice about the AAOE meeting.			
11) Authorization			
Signature of person making this request			Date
Supervisor (if required)			Date
Bureau Director signature (indicates approval to add post agenda deadline item to agenda)			Date

Page intentionally left blank

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request:		2) Date When Request Submitted:	
		Items will be considered late if submitted after 4:30 p.m. and less than: ■ 10 work days before the meeting for Medical Board ■ 14 work days before the meeting for all others	
3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: October 17, 2012	5) Attachments: X Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? AAOE Summit Meeting – January 4, 5, 2013	
7) Place Item in: X Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing?	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: Consider authorizing Dr. Capodice to attend the AAOE annual summit meeting. Note: Department funding is not available for any non-reimbursed expenses.			
11) Authorization			
Signature of person making this request		Date	
Supervisor (if required)		Date	
Bureau Director signature (indicates approval to add post agenda deadline item to agenda)		Date	



September 14, 2012

Dear AAOE Fellow:

The 2013 American Association of Osteopathic Examiners (AAOE) Summit Meeting will be held on **Friday, January 4 and Saturday, January 5, 2013**, at the **Fairmont Scottsdale Princess** (7575 East Princess Drive) in **Scottsdale, AZ**. The tentative schedule is for the Summit Meeting to begin on Friday at 1:30 p.m. and recess at 5:00 p.m. On Saturday the meeting will resume at 8:30 a.m. and adjourn at 5:00 p.m.

The American Osteopathic Association (AOA) has negotiated a **room rate of \$199** (plus applicable taxes and fees) per night at the Fairmont Scottsdale Princess. Reimbursement will be provided for two nights at the Fairmont Scottsdale at this rate. **To receive the group rate, hotel reservations should be made immediately.** Attendees should make their own hotel reservations online or by calling (480) 585-4848 and referencing the AOA group rate.

Airfare costs up to \$400 will be provided for one osteopathic physician from each licensing board. It is expected that your airline ticket will be economy class in order to be reimbursed. Any airfare amount over \$400 requires prior approval. **All compensated airline reservations must be made no later than Friday, December 7, 2012.** Attendees will be responsible for all other expenses incurred. Additional physicians, public members and executive directors are welcome to attend the meeting. However, due to budget constraints, the cost of these additional attendees cannot be covered by the AAOE.

Please complete and return the enclosed response form by Friday, October 26, 2012, indicating whether you will be able to attend the meeting. **You are strongly encouraged to make your hotel reservations as soon as possible.** Please submit completed forms to Priya Garg by e-mail at pgarg@osteopathic.org or by fax at (312) 202-8480.

If you have any additional questions, please contact me at dana.c.shaffer@gmail.com or Nicholas Schilligo, MS at (800) 621-1773 ext. 8185 or nschilligo@osteopathic.org. I look forward to seeing you at our 2013 Summit Meeting.

Sincerely,

Dana Shaffer, DO
President

Enclosure



RESPONSE FORM

AAOE Annual Summit Meeting
January 4-5, 2013
Fairmont Scottsdale Princess – Scottsdale, AZ

- Yes, I will attend the Summit Meeting
- No, I am unable to attend the Summit Meeting

Name: _____

Licensing Board: _____

Title on Board: _____

Phone: _____ Fax: _____

Email address: _____

Please return this form to Priya Garg
by Friday, October 26, 2012

Via Email: pgarg@osteopathic.org

Via Fax: (312) 202-8480

Page intentionally left blank