

ISSUES and ANSWERS

Oklahoma State Board
of Medical Licensure
and Supervision

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Out, damned spot!

– *Lady Macbeth*

A telephone call was received in our office recently in which a lady complained at length about the doctor's lab assistant failing to follow procedures commonly known as universal precautions. She cited failure to wash hands between patients, failure to glove or change gloves prior to drawing blood, retrieving dropped gloves and donning them, inadequate cleaning of planned puncture sites and touching the puncture sites with bare fingers prior to inserting the needle.

Since she chose not to give her name or the name(s) of the offices/labs where these violations occurred, our only way to answer her plea for help is to warn all our licensees that the actions of their extended employees (whether in-office or referrals) directly reflect on the doctor. Even though we know that most of the precautions are more for the protection of the drawer rather than the drawee, such gross errors create to the knowing public a perception of carelessness, non-caring, and dangerous infection possibility. Just as your reception area gives patients their first impression of you, the referral to a lab or x-ray tech may give the final impression.

In times past we have urged doctors to call their office anonymously to ascertain how patients' telephone concerns are handled. It would be a good idea to follow behind your patients as they complete your referrals to lab, x-ray, or pharmacy in order for you to decide if this is being done in a professional manner..

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New DEA Certificates of Registration

The Drug Enforcement Administration (DEA) Office of Diversion Control is in the process of changing the style and appearance of the DEA Controlled Substance Registration Certificate. As of October 1, 2004, the revised Certification of Registration will consist of two parts: one that can be displayed on the wall and a smaller wallet size version. The certificate will have an imbedded watermark logo, which will provide authentication of the certificate and also deter counterfeiting.

Registrants that are currently allowed to renew their DEA registration via the Diversion Control Program's website (i.e., Retail Pharmacies, Hospitals, Practitioners, Mid-level Practitioners and Teaching Institutions) may print their Certificate of Registration upon completion of the registration renewal process as long as no changes have been made to their registration since their last renewal.

The Diversion Control Program's website may be accessed at:

www.DEAdiversion.usdoj.gov.

The DEA will continue to send Certificates of Registration via the United States Postal Service to all new registrants and all other DEA registrants renewing their DEA registration.

The Mystery of Greed

*By Gerald C. Zumwalt, MD
Board Secretary/Medical Advisor*

Why does the medical profession lose out to the legal profession when tort reform comes before the legislature? Why don't we receive the universal love and admiration that we saintly physicians know in our heart of hearts that we justly deserve?

Perhaps it's a reaction to a non-emergency surgery patient first meeting her surgeon while she is strapped down on an operating table with IV dripping in her arm and an anesthesia mask hovering over her face and then not seeing him again until he magically appears at her hospital door to announce she is discharged and can go home.

Perhaps it is because her skin staples are removed in an Advanced Practice Nurse's office by an unlicensed medical assistant while the RN is off at another satellite clinic and her complaints of pain and tenderness are airily denounced as "drug seeking".

Perhaps it is because numerous telephone calls are never returned and requests for medical records are postponed and forgotten.

Perhaps it is because the only explanation she receives is "This is the doctor's standard way to handle post-op care."

Perhaps it is the parade of Porches, Mercedes and Escalades going from elitist parking lots to Taj Mahal professional buildings.

Perhaps it is spouse's pictures on society pages in local newspapers dripping jewelry and good intentions.

But then, none of this pertains to you, does it?

Website on Pain Medications

There is an excellent article from the University of Wisconsin on pain medications available in our office (***Prescription Pain Medications: Frequently Asked Questions and Answers for the Health Care Professional and Law Enforcement Personnel***) and at http://www.deaiversion.usdoj.gov/faq/pain_meds_faqs.pdf.

Any doctor utilizing opiates to a large degree should review this publication, which summarizes addiction, treatment, and legal and regulatory considerations. One caveat is that state laws and regulations also apply and this primarily covers federal. There are many references (published and web sites) listed.

The Times They Are A-Changin' — Bob Dylan

By Gerald C. Zumwalt, MD
Board Secretary/Medical Advisor

Through the years it has always been presumed that a patient presenting at a doctor's office for treatment/examination has given implicit consent for said treatment/examination. Due to the growth of the litigious atmosphere and the push for patient's rights, this assumption is now in question.

We recently have received complaints involving examinations done in offices that involved medically accepted and recommended procedures but which the patients (complainants) perceived as invasions of their privacy without prior consent.

These complaints also accentuated the necessity for the presence of chaperones, both for patients' comfort and the physician's protection. The subject even brings in doubt a same sex doctor/patient unchaperoned professional encounter.

One clinic has sent us a form they now are having patients sign when enrolling for care. It lists the patient's responsibility (financial and time) and rights (may "decline any part of the physical exam"). The paper further lays out details I have not previously seen in any consents –

Female Patients:

A. Breast exam - requires touching and compressing the tissue to check for lumps. The nipples are also compressed to check for discharge or abnormal drainage.

I consent _____ I decline _____

B. Pelvic and Rectal exam - A Pelvic/Rectal exam is done for the purpose of better evaluating the female internal organs. Colon cancer is also checked for with the rectal exam. A rectal exam is routinely included in the Annual Exam/Pap after age 35.

I consent _____ I decline _____

Male Patients:

A. Depending on your particular concerns, the penis and testicles may be examined.

I consent _____ I decline _____

B. Rectal Exam - to evaluate the prostate gland and to evaluate hemorrhoids.

I consent _____ I decline _____

This may indeed be overkill. **This agency is not requiring nor advocating the use of such an office consent. We are throwing the concept out for each doctor to consider.**

Licensure Requirements 2005

The new publication from the AMA on state licensure requirements has been received and may be viewed in our office.

One entry concerns new policies for graduate medical education in foreign countries. Oklahoma, along with eleven other states, will accept specialty certificates of foreign boards. Oklahoma accepts only those accredited in the United Kingdom. This appears to be a growing national trend.

Due to a judicial decision in Oklahoma County, our medical practice act has been modified to remove the Special License for Eminent Physicians and only the Special Licenses for Training now are issued.

Original licensure fees are stable. Reregistration fees show occasional raises (Texas from \$330 to \$419/year and Arkansas – long quoted as very inexpensive – from \$90 to \$195/year).

Last year Oklahoma issued 504 new unrestricted licenses - 401 to domestic graduates and 103 to international graduates.

As of June 2004, domestic graduates now take a clinical skill assessment formerly given only to International graduates. No performance data is available at this time.

Oklahoma State Board of Medical Licensure and Supervision

P.O. Box 18256, Oklahoma City OK 73154

or

5104 North Francis, Suite C, Oklahoma City OK 73118

Phone: (405) 848-6841

Fax: (405) 848-8240

Web Site: www.okmedicalboard.org

November 4, 2004 Board Meeting

The Oklahoma State Board of Medical Licensure and Supervision met on November 4, 2004 to consider licensure and disciplinary matters. Two new members of the Board, David Browning, MD (Tulsa) and Curtis Harris, MD (Ada) attended their first meeting.

Modifications and terminations of several probations as well as the annual review of licenses issued under terms of Agreement opened the day.

Four full medical licenses were approved after personal appearances by the applicants. Two MD licenses were issued under terms of Agreement. One involved past substance abuse in another state. The other restricted the doctor to office practice and required ongoing counseling for depression and stress.

One MD and one PA license were issued under terms of probation standard to history of substance abuse. One was transferring from training to full

status and the other was a reinstatement of an old license.

A Physical Therapist Assistant was suspended for three months and put on probation for five years requiring practice under direct supervision and affiliation with the Health Professionals Recovery Program as a result of stealing some Lortab from a fellow worker.

One MD was suspended for six months, fined \$15,000 and restricted from ever supervising a Physician Assistant as a result of aiding and abetting the unlicensed practice of medicine involving a tissue altering light instrument.

A PA was reprimanded for striking a restrained patient and required to obtain counseling in anger and stress management.

A MD was reprimanded for a fraudulent application, fined \$10,000 and had one year added to his current probation.

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OKLAHOMA CITY, OK 73154-0256