



GEORGIA COMPOSITE STATE BOARD OF MEDICAL EXAMINERS
MEDICAL BOARD NEWSLETTER

APRIL 2008

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William Roundtree, MD, Columbus

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Charles White, DO, Cleveland

Governor Sonny Perdue recently appointed Dr. Alexander Gross, (Atlanta), Dr. Marion Lee, Jr., (Cordele) and Dr. Richard Weil (Atlanta) to the Medical Board. The Board extends its deepest appreciation to Dr. Grace Davis (Sylvester), Dr. Joseph Finley (Alpharetta), Dr. J. Grant Lewis (Rome) and Carolanne Redfean, PA (Ex-Officio), Thomasville, for their faithful service and friendship during their tenure with the Board. We wish them success in all future endeavors.

Newsletter Editor:

William A. Woolery, DO, PhD

Board Staff

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Jeff Lane, MS, Director of Investigations

Idrisa Smith, Licensure Manager

Nancy Teele, Enforcement Manager

Phyllis White, Operations Analyst

NEW CSBME STAFF MEMBERS

The Board is pleased to announce three new staff members. Franchesca Virgil started on December 17, 2007 as full-time Legal Secretary with the Enforcement Department, Phyllis Perry started on January 2, 2008 as Applications Specialist with the Licensure Unit, and Betsy Cohen started on February 7, 2008 as Legal Services Officer. In addition, Mary Harris was promoted to Legal Secretary on February 16, 2008.



National Provider Identifier (NPI) for Georgia Medicaid

Dear Providers:

The National Provider Identifier (NPI) has been adopted by the U.S. Department of Health and Human Services to meet the HIPAA health care provider identification mandate. It replaces all existing health care provider identifiers, including numbers assigned by Medicare, Medicaid, Blue Cross, etc., on standard HIPAA transactions. It will be the number used to identify providers nationally.

All Medicaid providers—both individuals and organizations—who are eligible to receive an NPI, are required to have an NPI. The NPI will be required on electronic claims submissions. **Medicaid providers who are not eligible to receive an NPI will maintain their current Medicaid Provider ID.**

All active Georgia Medicaid providers must supply their NPI to Georgia Medicaid as soon as possible. The dual submission period for claims submission ended on February 1, 2008. Providing your NPI in a timely manner will allow Medicaid to test their systems and avoid disruption of claims processing on and after the May 23, 2008, compliance date.

Providers may apply for an NPI through the Center for Medicare and Medicaid Services (CMS) by completing the application at: <https://nppes.cms.hhs.gov/NPPES/Welcome.do>. When you receive your NPI number, please submit it on the Georgia Medicaid National Provider Identifier (NPI) Submittal Form with a copy of the NPI confirmation letter from the NPPES to:

Mail: ACS Provider Enrollment Unit
Post Office Box 4000
McRae, Georgia 31055
Fax: 1-866-309-0935

===== :
**CMS Releases Tamper-Resistant
Prescription Pad Guidance Update:**

On Saturday, September 29, 2007, President Bush signed the "Extenders Law," delaying the implementation date for all paper Medicaid prescriptions to be written on tamper-resistant paper pads. Under the new law, as of April 1, 2008, all written Medicaid prescriptions must be on tamper-resistant prescription pads.

CMS originally took a two-phased approach to implementation. For the first phase, at least one of the three tamper-resistant characteristics had to be required by State Medicaid agencies on prescriptions from the original implementation date of October 1, 2007, and then all three were to be required on October 1, 2008. With the implementation delay, the two-phased approach will still be in effect. At least one of the three characteristics must be required on April 1, 2008, and all three characteristics will be required on October 1, 2008.

The previous guidance CMS released to States via the August 17, 2007 "State Medicaid Director's Letter" and subsequent top questions will apply once the requirement is implemented. <http://www.cms.hhs.gov>

Pain Management Guidelines

Effective January 11, 2008, the Medical Board adopted new "Pain Management Guidelines". Please visit our website at www.medicalboard.georgia.gov to review these important guidelines.

Reminder: Rule 360-27-.02 Declaration of Patients' Rights.

Requires physicians to post a declaration of the patients' rights to file a grievance with the Board concerning a physician, staff, office or treatment received. The declaration shall contain the following language with no alterations, deletions or additions:

The patient has the right to file a grievance with the Composite State Board of Medical Examiners, concerning the physician, staff, office and treatment received. The patient should either call the board with such a complaint or send a written complaint to the board. The patient should be able to provide the physician or practice name, the address and the specific nature of the complaint. Complaints may be reported to the Board at the following address or telephone number: Composite State Board of Medical Examiners * Attention: Complaints Unit * No. 2 Peachtree Street, N.W. 36th Floor *Atlanta, GA 30303* (404) 656-3913

The declaration shall be prominently displayed in a sign that is 8 1/2 x 11 inches in size, type that is no smaller than 24 point Times Roman print in black on white background. It shall be displayed in the physician's waiting room in an area that is not obstructed and can be easily viewed by patients.

Physician Rules

Rule 360-3-.02 "Unprofessional Conduct Defined. Amended" is amended to add the following new rule:

(21) to be an employee of a Physician's Assistant whom the physician supervises in the performance of medical tasks or in providing patients' services. This rule shall not apply to a physician who can establish to the Board's satisfaction that:

- (a) the arrangement specifically mandates that the physician exercises independent judgment and control in the practice of medicine;
- (b) the physician's actions while engaging in the practice of medicine shall not, under any circumstances, be subject to the control of the physician's assistant; and
- (c) the policies and procedures implemented prevent the exertion of undue influence by the employing physician's assistant.

Rule 360-5-.05 "Time Limits for Applications Amended," is amended and reads as follows: An applicant must satisfactorily complete all requirements for licensure within one year from the date the Board receives the application. Otherwise, the applicant must submit a new application with the required fee. This one-year requirement does not include references. References will not be considered valid after six (6) months.

Rule 360-5-.14 "Volunteers – Physician's Assistant". The purpose of the rule gives the Board authority to establish a special license for physician's assistant volunteers.

Generic Rules

Rule 360-11 "Paramedics and Cardiac Technicians" removes the group from the Medical Board to Department of Human Resources.

Rule 360-2-.13 "Emergency Practice Permit" The purpose of the rule is to implement the provisions to allow the Board the ability to waive some of the licensure requirements in the event the Governor declares a disaster or declares a state of emergency.

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The following is a report of public disciplinary actions taken by the Board for **Physicians** from **July 1, 2007—December 31, 2007**. These cases have been investigated and are now part of the public record. Although every effort is made to ensure that the information is correct, you should check with the Board to assure accuracy. The Board may include several provisions in an order, which are not summarized in this report. You may obtain a copy of the public order from our website or by written request to the Board office for all professions identified in this newsletter.

Date	Discipline	License #	Name
7/5/2007	Voluntary Surrender	15652	Beatty, Douglas C
7/6/2007	Voluntary Surrender	35368	Astin, Phil Carroll
7/13/2007	Voluntary Surrender	16776	Baustista, Victor Cruz
7/13/2007	Public Reprimand	15269	Kavuri, Surendranath
7/13/2007	Probation	33669	Patterson, Spencer Michael
7/13/2007	Fine	1660	Portman, Edward
7/14/2007	Probation	37545	Gartmond, Cindy O'Bryant
8/2/2007	Suspension	53554	Jacobs, Terry
8/2/2007	Fine	17984	LaRach, Sergio Walters
8/2/2007	Probation	55436	Sipsy, Lonnie Keith
8/29/2007	Suspension	36216	McKnight, James
9/1/2007	Voluntary Surrender	9816	Ford, William Chester
9/12/2007	Suspension	44498	Jenkins, Wilbert Carl, Jr.
9/14/2007	Suspension	45376	Abdel-Samed, Gihan Salah
9/14/2007	Suspension	52040	Covington, Decarr Dowman, III
9/14/2007	Practice Restriction	37736	Zaenglen, James Matthew
9/24/2007	Suspension	32959	Parikh, Jyoti Ramnikal
9/24/2007	Practice Restriction	54030	Rawl, Douglas Kirkland
10/4/2007	Fine	19942	Feldman, Jack Arnold
10/4/2007	Probation	52409	Liu, Young Jian
10/4/2007	Voluntary Surrender	31334	Stuart, Lloyd S.
10/10/2007	Suspension	36885	Taraszka, Steven Robert
11/1/2007	Fine	52896	Brewster, Jeffrey Lynn
11/1/2007	Practice Restriction	31247	Gallegos, Karol
11/1/2007	Public Reprimand	35302	Oraka, Emeka Sammy
11/1/2007	Probation	36457	Sinclair, James Stanley
11/1/2007	Practice Restriction	59219	Tiemann, William Elmore
11/1/2007	Suspension	47035	Wash, Sharon Dorsey
12/7/2007	Voluntary Surrender	45376	Abdel-Samed, Gihan Salah
12/7/2007	Probation	17142	Bussey, John Robert
12/7/2007	Voluntary Surrender	17522	Francis, Rupert Ashton
12/18/2007	Practice Restriction	58203	Qureshi, Mohammad Uzair

A MONTH IN THE LIFE OF A BOARD MEMBER TED PERRY, MD

My name is Ted Perry, and I am a surgeon from Cartersville, Georgia. About three years ago, I received a call from my state senator that a position was available on the Composite State Board of Medical Examiners. I served my local community as a chamber of commerce board member, Little League coach and officer, and volunteer at church. I decided that I would like to extend that service to the state by serving in a larger role on a statewide board. I put my name and qualifications in the hopper for various open positions. Governor Perdue told my senator that there would be some “heavy lifting” involved if I accepted a position on the Composite State Board of Medical Examiners (CSBME). Governor Perdue was right on target with that prediction. Moreover, since I became a member of the Board, a number of my colleagues have questioned me about the CSBME with inquires like “What do you do up there at that Board?” Since I have been a member of the CSBME for about two and a half years now, I am beginning to settle into the position. I think I can partially answer the question.

The original idea for this piece was a day in the life of a board member. However, a single day just will not give the reader the flavor of the ebb and flow of a CSBME member’s volunteer service. The mission of the CSBME is to protect the health of Georgians through proper licensing of physicians and certain members of the healing arts and through the objective enforcement of the Medical Practice Act. The CSBME is the agency that licenses physicians, physician assistants, respiratory professionals, orthotists and prosthetists, perfusionists, acupuncturists and ear detoxification specialists, and physician residency training permits. The Board investigates and disciplines its licensees who violate The Medical Practice Act and other state statutes. To ensure that the function of the Board is properly managed, Board members take an oath to uphold the constitution of Georgia and the US.

The Board is organized in a committee structure in which the advisory committees make recommendations to the full board. The board approves, modifies, or rejects the recommendations. Board staff members, law enforcement staff, and board attorneys then carry out the board actions.

The month starts at the end of the previous board meeting. Other board members and I get about a one-to two-week reprieve from board work; unless, of course, there are case reviews. These cases have come to the CSMBE staff’s attention through malpractice awards, patient complaints, or law enforcement activity. The cases show up in a generic brown box containing from one to eight cases per month. Typically, the cases involve the board member’s specialty. Board members review these cases and make recommendations to the board, such as closing the case, interviewing the licensee, conducting more investigation, etc. We get that reprieve unless we need to have an emergency conference call. These calls commonly occur to suspend a license or take some other action that requires immediate board attention. Two weeks before the scheduled board meeting, the action really heats up with multiple uploads of information onto the board’s secure sites for review by board members. These documents relate to impaired licensees, licensees that require investigation, new license applications, requests for information and new rules promulgated by the board. In my experience, these uploads involve about one thousand pages of material for each individual board member to digest and formulate a proposed plan of action. The scheduled board meeting takes place in Atlanta and usually lasts two days. Board members meet to approve the minutes of the last meeting and the current agenda. Then we break up into two-person groups to interview licensees in closed-session interviews. The board continues with advisory committee meetings, including impairment, rules, licensing, acupuncture, PA, and so on. On the second day of the meeting, the full board reconvenes to act on the recommendations of the various advisory committees and recommendations from the investigative interviews, to interview licensees appearing before the board, and if necessary to conduct hearings on rules. At the conclusion of the meeting, board members head back to their individual practices from Savannah to Cartersville and from Albany to Clayton. We get that week or two reprieve-unless, of course, staff sends one of those generic brown boxes....

PHYSICIAN'S ASSISTANT NEWS

PHYSICIAN'S ASSISTANT ADVISORY COMMITTEE MEMBERS

Jean Sumner, MD, Chairman, Board Member
 Joseph Finley, MD, Board Member
 M. Vinayak Kamath, MD, Board Member
 Alan Platt, PA-C

Carolanne Redfearn, PA
 Kathy Kemle, PA-C, Ex-Officio Board Member
 William Paulsen, PA
 Runnette Flowers, MD

Definition of a Remote Site.

(a) To qualify as a "remote site", it must be shown to the satisfaction of the Board that there is a shortage and a maldistribution of health care services. The following factors may be considered: (i) the physician-patient ratio in the area in question; (ii) the distance between patients and existing physicians or other medical facilities; (iii) the maldistribution of particular types of specialty care; (iv) whether the area is designated or eligible for designation at the time of application by the Secretary of Health and Human Services as a "Health Manpower Shortage Area" pursuant to 42 U.S.C. Sec. 254(e); (v) any other factors which are indicative of shortage and maldistribution of health care services or any other factors which are indicative of an absence of adequate physician services in or reasonably accessible to the area in question.

Additional Duties for PAs

One of the PA Advisory Committee's responsibilities is to make recommendations to the Medical Board to approve or deny requests for additional duties by physicians for PAs. An additional duty is a procedure or a therapy which requires additional training and has an increased risk of morbidity or mortality.

Common examples include: PAs working with gynecologists who request colposcopy or office ultrasound. Internal medicine or cardiology PAs often request supervision of stress tests. Among the procedures PAs working in critical care specialties might request are central and arterial line placements.

Additional duties should fall within the usual scope of practice of the supervising physician. However, practices outside of dermatology and plastic surgery are now offering laser enhancement services to their patients. PAs performing laser procedures should request this as an additional duty once they **and** their supervising physicians have completed training specific to the laser they are operating.

A physician can not supervise a PA performing a procedure he himself has not been trained to do. Along the same lines, if a procedure is always performed in the presence of the supervising physician, additional duty requests are not necessary. PAs in the specialty of cardiothoracic surgery should not submit saphenous vein or radial artery harvesting as an additional duty. Additional duties for vein harvest must be under direct supervision. Physicians have to be certified or show proof of certifications on additional duty request.

It is inappropriate for a PA to perform this procedure in the presence of a surgical resident or fellow when the PA's supervising physician is not in the operating room. If you are unsure if a procedure is considered an additional duty, it is always better to submit the request and allow the Board to make that decision.

The following is a report of public disciplinary actions taken by the Board for **Physician's Assistant's** from **July 1, 2007—December 31, 2007.**

Date	Discipline Taken	License #	Name
7/20/2007	Suspension	2348	Sandler, Robert Jay
11/1/2007	Vol Surrender	2087	George, Dave Wayne
11/1/2007	Fine	3803	Parker, Sean Paul
11/4/2007	Suspension	3922	Tucker, Victor Jason

RESPIRATORY CARE PROFESSIONAL NEWS

RESPIRATORY CARE ADVISORY MEMBERS

Roland S. Summers, MD, Chairman, Board Member
 William Roundtree, MD, Board Member
 Alfred William "Fred" Droms, Jr., RRT
 Tom Madrin, B.S., RRT, RCP

Lynda Goodfellow, Ed.D., RRT
 Harold Oglesby, RRT
 Larry Arnson, PhD, RRT, RCP

Clarification to the CPAP Language

Individuals **must be** licensed in order to **provide care planning, provide education to the patient or family or to size an interface device for a CPAP or BiPap device with or without oxygen.**

RCP Proposed Rules for Posting

Rule 360-13-.10 "Continuing Education Requirements." On-line continuing education hours must be limited to 25% of the total contact hours needed to renew. Please visit our website at www.medicalboard.georgia.gov for a copy of the rules. If you have comments, please send to medbd@dch.ga.gov

The following is a report of public disciplinary actions taken by the Board for **Respiratory Care Professionals** from **July 1, 2007—December 1, 2007**. These cases have been investigated and are now part of the public record. Although every effort is made to ensure that the information is correct, you should check with the Board to assure accuracy. The Board may include several provisions in an order, which are not summarized in this report. You may obtain a copy of the public order from our website or by written request to the Board office for all professions identified in this newsletter.

Date	Discipline Taken	License #	Name
7/13/2007	Fine	6443	McGraw, Tscharnet
7/15/2007	Fine	6602	Johnson, Krystle
8/2/2007	Probation	2818	Rogers, Lisa
8/7/2007	Suspension	4617	Ellis, Eugene M.
9/14/2007	Revocation	5574	Schmidt, Debbie Maria Walker
11/1/2007	Public Reprimand	2014	Anderson, Robert

ORTHOTIST & PROSTHETIST NEWS

ORTHOTIST & PROSTHETIST ADVISORY MEMBERS

William Butler, MD, Chairman, Board Member

Todd Clay, C.P.O.

James H. Hughes, C.P.

Dan Zenas, C.P.

Marc Kaufman, C.P.O.

Status of Licensing of Orthotists and Prosthetists

While licenses have been available for individuals practicing orthotics and prosthetics since July 1, 2006, the grandfathering period expired July 1, 2007. As of July 1, 2007, it is illegal for an individual to practice either discipline in the state of Georgia without a license. Since July 1, 2006 the Composite State Board of Medical Examiners has licensed 78 orthotists, 41 prosthetists, and 82 prosthetist/orthotists.

Advisory Committee

There is a 5-member committee appointed by the Composite State Board of Medical Examiners that assists the Board in its administering of the licenses. Four of the members are licensed practitioners, and one member is a physician and Board member. The licensed practitioners are Todd Clay, LPO, Jim Hughes, LP, Marc Kaufman, LPO, and Dan Zenas, LP. The Board physician is Dr. William Butler. The committee meets each month to review the status of applications and discuss other relevant business.

Licensing Criteria

To qualify for a license, an individual must meet one of two possible sets of criteria.

1. Possess a baccalaureate degree, have completed a program in O and/or P from an accredited school, have completed an accredited residency in each discipline, passed the ABC exam, and submitted a complete application with the requisite fee; or
2. Possess an associate's degree with courses in anatomy, physiology, physics, chemistry, and biology, have completed 5 years of work experience in the discipline for which the license is sought under the supervision of a licensed or certified practitioner, passed the ABC exam, and submitted a complete application with the requisite fee.

Assistants and Technicians

The Composite State Board of Medical Examiners has established rules pertaining to the roles of technicians and assistants. No technician or assistant can provide *patient care services* without the *supervision* of a licensed practitioner in that discipline. The level of *supervision* required is that the licensed practitioner be *under the same roof* where the care is being provided. The type of care that must be performed or supervised by a license practitioner is *the assessment, measuring, molding, casting, fitting, or delivering a prosthesis or orthosis*. Repairs, maintenance, and routine adjustments do not require that the licensed practitioner be under the same roof.

Devices not requiring a license

Certain orthopedic and orthotic devices do not require the provider be licensed. These include shoes and inserts, soft goods, off-the-shelf devices, mastectomy prosthesis, and knee braces. Knee braces are exempted because the National Orthotic Manufacturer's Association (NOMA) moved to protect their distribution of knee braces through their sales representatives while the bill was moving through the legislative process in the House of Representatives. As a rule of thumb, if the orthosis is rigid and custom, the provider must have a license, except for knee braces.

CEU's

CEU's will be waived for the first renewal period. Every licensed practitioner must earn CEU's before the license expires every 2 years on the practitioner's last day of his/her birth month. Single-discipline practitioners must have 30 CEU's, and individuals licensed in both disciplines must have 15 CEU's per discipline. It is the practitioner's responsibility to maintain evidence that the CEU's were obtained, and the Composite State Board of Medical Examiners will conduct random audits for enforcement purposes.

If you have questions about orthotic and prosthetic licensure, please contact Lynette Riddle of the Composite State Board of Medical Examiners at 404-463-2292.

CLINICAL PERFUSIONIST NEWS CLINICAL PERFUSIONIST ADVISORY MEMBERS

Vinayak M. Kamath, M.D., Chairman, Board Member
Mike Troike, CCP

Lynn Pfaender, CCT, CCP

A. Karim Jabr, CCP
Chris R. Trocchio, CCP

Perfusionist License Renewal Information

Deposit of the renewal fee by the Board does not indicate acceptance of the renewal application or that any licensing requirements have been fulfilled.

Renewal of licenses can be accomplished online by visiting the CSBME website at http://medicalboard.georgia.gov/00/channel_modifieddate/0,2096,26729866_26733457,00.html

Should you have any questions regarding your license renewal, you can email the Perfusionist Application Specialist at pperry@dch.ga.gov

ACUPUNCTURE NEWS ACUPUNCTURE ADVISORY MEMBERS

Ted Perry, M.D., Chairman, Board Member
Hansen Chang, M.D.
John C. Hughes, L.Ac.
Robin Bewley, CHES, RYT, New Consumer Member

JiMong Choe, Ph.D., L.Ac., New Member
Gurusahay S. Khalsa, D.C., L.Ac.
Yong Li, L.Ac. New Member

Rule 360-6-.03 "License Requirements for Acupuncture" is amended to add a new subsection which states the applicant has one year to submit the documentation for licensure.

Rule 360-6-.06 "License Requirements for Acupuncturist & Auricular Detoxification Specialist" is amended to add a new subsection which states the applicant has one year to submit the documentation for licensure.

Rule 360-6-.03 "Licensure Requirements for Acupuncture" requires three acceptable references for licensure: one reference from a licensed United State physician (either MD or DO) in the same jurisdiction where the applicant is practicing and who is familiar with the applicants' practice, and two references from practicing acupuncturists familiar with the applicant's practice.

Rule 360-6-.09 Physicians – clarification of requirements for physicians to practice acupuncture in Georgia

Rule 360-6-.03 "Supervised Practice of Acupuncture" regarding quarterly reports. To view these rules please visit our website at www.medicalboard.georgia.gov

The following is a report of public disciplinary actions taken by the Board for **Acupuncturists** from
July 1, 2007—December 31, 2007.

Date	Discipline Taken	License #	Name
7/13/2007	Fine	194	Zhou, Fen
7/13/2007	Fine	4	Liu, Yuxian

APRN Protocol Review Process

Article by: Marian Blaesser, APRN Advisory Committee

As of this writing, 580 protocols have been accepted by the Protocol Review Committee. Many more have been reviewed and we have made much progress in educating the APRN and physician communities about the requirements for approval, particularly in specialty practice.

There are a number of elements required in the application packet. The following list enumerates most requirements:

- Registration Form
- Copy of Nursing license
- Fee
- Documentation of Specialty Training*
Form C
- DEA number, if applicable (when received)
- Protocol Agreement
 - Periodic review of records
 - Records review
 - Comparable specialty*
 - Abortion medication statement
(contained on new Form C)
 - Reference materials
 - Designation of medical acts
 - Procedures/treatments/medical devices
 - Diagnostic studies
 - Medications
 - Use and tracking of sample medications
 - Information on prescription
 - Prescription refill information

*For APRNs in specialty practice, there must be supporting documentation of training and or competency in the areas outside of the APRN scope of practice.

One continuing point of confusion surrounds the “other designated physician.” The primary delegating physician confers the ability to perform certain medical acts, and the APRN answers only to the primary delegated physician regarding medically designated acts. The “other” designated physician is for consulting purposes in the absence of the primary physician. The other designated physician(s) must support the primary physician’s agreement with the APRN **and** sign the protocol agreement.

We are working hard with members of the APRN community to improve the review process and have made great strides over the past few months.

When Self-Care is Bad Medicine

By: Paul H. Earley, M.D., FASAM

Throughout my career as a father, friend and a physician, I have found myself saying: "Take care of yourself." This is usually good advice, especially when it applies to those of us that are better at managing the lives of others than our own. In case you are wondering who I am talking about; I mean you. Physicians are notorious for sublimating their own needs into care of their patients. In doing so, they become excellent diagnosticians. They develop maternal or paternal relationships with their patients. A strong word from a good physician still holds a lot of weight with patients; it motivates them to take care of themselves.

But what happens to this paternal, sublimating, advice giver? All too often, we wind up feeling a bit alone. Our careful counsel to our patients becomes refined over the years, and we become trapped in the ivory tower of our own wisdom. Our considered counsel of others traps us into thinking that we know best. We have no time in a busy practice to seek medical care when we have minor medical problems. Why should we take the time anyway, because we already know the diagnosis and treatment?

So we treat our own medical conditions. Sometimes out of a lack of time, sometimes because we think we know best, and sometimes because we have redirected our own needs for so long that we no longer know how to ask for help from others. It always starts off in a benign manner: antibiotics for an upper respiratory illness, self-prescription for self-diagnosed GERD. But when we enter this territory we put ourselves on a slippery slope. When we treat the URI, it becomes easier to take a sample narcotic from the office closet to treat the inevitable cough.

When we have chronic degeneration in the knee, we drain it ourselves after we have had it done six times by our orthopedic (friend) physician.

I do not want to get on my high horse here, and say that physicians should never self-treat, even to the extent of our non-physician friends (who, by the way do the same thing, often deciding the best course of treatment for their back pain is to buy a back care book and see a chiropractor). The position I want to make clear is that physicians are in a complex and potentially dangerous place every time they treat themselves, and this place is more dangerous than that of the general public. The public has a limit on how far they can go with self-prescription. Physicians do not, and this lack of limits can be fatal.

The crux of the problem in physicians is the combination of knowledge, isolation, a sense of grandiosity, and a prescription pad in hand often leads to disaster. In my practice as a physician of physicians, I have watched countless lives destroyed by a series of bad judgments made over years around something as simple as intermittent back pain or headache. No physician can be objective about their own health. How the medical board addresses this problem is to discourage self-prescription of any medication and to investigate self-prescription of controlled substances. What I would like you to consider is that each time you treat yourself, you enter dark and uncertain waters, be wary! Consider your own limits. Regard your lack of objectivity about yourself as a fact. Remember that the very thing that makes you a good physician cripples your self-insight. Learn to ask for help. Find a physician you trust.

Self-care is something most of us need. Self-care does not mean self treatment, however. It means balancing your life, taking time for yourself. It means listening to the advice of your physician, something we all wish our patients would take to heart.

GEORGIA COMPOSITE STATE BOARD OF MEDICAL EXAMINERS

Purpose: The *Composite State Board of Medical Examiners* is the state agency that licenses physicians, physician's assistants, respiratory care professionals, perfusionists, acupuncturists, orthotists, prosthetists and auricular (ear) detoxification specialists. The Medical Board also investigates complaints and disciplines those who violate *The Medical Practice Act* or other laws governing the professional behavior of its licensees and unlicensed practice.

Mission Statement: The mission of the *Composite State Board of Medical Examiners* is to protect the health of Georgians through the proper licensing of physicians and certain members of the healing arts and through the objective enforcement of the *Medical Practice Act*.

<u>2008</u> <u>BOARD MEETINGS</u>	<u>CONTACT</u> <u>INFORMATION</u>	ACTIVE LICENSEES <u>AS OF 3/11/2008</u>
April 3-4, 2008	General Information.....(404) 656-3913	Physicians 27,475
May 8-9, 2008	Board Secretary..... (404) 657-6490	Physician's Assistants 2,423
June 5-6, 2008	Copies of Board Orders/ License Verification.....(404) 657-6494	Respiratory Care Professional 4,061
July 10-11, 2008	Complaints.....(404) 463-8903	Acupuncturists 152
August 7-8, 2008	PA/Perfusionist..... (404) 657-6495	Perfusionists 104
September 11-12, 2008	RCP/O&P.....(404) 463-2292	Volunteers in Medicine 12
October 9-10, 2008	APRN/Acupuncture.....(404) 463-5038	Institutional Physicians 2
November 6-7, 2008	Profile Information.....(404) 651-7854	Provisional Physicians 1
December 4-5, 2008		Resident Physicians 1,692
		Orthotists 73
		Prosthetists 39
		Orthotists & Prosthetists 81

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