

BOARD MEETING MINUTES

May 14 - 16, 2025

**3127 Smoketree Court
Raleigh, North Carolina**

General Session Minutes of the North Carolina Medical Board (NCMB) Meeting held May 14-16, 2025.

The May 14-16, 2025, meeting of the North Carolina Medical Board was held in person at 3127 Smoketree Court, Raleigh, NC 27604 and certain closed portions of the meeting were conducted virtually, including licensing and investigative interviews. Devdutta G. Sangvai, MD, JD, MBA, President, called the meeting to order. Board members in attendance were Anuradha Rao-Patel, MD, President-Elect; Robert L. Rich, Jr., MD, Secretary/Treasurer; Earic R. Bonner, MD, MBA; Candace A. Bradley, DO, MBA; J. Nelson Dollar, MA; W. Howard Hall, MD; Vickie A. Harry; Joshua D. Malcolm, JD; Mark A. Newell, MD, MMM; Miguel A. Pineiro, PA-C; Anthony R. Plunkett, MD. Members absent: Sharona Y. Johnson, PhD, FNP-BC.

PRESIDENTIAL REMARKS

Dr. Devdutta G. Sangvai reminded the Board members of their duty to avoid conflicts of interest with respect to any matters coming before the Board as required by the State Government Ethics Act. Reported conflicts were included within individual committee reports.

ANNOUNCEMENTS and UPDATES

Dr. Sangvai recognized new staff as they were introduced by their perspective manager. He also recognized staff celebrating ten year milestone anniversaries.

PRESENTATION(S)

Mr. Brian Blankenship, Board Chief Legal Officer, introduced speakers Mike Milnor and Nancy Oglesby, Co-founders of Justice 3D.

NORTH CAROLINA PHYSICIAN HEALTH PROGRAM REPORTS (NCPHP)

Dr. Joseph Jordan gave the NCPHP Wellness report.

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, and 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney/client privilege.

Dr. Jordan gave the NCPHP Compliance Committee report. The specifics of this report are not included because the information contained in the report is confidential and non-public.

A motion passed to return to open session.

NCMB LEGAL DEPARTMENT REPORT

Mr. Brian Blankenship, Chief Legal Officer, gave the Legal Department Report on Friday, May 16, 2025.

The report began in closed session, pursuant to N.C. Gen Stat. §143-318.11(a) to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, and/or 90-21.22 of the North Carolina General Statutes and not considered public records within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney/client privilege.

Mr. Blankenship provided information within the attorney-client privilege regarding rules activity and outside litigation matters. Additionally, Mr. Blankenship provided information within the attorney-client privilege regarding work product occurring since the last Legal Department Report was presented.

A motion was passed to return to open session.

Mr. Blankenship updated the Board on the schedule of the upcoming hearings and hearing assignments.

The Legal Department Report was concluded.

The Board accepted the report as information.

NCMB COMMITTEE REPORTS

Executive Committee Report

Members present were: Devdutta G. Sangvai, MD, JD, MBA, Chair; Mark A. Newell, MD; MMM; Anu Rao-Patel, MD; and Robert L. Rich, MD. Member absent: Sharona Y Johnson, PhD, FNP-BC

Financial Update

a. Year-To-Date Financials

The Committee reviewed the following financial reports through March 31, 2025: Balance Sheet, Profit & Loss versus Budget, and the Profit & Loss Comparison with the Board Controller.

Committee Recommendation: Accept the financial information as reported.

Board Action: Accept the Committee recommendation. Accept the financial information as reported.

b. Investment Account Update

The Committee reviewed the investment statements for March and April 2025 with the Board Controller.

Committee Recommendation: Accept the investment statements as reported.

Board Action: Accept the Committee recommendation. Accept the investment statements as reported.

- c. Simi-annual Report from Investment Advisor

This in-person report has been rescheduled for the July 2025 meeting.

Committee Recommendation: Accept as information.

Board Action: Accept Committee Recommendation. Accept as information.

Old Business:

- a. 2025 Board Retreat Update

The 2025 NCMB Retreat is set for August 8 – 10. The retreat will be held at the Aloft Hotel in downtown Wilmington, NC. Staff have been working on the details for the retreat.

The draft agenda and a brochure for the hotel are included with this memo.

The Committee will receive an update on the retreat details.

Committee Recommendation: Accept the report as information.

Board Action: Accept Committee recommendation. Accept the report as information.

New Business:

- a. Internal Controls Project Presentation

Earlier this year, we engaged Dean Dorton, the company that completes the annual financial audit, to conduct a review and evaluation of our internal controls. This project is a proactive review of the policies, procedures and practices for several functions, including key operational areas including finance and accounting, payroll, HR, IT and more.

The goal of the review and final report is to identify areas of risk, compare practices to industry standards, and develop a road map for strengthening controls.

Jodi Renn, Assurance Associate Director, Dean Dorton, presented the findings of the report.

Committee Recommendation: Accept as information.

Board Action: Accept Committee Recommendation. Accept as information.

- b. Request for New Positions

Mr. Mansfield explained that the time it takes to issue a license and complete an investigation are two of our highest priorities. Important steps have been taken to improve those times, but

immediate additional positions in Licensing and Administrative Investigations are needed. Those positions are not specifically included in the Board's Fiscal Year 2025 budget. It may be possible to add these positions without exceeding the current payroll line item in the FY25 budget, but he cannot guarantee that.

The two positions requested are: Licensing Investigator and Investigative Administrative Assistant.

Committee Recommendation: Approve the two proposed positions for immediate recruitment.

Board Action: Accept the Committee recommendation. Approve the two proposed positions for immediate recruitment.

c. Legislative Update

The Committee reviewed the legislative update.

Committee Recommendation: Accept the legislative update as information.

Board Action: Accept the Committee recommendation. Accept the legislative update as information.

CLOSED SESSION:

a. CEO Performance Review

A motion passed to go into closed session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to consider the qualifications, competence, performance, character, fitness, conditions of appointment, or conditions of initial employment of an individual public officer or employee or prospective public officer or employee.

As per Article V, Section 2 of the NCMB Bylaws, the Executive Committee met with Mr. Mansfield to conduct the annual CEO performance review.

A motion passed to return to open session.

Policy Committee Report

Members present were: Mark A. Newell, MD, MMM, Chair; J. Nelson Dollar, MA; Anuradha Rao-Patel, MD; and Anthony R. Plunkett, MD. Miguel A. Pineiro, PA-C, MHPE; Members absent Sharona Y. Johnson, PhD, FNP-BC

Old Business:

a. 2.2.3: Self-Treatment and Treatment of Family Members

The Committee considered and discussed the revisions received by the Committee members. Staff were directed to make suggested revisions and re-circulate the revised position statement to the Board's stakeholders and bring back any comments at a later meeting, with the anticipated date of July 2025.

Committee recommendation: Incorporate all suggested changes and re-circulate the revised position statement to the Board's stakeholders. Bring back any comments at a later meeting, with the anticipated date of July 2025.

Board Action: Accept Committee recommendation. Incorporate all suggested changes and re-circulate the revised position statement to the Board's stakeholders. Bring back any comments at a later meeting, with the anticipated date of July 2025.

b. 6.1.1: Advance Directives and Patient Autonomy (Appendix A)

The Committee had previously discussed incorporating language to include considerations related to acute diagnoses after traumatic events, and that defining language was incorporated. The Committee reviewed the revisions to the position statement favorably.

Committee recommendation: Adopt and publish the revised position statement.

Board Action: Accept Committee recommendation. Adopt and publish the revised position statement.

c. 6.1.2: Palliative Care and End-of-Life Responsibilities (Appendix B)

The Committee had previously discussed incorporating language to include considerations related to acute diagnoses after traumatic events, and that defining language was incorporated. The Committee reviewed the revisions to the position statement favorably.

Committee recommendation: Adopt and publish the revised position statement.

Board Action: Accept Committee recommendation. Adopt and publish the revised position statement.

d. 9.1.1: Physician Supervision of Other Licensed Health Care Professionals

The Committee considered and discussed the proposed revisions made and requested staff make additional revisions. Staff was directed to work with Committee members to make further revisions to the position statement and bring back revisions for consideration at a later meeting, with the anticipated date of July 2025.

Committee recommendation: Staff and Committee members to make revisions to the current position statement and bring back for consideration at a later meeting, with the anticipated date of July 2025.

Board Action: Accept Committee recommendation. Staff and Committee members to make revisions to the current position statement and bring back for consideration at a later meeting, with the anticipated date of July 2025.

e. 10.1.2: Corporate Practice of Medicine

Due to time constraints, the Committee was unable to review and discuss this position statement.

Committee recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accept as information.

Miscellaneous

Due to time constraints, the Committee was unable to review and identify position statements for review and discussion at the next available meeting.

Committee recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accept as information.

Licensing Committee Report

Members present were: Anuradha Rao-Patel, MD, Chair; Candace A. Bradley, DO, MBA; Earic R. Bonner, MD, MBA; Vickie A. Harry; Miguel A. Pineiro, PA-C, MHPE

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, and 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney-client privilege.

The License Committee reviewed four cases. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

License Interview Report

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, and 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney-client privilege.

Two licensure interviews were conducted virtually. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

Disciplinary (Investigative) Committee Report

Members present were: Robert L. Rich, MD, Chair; Candace A. Bradley, DO, MBA; J. Nelson Dollar, MA; Mark A. Newell, MD, MMM; Anuradha Rao-Patel, MD and Anthony R. Plunkett, MD. Member absent: Sharona Y. Johnson, PhD, FNP-BC

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, and 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney-client privilege.

The Disciplinary (Investigative) Committee reviewed 55 investigative cases. A written report was presented for the Board's review. The Board adopted the recommendations and approved the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

Disciplinary (Complaints) Committee Report

Members present were: Robert L. Rich, MD, Chair; Candace A. Bradley, DO, MBA; J. Nelson Dollar, MA; Mark A. Newell, MD, MMM; Anuradha Rao-Patel, MD; and Anthony R. Plunkett, MD. Member absent: Sharona Y. Johnson, PhD, FNP-BC

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, and 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney-client privilege.

The Disciplinary (Complaints) Committee reviewed 29 complaint cases. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public.

A motion passed to return to open session.

Disciplinary (Compliance) Committee Report

Members present were: Robert L. Rich, MD, Chair; Candace A. Bradley, DO, MBA; J. Nelson Dollar, MA; Mark A. Newell, MD, MMM; Anuradha Rao-Patel, MD; and Anthony R. Plunkett, MD. Member absent: Sharona Y. Johnson, PhD, FNP-BC

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, and 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney-client privilege.

The Disciplinary (Compliance) Committee reviewed nine investigative cases. A written report was presented for the Board's review. The Board adopted the recommendations and approved the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

Disciplinary (Malpractice) Committee Report

Members present were: Robert L. Rich, MD, Chair; Candace A. Bradley, DO, MBA; J. Nelson Dollar, MA; Mark A. Newell, MD, MMM; Anuradha Rao-Patel, MD; and Anthony R. Plunkett, MD. Member absent: Sharona Y. Johnson, PhD, FNP-BC

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, and 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney-client privilege.

The Disciplinary (Malpractice) Committee reviewed 41 cases. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

Disciplinary (DHHS) Committee Report

Members present were: Robert L. Rich, MD, Chair; Candace A. Bradley, DO, MBA; J. Nelson Dollar, MA; Mark A. Newell, MD, MMM; Anuradha Rao-Patel, MD; and Anthony R. Plunkett, MD. Member absent: Sharona Y. Johnson, PhD, FNP-BC

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, and 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney-client privilege.

The Disciplinary (DHHS) Committee reviewed one case. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public.

A motion passed to return to open session.

Investigative Interview Report

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, and 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney-client privilege.

Thirteen investigative interviews were conducted virtually. A written report was presented for the Board's review. The Board adopted the recommendations and approved the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

Advanced Practice Providers & Allied Health Committee Report

Members present were: Earic R. Bonner, MD, MBA; Vicki A. Harry; Joshua Malcolm, JD.; Miguel Pineiro, PA-C, MHPE. Member absent: Howard Hall, MD.

New Business:

a. Hormonal Contraceptive Protocol Update

The committee considered and discussed proposed changes to the statewide protocol that allows immunizing pharmacists to administer hormonal contraceptives to patients. Edits were proposed to the patient questionnaire and treatment pathways attachments to reflect updates to patient eligibility criteria as set out in the 2024 Medical Eligibility Criteria for Contraceptive Use. Changes to the protocol were reviewed and approved by the State Health Director. Staff recommended that the Committee approve the changes.

Committee recommendation: Approve changes to the Statewide Hormonal Contraceptive Protocol.

Board Action: Accept Committee recommendation. Approve changes to the Statewide Hormonal Contraceptive Protocol.

b. North Carolina Office of Emergency Medical Services (NCOEMS) Scope of Practice Requests

The Medical Director of NCOEMS spoke to the Committee and requested three scope of practice change. The changes were detailed in the materials provided to the Committee prior to the meeting. The requests included use of point of care ultrasounds by paramedics; inclusion of hormones as a medication class for paramedics when transporting organ donors who have been declared brain dead; and expansion of the thoracostomy pilot project to include Air Life NC. Staff recommended that the Committee approve the scope of practice requests.

Committee Recommendation: Approve the NCOEMS Scope of Practice requests.

Board Action: Accept Committee recommendation. Approve the NCOEMS Scope of Practice requests.

A motion was passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, and 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes.

- a. Staff presented the March 2025 Joint Subcommittee Panel recommendations. The specifics of the report are not included because the information contained in the report is confidential and non-public.

Committee Recommendation: Accept as information.

Board Action: Accept the Committee recommendation. Accept as information.

MOTION HEARING:

The North Carolina Medical Board held a motion hearing at its offices at 3127 Smoketree Court, Raleigh, NC 27604. Devdutta G. Sangvai, M.D., J.D., MBA, President and Presiding Officer, called the meeting to order on Friday, May 16, 2025, at 1:00 p.m.

Board members participating were: Devdutta G. Sangvai, M.D., J.D., MBA, Board President and Presiding Officer; Anuradha Rao-Patel, M.D.; Robert L. Rich, Jr., M.D.; Earic R. Bonner, M.D., MBA; Candace A. Bradley, D.O., MBA; J. Nelson Dollar, M.A.; Vicki A. Harry; and Miguel A. Pineiro, PA-C, MHPE. Also present was Mr. Fred Morelock, Independent Counsel, who assisted the Board.

Presidential Remarks:

Dr. Sangvai commenced the hearing by reminding the Board members of their duty to avoid conflicts of interest with respect to any matters coming before the Board as required by the State Government Ethics Act.

No recusals were noted for the record.

Dr. Sangvai then called roll and confirmed a quorum of the Board was present.

Motion Hearing

OENBRINK, RAYMOND JOSEPH, D.O. – Daytona Beach, Florida

The Board was represented by Mr. Adam Moyers. Dr. Oenbrink represented himself.

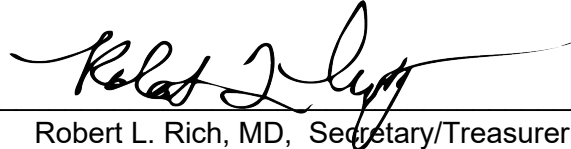
The Board heard presentations from Mr. Moyers and Dr. Oenbrink regarding the Board's Motion for Summary Judgment.

The Board voted to grant the Motion for Summary Judgment. Phase II of the disciplinary hearing to consider further evidence and determine the final disposition of this matter will take place on June 26, 2025.

ADJOURNMENT

The Medical Board officially adjourned at 1:51 p.m. on Friday, May 16, 2025.

The next meeting of the Medical Board will be in-person, July 16-18, 2025.



Robert L. Rich, MD, Secretary/Treasurer

6.1.1: Advance Directives and Patient Autonomy

Licensees must be aware that North Carolina law specifically recognizes the individual's right to a peaceful and natural death. [North Carolina General Statute § 90-320\(a\)](#) reads:

The General Assembly recognizes as a matter of public policy that an individual's rights include the right to a peaceful and natural death and that a patient or the patient's representative has the fundamental right to control the decisions relating to the rendering of the patient's own medical care, including the decision to have life-prolonging measures withheld or withdrawn in instances of a terminal condition.

Licensees must also be aware that North Carolina law empowers any adult individual with capacity to make a Health Care Power of Attorney ([N.C. Gen. Stat. § 32A-17](#)) and stipulates that, when a patient lacks understanding or capacity to make or communicate health care decisions, the instructions of a duly appointed health care agent are to be taken as those of the patient unless evidence to the contrary is available ([N.C. Gen. Stat. § 32A-24\(b\)](#)).

It is the position of the Board that it is in the best interest of the patient and of the licensee/patient relationship to encourage patients to complete or authorize documents that express their wishes for the kind of care they desire at the end of their lives. Licensees should encourage their patients to appoint a health care agent to act through the execution of a Health Care Power of Attorney and to provide documentation of the appointment to the responsible licensee(s). Further, licensees should provide full information to their patients in order to enable those patients to make informed and intelligent decisions preferably prior to a terminal illness. The Board also encourages the use of portable licensee orders to improve the communication of the patient's wishes for treatment at the end of life from one care setting to another.

It is also the position of the Board that licensees are ethically obligated to follow the wishes of the terminally ill or incurable patient as expressed by and properly documented in a declaration of a desire for a natural death; however, when the licensee is unable in good conscience to meet the wishes of a patient, the licensee may withdraw from the case once continuity of care is assured.

A terminal condition is a medical illness, injury, or health concern that is incurable and will likely lead to death. It is a serious, advanced stage of an illness where medical professionals have exhausted, conventional treatment options. The key characteristic is that the condition cannot be cured and will inevitably worsen, ultimately resulting in the patient's death.

It is also the position of the Board that withholding or withdrawal of life-prolonging measures is in no manner to be construed as permitting diminution of nursing care, relief of pain, or any other care that may provide comfort for the patient.

6.1.2: Palliative Care and End-of-Life Responsibilities

Assuring Patients

When appropriate processes have determined that the use of life prolonging measures or invasive interventions will only prolong the dying process, it is incumbent on licensees to accept death “not as a failure, but the natural culmination of our lives.”*

It is the position of the Board that patients and their families should be assured of competent, timely, comprehensive palliative care along the continuum of a diagnosis of a terminal condition** up until the end of life. Licensees should be knowledgeable regarding means to maximize quality of life and function, including effective and compassionate pain relief. Licensees should, for all patients, at age appropriate intervals, address Advance Care Planning including the establishing of a Health Care Power of Attorney and Advance Directives.*** The Board recognizes there are times when a hospice patient needs medications to manage pain or other symptoms in an urgent situation. Under these circumstances a hospice physician who is an employee of, under contract with, or a volunteer with a Medicare-certified hospice may prescribe medications to a patient admitted to the hospice program who he has not seen when the needs of the patient dictate.

Palliative Care

Palliative care is specialized medical care for people with serious illnesses. It is focused on providing patients with relief from the symptoms, pain, and stress of a serious illness—whatever the diagnosis. The goal is to improve quality of life for both the patient and the family.

Palliative care is provided by a specially-trained team of doctors, nurses and other specialists who work together with a patient’s other doctors to provide an extra layer of support. Palliative care is based on the needs of the patient, not on the patient’s prognosis. It is appropriate at any age and at any stage in a serious illness, and it can be provided along with curative treatment.****

Palliative care:

- Provides relief from pain and other distressing symptoms;
- Affirms life and regards dying as a normal process;
- Intends neither to hasten nor postpone death;
- Integrates the psychological and spiritual aspects of patient care;
- Offers a support system to help patients live as actively as possible until death;
- Offers a support system to help the family cope during the patient’s illness and in their own bereavement;
- Uses a team approach to address the needs of patients and their families, including bereavement counseling, if indicated;
- Will enhance quality of life, and may also positively influence the course of illness;
- [May be] applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.*****

Opioid Use

The Board will assume opioid use in such patients is appropriate if the responsible licensee is familiar with and abides by acceptable medical guidelines regarding such use, is knowledgeable about effective and compassionate pain relief, and maintains an appropriate medical record that documents a palliative care diagnosis and details of any pain management plan. (See the Board's position statement on the "[Policy for the Use of Opioids for the Treatment of Pain](#)" for an outline of what the Board expects of licensees in the management of pain.) Because the Board is aware of the inherent risks associated with effective symptom relief in such situations, it will not interpret their occurrence as subject to discipline by the Board.

*Steven A. Schroeder, MD, President, Robert Wood Johnson Foundation.

**As referenced in the Advance Directives and Patient Autonomy Position Statement, a terminal condition is a medical illness, injury, or health concern that is incurable and will likely lead to death. It is a serious, advanced stage of an illness where medical professionals have exhausted, conventional treatment options. The key characteristic is that the condition cannot be cured and will inevitably worsen, ultimately resulting in the patient's death.

***See also the Board's position statement on "[Advance Directive and Patient Autonomy](#)."

****Taken from the Center to Advance Palliative Care <https://www.capc.org/about/palliative-care/>

*****Taken from the World Health Organization definition of Palliative Care (2002)