Primum Non Nocere

No. 1 1999

forum

N C M E D I C A L B O A R D

Paul Saperstein

President's Message

Committees: The Inner Workings of the Board

The inner workings of the North Carolina Medical Board may appear complicated and confusing to those in the medical community unfamiliar with its structure. I thought some might find it helpful to receive a little more insight into the structure of the Board and how it works.

The Board has seven standing committees:

1. Complaint and Malpractice,
2. Emergency Medical Services/Nurse Practitioner/Physician Assistant,
3. Investigative,
4. Licensing,
5. Operations/Executive-Finance,
6. Physicians Health Program, and
7. Policy/Scope of Practice/Alternative Medicine.

These committees give the Board an opportunity to focus on topics relating to its responsibilities. The committees are chaired by individual members of the Board, with three to five members serving on each. We try not to have any Board member chair more than one committee.

It is important to note that no committee assignment is more or less important than another, although more time and attention is normally required by the Complaint and Malpractice Committee. It is the duty of this particular committee to review each complaint the Board receives and each malpractice judgment, settlement, and award reported to it. This process may require as many as 10 hours per month from each committee member. Should committee members have additional questions on any individual case, that case is referred to the Investigative Committee so further information can be gathered and evaluated.

Board members routinely devote as many as 40-50 hours per month to carrying out their duties. All committees meet a minimum of six times per year. Some meet 12 times a year; others are required to meet

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In This Issue of the FORUM

From the Executive Director

Andrew W. Watry

Check Out Our Web Site

Through the excellent cooperative efforts of the Board's Public Affairs and Operations Departments, we have dramatically enhanced our Web site. The address is: **www.docboard.org**. The site has been designed to provide the most useful information we can to our licensees and to the people of this state.

Good Web page design requires a few basic decisions and trade-offs that reflect the purpose of and audience for the site. You can design a page rich in graphic images that may be pleasing to the eye, but those images will take a long time to load on slower computers and modems, sacrificing time for little benefit. Elaborate displays and photos, for example, would probably be of little interest to those who access our site. They want information, not an art show.

Therefore, the North Carolina Medical Board's gateway Web page does not have an array of flashy images. The state flag flutters gently atop a utilitarian home page, designed to expedite access to valuable and useful information. It loads cleanly and quickly. The entire site features bold type and a background that makes for easy reading.

The following are some of the resources on the site:

- information on any physician, physician assistant, or nurse practitioner licensed in North Carolina;
- copies of the two most recent issues of our quarterly publication, the *Forum*;

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forum

N C M E D I C A L B O A R D

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The *Forum* of the North Carolina Medical Board is published four times a year. Articles appearing in the *Forum*, including letters and reviews, represent the opinions of the authors and do not necessarily reflect the views of the North Carolina Medical Board, its members or staff, or the institutions or organizations with which the authors are affiliated. Official statements, policies, positions, or reports of the Board are clearly identified.

We welcome letters to the editor addressing topics covered in the *Forum*. They will be published in edited form depending on available space. A letter should include the writer's full name, address, and telephone number.

North Carolina Medical Board

A PERSONAL VIEW

Addiction and Recovery: One Investigator's Thoughts

Edmund Kirby-Smith,
NCMB Investigator

As an investigator for the North Carolina Medical Board for the past eight years, I continue to be impressed, and saddened, by the number of physicians and physician extenders licensed in North Carolina that are discovered to have a substance abuse problem. I suspect those the Board identifies are actually a small percentage of the practitioners that have the problem. With the continuing growth of external pressures to produce being brought to bear on physicians, largely by managed care, and with the traditional, self-imposed pressures created by the idea that success is measured by income, the number of practitioners who succumb to substance abuse in an effort to deal with these pressures may increase.

"With the continuing growth of external pressures to produce, the number of practitioners who succumb to substance abuse in an effort to deal with these pressures may increase."

Pressure and More Pressure

Many physicians are becoming burnt-out by managed care, by being relegated to playing a numbers game, having fees regulated, and being told what medical acts they can and cannot perform. Recent investigations prompted by adverse action reports from managed care programs to the North Carolina Medical Board suggest that those programs are looking more closely at their members' productivity, or lack thereof, and are suspending physicians who don't keep pace with their peers.

Some physicians caught up in the managed care squeeze are simply getting out of medicine, namely those who have been able to work long enough in traditional settings to establish some degree of financial independence. These are the doctors who worked in high income specialties, have finished raising and educating their children, and do not have to support sick relatives or former spouses.

I recently interviewed a physician who was retiring from active practice because of the stress generated by managed care's pressing her to see more patients in less time to increase productivity. This particular physician could walk away, however, because, at the age of 62, she had made and saved some money from her most productive years. Despite still having financial commitments to some of her family members, she had discovered an income-generating marketing opportunity she expected would supplement her existing retirement assets.

Was I investigating this physician for suspected substance abuse or relapse? No, but if this physician had not been able to change her circumstances, she would have been at risk for substance abuse.

Three Cases

My initial investigation of an impaired physician was a memorable one. The first time I conducted a urine screen, I discovered the physician I was screening had been one of my college classmates! Needless to say, I didn't pay too much attention to the screening process, confident any classmate of mine was certainly no alcoholic. I'll never know for sure how many times this physician fooled me on screens, but I'm sure it was more than one. I later learned I wasn't the first person he ever fooled. I might have been the last, however, because I finally got a positive alcohol reading during one of my screening visits.

"He would try to quit — every morning he would pray that this day would be his last of using — but he couldn't tolerate the sickness of total withdrawal."

The doctor eventually lost his license. I'll never forget seeing him loading a trailer with all his possessions, heading to another state to work in a relative's factory. Today, this physician is practicing again with a full license, is a model of recovery for the North Carolina Physicians Health Program (NCPHP), and sponsors several other physicians currently in recovery.

I recall another physician who was writing prescriptions for himself under fictitious patient names, taking them to various pharmacies outside his practice area, identifying himself as the patient, and having them filled. When I confronted him in his office and got his admission, he was getting approximately 25 hydrocodone tabs a day using this scam. I asked him how he got addicted to so many pills. It all started with a few samples for some joint pain from an old skiing accident and kept escalating. He would try to quit — every morning he would pray that this day would be his last day of using — but he couldn't tolerate the sickness of total withdrawal. His addiction manifested itself in his personality, abrupt mood swings in particular, but never seemed to affect his practice.

He went into treatment the day following my confrontation with him, thanks to the intervention of Dr Robert Vanderberry of the NCPHP. After five years in active recovery, he is practicing with a full license again. I still visit him from time to time. Unlike our first encounter, he is always glad to see me now.

What about the impaired physician practicing in a rural setting who carried a gun in his glove compartment! Makes you wonder what kind of patients he was making house calls on. At the time another investigator and I confronted him, he looked bloated, had cold sweats, was overweight, had skyrocketing blood pressure, and was addicted to pain killers and alcohol. His addiction began years before because of migraine headaches and escalated to the point that he contemplated taking his own life. He knew that he needed help but didn't want to jeopardize his career in medicine.

Once again, Dr Vanderberry and NCPHP intervened and got him into treatment immediately. Today, this physician has achieved many years of sobriety, is successful in his personal and professional life, has his blood pressure and cholesterol under control, runs three miles a day, and looks great. He still has an occasional problem with migraines, but he calls either the NCPHP or me before he takes any medication for them. Although he now has his full license back, he still likes for me to visit him from time to time and screen him to reinforce his recovery.

Cocaine

I recently had two physicians I randomly screened — one for suspected cocaine use and the other for alcohol — test positive for cocaine. Coincidentally, both explained the positive readings as having occurred during sexual encounters with partners who had been using cocaine. Both have lost their licenses — one is in recovery, the other is not.

I couldn't understand why a physician, knowing he was suspected by the Board of substance abuse and thus subject to random urine screens, would risk losing his license

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Addiction and Recovery

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by continuing use of what is sometimes called "a party drug." I'm not sure I know the answer even now, except that cocaine, while easy to detect in a screen, generates what must be one of the most difficult addictions to control, an addiction that evidently lurks within between intervals of use, to be awakened from its lethargy by some trigger message to the brain that tells the body it must have the drug right now and at all costs.

Relapse prevention must be a terrible struggle with cocaine addiction. If you have seen the film "The Manchurian Candidate," which deals with brainwashing, you will know what I mean. At least with recovery from alcohol and hydrocodone, you can be in control of your own destiny. Cocaine addiction seems different. I haven't monitored any practitioners recovering from it yet, but I'm not very optimistic about the prognosis for long-term success with cocaine addiction.

Recovery

While addiction is the dark consequence of substance abuse, the possibility of recovery is a bright hope for the addicted. I have made reference to the NCPHP in the cases noted above, and for good reason: without an entity such as the NCPHP to organize assessment and recovery, practitioners who are addicts, in my opinion, would die a slow death.

I know that many physicians think they are larger than life and can deal with their own problems, but from my experiences in dealing with physicians who fail to control their disease because they tried unsuccessfully to go it alone, addicted practitioners need to confront their problem in a structured setting with a structured monitoring program in order to find success in recovery. The NCPHP does this without destroying the self-esteem and self-worth of the practitioner, largely because it is directed by a physician and professional staff that have been through addiction themselves. Yes, there are members of the Medical Board on the NCPHP's Board of Directors and the Medical Board funds the NCPHP, but that does not make the NCPHP simply a branch of the Medical Board. It is separately organized to work both with physicians (and physician assistants) who come to it on their own or under pressure from relatives, friends, or colleagues, and with those referred to it by the Medical Board.

"While addiction is the dark consequence of substance abuse, the possibility of recovery is a bright hope for the addicted."

Through the NCPHP, the impaired practitioner can seek and obtain the structure and support needed to recover from his or her addiction. Many recovering practitioners who participate in the NCPHP are anonymous and remain so as long as they are compliant in their recovery. However, should their participation falter, they will be reported to the Medical Board — the first principle is always protection of the public.

No Panacea

It must be said that recovery is not a panacea for addiction — there is no such thing — nor can it insure that relapse will not occur. In my monitoring of impaired physicians in recovery, I have confronted relapse several times in the positive results of random urine screens. In the past, when I first began with the Board in 1991, relapse was often seen as a failure of recovery that called for suspension or revocation of the license. It still does in some cases, but odds are against relapse except where the impaired physician is not in a structured recovery program. I believe the current thinking of the Board is that relapse is an unfortunate part of the recovery process, but only a part, and, as such, should not necessarily signal the death knell for the practitioner's license.

"I believe that the pressures of family life can contribute to both the addiction and relapse of practitioners and that a strong family support system can go a long way to achieving success in recovery."

Additionally, relapse prevention is a concept that was absent when I first began with the Board. Structured relapse prevention programs now exist and, based on my experience, are effective in minimizing relapse or the effect of relapse.

Value of Monitoring

I enjoy visiting practitioners in a structured recovery program orchestrated by the NCPHP and approved by the Board. I don't enjoy the technical aspect of monitoring the recovering physician — random urine screening — but I do it, not only because it is directed by the Board but also because I believe it reinforces the practitioner in his recovery. In fact, I have been told exactly that by many of those I monitor. One in particular, who will know himself when he reads this, prides himself on being one of the first impaired practitioners ever confronted by the Board, even before the inception of the NCPHP. I visit him often at his practice site and he visits the Board often for periodic updates on his practice and recovery, as much by his request as by the Board's need to see him. He is doing great, but has had to fight through several relapses over the years.

This physician feels he owes his life to the Board and the NCPHP, and he probably does. But he owes his life to himself as well, because he knew he couldn't fight his battles with addiction and relapse alone, and he had the presence of mind, even when contemplating taking his own life, to ask for help and to know where to find it. I'll probably continue to visit this physician indefinitely, not just professionally, but also because his outlook on recovery and on those who have helped make it possible for him has been an inspiration to me in my own life.

Importance of Support

I have often heard from physicians that I monitor that the first step to recovery is to admit the problem. Surely, the second step has to be the willingness to reach out for help in the form of a structured assessment process and recovery program. And a strong support group is essential. In my dealings with impaired practitioners, especially those in structured recovery programs, I am continually impressed by the emphasis they place on their families and other sources of support, such as Alcoholics Anonymous, Narcotics Anonymous, and Caduceus.

I believe that the pressures of family life can contribute to both the addiction and relapse of practitioners and that a strong family support system can go a long way to achieving success in recovery. At the same time, some family members may also have to admit and address not only the practitioner's problems of dependence and addiction but their own as well, for a practitioner who remains in a relationship of co-dependency with an enabling family member has little chance of saving himself or herself. The adage "misery loves company" bespeaks this fact. Several practitioners now in successful recovery have said to me that they didn't begin to get their lives back in order until their relationship with a non-supportive, enabling spouse changed.

Come Forward Voluntarily

Finally, I hope that practitioners with a substance abuse problem can take heart that there is life after addiction, that neither the Board nor its investigators are out to hammer those who seek help with the problem. At the same time, however, a word of

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admonishment to those who have a problem but refuse to come forward with it: at some point the Board will find out about your problem from some concerned spouse, co-worker, or patient. That being the case, you will likely have your medical license suspended while the Board refers you to the NCPHP for assessment and treatment. Far better to come forward voluntarily and take advantage of the assessment, treatment, and recovery programs the Board and the NCPHP have worked to make available to you. ◆

USMLE CBT Administration on the Horizon

Administration of Steps 1, 2, and 3 of the United States Medical Licensing Examination (USMLE) is scheduled to be computerized in 1999. The computer-based test (CBT) will be given at more than 350 Sylvan Prometric test centers in the United States and in Europe, Asia, Africa, Latin America, and the Middle East.

The first CBT administration of USMLE Step 1 is currently planned for April 1999, Step 2 for July 1999, and Step 3 for October 1999.

One benefit of CBT administration will be year-round availability. Another will be the elimination of the need for elaborate security systems that are required when using paper-and-pencil tests. Computer adaptive sequential testing allows the computer to draw test items at random from a large bank of questions, virtually creating a new examination each time the test is taken, reducing the likelihood that identical sets of questions will be selected for multiple examinees.

CBT administration will also allow use of Computer Case Simulations (CCS). The hope is that CCS can be introduced as part of the October 1999 USMLE Step 3. Interactive CCS allows examinees to provide care for a computer simulated patient. They may request information from the patient's history and physical, order laboratory studies, order medications, etc, while monitoring the patient's response.

For more information on the computerized administration of USMLE, contact the Federation of State Medical Boards' office of Examination and Board Action Data Bank Services at (817) 868-4043. ◆

Call for Comments on Use of Lasers

Elizabeth P. Kanof, MD
Member, Scope of Practice Subcommittee, NCMB Policy Committee

Dr Kanof

The North Carolina Medical Board periodically issues position statements after thorough research and debate. These statements are not legally binding. However, they do promulgate professional and ethical guidelines for our licensees: physicians, physician assistants, and nurse practitioners. These guidelines are essential to fulfilling the Board's mandate to protect the public by regulating the professionals we license. Violation of the guidelines is relatively uncommon; hopefully, there will continue to be few instances in which the Board is forced to charge a licensee with unprofessional conduct or impose sanctions due to such a violation.

Lasers and laser-like devices have exploded on the scene in recent years and have been used by many physicians in various specialties and by other professionals. The Board is now developing a position statement on the use of these devices and would welcome comments and suggestions from the community of licensees. If you would like to share your thoughts with us, please address your correspondence to the Scope of Practice Subcommittee, North Carolina Medical Board, PO Box 20007, Raleigh, NC 27619, by May 31, 1999.

Key issues the Subcommittee will examine include the following.

1. Should licensees use only FDA approved devices or should the purchase of this rapidly changing technology be left to the judgment of the purchaser?
2. What documentation should be required indicating that the physician using these devices has attended appropriate laser courses, including instruction in basic laser physics, laser safety, didactic lectures on clinical application of lasers, and hands-on experience under the supervision of an appropriately trained and experienced laser surgeon?
3. Are lasers or laser-like devices (eg, Epilight) within the scope of practice of PAs and NPs? If so, which devices necessitate a physician being on site? If a physician need not be on site, how far from the site, in time, should he or she be? What documentation of PA/NP training to use these devices should be required?
4. Should trained non-PA/NP staff be allowed to operate lasers or laser-like devices (eg, Epilight) only when a physician is on site? If a physician need not be on site, how far from the site, in time, should he or she be? What documentation of training for non-PA/NP staff should be required? Should such trained staff be allowed to operate these devices at a satellite clinic independent of any direct physician supervision?

Clearly, there are other issues not noted above that you may wish to raise and comment on in your letter to the Subcommittee and we hope you will feel free to do so. Meanwhile, the Board's special thanks is extended to all of you who take the time to participate in this effort to develop a sound policy statement on the use of lasers and laser-like devices. ◆

ATTENTION PHYSICIAN ASSISTANTS AND NURSE PRACTITIONERS
Rules Changes and New Registration Information

RULE CHANGES:

On pages 8 and 11 of this issue of the *Forum* are special articles by Wayne W. VonSeggen, PA-C, vice president of the North Carolina Medical Board, and Cheryl Y. Proctor, MSN, RN, CS, FNP, reviewing changes in the Board's Rules relating to physician assistants and nurse practitioners that will go into effect on May 1, 1999. PLEASE TAKE TIME TO READ THE ARTICLE THAT APPLIES TO YOUR FIELD and review the rules that were published in full in the last number (#4, 1998) of the *Forum* and are posted on the NCMB's Web site.

NEW REGISTRATION INFORMATION:

Please read the official statement of the North Carolina Medical Board regarding registration of physician assistants and nurse practitioners that appears on the back of this number of the *Forum*. THAT STATEMENT SHOULD BE CLIPPED OR COPIED AND ATTACHED TO YOUR CURRENT REGISTRATION CERTIFICATE IF THE EXPIRATION DATE IS LISTED AS JUNE 1999.

In accord with changes in 21 NCAC 32S.0105 and 21 NCAC 32M.0105, all licensed physician assistants and nurse practitioners will be required annually to register their licenses within 30 days of their birthdays beginning in June 1999. Important details about this new registration schedule are included in the Board's official statement.

To Carry This Message and Practice These Principles

A North Carolina Physician

Our program of recovery [in Alcoholics Anonymous] invites us to continue our spiritual awakening by taking the Twelfth Step. In this step, we bring the message of a way up and out of the hell from which we have escaped to those that continue to be confined there. We take the Twelfth Step by telling what it used to be like, what happened, and what it's like now. In the process, we bring hope to the hopeless and maintain a sharp edge on our own tools of recovery.

Ruled by Drugs, Alcohol, Resentment, and Fear

What it used to be like for me was a life ruled by drugs, alcohol, resentment, and fear. At times, I thought I had some strange and rare mental illness, treatable only with my increasingly unorthodox concoctions. At other times, I thought I was simply too weak to solve my problem or not smart enough to come up with an effective cure. My futile attempts at self-detoxification became less and less frequent as I lost hope that I could ever return to the relatively normal life I had once known.

Friends, family, and the medical community became of little interest to me. My self-esteem dissolved. As I approached the end of my rope, I hung on tight to the notion that my patients needed me and that I could still treat them safely. That confidence was stripped away when I discovered evidence that I was having blackouts. I knew I was dangerous and that I would have to be stopped.

I had too much denial and shame to ask for help. That left one way out. When I became convinced that it would be better for my wife and children for me to be dead, I made final preparations. I had brought a shotgun to my office and a dark morning arrived when I prepared to use it. I was pulled back from the brink that morning by an urgent call for my services as a medical examiner. In short order, I found myself at the eerie scene of a young man's shotgun suicide. That weird twist of fate gave me something to think about and kept me going for another month.

"I had brought a shotgun to my office and a dark morning arrived when I prepared to use it."

But once again, I returned to that desperate place with the solution to all my problems lying in my lap. And once again, I was summoned out to investigate another pathetic suicide. At that moment, I came to believe in God and I felt that He was trying to tell me something. But I was dismayed. This God that had shown up at the last minute had sacrificed two lives to save mine so I could continue to suffer.

The Beginning of Hope

Such was the sad and twisted state of mind I had a short time later when a Medical Board investigator showed up to suggest I go talk with Dr Vanderberry, the medical director of the North Carolina Physicians Health Program. In his kindly and direct fashion, Dr Vanderberry suggested that I might be an addict-alcoholic! I countered that I was fairly confident that my problem was mental illness, most likely manic-depression. He thought not. But he suggested I go see Dr Talbott in Atlanta and find out.

And so I found myself in detox one bright morning, staring up at something called the Twelve Steps. That was the beginning of hope. It struck me that I was indeed powerless and it was painfully clear that my life was unmanageable. In that First Step, there was a loud ring of truth. Later that night, I tried to be honest with another addict-alcoholic about my life. I told him about my guilt and resentment towards God for sacrificing two lives to save me. He told me something I will never forget. He told me I was arrogant and that God had simply allowed me to be there. That for me was the first moment of spiritual awakening. I changed from being resentful towards God to being grateful.

"I was indeed powerless and it was painfully clear that my life was unmanageable."

He went on to tell me that I was obviously very sick and that I needed help from the God of my understanding. He told me I needed to pray and told me how to accomplish this. He told me that all alcoholics were arrogant and that I needed to humble myself and pray on my knees. He told me that we don't listen well so I should pray out loud. He even told me what to pray for, that being knowledge of God's will for me and the strength to carry that out.

I had not slept for three days and was beyond exhaustion. I had an incredible burden of fear. At that point, I had nothing left to lose and no way to go but up, so I surrendered and followed instructions. And when I was through praying and up from my knees, I found that I had been relieved of fear and fatigue. I had the certain awareness that everything was going to be OK. And so it was. And so it continues to be.

One Day at a Time

Today, I carry the abridged version of the Twelve Steps with me at all times. "Trust God, Clean House, Help Others." I try to practice these simple principles in all my affairs and the program continues to work for me, one day at a time. I have been given a lot to do in recovery and I have had a lot of spiritual homework, which is what my first sponsor used to call problems.

I have been entrusted with the responsibilities of chief of staff in our hospital. I have been given the opportunity to work with those whose lives have been wrecked by addictive disease as medical director of a treatment center. I have been treasurer and coffee maker for my home group that meets just down the block from my hospital. My physical health has been restored and my family life continues to improve.

My eyes have been opened and my attitude has changed thanks to the love and protection of my Higher Power and the program of Alcoholics Anonymous. ◆

Reprinted with permission from the North Carolina Physicians Health Program's publication, *Metamorphosis*.

The author would be pleased to talk with others interested in the issue of physician impairment. Please write the editor of the Forum, *Dale Breaden, at the NCMB for information on contacting the author.*

MY PERSPECTIVE

The Spheres of Medical Ethics

Walter M. Roufail, MD
Former President, NCMB

Dr Roufail

One would think that the definition of ethics would be straightforward and relatively constant: do what is right. Do what is good and avoid what is evil. Do no harm! It is apparently not as simple or obvious in the waning years of this millennium. Ethics is dissected as assiduously as the DNA helices. The debate is being carried on in innumerable articles in the lay and scientific press, in specialized publications, in expert seminars, and in public forums. In the medical profession, the appearance and entrenchment of managed care have invigorated it. This intellectual overload has resulted in different definitions of the word relative to the subject or the circumstances at hand.

"From the simple one page document that Hippocrates wrote two and a half millennia ago, the AMA has updated medical ethics into a 175-page volume."

From the simple one page document that Hippocrates wrote two and a half millennia ago, the AMA has updated medical ethics into a 175-page volume. I do realize that life may have been simpler in ancient Greece, but I do not believe that the relationship between physicians and their patients has changed so much as to require this prolific intellectual activity. Sociobiologists have also recently entered the fray, suggesting that morality (read ethics) may be encoded in the human genome, assuring the survival of the human species. Whether the product of the lofty minds of philosophers or in the test tube of cellular biologists, ethics has been part of the human condition since recorded history, across cultures, religions, and in liberal secular societies.

Three Concentric Circles

Ethics appears to affect the physician in three concentric circles, the largest one encompassing the mores of society in general. This is usually a reflection of tradition, religion, and the particular form of government that happens to rule society at that time. Ethics in our secular Western societies is codified in what we understand as the law. Laws may be good or bad, but they nevertheless supersede and may conflict with professional and personal ethics.

Professional ethics is in the second sphere, representing the values shared by groups engaged in the same endeavor: physicians, lawyers, etc. These values may be transmitted by tradition, as in the Hippocratic Oath, modified, as in the AMA Code of Ethics, or arrived at by the consensus of wise men, as with the bar. An implicit threat flows from breaching professional ethics, from loss of the respect of your peers (shame, another word fast losing its meaning) to actual exclusion from the group.

Personal ethics is within the third and smallest circle. It is the residue of one's upbringing, of family and religious values transmitted through generations and modified individually with maturity. Although subliminally affected by the two larger circles, most physicians subconsciously rely on personal ethics in their day-to-day relationships with patients. It is the sum of these individual values that controls pragmatically the behavior of the profession. To consider all physicians as a monolithic entity abiding by a rigid set of rules is naive. There are physicians who will or will not perform abortions, believe in or strongly oppose euthanasia, will or will not participate in capital punishment, and may or may not ration or overutilize care for financial gain. To expect all of us to behave identically in a free society is unrealistic.

"Professional ethics is a consensus of individual ethics found over generations to be shared by the vast majority of practicing physicians."

Let us consider, then, that professional ethics is a consensus of individual ethics found over generations to be shared by the vast majority of practicing physicians. I think it is quite healthy to continue the debate on all these issues and many more and to question dogma when it does not appear to equate with common sense. I believe the North Carolina Medical Board's members have participated actively in that reassessment in the past decade.

Euthanasia and Lethal Injection

Of all the admonishments to physicians, none is more universally accepted and, hopefully, practiced than the principle of "do no harm." It includes both physical and psychological (moral) harm to patients and their immediate families. Following that golden rule, all ethical matters should become almost self-evident. Not so, apparently. At the risk of trivializing the debate, we do not seem to agree on the meaning of the word *harm*. Apparently it means injury to some and compassion to others. The most vivid example is euthanasia.

Whenever allowed by law, some physicians have been willing to help in the premature death of their patients. A leading proponent and perpetrator of this idea in this country, Dr Kevorkian, was and is still ostracized by numerous professional and nonprofessional organizations. However, when the citizens of Oregon voted to make it lawful, the objections were far from unanimous. Thus, if you are a physician in Portland, Oregon, you are allowed by state law (reinforced recently by a Justice Department pronouncement that it is not a violation of federal law) to assist in suicide. You have little or no guidance from your profession and you are left to grapple with your individual ethics to make a moral professional decision.

The case against lethal injection of a person sentenced to death is even stronger. Here, one is performing a medical act on a presumably well individual with the express goal of his or her death. I cannot find in any medical code where such an action could be condoned or tolerated.

Abortion

A quarter century ago (1973), the Supreme Court of the United States found for Roe against Wade. Abortion was now legal for both the pregnant woman and the physician who performed it. Chief Justice Warren Burger commented then:

> I do not read the Court's holdings today as having the sweeping consequences attributed to them by the dissenting Justices; the dissenting views discount the reality that the vast majority of physicians observe the standards of their pro-

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Spheres of Medical Ethics

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> fession and act only on the basis of carefully deliberated medical judgements relating to life and health. Plainly the court rejects any claim that the Constitution requires abortion on demand.

The Chief Justice could not have foreseen that a quarter century later that is precisely what is happening: abortion on demand.

In the professional sphere, the Hippocratic Oath is quite explicit: "I will not perform abortions." To accommodate the times, the Code of Ethics of the AMA reads: "The principles of medical ethics do not prohibit a physician from performing an abortion in accordance with *good medical practice* [emphasis mine] and under circumstances that do not violate the law." The statement is so nebulous that it is of little if any value. The Accreditation Council on Graduate Medical Education was more forceful by requiring residency programs in obstetrics and gynecology to teach induced abortion, exempting both residents and institutions that may have religious or moral objections. One has to interpret this requirement as condoning the morality of abortion or, at least, that there are two moralities to the problem, which, although opposite, are nonetheless both acceptable.

This type of obfuscation may be politically correct but certainly does not provide a clear stand on an ethical matter of great significance to the profession. It is thus left to each individual physician to evaluate whether abortion falls under the definition of "relief of pain and suffering" and "doing no harm" and whether it is a medical or a social problem.

Managed Care

No discussion of modern medical ethics would be acceptable without mentioning ethics and managed care. I submit that this is not a new problem, that it is in the continuum of financial gain and the practice of medicine. Do not think there are different medical decision-making processes for different patients, ie, the indigent, the uninsured, those on Medicare or Medicaid, those belonging to HMOs. It is incumbent on each physician to remain the patient's advocate and to assure that the contract he or she is signing with any third party does not hinder his or her ability to do the best he or she knows how by patients.

"I would hope that we would not compromise our cherished autonomy for financial greed or to follow the dictates of an amorphous corporation."

Managed care organizations do not practice medicine — physicians do. I would hope that we would not compromise our cherished autonomy for financial greed or to follow the dictates of an amorphous corporation. For those who knowingly accept the terms, I would predict that they will face a breach of their professional and individual ethics.

Conclusion

In the waning years of this century, the practice of medicine is dominated by external forces. To accommodate societal needs, we physicians are gradually losing our decision-making autonomy. We have to obey the laws that are becoming more numerous and more complex, we sign contracts with a multitude of entities that sooner or later tend to dictate rather than discuss, and we live with the perpetual threat of court actions for the most trivial reasons. Professional ethics is becoming more relative than clearly defined. We have to rely on our individual ethics to do the best for our patients under whatever mode of practice prevails. After all, this is why we received the call in the first place. ♦

A Guide to Understanding the New PA Rules: Revised and Refined

Wayne W. VonSeggen, PA-C
Vice President, NCMB

In January 1998, the North Carolina Medical Board approved a significant revision of the physician assistant regulations, with some subsequent changes during the fall of 1998. Comments from the public at an open hearing on October 30, 1998, were all favorable. The proposed PA regulations were approved by the Rules Review Commission in December and the General Assembly is expected to allow their implementation in a few days of this writing. The new regulations will take effect on May 1, 1999. (A copy of the proposed regulations appeared in the *Forum* # 4, 1998.)

Mr VonSeggen

Necessary Changes

Several changes were simply intended to make the language of the rules consistent with recent changes in statutes. Anywhere the term North Carolina Board of Medical Examiners was used, for example, the current name, North Carolina Medical Board, has been inserted. Previously, PAs were "approved," now they are "licensed." The American Medical Association's Council on Medical Education, which accredited PA training programs, has been renamed the Commission on Accreditation of Allied Health Education Programs.

Because of legislation adopted in August 1997, the Board has been allowed to remove the limitation of "two physician assistants per primary supervising physician" from the rules, and to adopt rules regarding volunteer practice and service during disasters by PAs.

Summary of Additional Changes

- Volunteer practice by PAs is defined and a reduced-cost PA limited volunteer license is authorized. There is no fee for the PA limited volunteer license and the annual registration fee is only $25. We hope the lower fee will encourage retired PAs or those not in active practice to volunteer their skills where they are most needed. It is important to remember, however, that the other requirements for the PA license, such as CME, documentation, scope of practice statements, and physician supervision, still apply to those using the volunteer license.
- Disaster practice is defined and the rule enables PAs to rapidly respond during disasters. The streamlined licensing process described for use during a disaster will apply only for those PAs actually working in a county in which a state of disaster has been declared or counties contiguous to such a county. This is a significant and creative response by the Board to the valuable lessons North Carolina has learned from hurricanes Hugo and Fran and from various local disasters, such as severe flooding and tornadoes. This new section of the rules may become a model for similar changes in rules for PAs in other states, making PAs a valuable national resource in times of disaster.
- Provision for an inactive license and procedures for reactivation of such a license are described. The new rules also require that PAs who completed training more than two

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Understanding PA Rules

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years before their license application must demonstrate they have accrued at least 100 hours of CME during the two years prior to their application. The Board is insisting that PAs provide services that are up-to-date and current with today's fast-moving medical technologies.

- There is provision to allow annual registration of a PA's license "no later than 30 days after his or her birthday," rather than "no later than July 1st." This allows the Board to stagger PA license registrations by birth month, the system used for physician registrations since January 1998. This will save time for the Board's staff, remove the June bolus of paperwork, and improve service to PAs and their employers.
- The new rules increase the amount of Schedule II and III controlled medications a PA may prescribe from a legitimate supply for seven days to a legitimate supply for 30 days. Since 1994, when PAs were granted authority to prescribe limited quantities of controlled medications, there have been very few problems related to the exercise of this authority. PAs who have obtained DEA privileges have been required to have at least three hours of CME every two years "on the medical and social effects of the misuse and abuse of alcohol, nicotine, prescription drugs (including controlled substances) and illicit drugs." This requirement remains in effect.
- A specific change in the scope of practice section now requires that "the delegation of medical tasks to a PA should be appropriate to the skills of the supervising physician(s) as well as the PA's level of competence." The principle the Board applies is that the supervising physician must be able to maintain a level of expertise and competence satisfactory for proper supervision of the PA no matter what tasks are delegated. As new technologies emerge and "hands-on skills" improve, the physician and the PA will function as a competent team for the betterment of the patient.
- The new rules clarify when a PA may actually begin practice with a supervising physician. "The physician assistant shall not commence practice until acknowledgment of the notification of intent to practice form is received from the Board." In the past, the rules did not specifically delineate when a PA could start practice: when the PA sent in the notification of intent to practice form? when the Board received the form? when the PA received a letter or call from the Board? This will allow the Board to respond to the PA by letter, fax, or telephone.

Clarifying the Disciplinary Authority of the Board

Under the revised rules, the Board may discipline PAs following the exercise of due process by refusing to grant a license, revoking, suspending, annulling, limiting, or otherwise restricting a license. The failure to function in accord with the new rules or the commission of acts or conduct specified in NCGS 90-14 shall constitute unprofessional or dishonorable conduct. These new provisions mirror those relating to physicians. Representing oneself as a physician constitutes dishonorable or unethical conduct.

Temporary License Rules

During the past three years, the Board has had several hearings regarding issues involving the temporary license rules for PAs. Problems have included situations where PAs took the NCCPA examination, failed it, and did not tell the Board. (There was no requirement to report the scores to the Board.) There were instances where PAs would choose not to take or would claim to be "too busy" to take the certifying examination and would then request an extension of the temporary license. There have been problems in getting prompt reporting of scores from the NCCPA without the permission of the examinee. If PAs had already failed the test, they (by the previous rules) could not legally be granted a temporary license until they were "technically waiting for the scores." Part of the concern the Board had was the exposure of the public to a person who had not passed the Board's licensing examination for almost two years before the extended temporary license would finally expire.

With guidance from the Board's PA Advisory Committee, the Board adopted the following goals related to the newly licensed PA.

1. Approve the Physician Assistant National Certification Examination (PANCE) as the PA licensing examination.
2. Develop rules that permit phasing in of a one year temporary license for PAs without any extension, with an ultimate goal of requiring the NCCPA's PANCE to be the standard for initial licensure in North Carolina.
3. Require that the results of all attempts to pass the PANCE while a PA has a temporary license be reported to the Board within 15 days after the PA receives the results.

Continuous Regulatory Refinement

While no regulations are perfect, the new PA rules certainly improve the ability of the Board to more clearly define its interactions with PAs. The few shortcomings in the previous regulations for PAs have been reengineered into improvements in the way the Board can manage regulatory questions about PA practice. The North Carolina Medical Board appreciates the open dialogue and cooperation it has enjoyed with PA leaders, PA educators, and the interested public in the development of these new regulations. We hope these refinements will make the services of PAs in North Carolina even more effective in meeting the health care needs of our citizens. ♦

Kenneth H. Chambers, MD, of Charlotte, Reappointed to NC Medical Board; John W. Foust, MD, of Charlotte, and Stephen M. Herring, MD, of Fayetteville, Named New Board Members

Andrew W. Watry, executive director of the North Carolina Medical Board, has announced that Governor James B. Hunt, Jr, has reappointed Kenneth Henley Chambers, MD, of Charlotte, to the North Carolina Medical Board. Governor Hunt has also named John Worth Foust, MD, of Charlotte, and Stephen Mitchell Herring, MD, of Fayetteville, as new members of the Board, he said.

Dr Chambers

Dr Chambers was born in Mount Gilead, North Carolina, and received his BS degree from North Carolina College at Durham. He took his MD from Meharry Medical School in Nashville, Tennessee, and did his internship at George W. Hubbard Hospital in that city. He pursued his postgraduate medical training at Harlem Hospital in New York City.

Dr Chambers

Dr Chambers practices obstetrics and gynecology in Charlotte, is certified by the American Board of Obstetrics and Gynecology, and is a fellow of the American College of Obstetrics and Gynecology. He is

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currently affiliated with Carolinas Medical Center, Charlotte; Mercy Hospital, Charlotte; and Presbyterian Hospital, Charlotte. He has taught at Columbia Presbyterian University Medical Center. He has served on the Board since 1995.

Dr Foust

John W. Foust, MD, of Charlotte, was born in Lexington, North Carolina, and earned his BS and MD degrees from the University of North Carolina, Chapel Hill. He did his internship in general surgery at the North Carolina Memorial Hospital, Chapel Hill, and his residency in otolaryngology at the same institution. Dr Foust is certified by the American Board of Otolaryngology. Currently retired, he has been affiliated with Carolinas Medical Center, Charlotte; Mercy Hospital, Charlotte; and Presbyterian Hospital, Charlotte. He has served as a clinical professor at the UNC School of Medicine.

Dr Foust

Active in the Mecklenburg County Medical Society and the North Carolina Medical Society for many years, he served as president of the MCMS in 1982 and the NCMS in 1986. He was an NCMS delegate to the American Medical Association from 1989 to 1994. He is a member of the American College of Surgeons, the American Academy of Otolaryngology, the Southern Medical Society, and numerous other professional and community organizations. In 1988, he was presented the Distinguished Service Award of the University of North Carolina School of Medicine Alumni Council.

Dr Herring

Stephen M. Herring, MD, of Fayetteville, a native of Chapel Hill, North Carolina, took his BA degree at the University of North Carolina, Chapel Hill. He earned a DDS from the University of North Carolina School of Dentistry, followed by an MD from the Wake Forest University/Bowman Gray School of Medicine. He did his internship in general surgery and a residency in general surgery and plastic surgery at Bowman Gray. He is certified by the American Board of Plastic Surgery and holds licenses in both medicine and dentistry.

Dr Herring

Currently in the private practice of plastic surgery in Fayetteville, Dr Herring is affilieated with Cape Fear Valley Medical Center and Highsmith-Rainey Memorial Hospital. He is a member of the American Society of Plastic and Reconstructive Surgeons and is active in state and local professional organizations, now serving as president elect of the Cumberland County Medical Society. He is also author and co-author of several journal articles.

Mr Watry said, "The Board welcomes the reappointment of Dr Chambers, who has made significant contributions to the work of the Board, and the appointments of Dr Foust and Dr Herring, two distinguished physicians who personify the highest degree of commitment and responsibility." ♦

REVIEWS

Voice of a Modern Herbalist

Staff Review

Even though the majority of Americans continue to seek orthodox medical care, alternative therapies are gaining in popularity. According to John K. Crellin and Jane Philpott, the authors of *Trying to Give Ease: Tommie Bass and the Story of Herbal Medicine*, "a vast array of advocacy literature dealing with alternative health care exists, but, unfortunately, few balanced and analytical approaches are available." This book on the life of A.L. "Tommie" Bass, a popular herbalist of the Appalachians, is an attempt to "describe and evaluate impartially one alternative practice in an Anglo-Saxon setting." It is accompanied by *A Reference Guide to Medicinal Plants: Herbal Medicines Past and Present.*

Born in 1908, Bass, whose family had drifted down from Tennessee, grew up in northeast Alabama and lived in the Mackey-Leesburg area. He was an active herbalist until his death in 1996, about eight years after the books were completed and a year before the paperback editions were issued. The books were written with his full cooperation and are alive with his comments and conversation.

The authors, John K. Crellin, MD, a professor of the history of medicine at Memorial University of Newfoundland, and Jane Philpott, professor emerita in the Department of Botany and the School of Forestry and Environmental Studies at Duke University before her death in 1997, have done a remarkable job in capturing the spirit of the man and the context of his practice.

Trying to Give Ease begins with a chapter giving an historical perspective on the introduction and use of herbal medicine in North America, concentrating on the Appalachian mountains where Bass practiced. The discovery of medicinal properties in plants, naturalized and indigenous remedies, and the influence of sensory properties are explored. This chapter concludes with a commentary on "regular" or conventional medicine in relation to herbal treatments.

Trying to Give Ease: Tommie Bass and the Story of Herbal Medicine
John K. Crellin and Jane Philpott
Duke University Press, Durham, NC, and London, 1997
335 pages, $16.95 paper (ISBN 0-8223-2017-7)

Chapter two, I've Always Got By: The Voice of A Modern Herbalist, outlines Bass' life, drawing heavily on verbatim quotes from his conversation. Bass' recollections of his community and alternative practices reveal to the reader his geographical and social environment.

The next few chapters are more biographical and less vernacular. Crellin and Philpott record specific events in Bass' personal life, as well as the community and cultural forces affecting him and his practices, that further illuminate his situation as a community healer and his success in that role.

Sections regarding self-treatment (packaged herbs, family and store-bought medicines, patent medicines, Sears and Roebuck) contribute to the authors' development of the forces that affect Bass' community and, consequently, his alternative practices. Also presented is information on how and where Bass acquired his knowledge of plants and their medicinal properties, as well as how he essentially capitalized on the commercialization of such remedies beyond his traditionalist community and into popular culture.

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The last two chapters deal with the specifics of Bass' practices. In addition to descriptions of the setting ("from the yard, shack, or woods") and visitors, information on symptoms, ailments, treatments, and medicines is documented in great detail. From a recipe for a dry-cough formula, including slippery elm bark and mullein leaves (among other things), to Bass' remedies for "rheumatism," the reader will be intrigued and even charmed.

The book ends with a chapter titled Reflections on the Region and Beyond, addressing cultural and social faith in the efficacy of herbs.

In conclusion, Crellin and Philpott pose the question: whither traditional medicine? "We must search for the existence of diverse attitudes," they say, "and, if they exist, we must examine the reasons for them, the social functions of folk beliefs, the dynamic interface between regular and alternative practice, flexible patterns of health care and self-treatment, and how to maintain the delicate balance between the needs of society and those of the individual."

Very detailed notes, a fully annotated bibliography, and an index take up the last 110 pages of the book.

Trying to Give Ease is supplemented with Crellin and Philpott's *A Reference Guide to Medicinal Plants: Herbal Medicine Past and Present*. This guide focuses on the medicinal plants used by Bass, even though a few analogous species are referred to. There are "two purposes of this guide...to record in detail the knowledge of herbalist Bass and to assess that knowledge in the context of historical usage and scientific, chemical, and pharmacological knowledge."

A Reference Guide to Medicinal Plants: Herbal Medicine Past and Present
John K. Crellin and Jane Philpott
Duke University Press, Durham, NC, and London, 1997
552 pages, $22.95 paper (ISBN 0-8223-1019-8)

The introduction has a guide to the harvesting seasons, drying and storage, preparation and doses, and cautions applicable to the herbs referenced. There is also a glossary of chemical, pharmacological, and pharmaceutical terms.

Monographs on individual herbs follow in alphabetical order. Each entry is qualified by the anatomical part of the plant intended for use, ie, tops or root. A verbatim account, or "The Herbalist's Account," documents all of Bass' knowledge about the history and use of the herb referenced. A commentary section follows, providing plant taxonomy, comparisons of use, and, when applicable, any historical precedent for Bass' account. Each entry is concluded with a section containing the authors' notes.

An excellent 50-page annotated bibliography and a thorough 20-page index conclude the *Guide.* ♦

Changes in Nurse Practitioner Rules

Cheryl Y. Proctor, MSN, RN, CS, FNP

Who was it that said: "All roads lead to . . . ."? Fellow nurse practitioners, we are almost at our destination. The Task Force on Physician Supervision of Nurse Practitioners' Performance of Medical Acts began meeting in January 1997. The fruits of our labor, the revised NP rules, were approved by the Board of Nursing in May 1998. The proposed rules were approved by the Medical Board as well. A public hearing was held on October 30 and written testimony was received by both boards until November 16, 1998. Testimony was positive. The proposed rules changes were sent to the Rules Review Commission for consideration and from there to the General Assembly, which took no action to modify them. They are being codified by the Office of Administrative Hearings and will become official on May 1, 1999.

Highlights of the NP Rules Changes

- The addition of a definition of *collaborative practice agreement*, which means the arrangement for the nurse practitioner's and physician's continuous availability to each other for supervision, consultation, collaboration, referral, and evaluation of care provided by the NP.
- The reinsertion of the definition of *supervision*. This was an important point that the Medical Board did not feel comfortable deleting.
- The addition of a definition of *volunteer practice*, which means practice without expectation of compensation or payment to the NP. Application for this approval costs $20 and renewal costs $10. The NP must still meet all requirements for practice as an NP.
- The addition of a definition of *practice during a disaster* under which the NP must notify the Medical and Nursing Boards in writing within 15 days of his or her first performance of medical acts, tasks, or functions in such a setting and is exempt from certain requirements for practice.
- The addition of the definition of *interim status*, which means the privilege given to a new graduate or a registered nurse seeking initial approval in North Carolina while awaiting final approval to practice as an NP.
- The addition of a definition of *temporary approval* to practice, which means, beginning January 1, 2000, authorization by both Boards to practice as an NP while awaiting notification of successful completion of the national certification examination. This period will not exceed 18 months.
- In seeking approval to practice, the NP must have a *collaborative practice agreement* with a primary supervising physician.
- Beginning January 1, 2000, NPs must be *nationally certified* in lieu of the current process of approving the NP's educational program prior to practice in North Carolina.
- *Controlled substances* may now be procured by the NP in addition to being prescribed or ordered as established in the written standing protocols, providing all previously described requirements are met.
- NPs may prescribe a *30 day supply of controlled substances* classified as Schedules 2, 2N, 3, and 3N.

A major change in the rules is the replacement of the previous Section .009, Physician Supervision, with a new section titled *Quality Assurance Standards for a Collaborative Practice Agreement*. The quality improvement process replaces the physician chart signature. The minimum standard is a process for the continuing review of care provided at each practice site, to include a written plan for evaluating the quality of care provided for one or more frequently encountered clinical problems.

Documentation of each meeting must include clinical problem(s) discussed, process toward outcomes, recommendations (if any) for changes in treatment plans, and the meeting date and signatures of those attending. Documentation must be available for review by either Board for the previous two calendar years. The required minimum frequency of meetings varies according to the length of time and the stability of the nurse practitioner-primary supervising physician collaborative relationship.

What does not change is that the primary supervising physician must still be approved by the Board of Medicine, you must still keep on-site written protocols, and the NP and physician must still be continuously available to each other. Written protocols

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Nurse Practitioner Rules

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must now be reviewed and signed at least yearly.

In addition, there are several points of clarification that should be helpful.

- *Interim approval to practice* — chart review and physician countersignature of charts within two working days; face-to-face consultation with the primary physician weekly throughout the interim approval period; documentation as above.
- *First time approval to practice* — chart review and physician countersignature of charts within seven days for the first six months of practice, which includes the interim period; face-to-face consultation with primary supervising physician weekly for one month after full approval is received; at least monthly for a period no less than the succeeding five months, then every six months; documentation as above.
- *Temporary approval to practice* beginning 1/01/2000 — chart review and physician countersignature of charts within seven days for first six months of collaboration, which includes interim period; face-to-face consultation with primary supervising physician weekly for one month after temporary approval is achieved and at least monthly throughout the period of temporary approval; documentation as above.
- *Previous approval to practice with change of primary physician* — face-to-face consultation with primary supervising physician weekly for one month, then monthly for the succeeding five months, then every six months; documentation as above.

Although the destination is in site, we are not there yet. There may still be some twists in the road. There are two important points I would like to stress. The first is that these rule changes are minimum standards for practice. There is nothing to preclude a practice from adopting more stringent standards for their particular situation. I encourage all NPs to discuss these rules changes with their physician partners and to stress the positive aspects of these changes and how they further our advancement toward improving the quality of care we deliver to our patients.

The second point is that these rules changes will not go into effect until May 1, 1999. If you have questions, feel free to contact me (919.821-1915 [h] or 919.881-5494 [b]) or call the Practice Department of the Board of Nursing (919.782-3211) or the Medical Board (919.326-1100, ext 233). ◆

North Carolina Medical Board Reports to the People of North Carolina: A Review of 1998

On March 4, 1999, Mr Paul Saperstein, of Greensboro, president of the North Carolina Medical Board, released to the public a report on the Board's work over the past year and called attention to the Board's recommendations for changes in the Medical Practice Act that would enhance the Board's ability to serve the public interest. The following is an edited summary of that report.

Introduction

Mr Saperstein is the first public member of the North Carolina Medical Board to be elected its president. It is his intention to emphasize the Board's efforts to serve the consumers of North Carolina as effectively and efficiently as possible. "The Board's interest is the public interest," he has said, and he has seen that clearly demonstrated during his time on the Board. He wants the people of North Carolina to know about the Board's commitment to that principle.

In this report, the focus is on some of the Board's accomplishments over the past year that reflect that principle and demonstrate the Board's determination to serve the needs of consumers responsibly and sensitively. The Board does its work in as open and responsive a way as the law allows, making access and information readily available and taking whatever steps are necessary to improve its effort to protect the health and safety of the public.

1. LEGISLATIVE RECOMMENDATIONS

The Board has recommended several revisions of the Medical Practice Act and it expects a bill offering these revisions will be presented to the current (1999) session of the General Assembly. The following are among the more significant changes proposed.

■ Licensure Issue

• Remove the statutory provisions requiring the Board to administer the examination for medical licensure. Since about 1970, all medical boards in the country, including North Carolina, have used a national examination: the Federation Licensing Examination (FLEX) until the early 90s and the United States Medical Licensing Examination (USMLE) since then. The existing language regarding examination is outdated and keeps the Board from taking advantage of more efficient mechanisms for examination administration.

■ Disciplinary Improvements

• Make the unlicensed practice of medicine a felony rather than a misdemeanor. Unlicensed practice can cause serious public harm and should be penalized accordingly. Many of the functions performed by physicians have felony provisions when violations are involved, including filing false birth certificates or writing illegal prescriptions. These same violations, however, are misdemeanors when committed by someone without a license.

• Improve the enumerated grounds for disciplinary action by adding items such as aiding in unlicensed practice, repeated prescribing of controlled substances for personal or family use, fee-splitting, and failure to make patient records available to another physician when legally requested to do so.

• Improve immunity provisions for peer reviewers and physicians who provide expert testimony about medical standards in disciplinary cases.

• Hold medical directors of insurance companies and managed care organizations accountable for decisions that affect the quality of patient care.

■ Funding

• Increase the annual license registration fee from $100 to $125. The national median annual fee is $131. This fee increase is needed to assure the Board a positive cash flow and to fund improvements such as a post-licensure assessment/remediation program.

2. HIGHLIGHTS OF 1998

■ Special Conference on End-of-Life Decisions Is Successful

Tackling one of the most important issues of the day, the Board's staff, in cooperation with staffs of the Pharmacy and Nursing Boards, developed and presented a special program on end-of-life decisions on October 23. Presentations on this vital subject, which is of great concern to the public and the health care professions, were given by, among others, Lawrence O. Gostin, JD, LLD (Hon), of the Johns Hopkins and Georgetown Universities; Bill Campbell, PhD, Dean of Pharmacy at UNC; Anne Dellinger, JD, of UNC; and the Board's own George C. Barrett, MD, currently vice president of the Federation of State Medical

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Board Reports to People

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Boards. Polly Johnson, executive director of the North Carolina Board of Nursing, chaired the conference, which was attended by over 100 interested professionals and members of the public.

An active effort is being made to continue the work begun at the Forum, led in part by the executive directors of the three boards that arranged that conference.

The Medical Board produced a four-hour audio tape of the conference, which is available for $10 from its Public Affairs Department.

■ 1-800 Telephone Number Introduced to Increase Access to Board

During 1998, the Board established a toll-free long distance number to allow anyone in North Carolina to telephone the Board without paying for the call. This was a significant step in improving consumer access to the Board. It makes asking about a physician, seeking information about the Medical Practice Act or the Board, or requesting a complaint form just that much easier for the consumer.

The Board is doing all it can to distribute its new 800 number and it encourages the news media across the state to let the public know about the number: 1 (800) 253-9653.

■ Education and Information Programs Continue to Expand

• *Educational Outreach:* In 1998, the Board presented some 20 educational outreach programs to medical schools, public groups, and civic and professional organizations. These presentations are available to any group in the state and the Board encourages those who are interested to contact its Public Affairs Department to make arrangements. Board staff and Board members are available, with reasonable notice, to talk about any aspect of the Board's work.

• *Informational Efforts:* The Board's information and communication program continued to expand throughout 1998 and included its third full news conference, held in March 1998. Activities included further efforts to increase widespread public and media contact: producing the quarterly *Forum*, a quality publication sent to over 36,000 licensees and others; beginning revision of the Board's widely distributed brochure for the public, the media, and the health care professions; appearing on statewide radio and television programs; providing news releases and special reports to the state's news media; and distributing a detailed bimonthly disciplinary report, which goes to the media and medical institutions and which is also printed in the *Forum*. This approach keeps the public and profession better informed and has a distinct educational impact on licensees.

The Board's recently introduced 1-800 telephone number also improves the consumer's ability to seek information from the Board.

• *Web Site and E-Mail:* The Board maintained its Web site (**www.docboard.org**) as a basic informational resource for those with on-line computer access. It also began planning a major improvement in the site, which is noted in Section 3 of this report.

The Board also continued operating its electronic mailbox. The address is **ncmedbrd@interpath.com.** Requests for complaint forms may be sent to the Board by e-mail (postal addresses should be included in the request) and comments for the Board's consideration are welcome.

■ Four Position Statements Adopted

• *Prescribing Legend or Controlled Substances:* During 1998, the Board developed a position statement titled "Prescribing Legend or Controlled Substances for Other Than Valid Medical or Therapeutic Purposes, with Particular Reference to Substances or Preparations with Anabolic Properties." A significant aspect of this statement concerns the use of anabolic steroids to enhance athletic performance, a topic of serious concern to many people.

• *Retention of Patient Records:* In another statement, the Board declared its support of the American Medical Association's position regarding the "Retention of Medical Records," which outlines the physician's obligations in regard to maintaining records over time.

• *Professional's Obligation to Report Problem Colleagues:* The Board also adopted a statement on "The Professional Obligation to Report Incompetence, Impairment, and Unethical Conduct" of colleagues to appropriate authorities or agencies. This makes clear the Board's expectation that professionals will act responsibly and in the public interest when they learn of a colleague who, for whatever reason, may be a threat to patient health or safety.

• *Terminating the Relationship Between Physician and Patient:* During 1998, the Board expanded its Position Statement on The Physician-Patient Relationship by adding a section covering the manner in which a physician should approach terminating a physician-patient relationship, making clear, among other things, that termination should be done through appropriate written notice, protecting the patient's rights and assuring the patient of care during a reasonable period following notice.

Copies of these four statements, and all the Board's Position Statements, are available to the public on request and at the Board's Web site.

■ Complaints Process Enhanced

Thanks to the reorganization of the Board's complaints process in 1997 and 1998, which included creation of a separate Complaints Department, an increase in staffing, the close involvement of the Board's medical coordinator, Dr Jesse Roberts, and rapid review of complaints by Board and staff members, the Board now acknowledges complaints and begins their processing within 72 hours of their receipt. Whereas the review and disposition of complaints could once take up to a year or more, the average is now from three to six months.

■ Special Projects

• *Physician Assessment and Remedial Education:* During the year, the Board examined a range of issues related to physician qualifications and the assessment of practicing physicians. Of particular significance was the Board's decision to explore specific approaches to assessment and the upgrading of physician skills. This process will extend over some time. Just as the Board led the way in addressing the problems of the impaired physician, it hopes to encourage sound assessment and remedial education programs as part of its effort to stimulate the enhancement of medical practice.

• *Effective Pain Management:* The Board also continued to encourage physicians to become familiar with effective methods of pain management, building on its major effort on this subject in 1997.

■ Dr George Barrett Elected Vice President of FSMB

In the spring of 1998, the Board's Dr George C. Barrett was elected vice president of the Federation of State Medical Boards, the national private sector organization of state medical boards. This continues North Carolina's long history of leadership at the national level in the field of medical regulation. Three members of the North Carolina Medical Board have served as president of the Federation and one served as that organization's executive vice president. Dr Barrett will become president elect of the Federation in April and will serve as its president in 2000.

■ Two Smooth Transitions

• *From Bryant Paris to Andrew Watry at the NCMB:* It is appropriate to note here

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that 1998 saw the retirement of Bryant D. Paris, Jr, as executive director of the North Carolina Medical Board and the arrival of Andrew W. Watry as the Board's new executive. Mr Paris served in that post for 25 years and brought distinction to all he did. Fortunately, he remains as executive director emeritus of the Board and we frequently draw on his skills and experience. In November, he received the prestigious John Huske Anderson Award from the North Carolina Medical Society in honor of his years of service to the Board, the state, and the medical profession. Mr Watry, after 17 years of service as director of the medical board in Georgia, brings rich experience and enthusiasm to the North Carolina Medical Board, and we are pleased to have him guiding the Board into the next century.

• *From Dr Vanderberry to Dr Wilkerson at the NCPHP:* Also, in October, Robert C. Vanderberry, MD, medical director of the North Carolina Physicians Health Program, retired from that post after 10 years of dedicated service. His work with and for impaired physicians developed the most successful program of its kind in the nation. On a plaque presented to him by the Board, it says: "He saved physicians' lives,/He saved physicians' families,/And through his contributions,/Made it possible, again, for these physicians/To save their patients." Replacing Dr Vanderberry is Michael Wilkerson, MD, who has worked with the NCPHP for some time and is well equipped to continue that organization's work without skipping a beat.

3. MOVING INTO 1999

■ Web Site

As part of its commitment to continually improving its service to the public and the professions, the Board has now dramatically enhanced its Web site, completely revising and updating its contents and features.

It can be used to access the Medical Practice Act, the rules of the Board, all the Board's position statements, a list of one year's disciplinary actions, the Board's calendar and membership list, short essays on special topics such as licensure and the filing of complaints, and much, much more. It also contains the full text, in published format, of the two most recent issues of the Board's *Forum*, which can be printed out. For the first time, this useful publication is available to anyone with access to an on-line computer. A narrated slide presentation about the Board and its work will also be mounted on the Web site shortly. Copies of the Board's Complaint Form and other items can also be printed out.

As has been the case over the past few years, the Board's full roster of licensees will be found under the DocFinder heading at the Web site — allowing anyone to get information about a licensee's background and learn if the Board has ever taken an action against her or him.

■ Commitment to Upgrading Physician Qualifications

The evaluation of post-licensure competence, on which the Board has focused attention for some time, will remain a major interest, as will the related issue of remedial education for physicians found to have knowledge deficits.

The Board will also continue to participate with various medical groups and organizations on committees and task forces dealing with significant medical issues.

In all its efforts, the Board will continue to pursue its goal of upgrading physician qualifications and assuring effective consumer protection in North Carolina.

4. ON THE WORK OF A MEDICAL BOARD

Medical boards engage in a wide range of activities in fulfilling their obligation to protect the public. Even a brief review of the North Carolina Medical Board's work is evidence of that. It is important to recognize that a variety of factors will affect the nature and focus of a board's activity in any particular state.

The states differ in the quality of their medical environments, which will certainly influence the situations and conditions faced by their boards. The boards differ by law and by their approaches to their tasks. The nature of their original licensing procedures, their commitment to prevention, and their access to regulatory options and adequate resources will go a long way in explaining their individual activities and actions. In North Carolina, the medical environment in which the Board functions benefits from having, among other things:

- four (4) of the nation's leading medical schools;
- fourteen (14) accredited residency training programs;
- nine (9) Area Health Education Centers; and
- a leading position in the field of clinical drug research and testing.

Added to this is the Board's relationship with the North Carolina Physicians Health Program. The NCPHP is a significant element in the regulatory approach of the Board and well reflects the Board's commitment to effective prevention.

The quality of the Board's efforts and its focus on prevention are further enhanced by, among other things:

- its verified photo identification and personal interview system at the time of initial licensure;
- its issuance of advice to licensees in the form of position statements on critical issues;
- its use of an informal interview system that strengthens its ability to deal with current and potential problems;
- its non-public, preventive letters of advice or recommendation to individual licensees; and
- its extensive public and professional information program.

Very few boards release the wide range of information and data the North Carolina Medical Board issues each year. These materials indicate the many facets of this Board's activity and the nature of its work, providing a wide perspective on the effectiveness of the Board.

The Board is pleased to release its official Board action figures each year, but it recognizes the number of disciplinary actions taken by a board reveals only one facet of a board's activity. Clearly, medical regulation is not a simple black and white process defined by the revocation or suspension of licenses.

SUMMARY OF NCMB 1998 BOARD ACTION REPORT: PARTS 1 AND 2 [With 1997 Comparisons]

PART 1—Actions by Category

License Denied after Hearing:
1 (1 physician)
1997: 4 Actions (3 physicians, 1 NP)

Annulments:
1 (1 physician)
1997: 0

Revocations:
4 (4 physicians)
1997: 4 Actions (4 physicians)

Suspensions:
11 [5 stayed] [8 by CO, 1 by Misc Order] (11 physicians)
1997: 9 Actions [3 stayed] [5 by C/O, 1 by Misc Order]
(9 physicians)

continued on page 15

Board Reports to People

continued from page 14

Summary Suspensions:
7 (5 physicians — 2 PAs)
1997: 8 Actions (7 physicians, 1 PA)

Consent Orders:
46 [8 modifying previous orders]
(34 physicians — 7 PAs — 5 EMTs)
1997: 69 Actions — [17 modifying previous] (51 physicians had 5 actions, 10 PAs had 13 actions)

Miscellaneous Actions After Hearings:
6 (4 physicians — 2 PAs)
1997: 7 actions (5 physicians, 2 PAs)

Surrenders:
14 [3 by Consent Orders]
(9 physicians — 5 PAs)
1997: 21 Actions [6 by C/O] (19 physicians, 1 PA, 1 NP)

Temporary/Dated Licenses Allowed to Expire:
0
1997: 2 Actions (1 physician, 1 PA)

Dismissal of Charges:
10 [4 by C/O, 1 by hearing, 1 by Order, 1 inactive, 3 surrendered]
(physicians — 2 PAs)
1997: 9 Actions [5 by C/O, 3 surrendered/expired, 1 after hearing] (7 physicians, 2 PAs)

. . . . . .

Temporary/Dated Licenses Extended:
78 Actions—47 Persons
(39 physicians-8 PAs)
1997: 73 Actions—43 Persons (36 physicians, 7 PAs)

Dated/Temporary License Becomes Full and Unrestricted:
11 (9 physicians—2 PAs)
1997: 3 Actions (3 physicians)

Consent Orders Lifted:
20 (17 physicians—3 PAs)
1997: 21 Actions (21 physicians)

Revocations Reinstated:
0
1997: 0

PART 2—Total Actions

209 Board Actions of All Types Relating to 117 Persons
1997: 230 Board Actions of All Types Relating to 130 Persons

97 Physicians with 170 Actions
1997: 112 Physicians with 197 Actions

15 PAs with 34 Actions
1997: 16 PAs with 31 Actions

0 NPs with 0 Actions
1997: 2 NPs with 2 Actions

5 EMTs with 5 Actions
1997: 0 EMTs with 0 Actions

LETTERS TO THE EDITOR

Learn By My Mistake

To the Editor: This is a letter I hope all physicians will read. Don't make the mistake I did! I retired from my full-time practice in Maryland and came here to North Carolina in 1993 to be with my son's family, enjoy this land of sunshine and pleasantries, and escape the new world of HMOs and all the other bureaucracies for which I had no training.

After a short time being here, I found I missed what I was educated to do: practice medicine. Unfortunately, I was not well versed in the fields of business, commerce, and law. I did not fully comprehend what the legal implications and responsibilities are when you hire yourself out on a part-time basis as an independent contractor to an entity/corporation that funds a medical clinic.

I worked one day per week working up and treating patients with impotence problems. (I was given specialized training prior to the beginning of this endeavor.)

The problem arose when, for whatever reason, the corporation had difficulty paying its bills and then suddenly, without notice, locked the clinic doors and discontinued the telephone service. Active patients no longer had access to medical care and the doctor no longer had access to the patient records.

Much worse, these corporate men became very inaccessible themselves, hidden behind voice mail that only exists in far off corporate offices in other cities and states where all calls are screened and never returned.

These patients have been abandoned. They are abandoned because the doctor is losing control of the practice of medicine. We cannot and should not let this continue to happen. Through our professional societies and organizations, we must come together and develop a legal solution so such a situation cannot occur in the future!

Any entity or corporation that takes any part in the care of patients for financial gain or loss should be held legally responsible for all their acts that may endanger the care of those patients.

Joseph G. Lanzi, MD
Wilmington, NC

Comment

Lately, several practices controlled economically by someone other than the physicians practicing there have precipitously closed their doors, leaving patients without good continuity of care or, at least, considerable uncertainty about what to do next. Some such practice arrangements may not be lawful. Physicians also may wish to consider what arrangements have been made for continuity of care in the event the enterprise fails. The Board may not view charitably a physician's claim that, given the structure of the overall practice, the physician has no responsibility for these matters.

James A. Wilson, JD
Director, NCMB Legal Department

Appreciating "An Ounce of Prevention"

To the Editor: This is just a brief note to express my appreciation for the Board's reluctance to join the "notches on the gunbelt" oversight style Mr Watry notes to be prevalent in some other state medical boards (An Ounce of Prevention: Early Intervention and Helpful Hints, *Forum* #4, 1998). I recently had the opportunity to browse the current Irish medical code of conduct: simple declarative sentences, and phrases like, "Colleagues should strive to . . . ." It is a long way we in the United States have fallen from that standard of civility.

I also have a license in Colorado, undoubtedly one of the hanging states Mr Watry had in mind. What little space in their board newsletter is not occupied by the body count is taken up in pronouncements of new rules, assisted suicide and the like, and description of dire consequences to be visited on licensees as soon as they can be caught offending.

It is important to me to practice in a state where issues like assisted suicide, practice impairment, and other current topics can still be discussed in official publications from more than one angle or at least include a thoughtful rationale for Board positions and initiatives. The North Carolina Medical Board's commitment to maintaining professional respect for ticklish issues and the front line practitioners who confront them does not go entirely unnoticed in the hinterlands.

Michael W. Hopping, MD
Asheville, NC

Keep Up Your Good Work

To the Editor: Thank you for the *Forum* and the information it contains. I write to remind you how unique your publication is compared to other state boards. As a *locum tenens* physician, I maintain active licensure in ten states. Most boards never communicate their work to the public or to physicians as you do through the *Forum*. Your publication is informative, interesting, and much better than the meager papers of all other state boards I'm aware of.

Keep up your good work! I'm very proud of my North Carolina license, and meeting the demanding standards which your board requires to maintain that license.

James L. Omel, MD
Grand Island, NE

NORTH CAROLINA MEDICAL BOARD

Board Orders/Consent Orders/Other Board Actions
November-December 1998/January 1999

DEFINITIONS

Annulment:
Retrospective and prospective cancellation of the authorization to practice.

Conditions:
A term used for this report to indicate restrictions or requirements placed on the licensee/license.

Consent Order:
An order of the Board and an agreement between the Board and the practitioner regarding the annulment, revocation, or suspension of the authorization to practice or the conditions and/or limitations placed on the authorization to practice. (A method for resolving disputes through informal procedures.)

Denial:
Final decision denying an application for practice authorization or a motion/request for reconsideration/modification of a previous Board action.

NA:
Information not available.

NCPHP:
North Carolina Physicians Health Program

RTL:
Resident Training License.

Revocation:
Cancellation of the authorization to practice.

Summary Suspension:
Immediate temporary withdrawal of the authorization to practice pending prompt commencement and determination of further proceedings. (Ordered when the Board finds the public health, safety, or welfare requires emergency action.)

Suspension:
Temporary withdrawal of the authorization to practice.

Temporary/Dated License:
License to practice medicine for a specific period of time. Often accompanied by conditions contained in a Consent Order. May be issued as an element of a Board or Consent Order or subsequent to the expiration of a previously issued temporary license.

Voluntary Dismissal:
Board action dismissing a contested case.

Voluntary Surrender:
The practitioner's relinquishing of the authorization to practice pending an investigation or in lieu of disciplinary action.

ANNULMENTS

NONE

REVOCATIONS

NONE

SUSPENSIONS

ECHOLS, Everett Raphael, II, MD
Location: Southern Pines, NC (Moore Co)
DOB: 6/12/54
License #: 95-00562
Specialty: P (as reported by physician)
Medical Ed: Meharry Medical College (1981)
Cause: This matter was heard on 11/19/98 on the Notice dated 8/04/97. In 1996, Dr Echols pled guilty to and was convicted in U.S. District Court for the Middle District of North Carolina (U.S. v. Echols) on two counts of prescribing controlled substances while not registered with the DEA, a felony offense.
Action: 12/07/98. Dr Echols license is suspended for 90 days and he shall appear before the Board for an informal interview in January 1999.

See Consent Orders:
HARISH, Gorli, MD

SUMMARY SUSPENSIONS

KHOT, Prakash Nilkanth, MD
Location: King, NC (Stokes Co)
DOB: 5/10/44
License #: 00-19016
Specialty: FP/EM (as reported by physician)
Medical Ed: Nagpur Medical College, India (1967)
Cause: Dr Khot may lack professional competence to practice medicine with a reasonable degree of skill and safety.
Action: 12/23/98. Order of Summary Suspension of License issued: Dr Khot's license is suspended effective 1/02/99.

MIJANOVICH, James Robert, MD
Location: Columbus, NC (Polk Co)
DOB: 2/23/52
License #: 00-34405
Specialty: PTH/GP (as reported by physician)
Medical Ed: Loyola University Stritch School of Medicine (1980)
Cause: Dr Mijanovich may have committed acts of immoral or dishonorable conduct.
Action: 11/25/98. Order of Summary Suspension of License issued: Dr Mijanovich's license is suspended effective 12/03/98.

SULLIVAN, Kevin Paul, MD
Location: Puyallup, WA
DOB: 10/21/51
License #: 00-32178
Specialty: FP/OBE (as reported by physician)
Medical Ed: University of Illinois (1976)
Cause: The Colorado Board revoked Dr Sullivan's license on 10/18/97 based on findings including grossly negligent medical practice; the California Board suspended his license on 3/25/98 because, among other things, his continued practice would endanger the public health; because North Carolina may be the only state in which he can currently practice, the North Carolina Medical Board finds that the public health, safety, and welfare requires emergency action.
Action: 8/24/98. Order of Summary Suspension of License issued: Dr Sullivan's license is suspended effective 11/30/98.

SUVILLAGA, Victor Ivan
Location: Wilmington, NC (New Hanover Co)
DOB: 10/19/48
License #: 00-26877
Specialty: GP/EM (as reported by physician)
Medical Ed: Universidad El Salvador (1979)
Cause: Dr Suvillaga may have violated his Consent Orders with the Board, an act or acts constituting unprofessional conduct.
Action: 11/27/98. Order of Summary Suspension of License issued: Dr Suvillaga's license is suspended as of 12/03/98.

CONSENT ORDERS

BEDINGTON, William David, PA-C
Location: Conover, NC (Catawba Co)
DOB: 11/14/59
License #: 1-02534
Education: Butler University, IN (1998)
Cause: Application for PA license. Mr Bedington holds a license to practice as a registered nurse in North Carolina; he engaged in inappropriate behavior in 1991 by taking a minor on an unchaperoned trip to the beach, sharing a condominium and a bed with the minor; he then performed a sports physical examination on the minor even though this was beyond the scope of his nursing license; as a result of this conduct, he was investigated by the NC Board of Nursing and surrendered his nursing license in July 1993. On his application for reinstatement, the Board of Nursing issued him a provisional nursing license in September 1994; the NC Medical Board issued him a provisional PA license in June 1998; he then underwent a complete psychological assessment and provided the Medical Board a copy of that assessment, which assures the Medical Board he can safely practice as a PA as provided in this Consent Order.
Action: 12/14/98. Consent Order executed: Mr Bedington is issued a PA license to expire on the date shown on the license (12/16/99); he shall have a chaperon present whenever he examines or treats any person of 18 years or younger; he shall provide a copy of this Consent Order to his primary supervising physician(s) and all chaperons; he shall meet with the Board in September 1999 and at such times as the Board requests; must comply with other conditions.

BENTLEY, Steven Edmunds, MD
Location: Raleigh, NC (Wake Co)
DOB: 9/01/53
License #: 00-23676
Specialty: EM (as reported by physician)
Medical Ed: Medical College of Georgia (1978)
Cause: On the application of Dr Bentley for reissuance of his license. The Board issued a Notice of Charges and Allegations against him on 7/20/81, alleging he had been convicted of possession of marijuana and related offenses; no order was ever entered disposing of the Notice of Charges and Allegations; he has had a problem with substance abuse, specifically marijuana and alcohol; he relapsed in recovery from substance abuse and surrendered his license on 7/16/98, entering a three-month inpatient treatment program; he has been unable to practice with reasonable skill and safety by reason of drunkenness, excessive use of alcohol, drugs, chemicals, or other materials. Dr Bentley has reported to the Board that he successfully completed the three-month inpatient treatment program; he has entered a five-year contract with the NCPHP; the NCPHP reports he has been actively participating in his recovery program and that their recent random urine screens have all proven negative.
Action: 12/16/98. Consent Order executed: the Notice of Charges and Allegations of 7/20/81 against Dr Bentley is dismissed without prejudice and the Board accepts his surrender of his license; he is issued a license to expire on the date shown on the license (4/16/99); unless lawfully prescribed for him by someone else, he shall not use mind or mood altering substances, controlled substances, or alcohol; he shall notify the Board in writing within 2 weeks of his use of such substances or alcohol, including identification of the prescriber and the pharmacy filling the prescription; on the Board's request, he shall supply bodily fluids or tissue samples for screening; he shall maintain and abide by his NCPHP contract; he shall obtain a psychotherapist and abide by all recommendations of and the treatment program prescribed by the psychotherapist; he shall have the psychotherapist submit reports of his progress to the Board quarterly; he shall obtain 50 hours of relevant Category I CME each year; must comply with other conditions.

BURSON, Jana Kaye, MD
Location: Mooresville, NC (Iredell Co)
DOB: 5/14/61
License #: 00-39164
Specialty: IM (as reported by physician)
Medical Ed: Ohio State University (1987)
Cause: On application for reinstatement of her license, which she voluntarily placed on inactive status in May 1998 when she found she had become dependent on butalbital while treating herself for severe headaches. Dr Burson is an active participant in the NCPHP.
Action: 1/23/99. Consent Order executed: Dr Burson's license shall be reinstated to expire on the date shown on the license (3/31/99); she shall practice only in settings approved in writing by the Board's president; she shall provide a copy of this order to all prospective employers and have each employer confirm that fact in writing to the Board before beginning such new employment; she shall not prescribe controlled substances and shall not purchase, administer, prescribe, dispense, or order any controlled substances defined as such under the federal Controlled Substances Act; unless lawfully prescribed for her by someone other than herself, she shall refrain from the use of mind or mood altering substances and all controlled substances and from the use of alcohol; at the Board's request, she shall supply bodily fluids or tissue for screening to determine if she has consumed any of these substances; she shall maintain and abide by her contract with NCPHP; she shall obtain and document to the Board 50 hours of relevant CME each year, at least 30 of which must be in Category I; must comply with other conditions.

HARISH, Gorli, MD
Location: Charleston, WV
DOB: 9/17/49
License #: 00-19754
Specialty: OBG (as reported by physician)
Medical Ed: JjM-University of Mysore, India (1971)
Cause: Dr Harish has been disciplined by the medical board of another state; he surrendered his medical license in West Virginia in February 1996; in July 1996 the West Virginia Board of Medicine entered a Consent Order revoking Dr Harish's medical license and staying the revocation for a probationary period of two years; he successfully completed his probationary period.
Action: 11/21/98. Consent Order executed: Dr Harish's North Carolina medical license is suspended; the suspension is stayed upon the following terms and conditions: Dr Harish shall notify the Board in writing of any plans to engage in practice in North Carolina and obtain written approval of such plans from the president of the Board prior to engaging in such practice, and, if he returns to North Carolina, he shall enter into a contract with the NCPHP and abide by its terms; he shall obtain 50 hours of Category I CME relevant to his practice each year; must comply with other conditions.

KITCHEN, Constance Powell, Nurse Practitioner
Location: Jacksonville, NC (Onslow Co)
DOB: 6/19/40
License #: 2-00139
Education: East Carolina University (1977)
Cause: Regarding approval as an NP. Ms Kitchen admits and the Board finds that she obtained Nubain for her personal use by inappropriate means; she surrendered her nursing license in September 1997; her nursing license was reinstated with restrictions in November 1998; when reinstating her nursing license, the Nursing Board recommended the Medical Board approve Ms Kitchen as a nurse practitioner. She admits there are grounds for the Board to restrict or terminate her approval as an NP.
Action: 1/12/99. Consent Order executed: Ms Kitchen may be approved as an NP; she shall abide by the terms of the restrictions on her nursing license; she shall cause her employers to submit quarterly reports to the Board on her performance; unless lawfully prescribed for her by someone other than herself, she shall refrain from the use of mind or mood altering substances and all controlled substances and from the use of alcohol; at the Board's request, she shall supply bodily fluids or tissue for screening to determine if she has consumed any of these substances; she shall continue in therapy and have her therapist make quarterly reports to the Board; she shall provide a copy of this Consent Order to all her employers and have them send written confirmation of this fact to the Board prior to her beginning employment; must comply with other conditions.

MASSEY, Howard Todd, MD
Location: Durham, NC (Durham Co)
DOB: 1/13/63
License #: 98-01708
Specialty: TS/GS (as reported by physician)
Medical Ed: Medical College of Georgia (1990)
Cause: Application for a medical license. Dr Massey was arrested 9/28/97 and charged with driving while impaired, fleeing, resisting, and retaliation in Texas; he pled guilty to driving while impaired and was placed on probation after serving 16 days in jail; without adjudication of guilt, he was placed on supervised probation with respect to the other charges. To date, he has complied with all probation terms and continues to do community service and meet regularly with his probation officer; from 8/20/98 through 11/13/98, he attended and successfully completed a chemical treatment program; he recently signed a contract with NCPHP.
Action: 11/25/98. Consent Order executed: Dr Massey is issued a license to expire on the date shown on the license (2/01/99); unless lawfully prescribed for him by someone else, he shall not use mind or mood altering substances, controlled substances, or alcohol; he shall notify the Board in writing within 2 weeks of his use of such substances or alcohol, including identification of the prescriber and the pharmacy filling the prescription; on the Board's request, he shall supply bodily fluids or tissue samples for screening; he shall maintain and abide by his NCPHP contract; he shall attend AA, NA, and/or Caduceus meetings as recommended by the NCPHP; he shall provide a copy of this Consent Order to all prospective employers; he shall have his employer/supervisor make regular reports of his work performance to the Board quarterly; he shall obtain 50 hours of Category I CME relevant to his practice each year; must comply with other conditions.

McCALL, MICHAEL ALVIN, MD
Location: Atlanta, GA
DOB: 11/04/61
License #: 00-36569
Specialty: OBG (as reported by physician)
Medical Ed: University of Florida College of Medicine (1989)
Cause: Application for reinstatement of license. Dr McCall surrendered his North Carolina license on 11/16/95 and admits he has

abused alcohol and controlled substances; on 10/02/96, the Georgia Board approved a Consent Order by which his license there was suspended. He received treatment for his alcohol and substance abuse between August 1995 and February 1996; since his release from treatment, he has been involved in active recovery, regularly attending AA and NA meetings as well as psychotherapy; he signed a contract with NCPHP on 11/14/95; as of this date he has complied with his NCPHP contract.

Action: 11/09/98. Consent Order executed: Dr McCall is issued a license to expire on the date shown on the license (5/11/99); he shall work only in a setting first approved in writing by the president of the Board, who may restrict Dr McCall's work hours, require evaluations of his work by colleagues or supervising physicians, and impose other restrictions; he may not be a primary or back-up supervising physician for NPs or PAs; unless lawfully prescribed for him by someone else, he shall not use mind or mood altering substances, controlled substances, or alcohol; he shall notify the Board in writing within 2 weeks of his use of such substances or alcohol, including identification of the prescriber and the pharmacy filling the prescription; on the Board's request, he shall supply bodily fluids or tissue samples for screening; he shall maintain and abide by his NCPHP contract; he shall continue his psychotherapy and cause his therapist to provide quarterly reports of his progress to the Board; he shall obtain 50 hours of relevant Category I CME each year; must comply with other conditions.

WILLIAMS, Warren Herbert, MD
Location: Charlotte, NC (Mecklenburg Co)
DOB: 1/03/51
License #: 00-30111
Specialty: P (as reported by physician)
Medical Ed: Universidad Autonoma Guadalajara (1980)
Cause: Information received that Dr Williams surrendered his license in New York. He admits and the Board finds that New York accepted the surrender of his medical license there effective 8/25/98; at the time of his surrender in New York, allegations were pending against him in that state for unprofessional conduct; in surrendering his license in New York, he admitted an allegation that he was negligent in his care of patients more than once.
Action: 1/28/99. Consent Order executed: the Board reprimands Dr Williams.

ZYLANOFF, Phillipa Louise, MD
Location: Beverly Hills, MI
DOB: 2/02/43
License #: 00-30979
Specialty: AN (as reported by physician)
Medical Ed: Medical College of Pennsylvania (1972)
Cause: Action by another state's medical board. Dr Zylanoff admits and the Board finds that her Michigan medical license was summarily suspended in October 1997 and a complaint was filed by the Michigan Board alleging she was impaired by alcohol abuse and was noncompliant with her treatment program; the Michigan Board issued a Final Order in June 1998 dissolving the summary suspension but limiting her practice to her residency program and imposing probation.
Action: 1/28/99. Consent Order executed: Dr Zylanoff shall comply with the Final Order of the Michigan Board. If she resides or practices in North Carolina, she shall sign, maintain, and abide by a contract with the NCPHP; unless lawfully prescribed for her by someone other than herself, she shall refrain from the use of mind or mood altering substances and all controlled substances and from the use of alcohol; she shall inform the Board within two weeks of her use of such substances or alcohol, identifying the prescriber and the dispensing pharmacy; at the Board's request, she shall supply bodily fluids or tissue for screening to determine if she has consumed any of these substances; must comply with other conditions.

MISCELLANEOUS BOARD ORDERS
NONE

DENIALS OF LICENSE/APPROVAL

NORRIS, Dolley Frances, MD
Location: Wilmington, NC (New Hanover Co)
DOB: 10/03/66
License #: 96-01782
Specialty: GP (as reported by physician)
Medical Ed: Uniformed Services University of the Health Sciences (1992)
Cause: Application for license. Dr Norris has been found to have engaged in immoral or dishonorable conduct, made false statements or representations to or willfully concealed information from the Board, engaged in unethical conduct and conduct contrary to honesty, justice, or good morals, by false representations obtained or tried to obtain something of value, had a license denied in another state, and not satisfied the Board she is of good moral character—all of which are grounds under the law for denial of the license to practice medicine.
Action: 1/11/99. Denial of license application issued.

DENIALS OF RECONSIDERATION/MODIFICATION
NONE

SURRENDERS

DENTON, Beecher Tate, III, Physician Assistant
Location: Salisbury, NC (Rowan Co)
DOB: 1/03/55
License #: 1-00993
Education: Bowman Gray (1987)
Action: 12/03/98. Voluntary surrender of PA license.

HOWSARE, Charles Robert, MD
Location: Durham, NC (Durham Co)
DOB: 2/08/65
License #: Resident Training License
Specialty: OM (as reported by physician)
Medical Ed: Uniformed Services University of Health Sciences (1997)
Action: 11/17/98. Voluntary surrender of resident training license.

NEVIASER, Jules Salem, MD
Location: New Smyrna Beach, FL
DOB: 3/28/34
License#: 00-14268
Specialty: ORS (as reported by physician)
Medical Ed: George Washington University (1964)
Action: 11/07/98. Voluntary surrender of medical license.

SAPPINGTON, John Shannon
Location: Baytown, TX
DOB: 1/30/62
License #: 94-00628
Specialty: P (as reported by physician)
Medical Ed: University of Texas (1989)
Action: 1/05/99. Voluntary surrender of medical license.

CONSENT ORDERS LIFTED

BASHARA, Jerome George, MD
Location: Des Moines, IA
DOB: 4/24/38
License #: 00-16569
Specialty: ORS (as reported by physician)
Medical Ed: University of Iowa (1964)
Action: 12/23/98. Order issued lilfting Consent Order of 4/16/85.

HAWLEY, John Patrick, Physician Assistant
Location: New Bern, NC (Craven Co)
Hubert, NC (Onslow Co)
DOB: 4/27/46
License #: 1-02243
Education: Duke University (1977)
Action: 12/23/98. Order issued lifting Consent Order of 12/11/96

HOWELL, David Alexander, MD
Location: Latta, SC
DOB: 4/23/56
License #: 00-27468
Specialty: FP (as reported by physician)
Medical Ed: Medical University of South Carolina (1982)
Action: 12/23/98. Order issued lifting Consent Order of 10/29/95.

McALLISTER, John David, Jr, MD
Location: Fayetteville, NC (Cumberland Co)
Lumberton, NC (Robeson Co)
DOB: 3/14/49
License #: 00-38271
Specialty: PCC (as reported by physician)
Medical Ed: University of North Carolina School of Medicine (1985)
Action: 12/23/98. Order issued lifting Consent Order of 10/04/96.

WOLEBEN, Martyn Dean, MD
Location: High Point, NC (Guilford Co)
DOB: 11/13/56
License #: 97-00428
Specialty: OBG (as reported by physician)
Medical Ed: University of Mississippi School of Medicine (1988)
Action: 12/23/98. Order issued lifting Consent Order of 3/26/97.

TEMPORARY/DATED LICENSES:
ISSUED, EXTENDED, EXPIRED, OR REPLACED BY FULL LICENSES

ADAMS, Beverly Jean S., MD
Location: Durham, NC (Durham Co)
Cary, NC (Wake Co)
DOB: 11/11/45
License #: 00-25974
Specialty: FPS/OTO (as reported by physician)
Medical Ed: Duke University School of Medicine (1976)
Action: 11/20/98. Temporary/dated license extended to expire 11/30/99.

BROWN, David Houston, MD
Location: Raleigh, NC (Wake Co)
DOB: 12/11/45
License #: 00-28623
Specialty: IM/EM (as reported by physician)
Medical Ed: Universidad Autonoma Guadalajara (1976)
Action: 11/20/98. Temporary/dated license extended to expire 11/30/99.

BYRUM, Christopher Edwards, MD
Location: Lake Wylie, SC
DOB: 10/19/53
License #: 00-35599
Specialty: P (as reported by physician)
Medical Ed: University of Virginia (1988)
Action: 1/22/99. Temporary/dated license extended to expire 7/31/99.

CARMACK, Keith Keenan Kilauea, MD
Location: Goldsboro, NC (Wayne Co)
DOB: 11/24/49
License #: 00-30306
Specialty: FP (as reported by physician)
Medical Ed: University of Hawaii (1983)
Action: 1/22/99. Full and unrestricted license reinstated.

CHEEK, John Christopher, MD
Location: New Bern, NC (Craven Co)
DOB: 3/03/57
License #: 97-01906
Specialty: N/CN (as reported by physician)
Medical Ed: University of North Carolina School of Medicine (1984)
Action: 11/20/98. Temporary/dated license extended to expire 5/31/99.

COYNE, Mark Dennis, MD
Location: Stoney Creek, NC (Guilford Co)
DOB: 8/12/49
License #: 00-33493
Specialty: EM/OS (as reported by physician)
Medical Ed: Chicago Medical School (1983)
Action: 11/20/98. Temporary/dated license extended to expire 3/31/99.

FELDMAN, Rhonda Glen, Physician Assistant
Location: Ferguson, NC (Wilkes Co)
Boone, NC (Watauga Co)
DOB: 10/26/63
License #: 1-01966
Education: Duke University (1995)
Action: 1/22/99. Full and unrestricted license reinstated.

FOERCH, Jeffrey Scott, MD
Location: Wilkesboro, NC (Wilkes Co)
Blowing Rock, NC (Watauga Co)
DOB: 10/10/52
License #: 96-00806
Specialty: P/PYA (as reported by physician)
Medical Ed: Chicago Medical School (1977)
Action: 1/22/99. Temporary/dated license extended to 7/31/99.

FREIBERGER, John Jacob, MD
Location: Durham, NC (Durham Co)
Chapel Hill, NC (Orange Co)
DOB: 1/04/52
License #: 00-27912
Specialty: PH/CCM (as reported by physician)
Medical Ed: University of Texas, Southwest (1979)
Action: 1/22/99. Temporary/dated license extended to expire 1/31/00.

GORSKI, Karen, Physician Assistant
Location: Charlotte, NC (Mecklenburg Co)
Huntersville, NC (Mecklenburg Co)
DOB: 1/08/57
License #: 1-02145
Education: State University of New York, Stonybrook (1982)
Action: 11/20/98. Temporary/dated license extended to expire 5/31/99.

HALL, Jesse McRae, Physician Assistant
Location: Fort Bragg, NC (Hoke & Cumberland Cos)
Sanford, NC (Lee Co)
DOB: 6/23/56
License #: 1-01830
Education: Fort Sam Houston, TX (1991)
Action: 1/22/99. Temporary/dated license extended to expire 7/31/99.

HARRIS, Donald Philip, MD
Location: Greensboro, NC (Guilford Co)
DOB: 4/09/43
License #: 00-13127
Specialty: IM (as reported by physician)
Medical Ed: University of North Carolina School of Medicine (1961)
Action: 1/22/99. Temporary/dated license extended to expire 7/31/99.

HAWLEY, John Patrick, Physician Assistant
Location: New Bern, NC (Craven Co)
Hubert, NC (Onslow Co)
DOB: 4/27/46
License #: 1-02243
Education: Duke University (1977)
Action: 11/20/98. Full and unrestricted license reinstated.

HOLTKAMP, John Harry, MD
Location: Raleigh, NC (Wake Co)
DOB: 11/20/54
License #: 00-28045
Specialty: CHN/PD (as reported by physician)
Medical Ed: New York University (1980)
Action: 1/22/99. Temporary/dated license extended to expire 7/31/99.

HUBBARD, Karl Winsor, MD
Location: Elizabeth City, NC (Pasquotank Co)
DOB: 10/15/54
License #: 95-00291
Specialty: ORS/OSM (as reported by physician)
Medical Ed: University of Louisville (1982)
Action: 1/22/99. Full and unrestricted license reinstated.

KEEVER, Richard Alan, MD
Location: High Point, NC (Guilford Co)
DOB: 6/11/41
License #: 00-16400
Specialty: NO (as reported by physician)
Medical Ed: University of North Carolina School of Medicine (1969)
Action: 11/20/98. Temporary/dated license extended to expire 7/31/99.

LESTER, Allan John, MD
Location: Cary, NC (Wake Co)
DOB: 9/19/44
License #: 00-20159
Specialty: FP/OM (as reported by physician)
Medical Ed: University of Otago, New Zealand
Action: 1/22/99. Re-issue permanent license.

LOWE, James Edward, Jr, MD
Location: Briarcliff Manor, NY
DOB: 12/05/50
License #: 00-37887
Specialty: PS/GS (as reported by physician)
Medical Ed: Meharry Medical College (1975)
Action: 11/20/98. Temporary/dated license extended to expire 11/30/99.

MARSHALL, John Everett, MD
Location: Lincolnton, NC (Lincoln Co)
DOB: 7/13/54

License #: 00-39646
Specialty: OBG (as reported by physician)
Medical Ed: Universidad Del Noreste, Mexico (1981)
Action: 1/22/99. Full and unrestricted license reinstated.

MASSEY, Howard Todd, MD
Location: Durham, NC (Durham Co)
DOB: 1/13/63
License #: 98-01708
Specialty: TS/GS (as reported by physician)
Medical Ed: Medical College of Georgia (1990)
Action: 1/22/99. Temporary/dated license extended to expire 5/31/99.

McALLISTER, John David, Jr, MD
Location: Fayetteville, NC (Cumberland Co)
Lumberton, NC (Robeson Co)
DOB: 3/14/49
License #: 00-38271
Specialty: PCC (as reported by physician)
Medical Ed: University of North Carolina School of Medicine (1985)
Action: 11/21/98. Full and unrestricted license reinstated.

MEAD, Robert J., MD
Location: Asheboro, NC (Randolph Co)
DOB: 12/13/45
License #: 00-32790
Specialty: AN/PD (as reported by physician)
Medical Ed: Jefferson Medical College (1978)
Action: 11/20/98. Temporary/dated license extended to expire 5/31/99

MINARD, John Lawrence, MD
Location: Morganton, NC (Burke Co)
DOB: 1/12/35
License #: 00-29347
Specialty: CHP/P (as reported by physician)
Medical Ed: University of Pittsburg (1961)
Action: 1/22/99. Temporary/dated license extended to expire 1/31/00.

NELSON, Mark Theodore, MD
Location: Sanford, NC (Lee Co)
DOB: 11/24/61
License #: 93-00251
Specialty: EM/AN (as reported by physician)
Medical Ed: University of Kansas (1989)
Action: 1/22/99. Full and unrestricted license reinstated.

PATEL, Aneel Nathoobhai, MD
Location: Goldsboro, NC (Wayne Co)
DOB: 8/12/35
License #: 00-34701
Specialty: P/N (as reported by physician)
Medical Ed: Seth GS Medical College, India (1959)
Action: 11/20/98. Temporary/dated license extended to expire 5/31/99.

PRESSLY, Margaret Rose, MD
Location: Sylva, NC (Jackson Co)
DOB: 5/05/56
License #: 00-34548
Specialty: FP (as reported by physician)
Medical Ed: University of North Carolina School of Medicine (1990)
Action: 11/20/98. Temporary/dated license extended to expire 5/31/99.

REESE, Perry, III, MD
Location: Cary, NC (Wake Co)
DOB: 8/17/58
License #: 94-00988
Specialty: FP (as reported by physician)
Medical Ed: Wayne State University (1990)
Action: 11/20/98. Temporary/dated license extended to expire 5/31/99. Limited to male patients.

RIDDLE, William Mark, MD
Location: Greenville, NC (Pitt Co)
DOB: 3/20/56
License #: 00-39871
Specialty: FP/EM (as reported by physician)
Medical Ed: East Carolina University School of Medicine (1985)
Action: 11/20/98. Temporary/dated license extended to expire 3/31/99.

RUDISILL, Elbert Andrew, MD
Location: Hickory, NC (Catawba Co)
DOB: 1/14/47
License #: 00-21863
Specialty: FP (as reported by physician)
Medical Ed: Bowman Gray School of Medicine (1977)
Action: 11/20/98. Temporary/dated license extended to expire 11/30/99.

SCHEUTZOW, Mark Howard, MD
Location: Charlotte, NC (Mecklenburg Co)
Matthews, NC (Mecklenburg Co)
DOB: 8/19/57
License #: 97-00166
Specialty: PM (as reported by physician)
Medical Ed: Ohio State University (1993)
Action: 1/22/99. Full and unrestricted license reinstated.

STEWART-CARBALLO, Charles Willy, MD
Location: Fayetteville, NC (Cumberland Co)
DOB: 2/24/57
License #: 00-38215
Specialty: OBG/OS (as reported by physician)
Medical Ed: University of Minnesota (1985)
Action: 11/20/98. Temporary/dated license extended to expire 5/31/99.

WHEELER, James Hastings, III, MD
Location: Marion, NC (McDowell Co)
DOB: 10/20/50
License #: 00-33912
Specialty: ORS (as reported by physician)
Medical Ed: Medical College of Wisconsin (1977)
Action: 11/20/98. Temporary/dated license extended to expire 11/30/99.

WOLEBEN, Martyn Dean, MD
Location: High Point, NC (Guilford Co)
DOB: 11/13/56
License #: 97-00428
Specialty: OBG (as reported by physician)
Medical Ed: University of Mississippi School of Medicine (1988)
Action: 11/20/98. Full and unrestricted license reinstated.

DISMISSALS

BURT, Joseph Mark, MD
Location: Lansing, MI
DOB: 7/24/53
License #: 00-31255
Specialty: P/PYM (as reported by physician)
Medical Ed: Michigan State University (1983)
Action: 12/21/98. Dr Burt having failed to register his license as required by law and his license having become inactive, the Board dismisses without prejudice the case against him initiated by the Notice of Charges of 9/11/97.

NEVIASER, Jules Salem, MD
Location: New Smyrna Beach, FL
DOB: 3/28/34
License#: 00-14268
Specialty: ORS (as reported by physician)
Medical Ed: George Washington University (1964)
Action: 11/20/98. Dr Neviaser having surrendered his license, the Board dismisses without prejudice the case against him initiated by the Notice of Charges of 11/28/94.

SAPPINGTON, John Shannon
Location: Baytown, TX
DOB: 1/30/62
License #: 94-00628
Specialty: P (as reported by physician)
Medical Ed: University of Texas (1989)
Action: 1/23/99. Notice of Dismissal issued: Dr Sappington having surrendered his license, the Board dismisses without prejudice the case against him initiated by the Notice of charges dated 3/23/96.

See Consent Orders:
BENTLEY, Steven Edmunds, MD

North Carolina Medical Board
Meeting Calendar, Application Deadlines, Examinations
April 1999 -- March 2000

Board Meetings are open to the public, though some portions are closed under state law.

North Carolina Medical Board **May19-22, 1999**
May Meeting Deadlines:
- Nurse Practitioner Approval Applications — April 5, 1999
- Physician Assistant Applications — April 1, 1999
- Physician Licensure Applications — May 4, 1999

North Carolina Medical Board **July 21-24, 1999**
July Meeting Deadlines:
- Nurse Practitioner Approval Applications — June 7, 1999
- Physician Assistant Applications — June 8, 1999
- Physician Licensure Applications — July 6, 1999

North Carolina Medical Board **September 15-18, 1999**
September Meeting Deadlines:
- Nurse Practitioner Approval Applications — August 2, 1999
- Physician Assistant Applications — August 3, 1999
- Physician Licensure Applications — August 31, 1999

North Carolina Medical Board **November 17-20, 1999**
November Meeting Deadlines:
- Nurse Practitioner Approval Applications — October 4, 1999
- Physician Assistant Applications — October 6, 1999
- Physician Licensure Applications — November 2, 1999

North Carolina Medical Board **January 19-22, 2000**
January Meeting Deadlines:
- Nurse Practitioner Approval Applications — December 6, 1999
- Physician Assistant Applications — November 24, 1999
- Physician Licensure Applications — January 4, 2000

North Carolina Medical Board **March 15-18, 1999**
March Meeting Deadlines:
- Nurse Practitioner Approval Applications — January 31, 2000
- Physician Assistant Applications — January 28, 2000
- Physician Licensure Applications — February 29, 2000

☞ **Residents Please Note USMLE Schedule**

Examinations Schedule

United States Medical Licensing Examination (USMLE) Step 3

May 11-12, 1999 Sitting
Deadline for receipt of application: February 10, 1999
December 7-8, 1999 Sitting
Deadline for receipt of application: September 7, 1999

Special Purpose Examination (SPEX)

The Special Purpose Examination (or SPEX) of the Federation of State Medical Boards of the United States is available year-round. For additional information, contact the Federation of State Medical Boards at 400 Fuller Wiser Road, Suite 300, Euless, TX 76039 or telephone (817) 868-4000.

LICENSES RECENTLY MADE INACTIVE
(Results from Failure to Register)

AUGUST 1998

Name (alphabetical)	License #	Name (alphabetical)	License #	Name (alphabetical)	License #	Name (alphabetical)	License #
Abraham, Clara	00-36135	Figueroa, Elizabeth	00-33038	Holzworth, Robert Haviland	00-08505	Mansheim, Bernard Joseph	94-01445
Babcock, Stuart Alva	94-00199	Fishburne, John Ingram, Jr.	00-15275	Hoover, Robert Michael	00-38356	Marcano, Nelly Ann	94-01446
Baz, Maher Afif	95-00016	Floyd, Walter Lawrence	00-10668	Huang, Chung-Wen	00-28517	Markowitz, Stephen	00-35423
Bell, Brian Wayne	97-01245	Forster, Robert Allen	95-01533	Huling, Randall Toombs, Jr.	00-28221	Martone, James Francis	00-29004
Berdecia, Mila	97-01248	Fowler, Floyd Jackson	00-23699	Humayun, Mark Salman	00-39368	Mashru, Pravinkumar Kherajbh	00-24269
Bickers, Philip Gordon	00-17312	Freed, Gary Lee	00-39264	Humphrey, Peter Allen	00-29754	Mathews, Jeffrey Lee	00-24270
Bock, Suzanne Marie	95-00021	Fritz, Walter Elmer	00-17958	Hunter, Julia Anne Tatum	00-29755	Mayda, Jaro, II	00-33397
Boyd, Brita Katherine	00-36498	Gammon, David Brian	96-00094	Huston, Butch Mayner		McBride, Richard Raymond	96-00262
Brokaw, Melissa Ann	95-00520	Gantt, Pickens Allison	00-25021	Iberico-Sanudo, Mariano Martin	00-39282	McCampbell, Marcia Preble	94-00920
Brown, Teri Jean	00-36663	Garcia, Rolando, Jr.	96-00918	Jacobs, Mary Rochelle	00-34051	McClellan, Jeffrey Scott	00-39026
Carpenter, Dalton Remell	95-00318	Gear, Arthur Sewell, Jr.	00-30810	James, Robert Earl	00-10502	McClelland, Raymond Scott	96-01396
Cheek, Jack Allan, Jr.	00-16335	Geilfuss, Charles Joseph, III	00-35647	Jerabek, Jay John	00-25329	McDonald, William Maffitt	00-30680
Chow, John Chi-Kwei	96-00884	Gershteyn, Eduard	00-30909	Jhaveri, Faiyaaz Mustansir		McKenna, Dennis Patrick	94-00102
Cleland, William Alexander	00-46112	Ghotbi, Muhammad Seyed	00-35080	Johnstone, Rudolph Gordon, III	00-39435	McLarney, John Kenny	97-00329
Colston, William Carroll	00-13420	Gilmore, John Russell	00-27459	Jones, Genevieve	93-00729	McMahon, Kevin Dehan	00-31583
Creasy, John David	96-00810	Goldberg, Marvin	00-37833	Jones, Kenneth Lee	00-14224	Miller, Walter Rutledge	00-18809
Credle, Joseph Bernard	00-15044	Gordon, Daniel Joseph	96-00010	Jordan, Scott Brewer	00-38990	Misas, Jose Enrique	00-39200
Cuozzo, Daniel William	95-01213	Gottlieb, Geoffrey Scott	97-00065	Kang, Chung Hoon	00-23850	Mitchell, Richard Gardner	00-34406
Dacey, Ralph Gerard, Jr.	00-31266	Grantham, Richard Lee	00-21650	Kemper, Robert James	00-13146	Moore, Paul Terrence	93-00767
Dalley, Gary Manfred	96-01284	Grossman, Clifford Norman	95-00361	Keram, Stevan	00-39186	Moossy, John	00-15734
Davis, Hung Tran	97-01311	Gruninger, Robert Park	00-36721	Kim-Foley, Susan So-Hyoun	00-35152	Mullins, James McKinley, III	00-33406
De Atkine, David Dudley	00-38041	Guerin, Meghan Brady	97-00259	Knox, Jonathan Mark	96-01649	Murray, Michael Thomas	95-01024
Desman, Scott Mitchell	00-32487	Hagood, Mark Lester	00-35908	Kossove, Albert Anthony	00-05572	Neides, Daniel Marc	95-01357
Dickinson, Ruth Ann	00-39364	Hancock, Mark Stephen	94-00823	Kulick, Leo Andrew	00-32007	Neil, James Simeon Adams	00-33107
Dincman, Yalcin	00-16854	Harris, Jeffrey Emmett	00-37848	Lehmann, Leslie Elaine	00-38120	Nesbitt, Theresa Heisley	94-00595
Dobson, Martha Rose	93-00685	Hart, John Terrence	00-22922	Lewkow, Lawrence Michael	00-31568	Nwiloh, Jonathan Osita	96-01684
Dugan, Stanley Paul	00-35323	Harter, Josephine Miriam	95-01548	Lindegren, Mary Lou	00-31731	O'Hara, James McVey	00-17074
Dupret, Heidi Ellen		Harvey, Peter Steven	95-00607	Lins, Robert Edmond	00-38801	O'Neil, Elizabeth Ann	00-35720
Durch, Stephen Michael	00-28024	Haven, Henry Hirschberg	00-34623	Lordi, Peter Francis	00-19800	O'Tuama, Lorcan A.	00-17512
Ebberts, James Wayne	00-31130	Hemsley, Hugh Hambleton, Jr.	95-01273	Ludwig, Gary Keith	00-25363	Oldham, Keith Thomas	00-34426
Ehmann, Carl William	00-36175	Henley, Chapin	00-16587	MacKoul, Paul Joseph	93-00212	Olt, George Jeffrey	00-31347
Elsheikh, Tarik Mohamed	00-36697	Herron, Daniel Edward	93-00385	Madhava, Valsa Sree	00-33396	Oshry, Stacy Yale	96-01425
Errico, Jane Pixley	93-00100	Hilliard, Anita Joy	00-39819	Manning, John Michael, Jr.	00-36219	Osmundson, Michael Burnell	96-00210
Febles, Oscar Roman	95-00572	Hodgkin, Douglas David	96-00946	Manos, John Emmanuel	00-33861	Otley, Clark Clothier	00-35815
Field, Robert Clark	00-30022	Hoffman, Cary Joseph	94-01212	Manoukian, Steven Vahe	96-00259	Paik, Hyo Chae	97-00444

Name (alphabetical)	License #
Papagiannis, John	00-39663
Paterick, Brian David	95-01374
Pearce, Allen Roy	95-01049
Pearl, Elliott Richard	00-39057
Pellitteri, Phillip Kevin	00-35089
Pence, Jeffrey Carl	95-00178
Pittard, James Donald, Jr.	00-39664
Pocsik, Stephanie	00-35725
Principe, James Michael	00-39864
Pruitt, Russell Franklin	00-36412
Racciato, John Joseph	00-27076
Randolph, Richard Joseph, III	00-39068
Ratliff, Norman Burbridge, Jr.	00-13532
Ray-Lamond, Susan Gail	00-39671
Razack, Abdul T.	00-35476
Reddy, Tadur Sanjeev	00-27511
Reinitz, Stephen Michael	00-34140
Rendt, Karen Elizabeth	00-38418
Ricks, Robert Edward, Jr.	00-28326
Ritter, Edmond Frederick	00-31633
Robinson, Glenn Crane	00-39072
Roldan, Biadin Gustavo	00-34903
Roman, Edwin	97-01133
Rundle, T. J.	00-17662
Samson, Michael John	00-36031
Sanchez, Robert Butler	00-23231
Sanders, Roy Werner	00-28336
Sanfilippo, Alfred Paul	00-22663
Santamauro, Jean Therese	00-35498
Santos, Rolando Ruiz	95-00789
Scarpitti, Edward Henry	00-19719
Scherer, James Le Roy	00-16008
Schymik, Linda Glaubitz	00-29742
Sholtes, Robert Morris	00-27851
Siegel, David Ben	00-39478
Silber, Jeffrey Scott	95-01097
Smith-Gibson, Phyllis Renee	00-33896
Soderstrom, Mary Stream	94-00360
Stagner, David Lowell	00-24712
Stegemoller, Ralph Warren	97-00141
Sullivan, Jeffrey Hugh	94-01060
Sur, Sanjiv	94-00155
Surti, Nergesh	00-36838
Sykes, Philip Bartholomew	00-32050
Trachtenberg, Stephen Jay	00-13244
Trites, Paul Nathan	00-27326
Vaughn, Thomas Claude	00-22854
Venkatesan, Ranganathan	00-25966
Voljavec, Alexander Stefan	93-00362
Von Neida, Anne Elizabeth	95-01684
Ward, John Wesley, III	00-21892
Warner, John Michael	00-36612
Watanabe, Masayo	00-38456
Weber, John Edward	00-31403
West, Robert Winfred	95-00764
Westerman, Jan Hendrik	00-32298
Westmoreland, William Thomas	00-25848
Wilczynski, Denise Courtemanche	95-01151
Wilensky, Michael Keith	00-38246
Williams, Cynthia Mary	93-00629
Williams, John Dudley, Jr.	00-04400
Wilson, Louie Cecil	00-16560
Wilson, Michael Lloyd	00-38249
Winton, George Beverly	00-30260
Woodley, David Timothy	00-21140
Woods, Samuel T.	00-38467
Woolley, Meredith Stoops	00-39903
Works, Nancy Amelia	00-33175
Wright, Olivia Rae	00-36080
Yeomans, Merrill Brooks	00-09250
Zucker, Laura Beth	97-00820

SEPTEMBER 1998

Name (alphabetical)	License #
Albers, Mary Elizabeth	00-35091
Andrews, Peter Ian	94-00702
Antonio, Eugenio V., III	00-21907
Arthur, John Michael	00-34781
Asbury, Corbin Charles	95-00303
Baig, Mirza Moin	00-20096
Bain, Sean Ryan	96-00851
Baker, James William	00-19146
Banick, Paul David	00-34554
Banks, David Alan	00-34555
Bart, Robert Drayer, III	96-01222
Berk, James Walter	94-00417
Berko, Barbara Ann	00-25111
Buckley, Charles Edward, III	00-09765
Campbell, Anne Wright	00-24883
Capps, Susan Hainley	93-00432
Carpenter, Randall Lewis	94-01386
Carson, Ted J.	00-18755
Christman, Kathy Lyn	00-32666
Cioffi, Albert Francis	95-00863
Clark, Robert Milton	94-01154
Cloutier, Charles Albert	98-01214
Coe, Ronald Michael	98-00497
Cohen, Darrel Phillip	95-00865
Collins, Janet Lynn	94-01155
Cooney, Robert Nickerson	00-33970
Cox, Ronnie Lewis	00-13079
Cozzolino, Joseph Michael	95-01209
Dalton, James David, Jr.	94-01166
Daniel, Brian Phillip	94-00771
Davis, Jeffrey Brian	00-36340
DeWeese, Gary Kenneth	00-32606
Deruelle, Dennis Patrick	94-01170
Dodds, George Alfred, III	93-00083
Dodge, William David	97-01321
Doster, John Eric	95-00336
Duck, Sigsbee Walter	00-26225
Dumas, James George	00-35883
Eaton, Lynne Antoinette	94-00783
Edwards, Jennifer Lynn	95-00066
Enghardt, Michael Hubertus	00-24758
Ennever, John Fisher	00-34851
Evans, Arthur Thomas	00-30331
Fallon, Michael Peter	97-00059
Fan, Horng Dean	00-22911
Federowich, Carmen Isabel	00-30805
Gaviria, Diana Marilyn	00-35646
Gold, Philip William	00-17357
Golin, Carol Elaine	00-35808
Goodsell, Craig William	96-00552
Gore, Stephen Thomas	94-00256
Gorman, Gary Dennis	00-36527
Hamner, Mark Benjamin	00-29476
Harris, Jimmie Lee	00-14502
Harrison, George Lowndes	94-00521
Hatley, Thomas Edward	94-00832
Haupt, Ronald Anthony	00-25311
Hazlett, Claude Caudill	00-13820
Hendrix, Sylvia Sutton	00-36101
Hennessy, Mark Donald	00-38975
Hicks, Jesse Robinson	00-12037
Hill, Michael Winslow	00-39951
Hodges, James Thomas	00-14213
Hodson, Darryl Shaw	97-01400
Holland, Roger Evan	96-01339
Holland, Warren Frederick, Jr.	00-13825
Holliger, Elizabeth Marie	95-00941
Holzen, Thomas Werner	00-17745
Hora, James Francis	93-00719
Horn, Paul Lafleur, Jr.	00-08029
Hotchkiss, John Robert	93-00157
Hunt, James Calvin	00-09433
Jackson, George Hagan	94-00848
Jackson, Tanjela Mitsu	95-00103
Johnson, Marshall Ray, Jr.	95-01290
Jones, Phillip Eugene	00-24918
Kantrow, Stephen Phillips	93-00175
Karulf, Richard Eugene	97-00306
Kaufmann, Mark G.	00-29764
Kim, Frank Hongnae	97-00312
Kim, John Phillip	00-34795
King, Brian Eugene	94-01239
King, Joseph Aaron	00-19798
Klatt, Donald Scott	93-00737
Klopfenstein, Harold Sidney	00-31850
Kokocki, Stanley Peter	00-39634
Kostrubala, Thaddeus Lewis	00-38999
Kowlowitz, Edward Jay	00-35950
Kruger, David Hugh	00-36372
Kupczyk, Anna Maria Ajewska	00-20302
LaGrange, Clinton John, Jr.	96-00978
Lalani, Atul Pyarali	97-00628
Larson, Jan Marie	00-36556
Leaks, Joan Sharp	00-30398
Leavy, Philip Gerard, Jr.	00-27939
Lee, Peter Kunju	94-01252
Little, John Perry	94-00096
Lopez, William Chris	00-31166
Lovely, Michael J.	96-00619
Lux, Mary B. Bancroft	95-01589
Magarelli, Paul Charles	00-38127
Mahajan, Suresh Kumar	00-34390
Mall, Gary Michael	00-35970
Malpass, Michael Alan	00-23605
Mangold, Karl George	00-24681
Marcille, Roxanne	00-38129
Maslow, Arthur Stephen	00-29623
Mathis, Timothy Aaron	00-39972
McAlister, David Shane	00-24460
McAlpine, David Charles	00-36769
McAvey, Lisa Michelle	98-01382
McClinton, Mark Edward	96-01671
McElhone, Patrick Joseph	93-00537
McGrath, John Michael	00-35984
McKenzie, John David	00-38808
McKinley, Elizabeth Dorr	00-35705
McReynolds, Richard Allen	00-33096
Meluch, Anthony Matthew	00-38391
Miller, Daniel James	00-39037
Miller, Norman Eric	00-32322
Milstein, Vladimir Anatol	94-00937
Mock, David Carlton	00-07413
Moeller, Mark Steven	00-26324
Moore, Kenneth Edward	94-00105
Morris, Edward Ian	94-00309
Nelson, James Brian	00-28286
Ness, Reid Michael	00-35715
Nurudeen, Taofeeq Adeola	96-01023
O'Meara, James Joseph, III	00-38664
Olds, Warren Woodson	00-27271
Orkubi, Ghada Abdullah	97-00118
Packer, Lawrence Le Roy, Jr.	00-08152
Parker, Roy Turnage	00-07663
Pate, Barry Reeves	00-11570
Pavlicek, Ralf	97-00827
Perez, Jose Angel	00-29640
Perkins, Richard Brian	00-33114
Petrone, Thomas Joseph	00-39463
Pippas, Andrew William	93-00279
Poling, Gary Lynn	00-38883
Prendergast, Neal Joseph	95-00186
Prevost, Douglas Patrick	00-35185
Price, John Duncan	00-23963
Price, Mary Elizabeth	97-00718
Price, Robert Eugene	00-39210
Primack, Steven Lloyd	00-38674
Pritchett, Eugenia Harper	00-39067
Pye, Jacques Ray	00-30456
Raben, Milton	00-14281
Reed, David Paul	00-34716
Reese, William Andrew	94-00989
Richardson, Marie Page	97-00378
Ruetzel, Craig Heiner	00-39878
Saul, Chad	98-00382
Schwartz, Melvin Jay	00-10920
Seaton, Brian Joseph	96-01198
Shander, Gregg Stuart	95-01659
Shannon, Roger Hall	00-34458
Sharma, Leela Naidu	00-34909
Shi, Patricia Ann	95-01661
Simmons, John Lewis	00-09017
Smart, Brian Alan	95-01420
Spigner, Prescott Bush, Jr.	00-11094
Stang, Mark Ray	93-00820
Steindel-Kopp, Bethel Susan	94-01056
Stevens, Clark William, Jr.	00-32438
Strand, David Allen	00-39487
Strawn, Marjorie Oakes	00-10031
Sturner, William Quentin	00-35526
Suslavich, Catherine Toye	00-26158
Swartzendruber, Frederick David	00-29680
Sweeney, Edgar Chew	00-08289
Swiner, Connie, III	00-39491
Szontagh, Eugenia Eszter	94-00657
Terrell, Gregory Scott	94-00370
Thomas, Daniel Joseph	00-21317
Thomas, Maria De Fatima	97-00438
Thurber, Deborah Lorene	00-38564
Turpin, Edward McDaniel, Jr.	00-34755
Vanderlinde, Jan	94-01079
Vandeventer, Wilhelm H. J.	00-20759
Villar-Robles, Felix	94-01081
Vinik, Bryan Shaun	93-00393
Vo, Thuan Huu	96-00240
Wagner, Paul Dean	
Wall, Leonard Lewis	00-28590
Watts, Charles Dewitt	00-07263
Weaver, James Michael	00-35070
Webster, Paul Stephen	93-00843
White, Carleton Benjamin	09-07854
White, Kelley Elizabeth	00-36130
Wilkie, Louis Joseph	00-25849
Wilson, Harold Andrew, Jr.	00-37979
Wineinger, Mark Allan	00-26069
Woodard, Joseph Paul, Jr.	96-00364
Yeldandi, Aruna Gnanainder	95-00283
Zain, Harry Allie	00-34508

OCTOBER 1998

Name (alphabetical)	License #
Abernathy, George Thomas, Sr.	96-00069
Agarwal, Kamala	00-20867
Agness, Mark Steven	00-32216
Al-Ajlouni, Said Moh'd	96-00816
Albeg, Jonathan Casey	96-01209
Ange, Charles Gilmer, Jr.	00-15422
Asmundsson, Tryggvi	00-17303
Baird, Eva Frances Gabbard	00-17306
Battle, James Wayne, Jr.	00-14610
Behringer, Frederick R., Jr.	00-22459
Bergant, James Allen	00-19907
Bignault, Jon Franklin	00-34561
Bleesing, Jacob Jan Hendrick	93-00423
Bograd, Susan Beausoleil	00-38073
Boyd, Ralph Edward	00-35277
Braun, William Edwin	00-25000
Bringman, Edward William	00-18393
Broadbent, Lee Stokes	00-22385
Brown, Alan Burchard	93-00046
Brown, Trave Lavell, Jr.	00-10435
Brown, Vergil Kenneth, III	96-01174
Caceres, Jose Angel	00-32656
Cahill, William Thomas	00-32658
Cassada, Margaret Kea Ogden	94-01387
Choudhary, Namrata Kumari	96-00484
Craig, William Alexander P.	94-01160
Criado, Enrique	00-38751
Curry, Thomas Davis	00-36680
Davis, Angela Marie	96-01288
De Freitas, Junior	00-38042
DeMarco, James Robert	94-01398
Downs, Stephen Miller	00-37820
Dresser, Lee Potter	00-39936
Driskill, Robert Leroy	00-39581
Eberly, John Brewer	00-34303
Echelman, David Alan	00-31719
Ellis, Kathryn Roberta	98-01249
Elmorshidy, Mohamed Essam	00-20598
Ernst, Donald Scott	94-01181
Ezukanma, Noble Uwaoma	96-00012
Fagan, Joe Garrell	00-20388
Fawaz, Sharon Shelton	94-01188
Fidler, Jeff Lynn	00-36701
Fiedler, Andrew John	00-39420
Flynn, Monica Anne	00-36520
Freels, Douglas Boyd	94-00247
Funches, Judith Melton	00-39807
Galea, Lawrence Joseph	00-27046
Gates, Herbert Stelwyn, III	00-30644
Geloo, Zeba Shaheen	97-00061
Godar, Stephen Edward	00-29884
Goetter, Elizabeth Carol	00-31512
Goode, George Browne, Jr.	00-11856
Grabove, Donald Edward	00-33832
Gray, Thomas Glen	00-37834
Grebosky, James Michael	93-00709
Greenberg, Sunita Phasge	00-34983
Gregg, Cynthia Marie	95-01259
Groh, Brandt Park	95-00600
Guzman, Jose Aogusto	93-00139
Habib, Magdy Abdalla	00-26106
Hannibal, John Jacob, Jr.	00-05722
Hodges, Tony Neil	00-36733
Holt, Gregory Scott	00-33066
Hope, Alex Chalmers	00-07084
Hopkins, Richard Alan	00-22580
Howard, Barbara Jo	00-38087
Huynh, Danh	95-00372
Iwaoka, Ken Ray	00-34050
Jacoby, William Thomas	00-33846
Johnson, Amy Lee	00-34363
Johnson, Harold Mark	00-38785

Name (alphabetical)	License #
Johnson, Thomas Leroy, Jr.	00-27376
Jones, Christopher	00-35385
Jones, Pamela Jean	00-35001
Kashtan, Hillel Isaac	00-33072
Kilhenny, Patrick Francis	00-34645
Koller, Brian Richard	00-39380
Kratt, Charlotte Antoinette	96-00157
Kreinces, John Douglas	00-18326
Krieg, Eileen Marie Beattie	96-00977
Laquis, George Anthony	00-33267
Large, Lisa Lynn	00-35956
Lichtenstein, David Roth	00-39639
Liebman, Curt Eliot	95-01317
Longacre, Jeffrey Lee	97-00831
Loughlin, Edward Castello, Jr.	00-11632
Lyne, James Evans	00-32775
Maddox, Michael Preston	00-38377
Marshall, David Lee	94-00918
McCain, Brenda Lee	00-34091
McCarley, Kenneth Hugh	00-39025
McCollum, Cecil James	00-35429
McCombs, William Perry	00-27616
McGann, Albert Sylvester	00-22657
McNiece, Dawn Marie	93-00758
McSharry, Roger John, Jr.	94-00926
Mealer, Terry Allen	94-01452
Melcher, Michael Philip	00-19706
Michael, Joel Craig	00-35026
Mihyu, Marwan Mohamed Ali	94-01270
Mikolajczyk, Andrea Carol	96-01402
Miller, Ernesto Armentia	00-28274
Moore, Laurie Jo	96-01677
Moultrie, Harry Carl, II	00-17650
Murray, Robert Fulton, III	00-38147
Nace, Timothy Michael	00-33105
Napolitano, Lena Marie	00-39311
Naqi, Khalid	96-01017
Nash, James Frank	00-27621
Newell, Robert William	00-32156
Nichols, William Garrett	97-01835
Nickell, Samuel Aaron	95-01028
O'Bar, Paul Rupert	00-16770
Pallai, Lorianna	94-00120
Payne, Paul Andrew	00-36003
Pennebaker, Richard Siddall	00-38822
Perks, Susan Owen	96-00677
Perry, Truman Lee	95-01377
Petrov, Nickolas	00-13880
Phillips, Roger Morgan	00-39981
Poplawski, Steven Craig	94-01476
Ram, Bernard Allan	00-27508
Rhyne, Robert Leon, Jr.	00-22968
Robinson, Bruce Marshall	96-01706
Robinson, Kenneth Eugene	00-22966
Rowin, Mark Edward	00-35487
Ruy, Peter Blodemir	00-20684
Sabiston, David Coston, Jr.	00-14140
Sacra, Richard Amsden	96-01054
Safran, Steven Gary	00-34451
Saikevych, Irene Ann	00-36302
Samuelson, Wayne Mitchell	00-26983
Savage, Belinda Ann	96-00720
Schell, Randall Martin	00-34455
Scherer, Markus David	96-00059
Scherlag, Michael Ara	95-01655
Schumann, Stephen Paul	00-33743
Sellman, Gloria Lynne	00-34156
Sharara, Ala Ihsan	00-39326
Simon, Jeffrey Scott	00-26595
Slagle, Richard Corbin	00-17283
Smith, Townsend, III,	00-34467
Starkey, John Harrell	00-39696
Stein, Ned Barry	00-18723
Stephan, Warren Frank	00-27981
Stephens, Selden Harbour, III	00-39103
Stone, Harry David, Jr.	93-00823
Stone, Michael Howard	00-34746
Stout, Steven Phillip	00-34532
Tabesh, Enayatollah	00-15591
Thompson, Louis Michael	96-01499
Tran, Quang Thanh	93-00350
Urban, Edward John	00-27410
Vali, Asha	96-00245
Vanderpool, Gerald Eugene	00-34486
Vazquez-Quintana, Enrique	00-38231
Venkatesh, Mangala	00-23885
Ventimiglia, Gowrie Anandarajah	00-38284
Vitellas, Kenneth Michael	97-00795
Wadsworth, Margaret Dana	00-34759
Wallach, Tom Harlan	00-36449
Warren, Brian Butler	97-01645
Wei, Tsal Nan	00-22373
Weiss, Allan Stuart	00-34198
Wilensky, Daniel Howard	96-00776
Williams, Jocie Curtis, Jr.	00-13954
Williams, Russell Warren	00-24315
Withers, Mark Robert	00-33446
Wohl, Thomas Alan	95-01154
Wolfe, Charles Richard	00-40023
Young, William Franklin, Jr.	94-01102
Yuen-Green, Monita Suk-Fan	96-01531
Zuravleff, Jeffrey John	00-32194

NOVEMBER 1998

Abbas, Syed Ameer	96-01776
Ahmad, Afaq	97-00171
Alabdulkarim, Wael	
Amsterdam, Peter Bernard	96-00326
Anglim, Anne Maura	96-00844
Austin, Jonathan Gregory	95-01480
Baker, Charles Scott, III	00-25478
Banerji, Deba Prasad	97-01692
Barnes, Madge Lou	00-39235
Behrends, Rebecca Lynn	00-31241
Bell, John Louis	00-25690
Bensch, Gregory William	96-00378
Bishop, William Keith	00-19442
Boatman, Bradley Warren	97-00196
Boyle, Edward L.	97-00484
Bray, Jack Galen, Jr.	00-38741
Brennan, William James, Jr.	95-01503
Brown, David Wayne	95-00846
Brownsberger, Maya Lynn	95-00522
Cameron, Miriam Louise	00-32347
Campbell, John Arthur	94-01143
Capizzi, Robert Lawrence	00-22219
Carson, John Caudell	97-00502
Chapin, John Edward	94-00748
Cohen, Lawrence Franklin	97-00038
Collins, Wendy Jane	96-01271
Conforti, John Frank	96-00493
Cook, Robert Lewis	94-00453
Coviello, Andrea DiPrincipe	97-01296
Craven, Richard Allen	00-28481
Cuiper, Leslie Larsen	95-00874
Davis, James Barry	00-21550
Deal, Michael Carl	97-00921
Di Croce, Anthony Joseph	00-14644
Dick, Leeanna	00-32686
Doloresco, Mark Anthony	00-39935
Duncan, John David	00-24901
Duryea, Kathleen Ann	93-00459
Eberenz, Wayne Michael	00-36345
Eddy, David Maxon	00-26101
Ekman, Evan Franklin	00-36694
Eliscu, Edward Howard	00-23376
Ely, Eugene Wesley, Jr.	00-39260
Fabiszewska, Ewa	95-00343
Feegel, John Richard	00-21174
Fernandez, Marc Evan	00-39262
Fisher, Andrew Joel	96-00358
Fontana, Gregory Paul	00-35333
Fowlkes, John Leslie	00-38941
Frangoul, Hayder Adib	93-00119
Garcia, Carmen Teresa	00-35901
Garcia, Gould Coates	00-11158
Gentile, Patrizia Elizabeth	00-21781
Goodman, Eli Gottlieb	95-01540
Gottesman, Eric Philip	96-01326
Graham, Charles Dudley	94-00258
Greene, Garland Vestal, III	00-31516
Gregory, R. D., Jr.	00-10741
Griffith, Patrick Keith	00-35354
Guice, Karen Sue	00-34337
Gyles, Nicholas Roy, II	00-38964
Hall, Marie Francoise	00-17721
Handa, Victoria Lynn	00-39123
Harper, Gerald Britton, Jr.	00-28108
Hayes, Cherylle Anne	95-00610
Heilbrunn, Ken Steven	97-00277
Heinsimer, James Albert	00-25313
Henshaw, Timothy James	93-00148
Hill, Michael Lawrence	94-00527
Ho, Winston	95-01277
Hsu, Jordan Cing Ming	94-00843
Huff-Butt, Prudence	00-38628
Hundt, Nancy Lynne	97-00076
Hunter, Jeffrey Scot	95-00620
Hutchison, Timothy Wayne	97-00078
Jaffer, Kassamali M.	00-25035
James, Paul Arthur	00-31097
Jenkins, George Alexander, III	94-00532
Johnson, Alice Olga	00-28224
Johnson, William Douglas	00-09438
Jones, Gary Richard	00-38363
Jones, Leeland Anthony	00-20295
Joshi, Chandranayan Nataver	00-34639
Judge, David Allan	94-00861
Kelly, Katrina Lynn	95-00967
Kennedy, David Scott	00-36546
Kernberg, Martin Edwin	00-30823
King, Jeffrey Milton	00-38110
King, Richard Devoid	00-38111
Kingman, Gilson John	94-00543
Kraemer, Carl Michael	00-34655
Kulish, Lawrence Francis	97-01801
La Croix, Carol Ann	00-25811
Lacey, Stuart Roger	00-31561
Langenheim, Geosette Andree	00-11647
Leidig, Gilbert Andrew, Jr.	93-00201
Levac, Roger Francois	00-36214
Liggett, Stephen Bryant	00-32764
Lile, Robert Luther	00-35410
Lindsay, Fred William	97-01039
Lo, Albert Charles	94-00290
Loescher, Carol McGaha	00-33857
Lowe, Lisa Horton	00-36381
Lucas, William Trent	00-09575
Lyman, David John	00-29619
Lynde, James Lawrence	00-13280
Macatangay, Nelson Martinez	00-21358
Malveaux, Margaret Marie	96-00992
Mayhue, Hugh Wayne	00-14725
McConnel, Frederick Micheau	00-15982
McCulloch, Candi	00-35431
McGuckin, James Frederick, Jr.	94-00580
McLaulin, John Waters	00-38389
McLeod, John Angus, Jr.	00-09859
Mega, Richard Stanley	00-26321
Meyers, Roy Lee, III	00-39649
Mick, James Michael	94-00583
Miller, Jeffrey David	00-36396
Monto, Raymond Rocco	00-39040
Moore, James Otis	00-34689
Munoz, Frank Javier	95-01022
Munson, Amie Rinker	96-00347
Murray, John Gerard	95-00788
Nelson, Susan Frink	00-33110
Ness, Marsha Jean	00-34695
Nunez, Marina	
O'Donnell, Kathleen Mary	00-39659
Ober, Scott Karl	00-39658
Oglesby, James Edwin	00-17028
Ortego, Joseph Neil	94-01292
Pace, Gary James	95-01367
Pasion-Bregman, Cecile Julienne	00-34121
Pereyo-Torrellas, Neville	00-15559
Peterson, Bryan J.	00-36007
Potter, Laura Jean	96-01438
Prince, John Stuart, Sr.	00-09989
Ramsey, Frederic Marsh	00-24702
Rathmell, Barbara Smith	00-39868
Rehm, Patrice Koch	00-38417
Robards, Jay Brian	00-33123
Robinson, Howard Keith	
Robinson, Roscoe Vause	00-34444
Rogers, Gilbert Lawrence	00-36024
Rose, Dean Aaron	00-34724
Ross, Thurman Johnson, Jr.	00-14291
Roth, Jeremy Bonn	95-01077
Safier, Jozef	00-22176
Sandrock, Balzer Conrad, Jr.	94-01326
Satriale, Richard Faust	00-30234
Sawchuk, Corey William Todd	96-00807
Schiff, Richard Ivan	00-25423
Schmidt, Edward Blake	95-00445
Schoonmaker, Fred Walter	00-13615
Shehi, George Michael	00-29960
Sheline, Jonathan Lee	00-29199
Shepherd, Suzanne Moore	00-27309
Sherard, Reginald Keith	00-38201
Sink, James David	00-20206
Siragy, Helmy Mohamed	00-30096
Situmeang, Djonggi Wirjadi	95-01101
Small, Michael Peter	00-14483
Smith, Claiborne Thweatt, Jr.	00-09139
Smith, Eric Peter	00-29415
Snipes, Richard Dean	00-07259
Stallings, Valerie A. Lewis	00-15966
Stanaland, Brett Eric	00-39332
Strich, Carol Palackdharry	00-39110
Suarez-Betancourt, Jorge	00-18607
Sue, Sean Reinald	96-01736
Sullivan, John Lawrence	00-22063
Summers, Fred Davidson, Jr.	00-13926
Tamoney, Harry Jerome, Jr.	00-30501
Tapson, Gregory Stuart	95-00246
Taylor, David Lebo	00-10233
Thompson, Frank Alan	00-24538
Tizes, Simone Melissa	93-00612
Toloyan, Sorahi	93-00347
Towns, Michael Lloyd	00-39125
Trenkle, Ingrid Esther	97-00410
Tucker, Andrew Morris	00-33162
Tuttle, Marler Slate	00-05289
Uglietta, John Patrick	00-33762
Vallera, Raymond Anthony	96-00760
Veazey, Perry Burt	00-11969
Ward, L. Bobette Doepker	00-23094
Watts, Walter Moore	00-05816
Weiss, Lee Edward	97-01652
Wheeler, Acquenetta Vernecia	00-27537
White, Kermit Eston	98-01801
Wilkes, David Craig	00-33336
Williams, Ernest Council	00-10663
Williams, Joseph Thomas, Jr.	00-14874
Wilson, Michael Andrew	00-34208
Witty, Robert Travis	00-21241
Woods, Paul Alan	95-01461
Yerasi, Priya Bhatia	95-01466
Zaslav, Kenneth Robert	00-37981
Zenge, Jeanne Park	96-01429

CHANGE OF ADDRESS FORM

Mail Completed form to: North Carolina Medical Board
PO Box 20007, Raleigh, NC 27619

Please print or type. Date:_____

Full Legal Name of Licensee:_____

Social Security #:_____License/Approval #:_____

(Check preferred mailing address)

❑ Business:_____

_____

Phone:(_____)_____Fax:(_____)_____

❑ Home: _____

_____

Phone:(_____)_____Fax:(_____)_____

The Board requests all licensees maintain a current address on file with the Board office. Changes of address should be submitted to the Board within 60 days of a move.

Bulk Rate
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Permit No. 1486
Raleigh, NC

North Carolina Medical Board
P.O. Box 20007
Raleigh, NC 27619
Address correction requested

IMPORTANT

ATTENTION PHYSICIAN ASSISTANTS AND NURSE PRACTITIONERS
Registration Information

The following is an official statement of the North Carolina Medical Board regarding registration of physician assistants and nurse practitioners. This statement should be clipped or copied and attached to your current registration certificate if the expiration date is listed as June 1999.

PAs

Because of changes in 21 NCAC 32S.0105, all licensed physician assistants will be required annually to register their licenses within 30 days of their birthdays beginning in June 1999. Those PAs who have birthdays between January 1, 1999, and June 1, 1999, will NOT be required to register until their birthday in 2000. Despite the wording on the face of the registration certificate, the certificate for those individuals will NOT expire until 2000.

NPs

Because of changes in 21 NCAC 32M.0105, all nurse practitioners will be required annually to register within 30 days of their birthdays beginning in June 1999. Those NPs who have birthdays between January 1, 1999, and June 1, 1999, will NOT be required to register until their birthday in 2000. Despite the wording on the face of the registration certificate, the certificate for those individuals will NOT expire until 2000. If Nurse Practitioners do not register within 60 days of their birthdays, the approval to practice will lapse.