Oregon Medical Board

BOARD ACTION REPORT

August 15, 2015

The information contained in this report summarizes new, interim, and final actions taken by the Oregon Medical Board between July 16, 2015, and August 15, 2015.

Scanned copies of Interim Stipulated Orders, Orders of Emergency Suspension, Stipulated Orders, Final Orders, Termination Orders, Modification Orders and Voluntary Limitations are included at the end of this report in the order that they appear in the report. These orders are marked with an * asterisk. **Scanned copies of Consent Agreements are not posted, as they are not disciplinary action and impose no practice limitations**. Complaint and Notices of Proposed Disciplinary Action are not listed in this report, as they are not final actions by the Board. Both Orders, however, are public and are available upon request.

Printed copies of the Board Orders not provided with this report are available to the public. To obtain a printed copy of a Board Order not provided in this report, please complete a Service Request Form (http://egov.oregon.gov/BME/PDFforms/VerDispMalFillin.pdf) found under the Licensee Information Request Form link on the Board's web site, submit it with the $10.00 fee *per licensee* and mail to:

Oregon Medical Board
1500 SW 1st Ave, Ste 620
Portland, OR 97201

Copies of the Orders listed below are mailed to Oregon hospitals where the Licensee had self-reported that he/she has privileges.

***Bernier, Peter David, DO; DO13908; Troutdale, OR**

On August 3, 2015, the Board issued an Order of License Suspension to immediately suspend licensee's medical license pursuant to ORS 677.225(2)(a).

Fridinger, William Charles, MD; MD08590; Klamath Falls, OR

On July 22, 2015, Licensee entered into a Consent Agreement with the Board. In this Agreement, Licensee agreed to practice under the supervision of a pre-approved mentor for six months, to include chart review and monthly reports to the Board by the mentor.

***Haney, Susan Theresa, MD; MD23325; Roseburg, OR**

On August 6, 2015, Licensee entered into a Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to practice in settings pre-approved by the Board's Medical Director and obtain a healthcare provider pre-approved by the Board's Medical Director.

*__Heitsch, Richard Carlton, MD; MD11610; Portland, OR__

On August 6, 2015, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct, and gross or repeated acts of negligence. This Order reprimands Licensee, fines Licensee $10,000, prohibits Licensee from treating patients for heavy metal toxicity and from performing chelation therapy, and requires Licensee to complete a charting course.

If you have any questions regarding this service, please call the Board at (971) 673-2700 or toll-free within Oregon at (877) 254-6263.

BEFORE THE

OREGON MEDICAL BOARD

STATE OF OREGON

In the Matter of PETER DAVID BERNIER, DO LICENSE NO. DO13908	ORDER OF LICENSE SUSPENSION

1.

The Oregon Medical Board (Board) is the state agency responsible for licensing, regulating and disciplining certain health care providers, including physicians, in the state of Oregon. Peter David Bernier, DO (Licensee) is a licensed physician in the state of Oregon.

2.

On August 3, 2015, the Board received written evidence as outlined in ORS 677.225(2)(a).

3.

ORS 677.225(1)(a) provides that licensee's medical license is suspended automatically under certain conditions.

4.

The Board therefore suspends the license of Licensee to practice medicine effective immediately, pursuant to ORS 677.225(1)(a).

IT IS SO ORDERED this 3rd day of August, 2015.

OREGON MEDICAL BOARD
State of Oregon

SIGNATURE REDACTED

MICHAEL J. MASTRANGELO, MD
BOARD CHAIR

BEFORE THE

OREGON MEDICAL BOARD

STATE OF OREGON

In the Matter of SUSAN THERESA HANEY, MD LICENSE NO. MD23325	)	CORRECTIVE ACTION AGREEMENT

1.

The Oregon Medical Board (Board) is the state agency responsible for licensing, regulating and disciplining certain health care providers, including physicians, in the state of Oregon. Susan Theresa Haney, MD (Licensee) is a licensed physician in the state of Oregon and holds an active medical license.

2.

The Board has opened an investigation regarding Licensee.

3.

In regard to the above-referenced matter, Licensee and the Board desire to settle this matter by entry of this agreement. Licensee understands that she has the right to a contested case hearing under the Administrative Procedures Act (chapter 183), Oregon Revised Statutes. Licensee fully and finally waives the right to a contested case hearing and any appeal therefrom by the signing of and entry of this agreement in the Board's records. The Board agrees to close the current investigation and does not make a finding in regard to any violation of the Medical Practice Act. This agreement is a public document; however, it is not a disciplinary action. This document is reportable to the National Data Bank and the Federation of State Medical Boards.

4.

In order to address the concerns of the Board and for purposes of resolving this investigation, Licensee and the Board agree to the following terms:

///

4.1 Licensee may only practice medicine in settings that are pre-approved by the Board's Medical Director.

4.2 Licensee agrees to obtain a monitoring healthcare provider that is pre-approved by the Board's Medical Director. This provider will provide quarterly reports to the Board's Medical Director.

4.3 Licensee must obey all federal and Oregon State laws and regulations pertaining to the practice of medicine.

4.4 Licensee agrees that any violation of the terms of this Agreement constitutes grounds to take disciplinary action under ORS 677.190(17).

IT IS SO AGREED this 30th day of July, 2015.

SIGNATURE REDACTED

SUSAN THERESA HANEY, MD

IT IS SO AGREED this 6th day of August, 2015.

OREGON MEDICAL BOARD
State of Oregon

SIGNATURE REDACTED

MICHAEL J. MASTRANGELO, JR., MD
Board Chair

BEFORE THE

OREGON MEDICAL BOARD

STATE OF OREGON

In the Matter of RICHARD CARLTON HEITSCH, MD LICENSE NO MD 11610	)))))	STIPULATED ORDER

1.

The Oregon Medical Board (Board) is the state agency responsible for licensing, regulating and disciplining certain health care providers, including physicians, in the state of Oregon. Richard Carlton Heitsch, MD (Licensee) is a licensed physician in the state of Oregon.

2.

On October 3, 2014, the Board issued a Complaint and Notice of Proposed Disciplinary Action in which the Board proposed taking disciplinary action by imposing up to the maximum range of potential sanctions identified in ORS 677.205(2), to include the revocation of license, a $10,000 fine, and assessment of costs, pursuant to ORS 677.205 against Licensee for violations of the Medical Practice Act, to wit: ORS 677.190(1)(a) unprofessional or dishonorable conduct, as defined by ORS 677.188(4)(a), (b) and (c) and ORS 677.190(13) gross or repeated negligence in the practice of medicine.

3.

Licensee is a general practitioner who practices medicine at the Integrated Medicine Group in Portland, Oregon. The Board alleges that Licensee's acts and conduct that violated the Medical Practice Act follow:

3.1 Patient A, a 39-year-old male, presented to Licensee on December 6, 2012 on referral from a naturopathic physician and an acupuncturist, with symptoms of shortness of breath, chest wall pain, irritability, fatigue and "brain fog." Patient A suspected that he suffered from mercury toxicity and reported that he had been exposed to broken fluorescent light bulbs in

the workplace between 2006 and 2009. Licensee conducted a physical examination and recommended that Patient A undergo 2, 3-Dimercapto-1-propanesulfonic acid (DMPS) challenge to test for heavy metal toxicity. Licensee followed the challenge test with dimercaptosuccinic acid (DMSA) chelation therapy to address mercury toxicity. Licensee had Patient A sign an informed consent form on December 13, 2012. Patient A returned to the clinic on January 7, 2013, reporting "brain fog" and lethargy after receiving DMSA chelation. Patient A next presented on March 5, 2013 reporting shortness of breath, abnormal pulmonary function and mental confusion. Licensee put Patient A on a daily course of DMSA. Licensee charted this as a 5-7-5 protocol with 500 mg daily accompanied with an intravenous (IV) infusion of mineral replacement. Licensee continued Patient A on repeated courses of DMSA chelation through March and April and 2013. Licensee failed to address Patient A's complaint of abnormal pulmonary function and did not comment on Patient A's history of smoking, and methamphetamine abuse. Licensee did not address Patient A's psychiatric history, and failed to address or rule out either pulmonary or psychiatric issues before attributing Patient A's symptoms to mercury toxicity. Licensee's diagnosis of mercury toxicity and treatment with DMSA were not medically indicated. The American College of Medical Toxicology disapproves of the use of post-chelator challenge urinary metal testing in clinical practice.

3.2 The Board conducted a review of Licensee's charts for Patients B - F, which the Board asserts, but Licensee denies except as admitted below, revealed the following pattern of practice: Licensee failed to document a complete occupational and environmental exposure history to assess his patients' possible sources of exposure to heavy metals; Licensee failed to document objective and subjective findings to establish symptoms related to heavy metal toxicity; Licensee failed to order well recognized diagnostic testing to establish or rule out a diagnosis of heavy metal toxicity, but relied upon patient self-assessment and chelation challenge testing to justify the administration of chelating agent to treat heavy metal toxicity. According to the American College of Medical Toxicology, this form of testing "has not been scientifically validated, has no demonstrated benefit, and may be harmful when applied in the

assessment and treatment of patients in whom there is concern for metal poisoning." Licensee treated the patients under review with multiple intravenous chelation treatments that were not medically indicated. These treatments caused Licensee's patients to incur unnecessary expense and exposed his patients to the risk of harm, to include increased urinary secretion of essential minerals, such as iron, copper and zinc. Finally, Licensee failed to consider and rule out other etiologies, but relied upon a diagnosis of heavy metal toxicity, to explain his patients' complaints. Examples include, but are not limited to, the following patients:

a. Patient B, a 38-year-old male, initially presented to Licensee on September 23, 2005 with complaints of a slowly developing tremor that culminated in a grand mal seizure. He had undergone a neurological work-up, was diagnosed with a seizure disorder and started on anti-seizure medication. Patient B reported that his occupation involved remodeling old houses. Licensee conducted a limited physical examination with normal findings other that some scaling of the skin. Licensee had Patient B undergo a "heavy metal challenge test" with ethylenediaminetetraacetic acid (EDTA) that reported high levels of lead, tungsten and elevated cadmium. Licensee diagnosed lead toxicity, noting "toxic effects of unspecified lead compound." Licensee did not adequately document Patient B's workplace exposure to lead. Patient B was placed on a course of EDTA IV chelation therapy, which Licensee described as "maintenance chelation to lower body load of toxic metals." These treatments continued into 2013. This course of EDTA treatment was not supported by a clinical history of chronic lead exposure and lacked evidence based testing of lead toxicity

b. Patient C, a 63-year-old female, initially presented to Licensee on April 24, 2013 with a history of 15 years of chelation therapy for mercury and lead toxicity by other providers. Licensee noted a long history of metal exposure without explanation or supporting data. Patient C complained of insomnia and fatigue, and acknowledged depression. Licensee accepted Patient C's self-assessment of mercury and lead toxicity. Licensee put Patient C on short courses of DMSA chelation therapy as well as nutrient IVs. In July 2013, Patient C reported getting better sleep and increased energy. Licensee failed to document the presence of patient exposure to

heavy metals or objective evidence to establish a diagnosis of heavy metal toxicity. Licensee treated Patient C with repeated chelation therapy that was not medically indicated.

c. Patient D, a 70-year-old female, initially presented to Licensee on July 24, 2008, reporting exposure to various heavy metals while she was employed as a chemist. She requested hormone replacement and chelation therapy, and reported a recent diagnosis of osteopenia. She also complained of bone pain and gastrointestinal problems. Licensee conducted a limited physical examination and had Patient D undergo an EDTA challenge that Licensee reports as indicating a modest elevation of lead and high level of cadmium. Licensee's treatment plan called for Patient D to undergo 4 EDTA chelation treatments over 4 months, which Patient D complied with. Licensee failed to substantiate Patient D's occupational exposure to heavy metals, and failed to provide objective and subjective data to support a diagnosis of heavy metal toxicity. The EDTA chelation treatments were not medically indicated.

d. Patient E, a 52-year-old male, initially presented to Licensee in February 2006 requesting treatment for persistent pneumonia. Patient E reported workplace exposure as a longshoreman to heavy metals and a history of allergic reactions. Licensee reports providing Patient E with a single treatment of EDTA in June of 2008, with the patient reporting improved energy and cognitive function. Patient E returned to the clinic in January 2012. Licensee ordered various tests, and states that he detected an elevated mercury level. Licensee's assessment included a diagnosis of lead and cadmium, but failed to support this with objective or subjective evidence. Licensee initiated a course of DMSA chelation therapy, which was not medically indicated.

e. Patient F, a 49-year-old male, initially presented to Licensee on May 19, 2009 with complaints of low energy, difficulty concentrating, frequent head congestion and sinus infections. Patient F reported frequent exposure to farm related pesticide sprays as a child and to aviation fuel in his workplace. Licensee reports that a DMPS challenge revealed a mercury level that was slightly elevated over normal. A lab report on March 29, 2010 indicates a triglyceride level of 416 (high). Patient F returned to the clinic in July 2013 complaining of increased

symptoms and workplace exposure to heavy metals in the drinking water when he worked in Third World locations. Licensee directed an EDTA challenge, which he reports as revealing high levels of lead, platinum, uranium and aluminum. Licensee treated Patient F with EDTA chelation IVs, despite the documented risk that EDTA can lead to hypertriglyceridemia. Licensee asserts that Patient F's triglyceride level was reduced to the 200 range. Licensee's treatment plan was not medically indicated and exposed Patient F to the risk of harm.

4.

Licensee and the Board desire to settle this matter by entry of this Stipulated Order. Licensee understands that he has the right to a contested case hearing under the Administrative Procedures Act (chapter 183), Oregon Revised Statutes. Licensee fully and finally waives the right to a contested case hearing and any appeal therefrom by the signing of and entry of this Order in the Board's records. Licensee admits that he engaged in substandard charting and denies the remainder of the allegations, but the Board finds that his conduct, as set forth in paragraph 3 above, violated ORS 677.190(1)(a) unprofessional or dishonorable conduct, as defined in ORS 677.188(4)(a), (b) and (c); and ORS 677.190(13) gross or repeated acts of negligence. Licensee understands that this Order is a public record and is a disciplinary action that is reportable to the National Data Bank and the Federation of State Medical Boards.

5.

Licensee and the Board agree to resolve this matter by the entry of this Stipulated Order subject to the following sanctions, terms and conditions of probation:

5.1 Licensee is reprimanded.

5.2 Licensee must pay a civil penalty of $10,000, $1,000 payable in 30 days, with the remaining $9,000 payable in installments of $500 each month until paid in full.

5.3 Licensee must not treat patients for heavy metal toxicity, and must not treat any patient with any form of chelation therapy.

///

///

5.4 At his own expense, Licensee must complete a charting course pre-approved by the Board's Medical Director within six months of the date this Order is signed by the Board Chair.

5.5 Licensee stipulates and agrees that this Order becomes effective the date it is signed by the Board Chair.

5.6 Licensee must obey all federal and Oregon state laws and regulations pertaining to the practice of medicine.

5.7 Licensee stipulates and agrees that any violation of the terms of this Order shall be grounds for further disciplinary action under ORS 677.190(17).

IT IS SO STIPULATED THIS 3rd day of August, 2015.

SIGNATURE REDACTED

RICHARD CARLTON HEITSCH, MD

IT IS SO ORDERED THIS 4th day of August, 2015.

OREGON MEDICAL BOARD
State of Oregon

SIGNATURE REDACTED

MICHAEL MASTRANGELO, MD
BOARD CHAIR