

Oregon Medical Board  
**BOARD ACTION REPORT**  
**December 15, 2018**

The information contained in this report summarizes new, interim, and final actions taken by the Oregon Medical Board between November 16, 2018, and December 15, 2018.

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 the License Verification and Malpractice Report Request (<http://www.oregon.gov/OMB/ombforms1/request-licensee-info-verification.pdf>) found under the Forms 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.*

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**\*Douglas, Ben Harold, II, MD; MD19528; Tillamook, OR**

On November 20, 2018, Licensee entered into an Interim Stipulated Order to voluntarily cease initiating chronic pain treatment except for patients enrolled in hospice or receiving end of life care; taper current patients to 90 MED or less or transfer care of the patient; limit prescribing for acute pain; taper concurrent benzodiazepines or transfer care of the patient; cease prescribing concurrent benzodiazepines or muscle relaxants with opioids; and obtain an EKG on all patients taking methadone at least once annually pending the completion of the Board's investigation into his ability to safely and competently practice medicine.

**Junkins, Edward Paul, II, MD; MD162985; Lebanon, OR**

On December 3, 2018, the Board issued an Order Terminating Consent Agreement for Re-Entry to Practice. This Order terminates Licensee's April 23, 2018, Consent Agreement for Re-Entry to Practice.

**\*Shilland, Eric William, DO; DO27920; Portland, OR**

On November 26, 2018, Licensee entered into an Interim Stipulated Order to voluntarily cease initiating chronic pain treatment; cease initiating treatment for substance use disorder with any scheduled medications; cease writing new prescriptions for buprenorphine or buprenorphine/naloxone; taper current patients to 90 MED or less or transfer care of the

patient except for patients currently taking buprenorphine or buprenorphine/naloxone; limit prescribing for acute pain; for patients taking buprenorphine or buprenorphine/naloxone, cease initiating treatment with benzodiazepines and wean current patients off benzodiazepines within 120 days or transfer care; taper concurrent benzodiazepines or transfer care of the patient; cease prescribing concurrent benzodiazepines or muscle relaxants with opioids; and obtain an EKG on all patients taking methadone at least once annually pending the completion of the Board's investigation into his ability to safely and competently practice medicine.

**\*Silverman, Burton Lawrence, MD; MD19465; Beaverton, OR**

On November 30, 2018, Licensee entered into an Interim Stipulated Order to voluntarily cease initiating chronic pain treatment with opioids; taper current patients to 90 MED or less or transfer care of the patient; limit prescribing for acute pain; taper concurrent benzodiazepines or transfer care of the patient; cease prescribing concurrent benzodiazepines or muscle relaxants with opioids; and obtain an EKG on all patients taking methadone at least once annually pending the completion of the Board's investigation into his ability to safely and competently practice medicine.

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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.

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BEFORE THE  
OREGON MEDICAL BOARD  
STATE OF OREGON

In the Matter of )  
BEN HAROLD DOUGLAS, II, MD ) INTERIM STIPULATED ORDER  
LICENSE NO. MD19528 )  
)

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. Ben Harold Douglas, II, MD (Licensee) is a licensed physician in the State of Oregon and holds an active medical license.

2.

The Board received credible information regarding Licensee that resulted in the Board initiating an investigation. The results of the Board's investigation to date have raised concerns to the extent that the Board believes it necessary that Licensee agree to certain terms until the investigation is completed.

3.

In order to address the Board's concerns, Licensee and the Board agree to the entry of this Interim Stipulated Order, which is not an admission of any wrongdoing on the part of the Licensee, and will remain in effect while this matter remains under investigation, and provides that Licensee shall comply with the following conditions:

3.1 Licensee must not begin treatment for chronic pain with opioids for any new or existing patient, unless the patient is enrolled in hospice or is receiving end of life care. If this exception applies, Licensee must certify on any written prescription for opioids that the patient is a hospice patient or receiving end of life care. For the purposes of this Order, chronic pain is defined as pain that persists or progresses over a period of time greater than 30 days.

1           3.2    Licensee must immediately begin to taper opioid medications for any chronic pain  
2 patient with a morphine equivalent dose (MED) over 90 by at least 10% per month until patient's  
3 MED is 90 or less. Licensee may elect to transfer the care of any patient with an MED over 90  
4 to another physician.

5           3.3    Licensee may treat patients for acute pain for no more than 30 days per year, with  
6 a maximum MED of 50.

7           3.4    For patients taking benzodiazepines and opioids, Licensee must begin to taper  
8 benzodiazepines after opioids have been tapered to 90 MED or less. Benzodiazepines must be  
9 tapered by at least 10% per month until the patient is weaned off benzodiazepines. Alternatively,  
10 Licensee may transfer the care of any patient for whom he is prescribing benzodiazepines and  
11 opioids to another physician. Licensee may continue to prescribe benzodiazepines to patients  
12 who are enrolled in hospice or who are receiving end of life care. Licensee must certify on the  
13 written prescription that the patient is a hospice patient or receiving end of life care.

14           3.5    Licensee must not concomitantly prescribe opioids with benzodiazepines  
15 following tapering as outline in terms 3.2 and 3.4.

16           3.6    Licensee must not concomitantly prescribe opioids with muscle relaxants.

17           3.7    Licensee must obtain an EKG on all patients taking methadone at least once  
18 annually.

19           3.8    Licensee understands that violating any term of this Order will be grounds for  
20 disciplinary action under ORS 677.190(17).

21           3.9    Licensee understands this Order becomes effective the date he signs it.

22                                 4.

23           At the conclusion of the Board's investigation, the Board will decide whether to close the  
24 case or to proceed to some form of disciplinary action. If the Board determines, following that  
24 review, not to lift the requirements of this Order, Licensee may request a hearing to contest that  
25 decision.

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This order is issued by the Board pursuant to ORS 677.410, which grants the Board the authority to attach conditions to a Licensee's license to practice medicine. These conditions will remain in effect while the Board conducts a complete investigation in order to fully inform itself with respect to the conduct of Licensee. Pursuant to ORS 677.425, Board investigative materials are confidential and shall not be subject to public disclosure, nor shall they be admissible as evidence in any judicial proceeding. However, as a stipulation this Order is a public document and is reportable to the National Practitioner Databank and the Federation of State Medical Boards.

IT IS SO STIPULATED THIS 20<sup>th</sup> day of November, 2018.

[Redacted Signature]

BEN HAROLD DOUGLAS, II MD

IT IS SO ORDERED THIS 27<sup>th</sup> day of November, 2018.

OREGON MEDICAL BOARD  
State of Oregon

[Redacted Signature]

NICOLE KRISHNASWAMI, JD  
INTERIM EXECUTIVE DIRECTOR

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BEFORE THE  
OREGON MEDICAL BOARD  
STATE OF OREGON

In the Matter of )  
ERIC WILLIAM SHILLAND, DO ) INTERIM STIPULATED ORDER  
LICENSE NO. DO27920 )  
)

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. Eric William Shilland, DO (Licensee) is a licensed physician in the State of Oregon and holds an active medical license.

2.

The Board received credible information regarding Licensee that resulted in the Board initiating an investigation. The results of the Board's investigation to date have raised concerns to the extent that the Board believes it necessary that Licensee agree to certain terms until the investigation is completed.

3.

In order to address the Board's concerns, Licensee and the Board agree to the entry of this Interim Stipulated Order, which is not an admission of any wrongdoing on the part of the Licensee. This Order will remain in effect while this matter remains under investigation, and provides that Licensee shall comply with the following conditions:

3.1 Licensee must not begin treatment for chronic pain with opioids for any new or existing patient. For the purposes of this Order, chronic pain is defined as pain that persists or progresses over a period of time greater than 30 days.

3.2 Licensee must not begin treatment for substance use disorder with any scheduled medications for any new or existing patient.

1           3.3    Licensee may continue to prescribe buprenorphine or buprenorphine/naloxone to  
2 any current patient taking the medication. Licensee may not begin prescribing these medications  
3 to any current patient who is not already taking the medications.

4           3.4    Licensee must immediately begin to taper opioid medications for any chronic pain  
5 patient with a morphine equivalent dose (MED) over 90 by at least 10% per month until patient's  
6 MED is 90 or less unless the patient is currently enrolled in hospice or is currently receiving end  
7 of life care. If this exception applies, Licensee must certify on the written prescription that the  
8 patient is a hospice patient or receiving end of life care. Licensee may elect to transfer the care  
9 of any patient with an MED over 90 to another physician.

10          3.5    For patients taking buprenorphine or buprenorphine/naloxone, Licensee may  
11 continue to prescribe above 90 MED, but may not increase the current dosage.

12          3.6    Licensee may treat patients for acute pain for no more than 30 days per year, with  
13 a maximum MED of 50.

14          3.7    Licensee must not begin treatment with benzodiazepines for patients taking  
15 buprenorphine or buprenorphine/naloxone.

16          3.8    For existing patients taking benzodiazepines with buprenorphine, or  
17 benzodiazepines with buprenorphine/naloxone, Licensee must wean the patient off  
18 benzodiazepines within 120 days. Alternatively, Licensee may transfer the care of any patient  
19 for whom he is prescribing benzodiazepines and opioids to another physician.

20          3.9    For patients taking benzodiazepines and opioids (other than buprenorphine or  
21 buprenorphine/naloxone), Licensee must begin to taper benzodiazepines after opioids have been  
22 tapered to 90 MED or less. Benzodiazepines must be tapered by at least 10% per month until the  
23 patient is weaned off benzodiazepines. Alternatively, Licensee may transfer the care of any  
24 patient for whom he is prescribing benzodiazepines and opioids to another physician. Licensee  
24 may continue to prescribe concurrent benzodiazepines to patients who are currently enrolled in  
25 hospice or who are currently receiving end of life care. Licensee must certify on the written  
26 prescription that the patient is a hospice patient or receiving end of life care.

1 3.10 Licensee must not concomitantly prescribe opioids with benzodiazepines  
2 following tapering as outlined in terms 3.4 and 3.8.

3 3.11 Licensee must not concomitantly prescribe opioids with muscle relaxants.

4 3.12 Licensee must obtain an EKG on all patients taking methadone at least once  
5 annually.

6 3.13 Licensee understands that violating any term of this Order will be grounds for  
7 disciplinary action under ORS 677.190(17).

8 3.14 Licensee understands this Order becomes effective the date he signs it.

9 4.

10 At the conclusion of the Board's investigation, the Board will decide whether to close the  
11 case or to proceed to some form of disciplinary action. If the Board determines, following that  
12 review, not to lift the requirements of this Order, Licensee may request a hearing to contest that  
13 decision.

14 5.

15 This order is issued by the Board pursuant to ORS 677.410, which grants the Board the  
16 authority to attach conditions to Licensee's license to practice medicine. These conditions will  
17 remain in effect while the Board conducts a complete investigation in order to fully inform itself  
18 with respect to the conduct of Licensee. Pursuant to ORS 677.425, Board investigative

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1 materials are confidential and shall not be subject to public disclosure, nor shall they be admissible  
2 as evidence in any judicial proceeding. However, as a stipulation this Order is a public document  
3 and is reportable to the National Databank and the Federation of State Medical Boards.  
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5 IT IS SO STIPULATED THIS 26<sup>th</sup> day of November, 2018.  
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8 ERIC WILLIAM SHILLAND, DO

9 IT IS SO ORDERED THIS 27<sup>th</sup> day of November, 2018.  
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11 OREGON MEDICAL BOARD  
12 State of Oregon  
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14 NICOLE KRISHNASWAMI, JD  
15 EXECUTIVE DIRECTOR  
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1 BEFORE THE  
2 OREGON MEDICAL BOARD  
3 STATE OF OREGON

4 In the Matter of )  
5 BURTON LAWRENCE SILVERMAN, MD ) INTERIM STIPULATED ORDER  
6 LICENSE NO. MD19465 )  
7 )

8 1.

9 The Oregon Medical Board (Board) is the state agency responsible for licensing,  
10 regulating and disciplining certain health care providers, including physicians, in the state of  
11 Oregon. Burton Lawrence Silverman, MD (Licensee) is a licensed physician in the State of  
12 Oregon and holds an active medical license.

13 2.

14 The Board received credible information regarding Licensee that resulted in the Board  
15 initiating an investigation. The results of the Board's investigation to date have raised concerns  
16 to the extent that the Board believes it necessary that Licensee agree to certain terms until the  
17 investigation is completed.

18 3.

19 In order to address the Board's concerns, Licensee and the Board agree to the entry of  
20 this Interim Stipulated Order, which is not an admission of any wrongdoing on the part of the  
21 Licensee. This Order will remain in effect while this matter remains under investigation, and  
22 provides that Licensee shall comply with the following conditions:

23 3.1 Licensee must not begin treatment for chronic pain with opioids for any new or  
24 existing patient. For the purposes of this Order, chronic pain is defined as pain that persists or  
24 progresses over a period of time greater than 30 days.

25 3.2 Licensee must immediately begin to taper opioid medications for any chronic pain  
26 patient with a morphine equivalent dose (MED) over 90 by at least 10% per month until patient's

1 MED is 90 or less, unless the patient is enrolled in hospice or is receiving end of life care. If this  
2 exception applies, Licensee must certify on the written prescription that the patient is a hospice  
3 patient or is receiving end of life care. Licensee may elect to transfer the care of any patient with  
4 an MED over 90 to another physician.

5 3.3 Licensee may treat patients for acute pain for no more than 30 days per year, with  
6 a maximum MED of 50.

7 3.4 For patients taking benzodiazepines and opioids, Licensee must begin to taper  
8 benzodiazepines after opioids have been tapered to 90 MED or less. Benzodiazepines must be  
9 tapered by at least 10% per month until the patient is weaned off benzodiazepines. Alternatively,  
10 Licensee may transfer the care of any patient for whom he is prescribing benzodiazepines and  
11 opioids to another physician. Licensee may continue to prescribe benzodiazepines to patients  
12 who are enrolled in hospice or who are receiving end of life care. Licensee must certify on the  
13 written prescription that the patient is a hospice patient or receiving end of life care.

14 3.5 Licensee must not concomitantly prescribe opioids with benzodiazepines  
15 following tapering as outlined in terms 3.2 and 3.4.

16 3.6 Licensee must not concomitantly prescribe opioids with muscle relaxants.

17 3.7 Licensee must obtain an EKG on all patients taking methadone at least once  
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19 3.8 Licensee understands that violating any term of this Order will be grounds for  
20 disciplinary action under ORS 677.190(17).

21 3.9 Licensee understands this Order becomes effective the date he signs it.

22 4.

23 At the conclusion of the Board's investigation, the Board will decide whether to close the  
24 case or to proceed to some form of disciplinary action. If the Board determines, following that  
24 review, not to lift the requirements of this Order, Licensee may request a hearing to contest that  
25 decision.

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5.

This order is issued by the Board pursuant to ORS 677.410, which grants the Board the authority to attach conditions to Licensee's license to practice medicine. These conditions will remain in effect while the Board conducts a complete investigation in order to fully inform itself with respect to the conduct of Licensee. Pursuant to ORS 677.425, Board investigative materials are confidential and shall not be subject to public disclosure, nor shall they be admissible as evidence in any judicial proceeding. However, as a stipulation this Order is a public document and is reportable to the National Practitioner Databank and the Federation of State Medical Boards.

IT IS SO STIPULATED THIS 30 day of November, 2018.

  
BURTON LAWRENCE SILVERMAN, MD

IT IS SO ORDERED THIS 30th day of November, 2018.

OREGON MEDICAL BOARD  
State of Oregon

  
NICOLE KRISHNASWAMI, JD  
EXECUTIVE DIRECTOR