Maine Board of Licensure in Medicine Home Page

MAINE BOARD OF LICENSURE IN MEDICINE BOLIM

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Winter 2018

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In this issue:

WHAT EVERYONE SHOULD KNOW

Board Rules

Chapter 21 - Proposed Amendments to Use of Controlled Substances for Treatment of Pain

Board Rule Chapter 21 Use of Controlled Substances for Treatment of Pain is a joint rule with the Maine State Board of Nursing and the Maine Board of Osteopathic Licensure. The Boards are proposing to amend Chapter 21 in response to concerns regarding its potential impact upon: in-patients; patients in any custodial care facilities (including nursing homes, rehabilitation facilities, and assisted living facilities) where the patients do not have possession or control of their medications and where the medications are dispensed or administered by a licensed, certified, or registered health care provider; and cancer patients.

The proposed amendments to Chapter 21 would:

- Exempt from the rule treatment of in-patients of any medical facility, and treatment of patients in any custodial care facilities (including nursing homes, rehabilitation facilities, and assisted living facilities) where the patients do not have possession or control of their medications and where the medications are dispensed or administered by a licensed, certified, or registered health care provider.
- Exempt cancer patients from the dosage and daily supply prescribing limits.

Once the rule is formally proposed and open for public comment it will appear on the front page of our website www.maine.gov/md. The Boards welcome comments regarding the proposed amendments to the rule, which can be provided to:

- Kimberly S. Esquibel, PhD, MSN, RN, Executive Director, Maine State Board of Nursing Kim.Esquibel@maine.gov
- Susan Strout, Executive Secretary, Maine Board of Osteopathic Licensure Susan.E.Strout@maine.gov
- Dennis E. Smith, Esq., Executive Director, Maine Board of Licensure in Medicine dennis.smith@maine.gov

Chapter 12 - Proposed Rule on Office Based Opioid Treatment

Opioid use disorder (OUD) is a proliferating chronic medical condition. Office based

opioid treatment (OBOT) is one way clinicians can treat OUD. OBOT integrates the treatment of OUD into the general medical and behavioral care of the patient by allowing qualified clinicians to prescribe an opioid agonist such as buprenorphine in the primary care setting. Clinicians interested in providing OBOT must have completed requisite training and obtained a DATA 2000 waiver. Information regarding the training and waiver can be found at: https://www.samhsa.gov/programs-campaigns/medication-assisted-treatment/training-materials-resources/buprenorphine-waiver.

A work group of staff and members of three licensing boards has been working on the development of a joint rule regarding OBOT to assist clinicians. The Maine State Board of Nursing, the Maine Board of Osteopathic Licensure, and the Maine Board of Licensure in Medicine will be proposing a joint OBOT rule for public comment. The proposed rule will:

- Define terms used throughout the rule
- Set out the purpose of the rule
- Establish qualifications for prescribing medications for OBOT
- Establish prescription requirements
- Establish principles of proper OBOT
- Provide links to resources for clinicians providing OBOT

The workgroup included clinicians who have experience providing OBOT. In formulating the proposed rule, the workgroup balanced the feasibility of implementing the rule with the safety of the public, to avoid unnecessary and over-burdensome barriers to OBOT providers.

Once the rule is formally proposed and open for public comment it will appear on the front page of our website www.maine.gov/md. The Boards welcome comments regarding the proposed amendments to the rule, which can be provided to:

- Kimberly S. Esquibel, PhD, MSN, RN, Executive Director, Maine State Board of Nursing Kim.Esquibel@maine.gov
- Susan Strout, Executive Secretary, Maine Board of Osteopathic Licensure Susan.E.Strout@maine.gov
- Dennis E. Smith, Esq., Executive Director, Maine Board of Licensure in Medicine dennis.smith@maine.gov

New Guidelines

The Board recently adopted two new guidelines to assist licensees with ethical issues. One guideline is entitled “Medical Professionalism and Social Media,” which provides guidance on the use of social media by licensees and is based, in part, upon Opinion 2.3.2 of the *Code of Medical Ethics of the American Medical Association*.

The second is entitled “Physician Assistants Providing Medical Care to their Active Supervising Physician(s),” which provides guidance to licensees about physician assistants

who render medical services to their supervising physician(s) and is based, in part, upon Opinion 1.2.1 of the *Code of Medical Ethics of the American Medical Association*.

The new guidelines are reproduced below, but can also be found on the Board's website: http://www.maine.gov/md/laws-statutes/policies.html.

Medical Professionalism and Social Media - Guidelines from the Maine Board of Licensure in Medicine

Social media present both opportunities and challenges to physicians and physician assistants. The opportunities include the ability to communicate and share information. The challenges include maintaining professionalism and appropriate boundaries. In addition, unlike other forms of communication, "posting" information online is not necessarily private nor time-limited.

The Board encourages its licensees to consider the following when deciding whether to "post" information, comments or material online:

- The code of conduct that governs communication during in-patient encounters applies to on-line patient communication. This includes maintaining appropriate boundaries of the physician/physician assistant-patient relationship.
- To maintain appropriate professional boundaries, licensees should consider separating personal and professional content online.
- Patient privacy and confidentiality of medical information must be strictly maintained.
- Online postings should be subject to the same professionalism standards as any other personal interactions and communications. Licensees should be careful about what they post online. For example, a comment intended to be witty could be misconstrued as derogatory and unprofessional.
- Anything posted online may be disseminated by others to a larger audience, whether that is intended or not.
- Information may be taken out of context and remain online in perpetuity.
- Online use of profanity, disparaging or discriminatory remarks about individual patients or groups or types of patients is unprofessional and should be avoided.
- Online postings can have legal ramifications. Comments regarding care of patients or that portray you or a colleague in an unprofessional manner can be used in court or other disciplinary proceedings (i.e., State Medical Licensing Boards).

Licensees are also encouraged to review the Opinion 2.3.2 "Professionalism in the Use of Social Media" of the *Code of Medical Ethics of the American Medical Association* and the Model Guidelines for the *Appropriate Use of Social Media and Social Networking in Medical Practice* of the Federation of State Medical Boards (FSMB).

Physician Assistants Providing Medical Care to Their Active Supervising Physician(s) - Guidelines from the Maine Board of Licensure in Medicine

Except in exceptional circumstances, such as a genuine medical emergency or isolated settings where there are no other qualified physicians available, supervising physicians

should not receive medical services from physician assistants whom they actively supervise for the specific care being received. Likewise, except in exceptional circumstances, physician assistants should not render medical services to a physician who is actively supervising them for the specific care being rendered to the supervising physician.

For the purposes of this guideline, "actively supervising" means that the specific care being rendered by the physician assistant is being overseen, directed, or monitored by the physician. This guideline is not intended to prohibit a physician assistant who is being actively overseen, directed, and monitored by one supervising physician from rendering medical services to a different supervising physician.

Physician assistants may render medical services only under the supervision of a physician.

Board Rule Chapter 2 (Joint Rule Regarding Physician Assistants) defines "supervision" as follows:

> "Supervision" means that the supervising physician is responsible for *overseeing, directing, and monitoring the medical services rendered by the physician assistant* pursuant to a written plan of supervision that meets the requirements of this rule. Supervision shall be continuous, but does not require the physical presence of a supervising physician at the place where the physician assistant is rendering medical services; however, it is imperative that a supervising physician and a physician assistant are or can be in contact with each other by telecommunication.

Physicians who allow physician assistants whom they actively supervise to render medical services to themselves are, in effect, overseeing, directing, and monitoring their own medical treatment. Due in part to concerns about professional objectivity, *The Code of Medical Ethics of the American Medical Association* recommends that physicians not treat themselves or their family members except in limited circumstances such as "in emergency settings or isolated settings where there is no other qualified physician available."

Supervising physicians and physician assistants who fail to comply with this guideline risk engaging in unethical and unprofessional conduct.

Renewing Your License – Key Points and Updates

Your license conveys a valuable privilege that enables you to practice medicine or render medical services in Maine. You have a professional responsibility to renew your license in a timely manner. The Board can assist you with this responsibility, but the responsibility is ultimately yours. At present, 94% of licensees renew their licenses online. As a result, effective June 1, 2019, the Board will be implementing a process that eliminates paper notifications and paper renewals. Here are some key points and updates regarding renewing your license.

The Basics

- With few exceptions, your license must be renewed every two years.
- The date of the expiration of your license is on your license and can be found online on the Board's website and using the "Find a Licensee in our Database" link and typing in your name or license number: http://www.maine.gov/md.
- The expiration date of your license is tied to your month and year of birth:
  - If you were born in an even-numbered year, you must renew your license by the last day of your birth month every even-numbered year.
  - If you were born in an odd-numbered year, you must renew your license by the last day of your birth month every odd-numbered year.
  - Key Point: If you know your birthday, you know when your license will expire.
- If you fail to renew your license on or before the expiration date, your license will expire and you will not be able to practice medicine or render medical services.
  - Key Point: If your license expires, you may still renew it online, though there will be a late fee (You will be unable to renew online after the expiration date if there is an issue that prevents automatic renewal;; for example, a pending complaint or investigation will prevent your ability to renew your license online after the expiration date).
- If you fail to renew your license within 90 days following expiration, your license will then lapse.
  - Key Point: If your license lapses, you may not reinstate it online and must contact the Board staff.

The Process

- You may renew your license online: https://www1.maine.gov/cgi-bin/online/licensing/begin.pl?board_number=376.
  - Key Point: You are not able to renew your license online more than 60 days prior to its expiration.
- 60 days prior to the expiration of your license, the Board will notify you via email of the upcoming expiration of your license. Effective June 1, 2019 no further notices will be provided prior to expiration.
  - Key Point: The Board sends the email to the email address that you provided. If your email address changed, and you did not update it with the Board, you may not get the email. You can update your email address with the Board online: https://www1.maine.gov/cgi-bin/online/licensing/begin.pl?board_number=376 using the "Update Contact Information" tool.
  - Update: The Board will no longer be sending letters via US Mail to licensees regarding the upcoming expiration of their licenses. Therefore, it is extremely important that licensees provide the Board with a current and valid email address.
- The day following the expiration of your license, the Board will notify you via email that your license has expired. Effective June 1, 2019, no further notices will be provided following expiration.

- Key Point: The Board sends the email to the email address that you provided. If your email address changed, and you did not update it with the Board, you may not get the email. You can update your email address with the Board online: https://www1.maine.gov/cgi-bin/online/licensing/begin.pl?board_number=376 using the "Update Contact Information" tool. If you have any questions regarding the license renewal process, you may contact the Board staff:
  - Tracy Morrison, Licensing Specialist (Last Name A-L): tracy.a.morrison@maine.gov (207) 287-3602
  - Elena Crowley, Licensing Specialist (Last Name M-Z): Elena.I.Crowley@maine.gov (207) 287-3782
  - Tim Terranova, Assistant Executive Director: tim.e.terranova@maine.gov (207) 287-6930

A Reminder Regarding the CME Requirement for Opioid Prescribing in Chapter 21

By December 31, 2018 and thereafter, all clinicians must complete 3 hours of Category 1 credit Continuing Medical Education every two years on the prescribing of opioid medication regardless of whether or not they prescribe opioid medication. Category 1 credits will be accepted for CME regarding opioid prescribing from any of the following: the American Academy of Physician Assistants (AAPA); the American Medical Association Council on Medical Education (AMA); the Accreditation Council for Continuing Medical Education (ACCME); the American Academy of Family Physicians (AAFP); the Committee on Continuing Medical Education of the Maine Medical Association (MMA); the American Osteopathic Association (AOA); or the Maine Osteopathic Association (MOA).

License and Registration Reminders

Attention Physicians and Physician Assistants! Updating your contact information with the Board can save you time and money. Important Board documents (license renewal notifications, complaint notifications, electronic newsletters, licenses) are sent to the last address (mailing/email) you provide to the Board. Failure to update your contact information can result in your not receiving these important notifications, which may have an impact upon your license. You can review and update your contact information online anytime by visiting the Board's website:http://www.maine.gov/md/online-services/services.html.

Attention Physician Assistants! It is your responsibility to ensure that your license application and registration are properly filed with the Board and that you have both a license and registration prior to rendering any medical services in the State of Maine. Physician assistants who do not ensure that they have both a license and registration face possible disciplinary action and sanction by the Board. For information regarding physician assistant licensure and registration, visit the Board's website: http://www.maine.gov/md/licensure/physician-assistants.html.

Attention Physicians! Physicians who do not ensure that their physician assistants have both a license and registration also face possible disciplinary action and sanction by the Board.

Benzodiazepine Prescribing

Benzodiazepine Prescribing: A Cautionary Alert

Margaret Duhamel, M.D., *Medical Director*

The United States has been in the midst of an opioid crisis for some time. In an effort to address it, federal and state authorities and agencies have taken decisive action, including mandating querying of prescription monitoring programs (PMPs) and daily dosage limits. While these measures are geared towards opioids and opioid prescribing, there is another category of drugs that is garnering more scrutiny due to its potential for overuse, misuse and addiction: benzodiazepines.

Benzodiazepines are prescribed to treat anxiety, insomnia, and seizures. They are also often prescribed for muscle spasms. Like other drugs, they carry a risk to the patient.

On August 31, 2016, the U.S. Food and Drug Administration (FDA) issued a black-box warning regarding the concomitant prescribing of opioids and benzodiazepines:

> **Concomitant use of benzodiazepines and opioids may result in profound sedation, respiratory depression, coma, and death.**
>
> - **Reserve concomitant prescribing of these drugs for use in patients for whom alternative treatment options are inadequate.**
> - **Limit dosages and durations to the minimum required.**
> - **Follow patients for signs and symptoms of respiratory depression and sedation.**

In 2017, the Maine Legislature enacted a law that requires prescribers, with some exceptions, to query the Maine Prescription Monitoring Program upon initially prescribing opioids or benzodiazepines and "every 90 days for as long as that prescription is renewed." Title 22 M.R.S. § 7253(1).

The Maine Legislature's requirement concerning benzodiazepines was prescient. In February 2018, an article in the *New England Journal of Medicine* entitled *Our Other Prescription Drug Problem* identified the inappropriate prescribing of benzodiazepines as a potential serious health concern. Here are some of the

highlights from the article, the full text of which can be found at www.nejm.org/doi/full/10.1056/NEJMp1715050

- Between 1996 and 2013, the number of adults who filled a benzodiazepine prescription increased by 67%, from 8.1 million to 13.5 million, and the quantity of benzodiazepines they obtained more than tripled during that period, from 1.1-kg to 3.6-kg lorazepam-equivalents per 100,000 adults…
- In 2012, U.S. prescribers wrote 37.6 benzodiazepine prescriptions per 100 population. Alprazolam, clonazepam, and lorazepam are among the 10 most commonly prescribed psychotropic medications in the United States…
- Despite the increased risk of overdose in patients taking both benzodiazepines and opioids, rates of co-prescribing nearly doubled, increasing from 9% in 2001 to 17% in 2013. Use of so-called z-drugs such as zolpidem and eszopiclone alone or in combination with opioids is also associated with increased mortality…
- Benzodiazepines have proven utility when they are used intermittently and for less than 1 month at a time… when they are used daily and for extended periods, the benefits of the benzodiazepines diminish and the risks associated with their use increase…
- Benzodiazepines can be addictive and when taken daily can worsen anxiety, contribute to persistent insomnia, and cause death. Other risks… include cognitive decline, accidental injuries and falls, and increased rates of hospital admissions and emergency department visits…

In addition, the authors noted that there are safer treatment alternatives for anxiety and insomnia, “including selective serotonin-reuptake inhibitors (SSRI) and behavioral interventions”. The authors also recommend that prescribers aspire to taper patients off benzodiazepines when they are stabilized on opioid-agonist therapy.

Like opioids, chronic use of benzodiazepines can lead to physiologic dependence, and discontinuing them can become a serious clinical issue. Because of this tendency to cause physiologic dependence, prescribers should consider SSRIs as first line medications for chronic anxiety disorders in lieu of benzodiazepines. In addition, prescribers should employ the same principles for prescribing benzodiazepines as they do for opioids:

- Use the lowest effective dose
- Prescribe for the shortest period possible
- Taper carefully
- Use a longer-acting medication
- Check the PMP
- Appropriately screen patients for a history of drug or alcohol misuse
- Monitor the medication’s effect on the patient

- Researchers' model could help stem opioid crisis - Stanford Medicine News Center **link to external article**
- Untangling the medical ethics of prescribing opioids - AMA Wire **link to external article**

ADVERSE ACTIONS

Adverse Actions

Mila Thomas Riehl, M.D. License #MD22512
Date of Action 10/15/18
On October 15, 2018, Dr. Riehl entered into a Consent Agreement for Licensure with the Board requiring her to maintain compliance with a June 2017 Lifetime Agreement with the Alabama Physician Health Program and to enroll with the Maine Professionals Health Program within seven days of initiating any medical practice in the State of Maine or based upon her Maine medical license.

Malathy Sundaram, M.D. License #MD16273
Date of Action 10/9/18
On October 9, 2018, pursuant to paragraph 21(a)(4) of Dr. Sundaram's August 8, 2017 Consent Agreement, the Board determined that Dr. Sundaram was in material noncompliance of the consent agreement requirements and suspended her license to practice until she is deemed to be in compliance.

Paul G. Savidge, M.D. License #MD8503
Date of Action 10/9/18
On October 9, 2018, the Board and Dr. Savidge entered into a Consent Agreement for engaging in unprofessional conduct. The Board imposed a reprimand, a $1,000 civil penalty, and a license probation of at least one (1) year which includes a requirement that Dr. Savidge limit his controlled substances prescribing to buprenorphine products, engage a physician monitor who will report to the Board, and take continuing medical education courses on the subjects of office based opioid treatment, addiction medicine, and medical recordkeeping.

Mona Lisa A. Schulz, M.D. License #MD14343
Date of Action 10/5/18
On October 5, 2018, the Board accepted Dr. Schulz's application to withdraw her Maine medical license while under investigation.

Daniel Bobker, M.D. License #MD13940
Date of Action 9/10/18
On September 10, 2018 the Board and Dr. Bobker entered into an Interim Consent

Agreement, continuing the suspension of Dr. Bobker's medical license until the Board addresses the issues raised in the Board's August 14, 2018 Order of Immediate Suspension.

Michael W. Kessler, M.D. License #MD16184
Date of Action 8/24/18
On August 24, 2018 Dr. Kessler voluntarily surrendered his Maine medical license to the Maine Board of Licensure in Medicine while under investigation for possible substance misuse.

Laurence K. Entsuah, M.D. License #MD22047
Date of Action 8/21/18
On July 10, 2018, the Board preliminarily denied Dr. Entsuah's application for a Maine medical license which denial became final on August 21, 2018. The denial of Dr. Entsuah's license application was based upon his failure to disclose an open malpractice claim and a January 2015 agreement to relinquish his clinical privileges for consent based procedures on his 2015 Temporary Application, and his failure to disclose the January 2015 agreement to relinquish his clinical privileges for consent based procedures and the termination of his clinical privileges on January 27, 2016 on his 2017 Temporary Application.

Peter Dollard, M.D. License #MD13750
Date of Action 8/14/18
On August 14, 2018, Dr. Dollard entered into a Consent Agreement for engaging in unprofessional conduct. The Board imposed a requirement that Dr. Dollard engage in psychotherapy for at least one (1) year, and complete a continuing medical education course in improving inter-professional communication.

Cathleen G. London, M.D. License #MD20645
Date of Action 8/14/18
On August 14, 2018, Dr. London entered into a Consent Agreement for engaging in unprofessional conduct and for violation of Board rules. The Board imposed: 1) a reprimand for engaging in unprofessional conduct arising out of inappropriate interactions with patients, inappropriate interactions with other professionals, inappropriate prescribing of controlled substances, violating patient confidentiality, violating Board rules, and inappropriate use of the prescription monitoring program; 2) a prohibition on the prescribing of methadone; 3) a license probation with terms and conditions, including obtaining medical evaluation and treatment, taking continuing medical education courses in recordkeeping and in office based opioid treatment, and engaging a practice monitor who reports to the Board; and 4) payment of $3,000 costs of investigation.

Daniel Bobker, M.D. License #MD13940
Date of Action 8/14/18
The Board issued an Order of Immediate Suspension of Dr. Bobker's medical license suspending his license for a period of 30 days ending September 13, 2018, following receipt of a report from a pharmacist identifying concerns associated with allegedly fraudulent olanzapine prescriptions issued to a girlfriend and early refills of a number of

other medication prescriptions giving rise to concerns regarding substance misuse relapse. The Board issued its order based upon preliminary findings and after concluding that it was necessary to immediately suspend his license to protect the health and safety of a person or the public.

Anthony J. Bock, MD License #MD15071
Date of Action 7/10/18
On July 10, 2018, the Board and Dr. Bock entered into a Consent Agreement for engaging in unprofessional conduct. The Board imposed a warning for violating Board rules regarding telemedicine standards in practice.

Hugh V. MacDonald, MD License #MD18115
Date of Action 6/28/18
On June 28, 2018, the Board and Dr. MacDonald entered into an Interim Consent Agreement for License Suspension following Dr. MacDonald's emergency license suspension by the New Hampshire Board of Medicine based upon criminal charges in that state for several counts of aggravated felonious sexual assault and sexual assault involving a patient with multiple mental health disorders.

Brandt E. Rice, MD License #MD17950
Date of Action 6/12/18
Based on preliminary findings of fact, on June 12, 2018, the Board summarily suspended Dr. Rice's medical license to practice as a physician in the State of Maine based upon violation of the following provisions: 1) fraud, deceit or misrepresentation; 2) engaging in conduct that evidences a lack of ability or fitness to practice; 3) unprofessional conduct; 4) inappropriate prescribing of controlled substances; 5) failure to produce requested documents to the Board.

William Ortiz, MD License #MD19188
Date of Action 6/12/18
On June 12, 2018, the Board and Dr. Ortiz entered into a Consent Agreement for the immediate surrender of his license based upon a neuropsychological evaluation resulting in a diagnosis of a mental or physical condition that may result in performing services in a manner that endangers the health or safety of patients.

Peter N. Beeckel, M.D. License #MD13647
Date of Action 5/27/2018
On April 9, 2018, the Board preliminarily denied Dr. Beeckel's application for renewal of his Maine medical license which denial became final on May 27, 2018. The denial of the renewal of Dr. Beeckel's license was based upon Dr. Beeckel having not engaged in the active practice of clinical medicine since 2016, and his report of a professional diagnosis of a mental or physical condition that may result in him practicing in a manner that endangers the health or safety of patients.

Ihor A. Zakaluzny, MD License #MD21145
Date of Action 4/10/18

On April 10 2018, the Maine Board of Licensure in Medicine entered into a Consent Agreement with Ihor A. Zakaluzny, M.D. for engaging in unprofessional conduct. The Board imposed a reprimand and a $1,000 civil penalty.

Arthur C. Winter, MD License #MD12331
Date of Action 4/10/18
On April 10, 2018, the Maine Board of Licensure in Medicine entered into a Consent Agreement with Arthur C. Winter, M.D. based on unprofessional conduct for including inaccurate information in a patient medical record. The Board imposed a warning.

BOARD NEWS

New Board Member Miriam Wetzel, Ph.D

Miriam is a Pennsylvanian, transplanted to Maine in 1971 with her engineer husband, Lew. She taught band, chorus and classroom music in the MSAD #61 (Lake Region) schools where their 3 children graduated from high school. After completing a master's degree at the University of Southern Maine, she became principal of the Manchester School in Windham.

Wanting to understand more about mental and physical human development, she went back to school and earned degrees from Harvard and the University of Pennsylvania. She was hired at Harvard Medical School when they were significantly changing their teaching method from lecture-based to problem-based learning. She taught first-year students history-taking and the medical write-up in the newly required "Patient Doctor Relationships" course and retired as Assistant Professor of Medicine.

She still substitute teaches regularly in RSU #14 (Windham, Raymond) and has 6 private piano students. Just for fun, she plays trumpet in the Fanfare Concert Band, which performs at the Poland Springs Resort every Thursday evening during the summer.

She hopes that membership on the Board will be a way to serve her adopted state of Maine.

Retiring Board Member David Dumont, MD

Dennis E. Smith, Esq., Executive Director

After 10 years of dedicated service to the Maine Board of Licensure in Medicine, Dr. David H. Dumont, M.D., retired from his membership on the Board effective July 30, 2018. He will be greatly missed.

Dr. Dumont was first appointed to the Board in July 2008, at which time he took an oath to "faithfully discharge to the best of [his] abilities, the duties incumbent on [him] as a member of the Board of Licensure in Medicine." To say Dr. Dumont faithfully discharged his duties is true but also a massive understatement. During his decade on the Board, Dr. Dumont served as Chair of the Licensure Committee, participated in the detailed investigation and resolution of hundreds of complaints, and played a leading role updating various of the Board's policies, rules, and processes.

Dr. Dumont will be remembered as a model of integrity, conscientious and thorough preparation, professional and compassionate demeanor, and for his medical knowledge and the wisdom that comes from many years of clinical practice.

Thank you Dr. Dumont, from all of us.

The Maine Board of Licensure in Medicine Seeks Physician Member

Take advantage of this opportunity to gain a broad and deeply informed perspective on the spectrum of medical practice in Maine while performing an essential public service in overseeing public safety.

The Maine Board of Licensure in Medicine ("Board") has been licensing and regulating allopathic physicians in Maine since 1895. Today, it consists of 10 members – 6 actively practicing physicians, 1 actively practicing physician assistant, and 3 public members. The Board is seeking a physician member who meets the following statutory qualifications:

> [Be a] graduate of a legally chartered medical college or university having authority to confer degrees in medicine and must have been actively engaged in the practice… in this State for a continuous period of 5 years preceding… appointment to the board.

The Board meets once a month at its offices located in Augusta, Maine. The members of the Board are provided with materials for an upcoming meeting 1-2 weeks in advance. A typical Board meeting commences at 08:30 am and lasts until 4:00-5:00 pm. During a meeting, the Board conducts reviews of applications for licensure, complaints and investigations, and rule making. In addition, the Board occasionally holds informal conferences and adjudicatory hearings to resolve complaints and investigations.

The Board is composed of motivated, hard-working individuals committed to ensuring the protection of the public. The Board is supported by a dedicated staff of professionals. Anyone who may be interested in this challenging and rewarding opportunity should contact Dennis E. Smith, Esq., Executive Director for the Board at: (207) 287-3605 or by email at dennis.smith@maine.gov.

Medical Regulation: An International Perspective

The Board keeps apprised of medical regulatory issues and developments in the United States through membership in organizations such as the Federation of State Medical Boards (FSMB), which provides support to 70 medical boards throughout the U.S. and its territories. In 2017, the Board joined the International Association of Medical Regulatory Authorities (IAMRA), which, provides support to medical regulatory authorities worldwide. IAMRA currently has 115 members from 48 countries.

The Board's Assistant Executive Director, Tim Terranova, received a scholarship from the FSMB Foundation to attend the IAMRA International Conference on Medical Regulation held from October 6-9, 2018 in Dubai. Hundreds of attendees from Medical Regulatory Authorities on every continent (except Antarctica) attended the conference, allowing the sharing of ideas and research on a global scale.

The keynote speaker for the conference, Dr. Kevin Fong (United Kingdom), focused on making better systems rather than trying to make better physicians. Dr. Fong noted that while regulating medicine is always being compared to regulating the airline industry (i.e., people compare pilots and doctors because they hold people's lives in their hands), but forget that the airline industry has not made better pilots, it has made better systems that make it harder for its pilots to make mistakes. Dr. Fong believes the medical field must do the same. In addition, Dr. Fong expressed his concern that medical regulators can no longer sit back and see if a new technology takes hold before acting. Technology is changing rapidly and regulators must adapt to keep up with the changes.

Dr. Kgosietsile Letlape (South Africa), IAMRA's newly elected president, echoed Dr. Fong's thoughts about the medical system in his closing address and urged all regulators to be involved with the entire medical system rather than just their specific piece of the puzzle. Dr. Letlape recognizes the need to improve the entire system and the failure of the system that comes when regulators work in their individual silos.

The conference also focused on continued competency and what regulators should be doing to ensure that physicians maintain their competence throughout their careers. IAMRA created a continued competency working group, which Mr. Terranova is a member of, which will be focused on providing easily accessible resources for regulatory authorities related to maintaining competency. In addition, the group will focus on recommendations for changing the culture of the medical profession worldwide to one of self-awareness for the need to remain competent throughout a physician's medical career.

Other topics of interest during the conference included:

- Physician health and wellness;
- Sexual misconduct, chaperones and public trust;
- Methods for maintaining certifications;

- Regulatory challenges in war-torn countries and countries with large refugee populations;
- Complaint and investigation processes;
- Regulation of doctors in training;
- World medical schools and accreditation;
- The opioid epidemic;
- Telemedicine;
- The reliance on medical migration (use of international medical graduates); and
- Cultural competence.

Toward the end of the conference there was a discussion regarding the social, professional and regulatory landscape for doctors of the future. As technology and expectations change, questions may be raised about the necessity of professions and regulators. If a robot or artificial intelligence can diagnose medical conditions, why is a doctor needed? If regulators cannot keep pace with technological changes, are they useful? However, there is a strong belief that both will always be needed. As we look at the emerging technology, we are reminded that when the stethoscope was introduced, physicians thought it was an attempt to replace them. Current and emerging technologies are no different. When used correctly, they are useful tools that can complement a doctor's skill and training. When used incorrectly, they can be dangerous and harmful.

A last thought from the conference came from the delegate from Bhutan. He indicated that Bhutan trains its doctors to smile at patients because they believe the human connection leads to happiness. With all of our reliance on technology, it is helpful to be reminded that the patient is at the center of our efforts.

Introduction to "The Things We Say"

Dennis E. Smith, Esq., Executive Director

Who was the first to say, "choose your words wisely"? While a worthy aspiration, not all of us realize it consistently during any given day. The press of business and volume of work tend to drown out the voice that tells us, "listen first." Effective physician-patient communication is vital – for the physician to make an accurate diagnosis and for the patient to understand (and therefore have confidence in the physician) what is happening to him/her.

The following article entitled "The Things We Say" reflects the experience of one physician with the power and limitations of words. Take a moment to reflect on the way you choose words and how you could better recognize their impact upon your patients and their families. As Proverbs 18:15 states: Wise people want to learn more, so they listen closely to gain knowledge.

The Things We Say- JAMA Network **link to external article**

FROM THE EDITOR

Thoughts On Dying for a Friend

A friend who had a long career as a physician and medical ethicist has opted to exercise his right under California's End of Life Option Act, which allows him to obtain a lethal prescription when his death is determined to be probable within a six-month period. Our last correspondence included discussion of these thoughts I gathered for his benefit.

These first four thoughts are from the Stoic philosopher Seneca:

> Death is the undoing of all our sorrows, an end beyond which our ills cannot go; it returns us to that peace in which we reposed before we were born. If someone pities the dead, let him also pity those not yet born.
>
> When you let your mind roam across all of time, there is no difference between the longest and the shortest life, if you survey how long a person lived and compare it with how long he didn't live.
>
> Just as a longer life is not necessarily better, a longer death is necessarily worse.
>
> Are you pleased? Then live. Are you displeased? Then you are allowed to return from whence you came.

Further thoughts from others:

> Thou hast embarked, thou hast made the voyage, thou art come to shore, get out.
> Marcus Aurelius, Meditations (160 A.D.)
>
> Perhaps the best cure for the fear of death is to reflect that life has a beginning as well as an end. There was a time when you were not: that gives us no concern. Why then should it trouble us that a time will come when we shall cease to be? To die is only to be as we were before we were born.
> William Hazlitt, Table Talk (1821)
>
> When any living thing has come to the end of its cycle, we accept that end as natural. When that intangible cycle has run its course it is a natural and not unhappy thing that a life comes to its end.
> Rachel Carson, (in a letter to a friend) (1963)
>
> Let life ripen and then let it fall.
> Lao Tzu, Tao Te Ching

> I want a man to act, and to prolong the functions of life as long as he can; and I want death to find me planting my cabbages.
> Michel de Montaigne, Essays (1580)

> The year hastens to the close. What is it to me? That I am 25 or 58 is as nothing. Should I mourn that the spring flowers are gone, that the summer fruit has ripened, that the harvest is reaped, that the snow has fallen?
> Ralph Waldo Emerson, Journal (1831)

> I am as weary as it is natural to be after a hard-working life, and I think I have fairly earned my rest. The organic elements that have held together for so long are tending to fall apart. Who would wish them to remain forcibly connected any longer?
> Sigmund Freud, letter to Oskar Pfister, (1925)

Book Note

Barron H. Lerner. *The Good Doctor: A Father, a Son, and the Evolution of Medical Ethics*. Boston: Beacon Press, 2014.

"As a practicing physician and longtime member of his hospital's ethics committee, Dr. Barron Lerner thought he had heard it all. But in the mid-1990s, his father, an infectious diseases physician, told him a stunning story: he had physically placed his body over an end-stage patient who had stopped breathing, preventing his colleagues from performing cardiopulmonary resuscitation, even though CPR was the ethically and legally accepted thing to do. Over the next few years, the senior Dr. Lerner tried to speed the deaths of his seriously ill mother and mother-in-law to spare them further suffering.

These stories angered and alarmed the younger Dr. Lerner – an internist, historian of medicine, and bioethicist – who had rejected physician-based paternalism in favor of informed consent, and patient autonomy. The Good Doctor is a fascinating and moving account of how Dr. Lerner came to terms with two very different images of his father: a revered clinician, teacher, and researcher who always put his patients first, but also a physician willing to 'play God,' opposing the very revolution in patients' rights that his son was studying and teaching to his own medical students." (Quoted from the front flap.)

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