

CONFIDENTIAL

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION

In the Matter of the License
to Practice Medicine of

JESSY A. ANG, M.D.

Respondent

No. 93-05-0059MD

STIPULATION TO
INFORMAL DISPOSITION

I.

STIPULATION

The parties to the above-entitled action stipulate as follows:

(1) Respondent is fully apprised of the allegation against him, that he has violated RCW 18.130.180(4) and (6).

(2) The parties wish to resolve this matter by means of a Stipulation to Informal Disposition pursuant to RCW 18.130.172.

(3) Respondent agrees to be bound by the terms and conditions of the Stipulation to Informal Disposition.

(4) The Stipulation to Informal Disposition is of no force and effect and is not binding on the parties unless and until this Stipulation to Informal Disposition is approved and accepted by the Medical Quality Assurance Commission of the State of Washington.

for Paul L. Dickerson, AAG #16897
Michael L. Farrell, WSBA #16022
Staff Attorney, Department of Health

6-5-95
Date

Jessy A. Ang, M.D.
Jessy A. Ang, M.D.
Respondent

6/5/95
Date

Katharine Witter Brindley
Katharine Witter Brindley, WSBA #14646
Attorney for Respondent Ang

6/5/95
Date

Stipulation to Informal Disposition - 1

8/25/95

II.

INFORMAL DISPOSITION

Based upon the foregoing, the Medical Quality Assurance Commission (Commission) enters the following Stipulation to Informal Disposition:

- (1) RCW 18.130.180(4) and (6) define unprofessional conduct:
 - (4) Incompetence, negligence, or malpractice which results in injury to a patient or which creates an unreasonable risk that a patient may be harmed.
 - (6) The possession, use, prescription for use, or distribution of controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes, the addiction to or diversion of controlled substances or legend drugs, the violation of any drug law, or prescribing controlled substances for oneself
- (2) Respondent does not admit any violation(s) of the provision stated in (1) of this Stipulation to Informal Disposition nor is this Stipulation to Informal Disposition to be construed as such an admission.
- (3) This Stipulation to Informal Disposition is not disciplinary action. Furthermore, it is not subject to the reporting requirements of RCW 18.130.110 and interstate/national reporting requirements including, but not limited to, the National Practitioner Data Bank, 45 CFR 60.
- (4) Respondent is advised and is aware that a violation of the provisions of (1) of this Stipulation to Informal Disposition, if proven, is grounds for disciplinary action under RCW 18.130.160.
- (5) The Commission agrees to dismiss further action on those allegations contained in file No. 93-05-0059MD, but is not foreclosed from taking action based on similar or dissimilar information obtained subsequent to the effective date of this Order.
- (6) Respondent agrees to complete at least 25 hours of Category I CME in the areas of controlled substance prescription and/or substance abuse by attending either one of the following programs: The Case Western Reserve Medical School 32-hour course on medication prescription in Cleveland, Ohio; or the Ruth Fox Course in Chemical Dependency in Chicago, Illinois. These CME hours shall be in addition to the CME hours required for licensure. The CME course hours must be approved in advance by the Commission or the Commission's designee in advance. The CME course hours shall be completed within one year of the effective date of this Order. Proof of completion shall

be submitted within thirteen (13) months of the effective date of this Order to the following address:

Compliance Officer
Medical Quality Assurance Commission
1300 S.E. Quince Street, M/S: EY-25
P.O. Box 47866
Olympia, WA 98504-7866

(7) Respondent agrees to comply with the following provisions for a period of three years:

A. Respondent agrees to write all office prescriptions for controlled substances on serially numbered triplicate prescription pads obtained from the Commission staff. Respondent shall submit the third copy of all triplicate prescriptions to the Commission quarterly with the time period commencing with the effective date of this Order.

B. For chemically dependent patients who initiate treatment with Respondent after the effective date of this Order, and for whom Respondent anticipates will require a prescription for a benzodiazapene for greater than 21 days, Respondent shall obtain a concurring second opinion from an ASAM certified practitioner or an approved chemical dependence treatment facility.

C. Respondent agrees to note the following information in a patient's chart before providing or prescribing any Schedule II, III, IV, or V controlled substance:

- (1) The diagnosis for which the medicine is prescribed;
- (2) The indications for use of the medication; and
- (3) The amount of medication prescribed or provided.

(8) Respondent agrees that a representative of the Commission may request patient consultations or make announced visits to Respondent's practice to inspect office and/or medical records to insure compliance with this Order.

(9) Respondent shall appear before the Commission for a compliance review in six months and annually thereafter as requested by the Commission. Eighteen (18) months from the effective date of this Order, Respondent may request modification, including termination, of any or all of the conditions set forth herein.

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(11) Respondent shall pay costs of \$1,000.

III.

ORDER

The foregoing is adopted as the Stipulation to Informal Disposition of the Medical Quality Assurance Commission and shall become effective the _____ day of _____ 1995.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION

By: _____
Acting Chairperson

Presented by:

for for L. Scherer AA #16897
Michael L. Farrell, WSBA #16022
Staff Attorney
Department of Health

STIPULATED TO AND APPROVED FOR ENTRY:

Jessy A. Ang
Jessy A. Ang, M.D.
Respondent

Katharine Witter Brindley
Katharine Witter Brindley, WSBA #14646
Attorney for Respondent Ang

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III.

ORDER

The foregoing is adopted as the Stipulation to Informal Disposition of the Medical Quality Assurance Commission and shall become effective the 25th day of August 1995.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION

By: *John F. Kennen, M.D.*
Acting Chairperson

Presented by:

for *Law E. Schiro* *AA #16897*
Michael L. Farrell, WSBA #16022
Staff Attorney
Department of Health

STIPULATED TO AND APPROVED FOR ENTRY:

Jessy A. Ang
Jessy A. Ang, M.D.
Respondent

Katharine Witter Brindley
Katharine Witter Brindley, WSBA #14646
Attorney for Respondent Ang

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION

In the Matter of the License)	
to Practice Medicine of)	No. 93-05-0059MD
)	
JESSY E.. ANG, M.D.,)	STATEMENT OF ALLEGATIONS
)	
Respondent.)	
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The Program Manager of the Washington State Medical Quality Assurance Commission, on designation by the Commission, states and alleges as follows:

Section 1: ALLEGATIONS

- 1.1 At all times material to this Statement Respondent has been licensed to practice medicine by the State of Washington.
- 1.2 On August 24, 1994, the Commission issued a statement of charges against Respondent alleging he violated RCW 18.72.030(6) and (11) (Laws of 1979, 1st Ex. Sess., ch. 111, § 1); RCW 18.130.180(4) and (6). The Commission has withdrawn the statement of charges in consideration of settling the matter with a statement of allegations and a stipulation to informal disposition. The allegations in the statement of charges are incorporated herein by reference.

Section 2: SUMMARY OF EVIDENCE

- 2.1 Medical records of the patient supplied by Jessy A. Ang, M.D.
- 2.2 Medical records of the patient supplied by Arthur M. Smith, M.D.

Section 3: SUMMARY OF APPLICABLE STATUTES

- 3.1 The conduct alleged above, if proved at a hearing, would constitute a violation of RCW 18.72.030(6) and (11) (Laws of 1979, 1st Ex. Sess., ch. 111, § 1); RCW 18.130.180(4) and (6).

Section 4: NOTICE TO THE RESPONDENT

- 4.1 The Commission has determined that this case may be appropriate for resolution through a Stipulation to Informal Disposition, pursuant to RCW 18.130.172(2). A proposed Stipulation to Informal Disposition is attached, which contains the sanctions the Commission believes are necessary to address the conduct alleged in this Statement of Allegations.

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- 4.2 In the event the Licensee declines to agree to disposition of the allegations by means of a Stipulation to Informal Disposition pursuant to RCW 18.130.172(2), the Commission may proceed to formal disciplinary action against the Licensee by filing a statement of charges, pursuant to RCW 18.130.172(3).

DATED this 29th day of August, 1995.

STATE OF WASHINGTON
MEDICAL QUALITY ASSURANCE COMMISSION

By: Beverly A. Teeter
Beverly A. Teeter
Program Manager

Presented by:

Michael L. Farrell WSBA # 16022
Department of Health Staff Attorney

NOTICE

PURSUANT TO WASHINGTON ADMINISTRATIVE CODE 246-920-130 IT IS THE RESPONSIBILITY OF THE LICENSEE TO MAINTAIN A CURRENT MAILING ADDRESS ON FILE WITH THE COMMISSION. THE MAILING ADDRESS ON FILE WITH THE COMMISSION SHALL BE USED FOR MAILING OF ALL OFFICIAL MATTERS FROM THE COMMISSION TO THE LICENSEE. IF CHARGES AGAINST THE LICENSEE SENT CERTIFIED MAIL TO THE ADDRESS ON FILE WITH THE COMMISSION ARE RETURNED UNCLAIMED OR ARE NOT ABLE TO BE DELIVERED FOR ANY REASON THE COMMISSION IS MANDATED TO PROCEED AGAINST THE LICENSEE BY DEFAULT PURSUANT TO RCW 34.05.440.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION

In the Matter of the License)	
to Practice Medicine of)	No. 93-05-0059MD
)	
JESSY E. ANG, M.D.,)	
)	WITHDRAWAL OF CHARGES
Respondent.)	
_____)	

The Medical Quality Assurance Commission (Commission) previously issued a Statement of Charges against Jessy E. Angl, M.D. After further consideration the Commission has determined that the charges brought against Respondent should be withdrawn.

THEREFORE, based on its own motion, the Commission hereby

ORDERS that the aforementioned Statement of Charges is hereby withdrawn.

DATED this 24~~th~~ day of August, 1995.

STATE OF WASHINGTON
MEDICAL QUALITY ASSURANCE COMMISSION

Beverly A. Teeter
Beverly A. Teeter
Program Manager

Presented by:

Michael L. Farrell WSBA # 16022
Staff Attorney, Dept. of Health

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION

In the Matter of the License)	
to practice Medicine of)	No. 93-05-0059MD
)	
JESSY A. ANG, M.D.)	STATEMENT OF CHARGES
)	
Respondent.)	
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The Program Manager of the State of Washington Department of Health upon designation by the disciplining authority states and alleges as follows:

Section 1: LICENSE STATUS

1.1 At all times materials to this Statement of Charges Respondent has been licensed to practice medicine and surgery by the State of Washington.

Section 2: CONFIDENTIAL SCHEDULE

2.1 The patient referred to in this Statement of Charges is identified in the attached Confidential Schedule.

Section 3: FACTUAL ALLEGATIONS

3.1 Beginning in 1976, Arthur Smith, M.D., a neurologist, began caring for Patient One for chronic lumbosacral sprain. Over the next several years, Patient One underwent four back surgeries.

3.2 A psychiatrist by the name of Kirk Brawand, M.D., diagnosed Patient One as suffering from "intense suicidal ideation" in August 1984. Shortly after rendering the diagnosis, Dr. Brawand transferred Patient One's psychiatric care to Respondent, Dr. Ang. Respondent began treating Patient One by prescribing Halcion.

3.3 Respondent knew or should have known that on October 24, 1985, Patient One was hospitalized due to an overdose of wine, Talacen, Sinequan, and Halcion.

3.4 In spite of Respondent's knowledge of the apparent suicide attempt, he continued to prescribe CNS depressants and was aware or should have been aware that Dr.

Smith continued to prescribe CNS depressant drugs to Patient One.

3.5 On January 14, 1986, Respondent increased the dosage of Halcion to Patient One to 1mg per day.

3.6 On March 3, 1986, the Department of Labor and Industries case manager wrote to Patient One stating the Department is not responsible for the patient's "reported alcohol abuse." Respondent received a copy of this letter.

3.7 Respondent knew or should have known that on April 14, 1986, Patient One was hospitalized again due to an overdose of medications and alcohol.

3.8 In spite of Respondent's knowledge of the second apparent suicide attempt in 6 months, Respondent continued to prescribe CNS depressant medications and was aware or should have been aware that Dr. Smith continued to prescribe CNS depressant medications to Patient One.

3.9 Sometime in 1987, Patient One wrote to Respondent discussing her abuse of alcohol and expressing a desire to kill herself.

3.10 In April 1988, Patient One began having seizures.

3.11 Respondent knew or should have known that on April 19, 1988, Patient One was evaluated by Edgar Steinitz, M.D., a specialist in physical and rehabilitation medicine. Dr. Steinitz opined that the patient's medications may be a factor in causing her seizures.

3.12 In April 1989, Patient One underwent an evaluation by Rufmo Ramos, M.D., a psychiatrist, as requested by the Department of Labor and Industries. Patient One told Dr. Ramos that the two overdoses were suicide attempts. Dr. Ramos diagnosed major depression, recurrent.

3.13 Respondent knew or should have known that on October 11, 1989, Patient One was hospitalized for seizures thought to be the result of a tricyclic overdose.

3.14 In September 1990, Patient One suffered two more seizures. Respondent told Dr. Smith the seizures may be due to the medications.

3.15 Despite the numerous seizures and the opinions of Dr. Steinitz and Respondent

that the medications may be causing the seizures, Respondent continued to prescribe CNS-depressant medications.

3.16 Respondent knew or should have known that on October 31, 1990, Patient One underwent a psychiatric evaluation by Myron Kass, M.D., at the request of the Department of Labor and Industries. Patient One told Dr. Kass that the two overdoses of October 24, 1985 and April 14, 1986 were suicide attempts. Dr. Kass diagnosed mixed personality disorder, major depression in remission, dysthymic disorder and conversion disorder.

3.17 Respondent knew or should have known that on November 20, 1990, Patient One underwent a neurological examination by Marcel Malden, M.D., at the request of the Department of Labor and Industries. Among Dr. Malden's diagnoses were severe chronic pain and disability syndrome, falling disorder and convulsive disorder. Dr. Malden opined that the convulsive disorder could be due to the medications. Dr. Malden stated in his report that the patient's medications should be gradually eliminated.

3.18 On March 25, 1991, Respondent wrote to the Department of Labor and Industries requesting a psychiatric consultation to assist him in treating Patient One's desire to kill herself.

3.19 The 1994 edition of the Physicians' Desk Reference states that Halcion (triazelam) is indicated for the short-term treatment of insomnia, generally 7-10 days, and that the maximum dose is .5mg.

3.20 Pharmacy records show that between February 3, 1990 and August 11, 1992, Respondent regularly prescribed 30-40 tablets of Halcion .25mg to Patient One in the amount of 30-40 tablets approximately every 7-10 days. Over that entire time period, Respondent prescribed 3255 tablets of Halcion .25mg to Patient One, an average of .88mg per day.

3.21 The 1994 edition of the Physicians' Desk Reference also states with respect to Halcion:

Caution should be exercised if HALCION is prescribed to patients with signs or symptoms of depression that could be intensified by hypnotic drugs. Suicidal tendencies may be present in such patients and protective measures may be required.

Intentional overdosage is more common in these patients, and the least amount of drug that is feasible should be available to the patient at any one time.

...triazolam produces additive CNS depressant effects when administered with other psychotropic medications, anticonvulsants, ... and other drugs which themselves produce CNS depression.

3.22 Despite the warnings in the Physicians' Desk Reference as stated in the preceding paragraph, Respondent was aware or should have been aware that between February 5, 1990 and August 1, 1992, Dr. Smith regularly prescribed Darvocet N-100 (propoxyphene) to Patient One in the amount of 100 tablets approximately every 30 days. Over that entire time period, Respondent prescribed 3560 pills of Darvocet N-100 to Patient One, an average of 3.92 pills per day.

3.23 The 1994 edition of the Physicians' Desk Reference states with respect to Darvocet N-100 (propoxyphene):

The judicious prescribing of propoxyphene is essential to the safe use of this drug. With patients who are depressed or suicidal, consideration should be given to the use of non-narcotic analgesics. ... Because of its added depressive effects, propoxyphene should be prescribed with caution for those patients whose medical condition requires the concomitant administration of sedatives, tranquilizers, muscle relaxants, anti-depressants, or other CNS-depressant drugs.

3.24 Despite the warnings in the Physicians' Desk Reference referred to in paragraphs 3.25 and 3.27, between February 5, 1990 and August 1, 1992, Respondent prescribed sedatives (Halcion, Prosom and Restoril), antidepressants (amitriptyline, Prozac, Surmontil, Trazedone and Wellbutrin), and a muscle relaxant (Fiorinal) to Patient One.

3.25 Respondent failed to admit Patient One to the hospital for treatment of her suicidal ideation.

3.26 On August 28, 1992, Patient One committed suicide.

Section 4: ALLEGED VIOLATIONS

4.1 The facts alleged in paragraphs 3.1 through 3.8, if proved, constitute

unprofessional conduct for acts committed prior to June 11, 1986, pursuant to RCW 18.72.030(6) (Laws of 1979, 1st Ex. Sess., ch. 111, § 1):

The possession, use, prescription for use, or distribution of controlled substances or legend drugs in any way other than for therapeutic purposes;

4.2 The facts alleged in paragraphs 3.1 through 3.8, if proved, constitute unprofessional conduct for acts committed prior to June 11, 1986 pursuant to RCW 18.72.030(11) (Laws of 1979, 1st Ex. Sess., ch. 111, § 1):

Incompetency or negligence in the practice of medicine and surgery resulting in serious harm to the patient;

4.3 The facts alleged in paragraphs 3.8 through 3.26, if proved, constitute unprofessional conduct for acts committed after June 11, 1986 pursuant to RCW 18.130.180(4) which defines as unprofessional conduct:

Incompetence, negligence, or malpractice which results in injury to a patient or which creates an unreasonable risk that a patient may be harmed;

4.4 The facts alleged in paragraphs 3.8 through 3.26, if proved, constitute unprofessional conduct for acts committed after June 11, 1986 pursuant to RCW 18.130.180(6) which defines as unprofessional conduct:

The possession, use, prescription for use, or distribution of controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes....

It is further alleged that the allegations specified and conduct referred to in this Statement of Charges affect the public health, safety and welfare, and the Medical Quality Assurance Commission directs that a notice be issued and served on Respondent as provided by law, giving Respondent the opportunity to defend against the accusations of the Statement of Charges.

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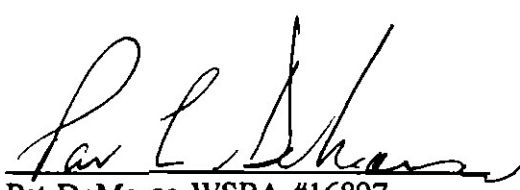
If Respondent fails to defend against these allegations, Respondent shall be subject to such discipline as is appropriate under RCW 18.130.160.

DATED this 23rd day of August, 1994.

Washington State
Medical Quality Assurance Commission

By:


Kristin Hamilton
Hearings Manager


Pat DeMarco WSBA #16897
Assistant Attorney General
Office of the Attorney General
Licensing Division
P.O. Box 40110
Olympia, Washington 98504-0110

Redaction Summary (0 redactions)

0 Privilege / Exemption reason used:

Redacted pages: