

STATE OF WASHINGTON  
MEDICAL QUALITY ASSURANCE COMMISSION

In the Matter of the License to Practice  
Medicine of

DAVID S. ROYS, M.D.

Respondent.

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)  
) No. 94-06-0040MD  
)  
)  
) STATEMENT OF CHARGES  
)  
)  
)

The Program Manager of the State of Washington Department of Health upon designation by the disciplinary authority states and alleges as follows:

Section 1: LICENSE STATUS

I. At all times material to this Statement of Charges, Respondent has been licensed to practice medicine by the State of Washington.

Section 2: CONFIDENTIAL SCHEDULE

II. The patients referred to in this Statement of Charges, if any, are identified in the attached Confidential Schedule.

### Section 3: FACTUAL ALLEGATIONS

III. During the period August 15, 1988 to March 1994, Respondent treated M.J.V.D. for panic attacks. M.J.V.D. presented with a history of panic attack for ten years, episodes of drinking and a family history of alcoholism.

IV. Respondent elected to treat M.J.V.D. primarily with pharmacotherapy rather than psychotherapy. Respondent's choice of drug was Xanax which Respondent prescribed for M.J.V.D. for a medically unjustified prolonged period from 1988 to 1994 with inadequate face to face consultations, medical supervision or evaluation.

### Section 4: ALLEGED VIOLATIONS

V. RCW 18.130.180(1). The commission of any act involving moral turpitude, dishonesty, or corruption relating to the practice of the person's profession....

VI. RCW 18.130.180(4). Incompetence, negligence, or malpractice which results in injury to patient or which creates an unreasonable risk that a patient may be harmed....

VII. RCW 18.130.180(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, diversion of controlled substances or legend drugs, the violation of any drug law, or prescribing controlled substances for oneself

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 notice be issued and served on the Respondent as provided by law giving the Respondent the opportunity to defend against the accusations of the Statement of Charges. If the Respondent fails

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

DATED this 16<sup>th</sup> day of March, 1995.

Washington State  
Medical Quality Assurance Commission

By: Beverly A Teeter  
Beverly Teeter  
Program Manager

Pat L. DeMarco

Pat L. DeMarco  
Assistant Attorney General  
WSBA# 16897

**CONFIDENTIAL LIST**

1. **M.J.V.D.**

1.

1 - Healthcare Information Readily L...

**THIS INFORMATION IS CONFIDENTIAL AND IS NOT TO BE RELEASED WITHOUT  
THE CONSENT OF THE INDIVIDUALS NAMED HEREIN.**

STATEMENT OF CHARGES. ROYS - 2 OF 4

ORIGINAL

Redaction Summary ( 1 redaction )

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1 Privilege / Exemption reason used:

1 -- "Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1)" ( 1 instance )

Redacted pages:

Page 4, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 1 instance

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION

In the Matter of the License  
to Practice Medicine of

DAVID S. ROYS, M.D.  
License No. 10221

Respondent.

) No. 94-06-0040MD  
) 94-11-0045MD  
)  
) AMENDED  
) STATEMENT OF CHARGES  
)  
)  
)

The Administrator of the State of Washington Department of Health upon designation by the disciplinary authority states and alleges as follows:

Section 1: LICENSE STATUS

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

Section 2: CONFIDENTIAL SCHEDULE

2.1 The patients referred to in this Statement of Charges, if any, are identified in the attached Confidential Schedule.

Section 3: FACTUAL ALLEGATIONS

3.1 Respondent treated Patient One from approximately 1981 through 1994 for complaints of depressed mood including suicidal ideation and a variety of hallucinations. The course of treatment included several admissions for inpatient treatment, electroconvulsive shock treatments, and pharmacological therapy with sedative hypnotics, benzodiazepines and opiate analgesics.

3.2 Clinical records maintained by Respondent concerning Patient One contain little useful clinical data or information, inadequate rationale for treatments undertaken, and do not

ORIGINAL

reflect that Respondent periodically reassessed the patient's symptoms, diagnoses and treatment regimes. Progress notes fail to reveal findings on physical examination and chart frequent prescription refills without benefit of examination of the patient.

3.3 Respondent knew or should have known that Patient One suffered from a substance abuse disorder. In spite of this, Respondent failed to diagnose a substance abuse disorder and continued to prescribe a variety of single and combined controlled substances known to carry a risk of dependence. Many such prescriptions were refilled over the phone without benefit of physical examination or counseling.

3.4 In treating Patient One, Respondent continually prescribed diazepam (Valium) for conditions that are not known to respond to that drug and may even be exacerbated by it.

3.5 In treating Patient One, Respondent failed to adequately explore alternative diagnoses for the symptoms described by the patient; he failed to adequately explore alternative treatment for recurrent episodes of "depression" and chronic pain.

3.6 During the period of August 15, 1988 to March 1994, Respondent treated Patient Two for panic attacks. Patient Two presented with a history of panic attacks for ten years, episodes of drinking and a family history of alcoholism.

3.7 Respondent elected to treat Patient Two primarily with pharmacotherapy rather than psychotherapy. Respondent's choice of drug was Xanax which Respondent prescribed for Patient Two for a medically unjustified prolonged period from 1988 to 1994 with inadequate face to face consultations, medical supervision or evaluation.

#### Section 4: ALLEGED VIOLATIONS

4.1 The conduct alleged in Paragraphs 3.1 through 3.7 above, if proved, constitutes a violation of RCW 18.130.180(4):

RCW 18.130.180(4). Incompetence, negligence, or malpractice which results in injury to patient or which creates an unreasonable risk that a patient may be harmed.

4.2 The conduct described in paragraphs 3.1 through 3.7, if proved, constitutes a violation of RCW 18.130.180(6).

RCW 18.130.180(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, diversion of controlled substances or legend drugs, the violation of any drug law, or prescribing controlled substances for oneself

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 notice be issued and served on the Respondent as provided by law giving the Respondent the opportunity to defend against the accusations of the Statement of Charges.

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

DATED this 12<sup>th</sup> day of January, 1996.

Washington State  
Medical Quality Assurance Commission

By: Beverly A. Teeter

Beverly A. Teeter  
Administrator

Pat L. DeMarco

Pat L. DeMarco  
Assistant Attorney General  
WSBA# 16897

**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.

## CONFIDENTIAL LIST

**This Confidential Schedule is intended for use of the parties to clarify the factual circumstances surrounding the allegations of the Statement of Charges. The Confidential Schedule is to be released only to the parties, and as otherwise directed by the Commission during the administrative proceedings.**

Patient No. 1

1 - Healthcare Informatio...

Patient No. 2

1 - Healthcare Information Readily Id...

**THIS INFORMATION IS CONFIDENTIAL AND IS NOT TO BE RELEASED WITHOUT THE CONSENT OF THE INDIVIDUALS NAMED HEREIN.**

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION

In the Matter of Disciplinary	)	Nos: 94-11-0045MD
Action Concerning	)	94-06-0040MD
	)	
<b>David S. Roys, M.D.</b>	)	STIPULATION AND
License No. 10221	)	AGREED ORDER
Respondent.	)	
_____	)	

The Medical Quality Assurance Commission, by and through Catherine M. Anderson, Department of Health Staff Attorney, David S. Roys, M.D., Respondent, individually and by and through his counsel of record, Fred M. Zeder, Esq., stipulate to the following:

**I. PROCEDURAL STIPULATION**

- 1.1 At all times material hereto, David S. Roys, M.D. was a physician duly licensed to practice medicine and perform surgery in the State of Washington.
- 1.2 On March 16, 1995, the Commission issued a Statement of Charges regarding the professional practice of Respondent. The charges alleged that Respondent prescribed medication for a patient in a non-therapeutic manner.
- 1.3 The Statement of Charges alleges, inter alia, that Respondent violated RCW 18.130.180(1), (4) and (6).
- 1.4 On January 12, 1996, the Commission issued an *Amended* Statement of Charges regarding the professional practice of Respondent. The charges alleged that Respondent prescribed medication for a second patient in a non-therapeutic manner.

- 1.5 The Statement of Charges alleges, inter alia, that Respondent violated RCW 18.130.180(4) and (6).
- 1.6 Respondent understands that the State is prepared to proceed to a hearing upon the merits of the Statement of Charges.
- 1.7 Respondent understands that he has the right to defend himself against the allegations in the Statement of Charges by presenting evidence in his behalf at said hearing.
- 1.8 Respondent understands that, should the State in fact prove at hearing the allegations in the Statement of Charges, the Commission has the power and authority to impose sanctions pursuant to RCW 18.130.160.
- 1.9 Respondent and the Commission agree to expedite the resolution of this matter by means of a Stipulation and Agreed Order.
- 1.10 Respondent waives the opportunity for a hearing on the Statement of Charges based on the entry of the following Agreed Order.
- 1.11 Respondent acknowledges that said Agreed Order is not binding unless and until it is accepted by the Medical Quality Assurance Commission.
- 1.12 Respondent acknowledges that should this Stipulation and Agreed Order be accepted it will be subject to the reporting requirements of RCW 18.130.110 and interstate/national reporting including, but not limited to, the National Practitioner Data Bank pursuant to 45 CFR 60.
- 1.13 WAIVER OF OBJECTION: Respondent is informed and understands that:
- a. At the presentation of the Stipulation and Agreed Order the Commission may ask the parties for information regarding the facts of this case. The parties have the right to be present, ask and answer questions and make argument to the Commission regarding the appropriateness of the Stipulation and Agreed Order.

- b. Respondent waives any objection to the participation on a hearing panel of all or some of the Commission members who hear the Stipulation presentation in the event that the Stipulation is rejected and this matter proceeds to a hearing.

## **II. STIPULATED FACTS**

The State and the Respondent stipulate to the following facts:

- 2.1 Respondent agrees that were this matter to proceed to hearing the State would show/present evidence that Respondent inappropriately prescribed controlled substances to Patient No. 1 as described below.
- 2.2 Respondent treated Patient No. 1 from approximately 1981 through 1996 for complaints of depressed mood including suicidal ideation, a variety of hallucinations and chronic pain syndrome. The course of treatment included several admissions for inpatient treatment, electroconvulsive shock treatments, and pharmacological therapy with sedative hypnotics, benzodiazepines and opiate analgesics.
- 2.3 Clinical records maintained by Respondent concerning Patient No. 1 contain little useful clinical data or information, inadequate rationale for treatments undertaken, and do not reflect that Respondent periodically reassessed the patient's symptoms, diagnoses and treatment regimes. Progress notes fail to reveal findings on physical examination and chart frequent prescription refills without benefit of examination of the patient.
- 2.4 Respondent knew that Patient No. 1 suffered from a substance abuse disorder. In spite of this, Respondent prescribed a variety of single and combined controlled substances known to carry a risk of dependence. Many such prescriptions were refilled over the phone without benefit of physical examination or counseling.

### **III. STIPULATED CONCLUSIONS OF LAW**

Based on the above Procedural and Factual Stipulations, the parties stipulate to the following Conclusions of Law:

- 3.1 The Commission has jurisdiction over Respondent and over the subject matter of this proceeding.
- 3.2 The above facts in paragraphs 2.1 through 2.4 constitute unprofessional conduct as defined by RCW 18.130.180(4).
- 3.3 The above facts in paragraphs 2.1 through 2.4 constitute grounds for disciplinary action pursuant to RCW 18.130.160.

### **IV. AGREED ORDER**

Based on the above Stipulated Facts and Conclusions of Law, the Commission hereby orders:

- 4.1 Respondent's license to practice medicine and surgery in the State of Washington shall be placed on probation for a minimum period of one year; or until acceptance of a practice review conducted at the direction of the Commission that demonstrates Respondent has complied with the terms and conditions of the remainder of this Order, whichever period is longest.
- 4.2 Continuing Education Requirements.
  - a. Respondent shall attend a course sponsored by the American Society of Addiction Medicine within the next twelve months. The curricula shall be pre-approved by the Commission.. Respondent shall provide to the Commission a written report of the key learning's of the conference within ninety days of the final date of the conference.
  - b. Respondent shall attend the next available "Intensive Course in Controlled Substance Management given at Case Western Reserve University School of Medicine, Cleveland, unless written permission from the Commission is obtained to attend a later scheduled course. Respondent shall provide to the Commission a written report of the key learning's of the conference within ninety days of the final date of the conference.

4.3 Respondent shall ensure that all care delivered to patients falls within acceptable standards of medical practice.

4.4 COMPLIANCE:

- a. Respondent shall appear before the Commission on or about March 1997, or as soon thereafter as the Commission's schedule permits, and present proof that he is complying with the Order. He shall continue to make such compliance appearances annually thereafter, until the probation is lifted by the Commission.
- b. In order to monitor compliance with the Order, Respondent agrees that a representative of the Commission may make announced visits, semi-annually, to Respondent's practice to:
  - (1) Inspect office and or medical records;
  - (2) Interview office staff or Respondent's supervisors;
  - (3) Review other aspects of Respondent's practice.
- c. All costs of compliance shall be borne by the Respondent.
- d. If Respondent violates the terms/conditions of the Commission's Order in any respect the Commission may:
  - (1) Impose conditions as appropriate under RCW 18.130.160 to protect the public, following notice to the Respondent and the opportunity to be heard; and/or
  - (2) Issue charges of unprofessional conduct under RCW 18.130.180.

4.5 Respondent may petition the Commission for a change in the terms/conditions of the Order no sooner than June 1997.

4.6 RESIDENCE:

- a. Respondent shall inform the Commission, in writing, of changes in his practice and residence address.

- b. In the event respondent leaves the State of Washington to reside or to practice outside the State of Washington, respondent must notify the Commission in writing of the dates of departure and return.
  - c. The period of probation shall be tolled for any time period during which Respondent resides and/or practices outside the State of Washington.
- 4.7 Pursuant to RCW 18.130.160(8) Respondent shall pay a \$500.00 fine within ninety (90) days of the effective date of this Order. The fine shall be payable to the *State Treasurer* and sent to the following address:
- Executive Secretary  
Medical Quality Assurance Commission  
1300 SE Quince Street, M/S 7866  
Post Office Box 47866  
Olympia, Washington 98504-7866
- 4.8 Respondent shall obey all federal, state and local laws, and all rules governing the practice of medicine in Washington.
- 4.9 The Commission's jurisdiction over Respondent shall continue until Respondent files a written petition for termination of the Commission's jurisdiction and, if the Commission so requests, appears personally before the Commission. Termination of the Commission's jurisdiction shall be by written order of the Commission.
- 4.10 This Stipulation and Agreed Order will be subject to the reporting requirements of RCW 18.130.110 and the National Practitioner Data Bank, 45 CFR 60.
- 4.11 This Stipulation and Agreed Order is not binding on Respondent or the Commission unless accepted by the Commission.

4.12 This Stipulation and Agreed Order shall become effective ten (10) days from the date the Order is signed by the Commission chair, or upon service of the Order on the Respondent, whichever date is sooner.

4.13 The Statement of Charges concerning Patient No. 2 is hereby withdrawn.

I, David S. Roys, hereby certify that I have read this Stipulation and Agreement in its entirety, that my counsel of record has fully explained the legal significance and consequence thereof, that I fully understand all of the same, and in witness whereof I affix my signature this \_\_\_\_ day of \_\_\_\_\_, 1996.

\_\_\_\_\_  
David S. Roys, M.D.

SUBSCRIBED AND SWORN to before me this \_\_\_\_ day of \_\_\_\_\_, 1996

\_\_\_\_\_  
NOTARY PUBLIC in and for the  
State of Washington, residing: \_\_\_\_\_  
My Commission expires: \_\_\_\_\_

**V. ORDER**

The Commission accepts the stipulation as stated in the preceding paragraphs. Respondent is ORDERED to comply with the condition stated in paragraph IV above. IT IS FURTHER ORDERED that all parties shall be bound by the terms and conditions of section IV above.

DATED this \_\_\_\_ day of \_\_\_\_\_, 1996.

WASHINGTON STATE MEDICAL  
QUALITY ASSURANCE COMMISSION

By: \_\_\_\_\_  
CHAIR

PRESENTED BY:

\_\_\_\_\_  
Catherine M. Anderson  
Department of Health Staff Attorney  
WSBA# 20728

APPROVED AS TO FORM  
NOTICE OF PRESENTATION WAIVED:

\_\_\_\_\_  
By: Fred M. Zeder, Esq.  
Attorney for Respondent

\_\_\_\_\_  
David S. Roys, M.D.  
Respondent

## CONFIDENTIAL LIST

**This Confidential Schedule is intended for use of the parties to clarify the factual circumstances surrounding the allegations of the Statement of Charges. The Confidential Schedule is to be released only to the parties, and as otherwise directed by the Commission during the administrative proceedings.**

1. Patient No. 1

1. 1 - Healthcare Informatio...

2. Patient No. 2

2. 1 - Healthcare Information Readily Ide...

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STIPULATION & AGREED ORDER

David S. Roys, M.D. - PAGE 9 OF 9


APR-17-1996 11:00 FROM PETERSON, BRACELIN, ET AL TO  
APR. 17. 1996 9:42AM MEDICAL QA COMMISSION

5241483 P.08  
NO. 655 P. 8/10

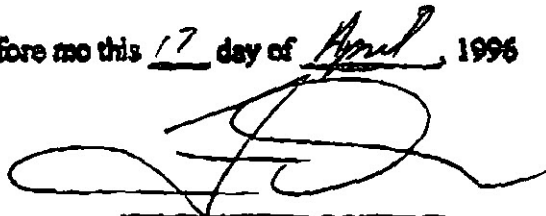
4.12 This Stipulation and Agreed Order shall become effective ten (10) days from the date the Order is signed by the Commission chair, or upon service of the Order on the Respondent, whichever date is sooner.

4.13 The Statement of Charges concerning Patient No. 2 is hereby withdrawn.

I, David S. Roys, hereby certify that I have read this Stipulation and Agreement in its entirety, that my counsel of record has fully explained the legal significance and consequence thereof, that I fully understand all of the same, and in witness whereof I affix my signature this 17<sup>th</sup> day of April, 1996.

  
David S. Roys, M.D.

SUBSCRIBED AND SWORN to before me this 17 day of April, 1996



NOTARY PUBLIC in and for the  
State of Washington, residing SEATTLE  
My Commission expires: 9/9/97

**V. ORDER**


The Commission accepts the stipulation as stated in the preceding paragraphs. Respondent is ORDERED to comply with the condition stated in paragraph IV above. IT IS FURTHER ORDERED that all parties shall be bound by the terms and conditions of section IV above.

DATED this \_\_\_\_ day of \_\_\_\_\_, 1996.


**WASHINGTON STATE MEDICAL  
QUALITY ASSURANCE COMMISSION**


By: \_\_\_\_\_  
**CHAIR**

**PRESENTED BY:**

  
Catherine M. Anderson  
Department of Health Staff Attorney  
WSBA# 20728

**APPROVED AS TO FORM  
NOTICE OF PRESENTATION WAIVED:**

  
By: Fred M. Zeder, Esq.  
Attorney for Respondent

  
David S. Roys, M.D.  
Respondent

Redaction Summary ( 4 redactions )

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1 Privilege / Exemption reason used:

1 -- "Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1)" ( 4 instances )

Redacted pages:

Page 5, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 2 instances

Page 14, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 2 instances