

WISCONSIN DEPARTMENT OF REGULATION & LICENSING



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STATE OF WISCONSIN
BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF THE DISCIPLINARY

PROCEEDINGS AGAINST:

DAVID M. ISRAELSTAM, M.D.,

FINAL DECISION AND ORDER

RESPONDENT

LS0009203MED

The parties to this action for the purposes of § 227.53, Stats., are:

David M. Israelstam, M.D.

5705 Arbor Vitae Place

Madison, WI 53705

Wisconsin Medical Examining Board

P.O. Box 8935

Madison, Wisconsin 53708-8935

Department of Regulation and Licensing

Division of Enforcement

P.O. Box 8935

Madison, Wisconsin 53708-8935

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Wisconsin Medical Examining Board. The Board has reviewed this Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. David M. Israelstam, M.D., Respondent, date of birth July 20, 1939, is licensed and currently registered by the Medical Examining Board to practice medicine and surgery in the state of Wisconsin, pursuant to license number 17772, which was first granted October 21, 1971.
2. Respondent's last address reported to the Department of Regulation and Licensing is 5705 Arbor Vitae Place, Madison, WI 53705.
3. Respondent specializes in the area of psychiatry.
4. Ms. A was 36 years old when Respondent first provided professional services to her on December 3, 1993 at Grand Teton Mental Health Consultants. Mental health care professionals had previously diagnosed Ms. A with: bi-polar affective disorder, post traumatic stress disorder and borderline personality disorder. Ms. A was also an alcoholic in recovery.
5. Respondent diagnosed Ms. A with: bi-polar affective disorder and post traumatic stress disorder and began treating her with medication. Respondent had medication check sessions with Ms. A on January 20, February 17, March 17, April 15, May 12, June 16, August 12, September 1, October 13, November 29, and December 29, 1994. During that time, Ms. A was also receiving therapy from a professional counselor in Stoughton.

6. During the December 29, 1994 meeting, Respondent and Ms. A discussed Ms. A having a hypnotherapy session with a psychologist who worked with Respondent for the purpose of recovering childhood memories. They agreed to have such a session and that her counselor would also be present.

7. Ms. A's first hypnotherapy session by the psychologist was held on January 23, 1995, with Respondent and the counselor present. The purpose of the session was childhood memory retrieval. On that occasion, Respondent charted that Ms. A appeared to be a good subject and that she was able to recall fear and sensations at age two of squeezing on her chest while in the basement.

8. A second hypnotherapy session was held by the psychologist on February 2, 1995, with the counselor present, but without Respondent. The psychologist noted that Ms. A "seemed to feel that her mother was abusive to her and perhaps some sexual activity went on also either by the mother or grandfather." It was determined that those issues would be worked on in therapy with the counselor and that there would be no more hypnotherapy sessions at that time.

9. Ms. A continued in therapy with the counselor and attended a "survivors group." Ms. A began to have more memories and dreams of possible childhood abuse. Her third hypnotherapy session with the psychologist was held on May 18, 1995. Ms. A saw Respondent for a medication check session on June 2, 1995.

10. Ms. A had a fourth hypnotherapy session with the psychologist on June 19, 1995. The psychologist described Ms. A as having "a massive block in terms of going into trance." The psychologist then discussed Ms. A with Respondent, who agreed to set up a sodium amytal interview of Ms. A as an outpatient on August 10, 1995.

11. A two hour sodium amytal interview took place on August 10, 1995 with the psychologist, the counselor and Respondent present. Following the session, Ms. A overdosed on prescription medications, in a suicide attempt or gesture. She was admitted to St. Mary's Hospital that day and remained hospitalized until her discharge on October 12, 1995.

12. Respondent conducted Ms. A's admission psychiatric evaluation on August 10, 1995 and provided inpatient psychiatric care to Patient A through September 26, 1995.

13. While hospitalized, Ms. A discussed with Respondent her history of having been sexually abused and continued to report suicidal and depressed feelings.

14. During therapy sessions, Respondent shared information with Ms. A of a personal nature. He told Ms. A about relationship problems Respondent had with his mother and his

ex-wife, and about relationship problems he was having with his daughter. Respondent contends that at the time he disclosed this information, he believed that such disclosure of limited personal information was therapeutic.

15. Respondent and Ms. A hugged on several occasions in the hospital. Respondent contends that Ms. A requested the hugs and that all hugs were in public areas of the hospital where they could be observed by others.

16. Ms. A contends that during a session on August 18, 1995, Respondent told her:

- There was a sexual energy between them.
- He found her to be a very attractive sexual woman and it was difficult being close to her.

17. Respondent denies making the statements set out in paragraph 16. He recalls that on one occasion, presumably August 18, 1995 they had a discussion about sexuality and sexual attraction. Respondent contends that these discussions did not intend to express his sexual interest or attraction toward Ms. A. However, Respondent recognizes that Ms. A may have misunderstood the intent and purpose of their discussions.

18. On September 25, 1995, Respondent asked an occupational therapy assistant (OTA), who had been working with Ms. A on boundary issues, to meet with Respondent and Ms. A. During that meeting, with Ms. A present:

- Respondent told the OTA that he had been sharing with Ms. A details about his life, including his relationship with his daughter.
- The OTA said she thought that might distract the patient's work on her own issues and might make the patient feel like Respondent's caretaker.
- Respondent said he did not expect Ms. A to be his therapist, but that he respected her perspective on issues and enjoyed talking with her.

19. The OTA contends that in addition during the September 26, 1995 meeting:

- Respondent then said that he and Ms. A had a meaningful session a few weeks earlier during which he felt connected to her. He said that there was an outpouring of love on his part and a sexual attraction to her. He said that he did not know if he would ever have a sexual

relationship with Ms. A, but the feelings were there.

- Respondent discussed hugging Ms. A at the end of sessions and his saying "I love you" to Ms. A, which he felt was innocent but he was concerned that staff might misinterpret his intentions.
- The OTA responded that she felt that hugs and expressing feelings of love and sexuality would be confusing to a patient who was struggling with issues of safety and boundaries.

20. Respondent denies that the exchange set out in paragraph 19 occurred and contends the following occurred:

- Respondent stated that at an earlier session he made a statement to Ms. A which may have caused Ms. A to believe he was sexually attracted to Ms. A, and he had not clearly stated that he would never have a sexual relationship with Ms. A because of their doctor/patient relationship.
- Respondent clarified with the OTA and Ms. A that Respondent was not hitting on Ms. A and that Ms. A stated that she understood that.

21. On September 26, 1995, Respondent was notified by St. Mary's Hospital Medical Center that his clinical privileges were summarily suspended, until such time as the alleged comments made to Ms. A could be investigated. Respondent's privileges remained suspended until Respondent resigned the privileges for personal reasons.

22. On September 28, 1995, Ms. A agreed to transfer of her care from Respondent to another psychiatrist for the remainder of her hospitalization.

23. Respondent's conduct, as set out above constitutes violations of professional boundaries for psychiatrists, exposed Ms. A to an unreasonable risk of harm and falls below the minimum standards of the profession.

24. Subsequent to the above events, Respondent voluntarily took and completed the following continuing education courses, which relate to concerns about Respondent's conduct during the events:

- a. "Learning From Women," a 14, category 1 credit course, offered by the Department of Continuing Education of Harvard Medical School, on April 26-27, 1996.
- b. "Professionals at Risk: Boundaries in Human Service, a 6 hour course, offered by the University of Wisconsin – Extension, on August 20, 1996.
- c. "Boundaries: A Discussion About Relationships Between Mental Health Providers and Consumers," a 5.5 contact hour course, offered by Mendota Mental Health Institute on November 6, 1997.
- d. "Professionals at Risk: The Ethical Dilemma," an 8 hour course offered by the University of Wisconsin – Extension, on October 21, 1999.

CONCLUSIONS OF LAW

1. The Wisconsin Medical Examining Board has jurisdiction over this matter pursuant to § 448.02(3), Stats.
2. The Wisconsin Medical Examining Board has authority to enter into this stipulated resolution of this matter pursuant to § 227.44(5), Stats.
3. That Respondent has committed unprofessional conduct as defined by Wis. Adm. Code § MED 10.02(2)(h) for having engaged in conduct which tends to constitute a danger to a patient and is subject to discipline pursuant to § 448.02(3), Stats.

ORDER

1. David M. Israelstam, M.D., is hereby REPRIMANDED for the above conduct.
2. Within 90 days of the date of this Order, Respondent shall provide proof sufficient to the Board, or its designee, of Respondent's satisfactory completion of a full-day program addressing the issue of health care provider - patient relationship boundaries.
3. The courses taken and completed by Respondent, which are set out in Finding of Fact 24, satisfy the requirement of paragraph 2 of this order.

The rights of a party aggrieved by this Decision to petition the Board for rehearing and to petition for judicial review are set forth on the attached "Notice of Appeal Information".

Dated at Madison, Wisconsin this 20th day of September, 2000.

Darold A. Treffert, M.D.

Secretary

Wisconsin Medical Examining Board

WISCONSIN DEPARTMENT OF REGULATION & LICENSING



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STATE OF WISCONSIN
BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF THE DISCIPLINARY :
PROCEEDINGS AGAINST : FINAL DECISION AND ORDER
:
DAVID M. ISRAELSTAM, M.D., :
RESPONDENT. : ORDER 0000903

Division of Enforcement Case No. 08 MED 089

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

David M. Israelstam, M.D.
5705 Arbor Vitae Place
Madison, WI 53705

Wisconsin Medical Examining Board
P.O. Box 8935
Madison, WI 53708-8935

Wisconsin Department of Regulation and Licensing
Division of Enforcement
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

On February 26, 2011, this matter was commenced by the filing and serving of a Notice of Hearing and a Complaint. A hearing has not been held. The parties have agreed to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Board. The Board has reviewed this Stipulation and considers it acceptable.

Accordingly, the Board adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. David M. Israelstam, M.D. (DOB July 20, 1939) is licensed and currently registered to practice medicine and surgery in the State of Wisconsin pursuant to license number 17772-20, which was first granted on October 21, 1971.
2. Respondent's practice specialty is psychiatry and his most recent address on file with the Wisconsin Medical Examining Board is 5705 Arbor Vitae Place, Madison, Wisconsin 53705.
3. Ms. A began seeing Respondent for psychiatric medication management on August 22, 2007, when she was 21 years old and under a guardianship. Respondent initially

prescribed Zoloft, Lexapro, Neurontin, Restoril, Lamictal and Abilify. He saw her monthly and adjusted her medication as necessary. A staff member of the licensed adult family home at which Ms. A resided was present at each of Ms. A's appointments with Respondent. In addition to the medication management, Ms. A was also receiving psychotherapy from another mental health care provider.

4. At the time of the first appointment, Respondent was provided with treatment records containing the following history of Ms. A: Ms. A had suffered physical and sexual abuse by her stepfather, which resulted in her placement in foster care at the age of 5. From age 8 to 10, Ms. A was at Mendota Mental Health Center due to physical aggression and inappropriate sexual advances towards her foster brother. While there, she was diagnosed with ADHD, Post Traumatic Stress Disorder, Opposition/Defiant Disorder, and Reactive Attachment Disorder. She had several unsuccessful community placements. She continued to have many behavioral concerns and emotional impairments. Ms. A had mild cognitive impairments, with an IQ approximately in the range of 68-70. She also had a history of neurofibromatosis.

5. On January 9, 2008, Ms. A had an appointment with Respondent and the administrator of her home was present. At the end of the appointment, Respondent told Ms. A that he knew a young man with Aspergers Syndrome who was looking for a young woman with whom to have a sexual relationship. Respondent asked Ms. A if that was something in which she would be interested. Ms. A said she had a housemate with Aspergers and was not interested. The administrator asked her if she was ready for such a relationship given her sexual abuse history and Ms. A said she was not. Respondent replied that was fine and nothing more was said. After the session, Ms. A said to the administrator, "that was weird" and joked about it.

6. At a multi-team staffing on February 5, 2008, the home's administrator mentioned what had happened at the January 9, 2008 appointment. Ms. A saw Respondent again on February 7, 2008. On February 19, 2008, Ms. A's case manager told Ms. A's guardian what was discussed at the staffing about the January appointment with Respondent. The guardian discussed it with Ms. A and reported that Ms. A was uncomfortable about what had happened and didn't want to see Respondent again. On March 5, 2008, the administrator of Ms. A's home called Respondent's office and cancelled Ms. A's appointment for the next day. She said Ms. A was not comfortable returning and would find another psychiatrist.

7. It was inappropriate for Respondent to ask this patient, in these circumstances, whether she was interested in meeting a young man who was looking for a sexual relationship.

Prior Discipline

8. On September 20, 2000, the Board issued a Final Decision and Order in a disciplinary proceeding against Respondent for violating Wis. Admin. Code § MED 10.02(2)(h).

a. The discipline was based on the following: Beginning in January 1994, Respondent provided monthly medication checks to a 36-year-old female patient diagnosed with bi-polar affective disorder and post-traumatic stress syndrome. On August 10, 1995, the patient overdosed on prescription medication in a suicide attempt or gesture and was hospitalized and remained an inpatient until October 12, 1995. While she was hospitalized, Respondent discussed with the patient her history of having been

sexually abused. Respondent hugged her several times while she was in the hospital. During therapy sessions, Respondent told the patient about past relationship problems he had with his mother and ex-wife and current ones he had with his daughter. During an August 18, 2005 session, they had a discussion about sexuality and sexual attraction. Although Respondent asserted he was not expressing sexual interest or attraction toward the patient, she believed he was. After it was brought to his attention, Respondent recognized that his statements to the patient may have caused the patient to believe he was sexually attracted to her.

b. Respondent was reprimanded and required to complete a full day program addressing the issue of health care provider – patient relationship boundaries. It was determined that Respondent had satisfied the educational requirement by having taken, during 1996, 1997 and 1999, four courses with boundary related content, which totaled 33.5 category I credits.

Assessment and Education

9. On May 13, 2011, Respondent voluntarily underwent a neuropsychological evaluation by Dr. Bruce Hermann, a psychologist in the Neuropsychology Section of the Neurology Department of the University of Wisconsin Hospital and Clinics. Dr. Hermann concluded Dr. Israelstam's mental status is intact and there is no evidence of any neuropsychological deficits that would interfere with his ability to practice medicine.

10. At the recommendation of the Division of Enforcement, on May 25 – 27, 2011, Respondent took and completed Professional Boundaries Program, a 38.75 AMA PRA Category I credit program offered by Physicians Assessment and Clinical Education (PACE) at the University of California – San Diego. The post course assessment by its directors said that Respondent successfully completed the course and displayed personal and professional responsibility growth and development by actively participating in all aspects of the program and satisfactorily meeting all tasks, assignments, and objectives. Respondent reported to the Division that he found the course to be excellent and interesting.

CONCLUSIONS OF LAW

1. The Wisconsin Medical Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. § 448.02(3), and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. Respondent, by engaging in the conduct set out above, has committed negligence in treating a patient and is subject to discipline pursuant to Wis. Stat. § 448.02(3)(c).

ORDER

1. David M. Israelstam, M.D., Respondent, is hereby Reprimanded for the above conduct.

2. Due to Respondent having successfully completed, on May 25-27, 2011, the 38.75 AMA PRA Category I credit Professional Boundaries Program offered by Physicians Assessment and Clinical Education (PACE) at the University of California – San Diego, no

additional education or training will be ordered. Respondent is prohibited from applying any of these hours of education toward satisfaction of the continuing education required during the November 1, 2009 through October 31, 2011 registration biennium.

3. Respondent shall, within 180 days of the date of this Order, pay to the Department of Regulation and Licensing the costs of this proceeding in the amount of \$1,775.00 pursuant to Wis. Stat. § 440.22(2).

4. All payments, requests and evidence of completion of the education required by this Order shall be mailed, faxed or delivered to:

Department Monitor
Department of Regulation and Licensing
Division of Enforcement
P.O. Box 8935
Madison, WI 53708-8935
Fax (608) 266-2264
Telephone (608) 267-3817

5. Violation of any of the terms of this Order may be construed as conduct imperiling public health, safety and welfare and may result in a summary suspension of Respondent's license. The Board in its discretion may in the alternative impose additional conditions and limitations or other additional discipline for a violation of any of the terms of this Order. In the event Respondent fails to timely submit payment of the costs as ordered, the Respondent's license may, in the discretion of the Board or its designee, be SUSPENDED, without further notice or hearing, until Respondent has complied with payment of the costs or completion of the continuing education.

6. This Order is effective on the date of its signing.

MEDICAL EXAMINING BOARD

By: Shaila MD MHA Date 6/14/11
A Member of the Board SK

WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



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STATE OF WISCONSIN
BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY
PROCEEDINGS AGAINST

DAVID M. ISRAELSTAM, M.D.,
RESPONDENT.

:
:
: FINAL DECISION AND ORDER
:
:

ORDER 0002325

Division of Legal Services and Compliance Case No. 13 MED 023

The parties to this action for the purpose of Wis. Stat. § 227.53 are:

David M. Israelstam, M.D.
5705 Arbor Vitae Place
Madison, WI 53705-2546

Wisconsin Medical Examining Board
P.O. Box 8935
Madison, WI 53708-8935

Division of Legal Services and Compliance
Department of Safety and Professional Services
P.O. Box 8935
Madison, WI 53708-8935

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final disposition of this matter, subject to the approval of the Medical Examining Board (Board). The Board has reviewed this Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following Findings of Fact, Conclusions of Law and Order.

FINDINGS OF FACT

1. Respondent David M. Israelstam, M.D., (dob July 20, 1939) is licensed in the State of Wisconsin to practice medicine and surgery, having license number 17772-20, first issued on October 21, 1971, with registration current through October 31, 2013. Respondent's most recent address on file with the Wisconsin Department of Safety and Professional Services (Department) is 5705 Arbor Vitae Place, Madison, Wisconsin 53705-2546. Respondent's specialty is psychiatry.

2. On February 28, 2013, the Board received evidence that the Dane County District Attorney's Office had charged Respondent, in Dane County Circuit Court Case No. 2013CF000373, with multiple felony crimes, set out in two counts. The case is currently pending.

3. The criminal complaint in Dane County Circuit Court Case No. 2013CF000373, alleges that Respondent, on or about October 4, 2011, possessed child pornography, in violation

of Wis. Stat. §§ 948.12(1m) and (3)(a), and 939.50(3)(d). Police found, in Respondent's possession, numerous still-images and digital images of sexually explicit depictions of children under the age of sixteen years.

4. As of the date of this Order, Dane County Circuit Court Case No. 2013CF000373, is pending, and Respondent is presumed innocent of the criminal charges.

5. On March 1, 2013, Respondent tendered to the Board a written request to surrender his registration and license to practice medicine and surgery. He has, through his attorney, relinquished all indicia of licensure to the Department.

6. Respondent has ceased, and does not intend to resume the practice of medicine and surgery.

7. Respondent has cooperated with the Board in resolving this matter.

8. In resolution of this matter, Respondent consents to the entry of the following Conclusions of Law and Order.

CONCLUSIONS OF LAW

1. The Wisconsin Medical Examining Board has jurisdiction to act in this matter pursuant to Wis. Stat. §§ 448.02(3) and (5), and is authorized to enter into the attached Stipulation pursuant to Wis. Stats. §§ 227.44(5) and 448.02(5).

ORDER

1. The attached Stipulation is accepted.

2. The Board accepts the SURRENDER of the registration and license to practice medicine and surgery of Respondent DAVID M. ISRAELSTAM, M.D.

3. Respondent is on notice that he may not engage in the practice of medicine and surgery in the State of Wisconsin, nor may he hold himself out as one so licensed.

4. The surrender constitutes Respondent's permanent relinquishment of his registration and license to practice medicine and surgery in the State of Wisconsin. The Board will not, at any time in the future, process or otherwise consider an application by Respondent for a license and registration to practice medicine and surgery in the State of Wisconsin.

5. This Order is effective on the date of its signing.

WISCONSIN MEDICAL EXAMINING BOARD

by:

Sheldon Wasserman, MD
A Member of the Board

SW

3-5-13
Date