

**BOARD OF MEDICAL LICENSURE AND DISCIPLINE  
FULL BOARD  
MINUTES OF MEETING  
13 APRIL 2005  
Open Session**

**Board Members in Attendance:**

**David R. Gifford, MD, MPH (Chair)**

**Joseph DiPietro, Esq.**

**Henry Litchman, MD**

**Nancy Littell, MD**

**Noubar Kessimian, MD**

**Stephen A. Fanning, III, DO**

**Margaret Coughlin**

**Board Members Absent:**

**James Griffin, DO**

**Howard A. Hall, MD**

**Walter E. Harper, Jr.**

**Nelia Infante**

**Robert Parrillo, Esq.**

**Dorothy Williams**

**Staff Members in Attendance:**

**Robert S. Crausman, MD, Chief Administrative Officer**

**Bruce W. McIntyre, Esq., Deputy Chief Legal Counsel**

**Linda Julian, Investigator**

**Mary Salerno, Administrative Officer**

**Guests:**

**Herb Constantine, MD, physician consultant to division of Facilities Regulation**

**1. A quorum was established at 8:40 AM.**

**2. On a motion by Mr. DiPietro seconded by Dr. Littell it was voted to approve the**

**Minutes of the Open Session of the 9 March 2005 meeting.**

**3. On a motion by Dr. Littell seconded by Dr. Fanning it was voted to approve the**

**Minutes of the 7 April 2005 Licensing Committee.**

**4. Chief Administrative Officer's Report:**

**Dr. Crausman began his presentation with a warm "Thank You" to all of the Board Members who are ending their term this month. He noted their dedication and hard work and the Board's reluctance to see them leave.**

**Dr. Crausman then presented his Primer on Pain for the CME portion of the meeting. He began with a brief history of acute pain and its**

role in evolution, and chronic pain. He also talked about the history of pain in relation to the Gate Theory, molecular medicine, genetics, psychology, the new field of medicine, the International Society of the Study of Pain, standards of care, and the RI law for UPC for not appropriately treating pain. The Board has recently addressed 3 cases with allegations of inappropriate management of pain. Dr. Crausman described nociceptive pain, tissue and cell pain, and neuropathic pain, which is related to abnormal neuron activity and may present with or without ongoing disease.

At any given moment fifty percent of the population will report that they are experiencing some sort of pain. Low back pain results in a cost of 30-50 billion dollars annually with 24 thousand dollars per patient per year.

There are no tests for pain. There are however different pain scales for different populations such as smiley faces, one-to-ten scales, and drawings. The position of the Board is that physicians should be using some sort of pain scale and treatment for pain should be diagnosis based. Some of the problems with treating pain are narcotic addiction, side effects, and cost, which make it very difficult to successfully diagnose and treat pain. Dr. Gifford mentioned literature regarding very successful sickle cell anemia pain treatment practices in Boston. He suggested that study of this literature would address and help balance some of the questions and inconsistencies of pain management. The challenge is to help navigate so that

physicians have the knowledge and support to treat or not treat pain and avoid the “...damned if you do and damned if you don’t” syndrome.

Dr. Herb Constantine addressed the Board with a follow-up regarding his last presentation of the changing role of the medical director. There is a bill before the General Assembly regarding the physician as medical director. Each facility will be required to provide a list of all attending physicians, their current address, phone number, emergency phone number, and license number. AMDA has included a nursing home director endorsement of the law. Dr. Gifford inquired how the proposed federal regulations from CMS related to this bill. Dr. Constantine mentioned that the federal regulations are still soft and undefined as of yet.

Dr. Constantine’s discussion moved on to the ambiguity of malpractice insurance issues in relation to the medical director. Facilities and Regulations suggests that in order to be fully covered by a nursing home a medical director should insure that his/her specific name be listed on the institution’s policy. The issue of lapsed policies was discussed and Mr. DiPietro suggested that being the actual certificate holder would provide notification if the policy had lapsed for any reason.

The next area of discussion by Dr. Constantine was the Harris nursing home. Dr. Constantine outlined the deficiencies found in the

**35-bed facility and the problems that the Dept. of Health was encountering while monitoring the reconciliation of these problems. A relevant issue for the Board is “who is responsible?” Is it the facility administrator or the medical director and how to decide? Another question was when a clinical assessment differs from a physician’s assessment of the problems how do we adjudicate? Dr. Constantine mentioned that when Facilities and Regulations finds problems at a facility the name of the attending physician is taken and a letter of deficiency is sent to him/her regarding the patients.**

**The next issue addressed by the Board was the Draft Statement regarding multiple injection therapies for cosmetic purposes. After discussion the Board decided to table this issue pending further language drafting by a subcommittee consisting of Mrs. Coughlin and Mr. DiPietro on April 26th.**

**Dr. Crausman then related his appreciation to Dr. Henry Litchman for his FSMB editorial “Medical Professionalism and Public Regulation.” Dr. Crausman and the Board thanked Dr. Litchman for his wonderful article and for representing the Board in such a fine fashion.**

**Dr. Gifford discussed the issue of licensed health professionals declining to treat patients for ethical or moral reasons. The consensus of the Board is that these professionals have the right to do so but there are facilities-related responsibilities that must be simultaneously satisfied. If working in a public licensed setting such**

**as a hospital or a chain pharmacy a professional may decline treatment but there must be another individual available within this setting who can provide treatment. If self-employed, the professional must provide a written policy up front and have a referral network in place.**

**5. There was no old business to discuss.**

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**7. At 10:00 AM the Board adjourned into Executive session.**