



## “My Only Love Sprung From My Only Hate”: Physician Burnout and Suicide

By: Rachel V. Rose, JD, MBA<sup>A</sup>

### Overview

For anyone familiar with William Shakespeare’s *Romeo and Juliet*, the title of this article should ring a bell. The second part of the line, “Too early seen unknown, and known too late!” ties the title’s applicability to the problem of physician suicide. In my discussions with physicians, and researching various studies and articles, the general perception is that physicians love the clinical side of medicine and helping patients. So how does this love translate to such despair and drive physicians, as well as other medical professionals, to take their own lives?

Oftentimes, the “why” may be unknown or the underlying cause may be related to past trauma or an issue not related to the practice of medicine. Alternatively, the “why” may be directly related to either the practice of medicine or the “business of medicine.” For example, previously, I wrote [an article](#) for the Nevada State Board of Medical Examiners’ newsletter, addressing battlefield medicine and the impact on first responders and physicians. Responding to a mass casualty event such as the Oklahoma City Bombing, Stoneman Douglas High School Shooting or the Las Vegas MGM Shooting carries residual trauma. Physicians can and do witness suffering and distress in their daily practice and, as a result of not addressing issues of underlying trauma, may also develop post-traumatic stress disorder (PTSD). What are physicians and the medical community doing to put efforts toward these and other stress-related problems?

The term the “business of medicine” also raises an interesting point. Physicians no longer just practice medicine. They are expected to be experts in reimbursement, technology, policy and business. In this sense, doctors and lawyers are similar. Long gone are the days where either profession just “practiced”, and then sent a simple bill to the patient or client. Perhaps this is why lawyers also have a higher incidence of suicide than the general population.

In turn, it is no wonder “physician burnout” is a topic that is receiving more attention. The purpose of this article is to highlight some of the underlying causes of physician burnout, which can lead to suicide, as well as proactive steps physicians can take to curtail it from cultivating.

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### MISSION STATEMENT

The Nevada State Board of Medical Examiners serves the state of Nevada by ensuring that only well-qualified, competent physicians, physician assistants, respiratory therapists and perfusionists receive licenses to practice in Nevada. The Board responds with expediency to complaints against our licensees by conducting fair, complete investigations that result in appropriate action. In all Board activities, the Board will place the interests of the public before the interests of the medical profession and encourage public input and involvement to help educate the public as we improve the quality of medical practice in Nevada.

# BOARD NEWS

## BEFORE YOU RENEW!

**MEDICAL DOCTORS:** Pursuant to Nevada Revised Statute 630.30665, you are required to submit to the Nevada State Board of Medical Examiners the requisite in-office surgery reporting form for the period of January 1, 2017 through December 31, 2018, **prior** to renewing your license in 2019, and you will be required to attest on your renewal application that you are in compliance with the reporting requirements of NRS 630.30665. Forms are available on the Board's website at [www.medboard.nv.gov](http://www.medboard.nv.gov). Further information can be found on pages 10 and 11 of this newsletter.

## HOW TO RENEW!

You must renew your license before 5:00 PDT, July 1, 2019. Please ensure the Board has your current mailing address! Licensees will receive a renewal notification which includes **individual** renewal information. Please retain your notification for renewal purposes, as you will need the information contained thereon (such as your Renewal I.D.) in order to renew your license online. There is a \$10 administrative processing fee included for online renewals and a \$30 administrative processing fee for renewals by paper application. The administrative processing fee will be waived for those licensees who are not eligible to renew online in 2019. Once renewed, licenses are valid from July 1, 2019 – June 30, 2021\*.

### Fees are as follows:

	Online Renewal Fee	Paper Renewal Fee
Active Medical Doctors	\$760	\$780
Inactive Medical Doctors	\$385	\$405
Physician Assistants	\$385	\$405
Perfusionists	N/A	\$375
Practitioners of Respiratory Care	\$195	\$215

Online, you can pay with American Express, Discover, MasterCard or Visa. By paper, you can pay with personal check, money order, cashier's check or the above-listed credit cards (no cash please).

Perfusionists are not eligible for online renewal in 2019 and will receive their renewal applications in the mail. The administrative processing fee will be waived for these licensees in 2019.

All licensees are subject to a random audit of their CME/CE, which includes licensees who are renewing by paper application. If you are selected to provide proof of completion of your continuing medical education (CME)/continuing education (CE) at the time you renew online, and cannot satisfy the CME/CE requirement, your license **will not** be renewed, and you will be mandatorily audited the next renewal period. Word to the wise: please have your CME/CE up to date. Further information regarding [CME/CE requirements](http://www.medboard.nv.gov) can be found on the Board's website at [www.medboard.nv.gov](http://www.medboard.nv.gov).

*\*Renewing licensees who currently hold a Visa, Employment Authorization or Conditional Resident Alien Card are required to fax proof of extension of their immigration status to licensing staff at (775) 688-2551, prior to renewal of their licenses. Licenses are only valid for the duration of the existing immigration status, which is verified through USCIS, and if extended by USCI, may be valid until June 30, 2021.*

## BOARD MEMBERS

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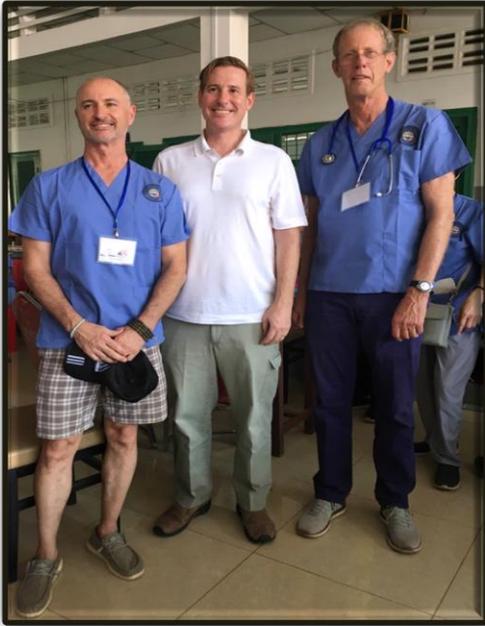
## NOTIFICATION OF ADDRESS CHANGE, PRACTICE CLOSURE AND LOCATION OF RECORDS

Pursuant to NRS 630.254, all licensees of the Board are required to "maintain a permanent mailing address with the Board to which all communications from the Board to the licensee must be sent." A licensee must notify the Board in writing of a change of permanent mailing address within 30 days after the change. Failure to do so may result in the imposition of a fine or initiation of disciplinary proceedings against the licensee.

Please keep in mind the address you provide will be viewable by the public on the Board's website.

Additionally, if you close your practice in Nevada, you are required to notify the Board in writing within 14 days after the closure, and for a period of 5 years thereafter, keep the Board apprised of the location of the medical records of your patients.

# Board Members Volunteer for Cambodian Medical Mission



(L to R) Mr. M. Neil Duxbury, Mr. Michael Newbill (U.S. Ambassador to Cambodia) and Dr. Wayne Hardwick.

## For more information on CHPAA:

### CHPAA - Cambodian Health Professionals Association of America

Cambodian Health Professionals Association of America (CHPAA) is a non-profit organization that provides free medical, dental, and surgical services to underserved people of Cambodia, and gives them much needed health education. Here in the US, CHPAA participates in local health events, and awards generous scholarships to students who aspire to pursue a career in a health field.



Mr. M. Neil Duxbury assists Cambodian patient.

Two members of the Nevada State Board of Medical Examiners, Mr. M. Neil Duxbury and Dr. Wayne Hardwick, recently returned from a medical mission in rural Cambodia sponsored by the Cambodian Health Professionals Association of America, CHPAA. Another Nevada physician, Dr. Neil Wang, also attended at the clinic. These volunteers and other medical professionals saw a thousand patients a day in 95-degree heat for about 10 hours a day.

"Indigent care in Cambodia can be difficult. In one case, we collected enough money among the volunteers in order for a patient to receive care and treatment in Phnom Penh for large abdominal tumor," explained Dr. Hardwick.

Mr. Duxbury, Dr. Hardwick and Dr. Wang found the mission to be very rewarding and a good reminder of how fortunate we are in this country. They all plan to return for this mission in Cambodia next year.



Dr. Wayne Hardwick (back row) with Cambodian medical students.

The organization was founded in 2001 by a core of physicians, dentists, and allied health professionals. By 2010, the organization had increased in size manifold, and was able to launch its first mission to Cambodia. The success of this mission drew strong interest from more health professionals in many specialties from across America, year after year.

CHPAA has now completed 6 overseas MISSIONS, having treated over 30,000 patients free of charge, and given out toothbrushes, reading glasses, and prosthetic hands. Funding comes from generous donors in America and Cambodia, and from mission volunteers who pay their own travel expenses.

CHPAA owes its success to all the hard-working volunteers and generous supporters. Everyone who is involved in any capacity plays an important part in CHPAA's core vision of "Promoting health through service and education."

### Mission Statement

CHPAA is an impartial, neutral and independent organization that is exclusively humanitarian, working to promote health and social well-being through ongoing service and education to medically underserved Cambodians living in both the United States and Cambodia.

### Cambodian Health Professionals Association of America | CHPAA

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## Analysis

In order to provide suggestions for mitigating physician burnout and physician suicide, it is necessary to understand what it is and the underlying causes. One issue is that “physician burnout” has varying definitions. Two articles, which were published in the American Medical Association’s journal, *JAMA*, are instructive. One of the studies “found that nearly half of junior physicians were having burnout symptoms at least one day a week.”<sup>1</sup> The second study underscored the difficulty in assessing the problem because of the “huge variations in definitions of burnout.”<sup>2</sup> From my perspective, physician burnout could be defined as reaching the point where work stressors cause an individual so much distress that he or she leaves the practice of medicine either by switching careers or by committing suicide.

Clinically speaking, the practice of medicine is demanding. Yet, men and women have been doing it successfully for years. Physicians see and deal with a great many situations and circumstances every day. They save lives and then, see death on a persistent basis. Some have found a way to strike a healthy work-life balance and many are seeking counseling to deal with the stress of the profession. Yet, in order to function optimally, “[y]ou can’t be a victim and healer at the same time.”<sup>3</sup> For example, if a physician is a trauma surgeon or an emergency room physician, he or she will see a lot of individuals hanging on for life and, at times, multiple victims of an accident or a shooting. This is an example of where PTSD can emerge and why physicians may need some level of care and therapy, too.

The “business of medicine” appears to have more of an impact on physician burnout than the actual practice of medicine. Factors cited as causes for burnout include:

- Excessive workload;
- Work inefficiency;
- Loss of control; and
- Loss of meaning from work.<sup>4</sup>

“Most doctors say it’s the level of paperwork and data input they’ve had to do since medical records went digital. Doctors end up spending about 45 minutes per patient visit on tasks like ‘inputting data codes for the visit,’ Brunilda Nazario, Lead Medical Director at WebMD says, leaving little face-to-face time with patients.”<sup>5</sup> It appears as though the combination of excessive workload and loss of meaning from work are the two primary drivers leading to physician burnout. “[Doctors] are spending an enormous amount of time taking in data during physician-patient visits,” [Nazario] says. “I know during my last visit for my physician, I think the doctor spent no more than two minutes looking at me. They were looking at a computer screen.”<sup>6</sup>

Insurance companies are also contributing to the excessive workload. “Insurance companies and others have discovered the way to get doctors to order fewer tests and medications is...to make it a huge hassle to get them.”<sup>7</sup> Prior authorizations are one of the tactics that insurance companies use, which contributes to the 45 minutes per patient visit mentioned above.

These issues have led to alarming findings from burnout surveys taken by physicians.

Nearly 44% of U.S. physicians reported feeling burned out, with female physicians 28% more likely to experience burnout than male physicians, according to the results of the [Medscape National Physician Burnout, Depression & Suicide Report 2019](#). The report found a correlation between the number of hours worked per week and the percentage of physicians experiencing burnout: 48% to 57% working more than 50 hours per week reported burnout versus about one-third of those working between 31 and 40 hours. More than 15,000 physicians across 29 specialties responded to the survey.<sup>8</sup>

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Now that some problems have been identified, what can be done to alleviate them? I often hear practitioners lament about the “good ole days” of paper records and fee-for-service reimbursement. More than likely, it’s because there was less documentation using paper and a more simple reimbursement model. Since it is unlikely that there will be a reversion back to paper records (unless there is a ransomware attack or natural disaster), what can physicians do to lighten the workload? Here are some considerations:

1. Hire additional clerical staff and/or make a concerted effort to retain reliable and trained staff to optimize teamwork and workload;
2. Search for an electronic health record software program that is the most effective and efficient for your practice; and
3. Keep mental, physical and emotional health in check by exercising, relaxation techniques, eating well, sleeping, connecting with friends and family, group retreats and seeing a therapist and/or joining a therapy group.

Although some of these suggestions may appear to be more time consuming, they actually make a practitioner more proficient and productive. In doing so, stress is reduced and items get done in a timely manner. After all, what will be left of the healthcare system if physicians and other medical professionals are not there to treat and care for us when we become sick or injured?

### Conclusion

The solution to physician distress, exhaustion and suicide is not solely the province of clinical medicine. The entire healthcare system needs to recognize this problem, address its practices (and policies, in some cases) and offer viable and compassionate solutions for those who may be suffering, oftentimes in silence.

By acknowledging and assisting those who may need self-care, as well as supporting and encouraging practitioners in delegating certain tasks, physicians can begin to feel more confident and productive, and work less.

No matter Capulets or Montagues be...those in healthcare need to think about how to move forward to develop and widen the expanse of care within their own community. For as the final scene is set, the fair Verona Prince states, “*And I for winking at your discords too, have lost a brace of kinsmen: all are punish’d.*”

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<sup>1</sup> Linda Carroll, *Physician burnout taking center stage*, *Washington Post* (Sept. 24, 2018), [https://www.washingtonpost.com/national/health-science/medical-institutions-take-notice-of-an-ailment-physician-burnout/2018/09/21/a29b93f0-bb74-11e8-bdc0-90f81cc58c5d\\_story.html?utm\\_term=.461eef66f20a](https://www.washingtonpost.com/national/health-science/medical-institutions-take-notice-of-an-ailment-physician-burnout/2018/09/21/a29b93f0-bb74-11e8-bdc0-90f81cc58c5d_story.html?utm_term=.461eef66f20a).

<sup>2</sup> *Id.*

<sup>3</sup> Pamela Wible, MD, *Physician Suicide Letters – Answered*, *Nevada State Board of Medical Examiners Newsletter*, Vol. 58 (Mar. 2016), <http://medboard.nv.gov/uploadedFiles/medboardnvgov/content/Resources/Newsletters/Volume%2058%20-%20March%202016.pdf>.

<sup>4</sup> Christopher Cheny, *Two Kinds of Interventions Reduce Physician Burnout* (June 21, 2018), <https://www.healthleadersmedia.com/clinical-care/two-kinds-interventions-reduce-physician-burnout>.

<sup>5</sup> Lauren Steussy, *‘Alarming’ burnout is making doctors want to kill themselves*, *New York Post* (Jan. 16, 2019), <https://nypost.com/2019/01/16/alarming-burnout-is-making-doctors-want-to-kill-themselves/>.

<sup>6</sup> *Id.*

<sup>7</sup> *Supra* n. 1.

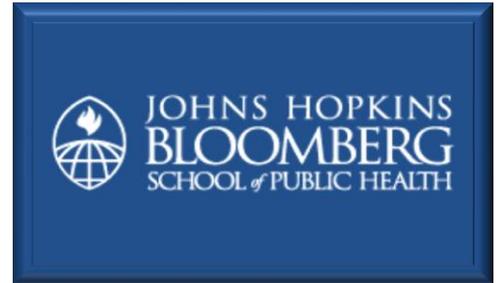
<sup>8</sup> See <https://www.biospace.com/article/releases/despite-greater-awareness-of-physician-burnout-depression-and-suicide-medscape-2019-national-report-finds-little-progress/> (Jan. 16, 2019).

*Disclaimer: The opinions expressed in the article are those of the author, and do not necessarily reflect the opinions of the Board members or staff of the Nevada State Board of Medical Examiners.*

# Study Finds Inadequate FDA Oversight and Monitoring of Fentanyl Products

## FOIA-BASED INVESTIGATION SUGGESTS MISSED OPPORTUNITIES FOR FDA

A study led by researchers at the Johns Hopkins Bloomberg School of Public Health suggests that the Food and Drug Administration (FDA) and manufacturers did not take action when evidence emerged that potentially lethal fentanyl products were being inappropriately prescribed to patients.



The study was published in the *Journal of the American Medical Association*.

The study was based on a review of 4,877 pages of FDA reports and other documents obtained through the Freedom of Information Act (FOIA) from years 2012 to 2017; these materials, which were part of an FDA monitoring program, are not routinely made available to researchers or the general public. The study revealed that, even as evidence emerged that as many as half of patients taking highly dangerous medications, known as TIRFs, should never have been prescribed them, the FDA and fentanyl makers did not review prescribing records of even a single physician to consider disqualifying them from the program, which would have prevented them from prescribing the products.

“Both the FDA and the fentanyl makers failed to design and implement an effective monitoring program,” says study senior author G. Caleb Alexander, MD, professor of Epidemiology and Medicine and Co-Director of the Center for Drug Safety and Effectiveness at the Bloomberg School.

The report comes as America’s opioid epidemic continues to claim tens of thousands of lives annually, including nearly 50,000 overdose deaths in 2017, the latest year for which statistics are available. More than two million people living in the U.S. have an active opioid use disorder, and as many as two to three million additional individuals have a lifetime history of such a disorder. Millions more report non-medical use of opioids, yet may not fulfill formal diagnostic criteria of an opioid use disorder. There is widespread consensus that one major driver of the opioid epidemic has been the oversupply of prescription opioids.

The study focused on Transmucosal Immediate-Release Fentanyls, or TIRFs, which are more dangerous than most prescription opioids on the market due to their very high potency and rapid onset of action. TIRFs are designed to get into the bloodstream within seconds, and because of their risks, were approved by FDA only for adult cancer patients “who are already receiving and who are tolerant to opioid therapy for their underlying persistent cancer pain.”

Lawyers from Yale Law School’s Collaboration for Research Integrity and Transparency represented the researchers through the FOIA process and successfully negotiated release of the documents.

In late 2011, the FDA started a Risk Evaluation and Mitigation Strategy (REMS) program that required all doctors, pharmacists and patients to certify their understanding of the risks and proper use of these drugs in order to prescribe, dispense or take a TIRF product. The program consisted of a “closed distribution system,” the most stringent type of REMS that the FDA uses. TIRF makers were also required to submit annual reports to the FDA demonstrating their compliance with the REMS requirements.

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As part of its monitoring program, TIRF makers annually surveyed a sample of TIRF prescribers, pharmacists and patients to help determine if they understood TIRF restrictions and if there was significant unsafe prescribing. The vast majority of survey respondents, who represented a small fraction of those enrolled in the REMS, reported that they did understand the key fact that TIRFs have an absolute contraindication—that is, are never to be used—in patients who are not already tolerant to opioids. This is because among individuals whose bodies are not already used to or “tolerant to” opioids, the risks of potentially fatal respiratory depression and death are particularly high.

The surveys also uncovered some “red flags” suggesting significant potentially inappropriate prescribing. In the survey reported at the end of the program’s second year (2013), for example, 39.4 percent of responding TIRF prescribers reported having prescribed TIRFs “off label” for patients with chronic, non-cancer pain—and similar proportions of prescribers responded this way in the third- and fourth-year surveys.

Following the third-year (2014) report from the TIRF makers, the FDA asked TIRF makers to analyze health insurance claims to provide a clearer picture of the level of inappropriate prescribing. These claims-based assessments, which were reported four years after the REMS program began, showed very high levels of inappropriate prescribing—more than half (51 percent) of patients receiving TIRFs were defined as lacking opioid tolerance. In a subsequent claims-based analysis submitted for their fifth-year report in 2016, the TIRF makers once again found that, depending on the specific TIRF drug, between 34.6 and 55.4 percent of TIRF patients lacked opioid tolerance.

“Despite the use of what should have been a very stringent monitoring program on the part of the FDA and TIRF makers, we found widespread TIRF use by patients for which the products had an absolute contraindication,” Alexander says. “In other words, these patients should not have received TIRF drugs under these circumstances.”

Although TIRF makers outlined a plan in which they would identify, investigate and even disenroll prescribers who inappropriately prescribed TIRFs to patients without opioid tolerance, the FDA noted in the two-year and each subsequent report that there were no instances in which such prescribers were identified, reported to the FDA or deactivated from the REMS program.

The FDA, in its own fifth-year evaluation of the TIRF REMS program, concluded that it “is not meeting its overall goal or most of the objectives,” and requested that TIRF makers do further analyses of TIRF prescribing.

“The FDA and the TIRF manufacturers overly relied on surveys and failed to build a program from the ground up to prevent inappropriate TIRF use. They also missed important opportunities to make substantive revisions to the program even as alarm bells were sounding,” Alexander says.

“Assessment of the U.S. Food and Drug Administration Risk Evaluation and Mitigation Strategy for Transmucosal Immediate Release Fentanyl Products” was written by Jeffrey Rollman, James Heyward, Lily Olson, Peter Lurie, Joshua Sharfstein and G. Caleb Alexander.

**Disclosures**

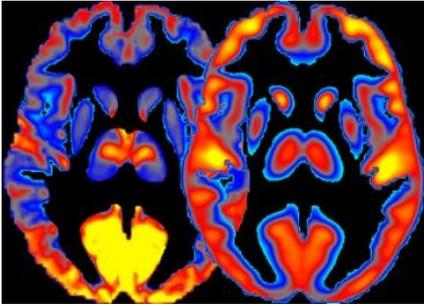
Alexander is Chair of FDA’s Peripheral and Central Nervous System Advisory Committee; serves as a paid advisor to IQVIA; is a co-founder, principal and holds equity in Monument Analytics, a health care consultancy whose clients include the life sciences industry as well as plaintiffs in opioid litigation; and is a member of OptumRx’s National P&T Committee. This arrangement has been reviewed and approved by Johns Hopkins University in accordance with its conflict of interest policies. Sharfstein was the Principal Deputy Commissioner of the U.S. Food and Drug Administration from March 2009 to January 2011.

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# NIH Study of Brain Energy Patterns Provides New Insights into Alcohol Effects



NIH scientists present a new method for combining measures of brain activity (left) and glucose consumption (right) to study regional specialization and to better understand the effects of alcohol on the human brain. Dr. Ehsan Shokri-Kojori, NIAAA.

Assessing the patterns of energy use and neuronal activity simultaneously in the human brain improves our understanding of how alcohol affects the brain, according to new research by scientists at the National Institutes of Health (NIH). The new approach for characterizing brain energetic patterns could also be useful for studying other neuropsychiatric diseases. A [report](#) of findings is online in *Nature Communications*.

“The brain uses a lot of energy compared to other body organs, and the association between brain activity and energy utilization is an important marker of brain health,” said George F. Koob, PhD, Director of the National Institute on Alcohol Abuse and Alcoholism (NIAAA), part of NIH, which funded the study. “This study introduces a new way of characterizing how brain activity is related to its consumption of glucose, which could be very useful in understanding how the brain uses energy in health and disease.”

Research was led by Dr. Ehsan Shokri-Kojori and Dr. Nora D. Volkow of the NIAAA Laboratory of Neuroimaging. Dr. Volkow is also the director of the National Institute on Drug Abuse at NIH. In previous studies, they and their colleagues have shown that alcohol significantly affects brain glucose metabolism, a measure of energy use, as well as regional brain activity, which is assessed through changes in blood oxygenation.

“The findings from this study highlight the relevance of energetics for ensuring normal brain function and reveal how it is disrupted by excessive alcohol consumption,” says Dr. Volkow.

In their new study, the researchers combined human brain imaging techniques for measuring glucose metabolism and neuronal activity to derive new measures, which they termed power and cost.

“We measured power by observing to what extent brain regions are active and use energy,” explained Dr. Shokri-Kojori. “We measured cost of brain regions by observing to what extent their energy use exceeds their underlying activity.”

In a group of healthy volunteers, the researchers showed that different brain regions that serve distinct functions have notably different power and different cost. They then investigated the effects of alcohol on these new measures by assessing a group of people that included light drinkers and heavy drinkers and found that both acute and chronic exposure to alcohol affected power and cost of brain regions.

“In heavy drinkers, we saw less regional power for example in the thalamus, the sensory gateway, and frontal cortex of the brain, which is important for decision making,” said Dr. Shokri-Kojori. “These decreases in power were interpreted to reflect toxic effects of long-term exposure to alcohol on the brain cells.”

The researchers also found a decrease in power during acute alcohol exposure in the visual regions, which was related to disruption of visual processing. At the same time, visual regions had the most significant decreases in cost of activity during alcohol intoxication, which is consistent with the reliance of these regions on alternative energy sources such as acetate, a byproduct of alcohol metabolism.

They conclude that despite widespread decreases in glucose metabolism in heavy drinkers compared to light drinkers, heavy drinking shifts the brain toward less efficient energetic states. Future studies are needed to investigate the mechanisms contributing to this relative inefficiency.

“Studying energetic signatures of brain regions in different neuropsychiatric diseases is an important future direction, as the measures of power and cost may provide new multimodal biomarkers for such disorders,” says Dr. Shokri-Kojori.

*Citation: Shokri-Kojori E, Tomasi D, Alipanahi B, Wiers CE, Wang GJ, Volkow ND (2019). Correspondence between cerebral glucose metabolism and BOLD reveals relative power and cost in human brain. Nat Commun. 10(1):690.*

**About the National Institute on Alcohol Abuse and Alcoholism (NIAAA):** The National Institute on Alcohol Abuse and Alcoholism (NIAAA), part of the National Institutes of Health, is the primary U.S. agency for conducting and supporting research on the causes, consequences, prevention, and treatment of alcohol use disorder. NIAAA also disseminates research findings to general, professional, and academic audiences. Additional alcohol research information and publications are available at: <https://www.niaaa.nih.gov>.

**About the National Institutes of Health (NIH):** NIH, the nation’s medical research agency, includes 27 Institutes and Centers and is a component of the U.S. Department of Health and Human Services. NIH is the primary federal agency conducting and supporting basic, clinical, and translational medical research, and is investigating the causes, treatments, and cures for both common and rare diseases. For more information about NIH and its programs, visit [www.nih.gov](http://www.nih.gov).



*Dementia Training for First Responders* is an enduring educational activity which aims to inform and update health care practitioners and first response professionals on effective medications and methods of managing individuals who have dementia, particularly as it affects providers and responders in random environments and with transitory interactions such as an emergency department or 911 response situations.

### Instructions:

This online course is being provided at no charge thanks to grant funding from the State of Nevada. It has also been accredited to provide Continuing Medical Education (CME) credits through the University of Nevada, School of Medicine for those seeking CME credits. Certification to receive these credits is optional and requires a small certification fee of \$12.00. The option to pay this certification fee will be presented to you upon successful completion of the course.

### Accreditation:

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education through the joint providership of the University of Nevada, Reno School of Medicine and Cleveland Clinic Lou Ruvo Center for Brain Health. The University of Nevada, Reno School of Medicine is accredited by the ACCME to provide continuing medical education to physicians.

- **Physicians:** The University of Nevada, Reno School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. The University of Nevada, Reno School of Medicine designates this enduring material for a maximum of 4.00 AMA PRA Category 1 Credit™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.
- **Nurses:** The University of Nevada, Reno School of Medicine approves this program for 4.00 hours of nursing continuing education credit.
- **Social Workers:** The Nevada State Board of Social Workers approves this program for 4.00 of social work continuing education credit.
- **EMS:** In accordance with the rules of the Southern Nevada Health District, this course is approved for 4.00 hours of CME in the category of Medical Emergencies. Class ID # CME245
- **Nevada POST:** Nevada POST approved for 4.00 hours of POST certified training hours. POST Course # P1470087

Dementia Friendly America - Nevada Website: [www.dementiafriendlynevada.org](http://www.dementiafriendlynevada.org)

Dementia Training for First Responders: [DementiaFirstResponseNV.com](http://DementiaFirstResponseNV.com)

For technical assistance, contact: **Technical Support + (805) 376-1735.**

INSTRUCTIONS FOR REPORTING IN-OFFICE SURGERIES OR  
PROCEDURES INVOLVING CONSCIOUS SEDATION, DEEP  
SEDATION OR GENERAL ANESTHESIA,  
FOR 2017-2018

**\*Negative reporting is no longer required\***

*Instructions and forms are available on the Board's website at [www.medboard.nv.gov](http://www.medboard.nv.gov).*

All allopathic physicians licensed in the state of Nevada are required by Nevada Revised Statute 630.30665 to report to the Nevada State Board of Medical Examiners, **prior** to licensure renewal, all in-office surgeries or procedures that involved the use of conscious sedation, deep sedation or general anesthesia, and the occurrence of any sentinel event arising from any such surgeries or procedures, between January 1, 2017 and December 31, 2018.

This reporting requirement is mandatory. Your failure to submit a report or knowingly filing false information in a report is grounds for disciplinary action under Nevada's Medical Practice Act. You will be required to attest on your 2019 license renewal application that you either:

1: Have completed, signed and submitted the In-Office Surgery/Procedure Report Form, if you DID perform surgeries or procedures which involved the use of conscious sedation, deep sedation or general anesthesia, in your office or other location within the state of Nevada, other than those excepted facilities which are listed on page 3 of these instructions.

-OR-

2: That you DID NOT perform any surgeries or procedures which involved the use of conscious sedation, deep sedation or general anesthesia, in your office or other location within the state of Nevada, other than those excepted facilities which are listed on page 3 of these instructions.

**Definitions:**

**Conscious Sedation**

"Conscious sedation" means a minimally-depressed level of consciousness, produced by a pharmacologic or non-pharmacologic method, or a combination thereof, in which the patient retains the ability independently and continuously to maintain an airway and to respond appropriately to physical stimulation and verbal commands.

*You must report the number (how many) and type (name of the surgery or procedure) of surgeries/procedures in which you used **conscious sedation** on a patient on the In-Office Surgery/Procedure Report Form.*

**Deep Sedation**

"Deep sedation" means a controlled state of depressed consciousness, produced by a pharmacologic or non-pharmacologic method, or a combination thereof, and accompanied by a partial loss of protective reflexes and the inability to respond purposefully to verbal commands.

*You must report the number (how many) and type (name of the surgery or procedure) of surgeries/procedures in which you used **deep sedation** on a patient on the In-Office Surgery/Procedure Report Form.*

## General Anesthesia

"General anesthesia" means a controlled state of unconsciousness, produced by a pharmacologic or non-pharmacologic method, or a combination thereof, and accompanied by partial or complete loss of protective reflexes and the inability independently to maintain an airway and respond purposefully to physical stimulation or verbal commands.

You must **report the number (how many)** and **type (name of the surgery or procedure)** of surgeries/procedures in which you used **general anesthesia** on a patient on the In-Office Surgery/Procedure Report Form.

## Reminders:

The licensee's signature is required for all In-Office Surgery/Procedure Report Forms.

Do not provide a report for a group practice as a whole - a report is required from each and every licensee within a group practice who performed surgeries or procedures which involved the use of conscious sedation, deep sedation or general anesthesia.

Report only those surgeries/procedures performed within the state of Nevada, that did not occur in e "Medical Facility," as defined in Nevada Revised Statute 449.0151. A Medical Facility includes:

1. A surgical center for ambulatory patients;
2. An obstetric center;
3. An independent center for emergency medical care;
4. An agency to provide nursing in the home;
5. A facility for intermediate care;
6. A facility for skilled nursing;
7. A facility for hospice care;
8. A hospital;
9. A psychiatric hospital;
10. A facility for the treatment of irreversible renal disease;
11. A rural clinic;
12. A nursing pool;
13. A facility for modified medical detoxification;
14. A facility for refractive surgery;
15. A mobile unit; and
16. A community triage center.

## Submission of Forms:

Please submit all completed In-Office Surgery/Procedure Report Forms to the Nevada State Board of Medical Examiners:

By mail to: 9600 Gateway Drive  
Reno, NV 89521

By fax to: (775) 688-2553

By email to: [surgeryreport@medboard.nv.gov](mailto:surgeryreport@medboard.nv.gov)

By hand delivery to: 9600 Gateway Drive  
Reno, NV 89521

## **WHOM TO CALL IF YOU HAVE QUESTIONS**

Management: Edward O. Cousineau, JD  
Executive Director  
Jasmine K. Mehta, JD  
Deputy Executive Director  
Donya Jenkins  
Finance Manager

Administration: Laurie L. Munson, Chief

Legal: Robert Kilroy, JD  
General Counsel

Licensing: Lynnette L. Daniels, Chief

Investigations: Pamela J. Castagnola, CMBI, Chief

## **2019 BME MEETING & HOLIDAY SCHEDULE**

**January 1** – New Year's Day  
**January 21** – Martin Luther King, Jr. Day  
**February 18** – Presidents' Day  
**March 1** – Board meeting  
**May 27** – Memorial Day  
**June 7** – Board meeting  
**July 4** – Independence Day  
**September 2** – Labor Day  
**September 6** – Board meeting  
**October 25** – Nevada Day  
**November 11** – Veterans' Day  
**November 28 & 29** – Thanksgiving Day & Family Day  
**December 6** – Board meeting (Las Vegas)  
**December 25** – Christmas

### **Nevada State Medical Association**

5355 Kietzke Lane  
Suite 100  
Reno, NV 89511  
775-825-6788  
<http://www.nvdoctors.org>

### **Clark County Medical Society**

2590 East Russell Road  
Las Vegas, NV 89120  
702-739-9989 phone  
702-739-6345 fax  
<http://www.clarkcountymedical.org>

### **Washoe County Medical Society**

5355 Kietzke Lane  
Suite 100  
Reno, NV 89511  
775-825-0278 phone  
775-825-0785 fax  
<http://www.wcmsnv.org>

### **Nevada State Board of Pharmacy**

985 Damonte Ranch Pkwy, Ste. 206  
Reno, NV 89521  
775-850-1440 phone  
775-850-1444 fax  
[http://bop.nv.gov/  
pharmacy@pharmacy.nv.gov](http://bop.nv.gov/pharmacy@pharmacy.nv.gov)

### **Nevada State Board of Osteopathic Medicine**

2275 Corporate Circle, Ste. 210  
Henderson, NV 89074  
702-732-2147 phone  
702-732-2079 fax  
[www.bom.nv.gov](http://www.bom.nv.gov)

### **Nevada State Board of Nursing**

*Las Vegas Office*  
4220 S. Maryland Pkwy, Bldg. B, Suite 300  
Las Vegas, NV 89119  
702-486-5800 phone  
702-486-5803 fax

*Reno Office*  
5011 Meadowood Mall Way, Suite 300,  
Reno, NV 89502  
775-687-7700 phone  
775-687-7707 fax  
[www.nevadanursingboard.org](http://www.nevadanursingboard.org)

*Unless otherwise noted, Board meetings are held at the Reno office of the Nevada State Board of Medical Examiners and videoconferenced to the conference room at the offices of the Nevada State Board of Medical Examiners/Nevada State Board of Dental Examiners, 6010 S. Rainbow Blvd., Building A, Suite 1, in Las Vegas.*

*Hours of operation of the Board are 8:00 a.m. to 5:00 p.m., Monday through Friday, excluding legal holidays.*

# DISCIPLINARY ACTION REPORT

**CHANG, Joyce P. K., M.D. (12643)**

**Las Vegas, Nevada**

Summary: Alleged illegal prescribing and dispensing of controlled substances, charging for services not rendered or documented, failure to maintain appropriate medical records relating to treatment of patients, and engaging in conduct that violated Pharmacy Board regulations.

Charges: One violation of NRS 630.306(1)(b)(3) [engaging in conduct which is in violation of a regulation adopted by the State Board of Pharmacy]; one violation of NRS 630.306(1)(c) [administering, dispensing or prescribing any controlled substance, or any dangerous drug as defined in chapter 454 of NRS, to others except as authorized by law]; one violation of NRS 630.305(1)(d) [charging for visits to the physician's office which did not occur or for services which were not rendered or documented in the records of the patient]; one violation of NRS 630.3062(1)(a) [failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient].

Disposition: On March 1, 2019, the Board accepted a Settlement Agreement by which it found Dr. Chang violated NRS 630.306(1)(b)(3) and NRS 630.3062(1)(a), as set forth in Counts I and IV of the Complaint, and imposed the following discipline against her: (1) public reprimand; (2) total fines in the amount of \$5,000.00; (3) 20 hours of Continuing Medical Education (CME), in addition to her statutory CME requirements for licensure; (4) reimbursement of the Board's fees and costs associated with investigation and prosecution of the matter; (5) she shall successfully complete all requirements and comply with all terms, conditions and orders of the Nevada State Board of Pharmacy, specifically including, but not limited to, the Pharmacy Board's Order in Case No. 18-029-CS-S, and the Stipulation and Order with the Pharmacy Board, which became a final Decision and Order of the Pharmacy Board on October 10, 2018. The remaining counts of the Complaint were dismissed with prejudice.

**GOLAN, David R., M.D. (7091)**

**Las Vegas, Nevada**

Summary: Alleged writing prescriptions to a patient for opioid analgesics to

treat chronic pain in a manner that deviated from the *Model Policy on the Use of Opioid Analgesics in the Treatment of Chronic Pain*, July 2013, published by the Federation of State Medical Boards of the United States, Inc.

Charges: One violation of NRS 630.306(1)(b)(2) [engaging in conduct which the Board has determined is a violation of the standards of practice established by regulation of the Board].

Disposition: On March 1, 2019, the Board accepted a Settlement Agreement by which it found Dr. Golan violated NRS 630.306(1)(b)(2), as set forth in the Complaint, and imposed the following discipline against him: (1) public reprimand; (2) 22 hours of Continuing Medical Education (CME); (3) reimbursement of the Board's fees and costs associated with investigation and prosecution of the matter.

**HOFFMAN, Lindsay M., PA-C (PA1154)**

**Las Vegas, Nevada**

Summary: Alleged illegal prescribing and dispensing of controlled substances, and failure to maintain appropriate medical records relating to treatment of patients.

Charges: Two violations of NRS 630.306(1)(c) [administering, dispensing or prescribing any controlled substance, or any dangerous drug as defined in chapter 454 of NRS, to others except as authorized by law]; one violation of NRS 630.3062(1)(a) [failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient].

Disposition: On March 1, 2019, the Board accepted a Settlement Agreement by which it found Ms. Hoffman violated NRS 630.3062(1)(a), as set forth in Count III of the Complaint, and imposed the following discipline against her: (1) public reprimand; (2) 22 hours of Continuing Medical Education (CME); (3) reimbursement of the Board's fees and costs associated with investigation and prosecution of the matter. The remaining counts of the Complaint were dismissed with prejudice.

**KAPLAN, Stuart S., M.D. (10758)**

**Las Vegas, Nevada**

Summary: Alleged failure to adequately supervise a medical assistant.

Charges: One violation of NRS 630.306(1)(r) [failure to adequately supervise a medical assistant pursuant to regulations of the Board].

Disposition: On March 1, 2019, the Board accepted a Settlement Agreement by which it found Dr. Kaplan violated NRS 630.306(1)(r), as set forth in the Complaint, and imposed the following discipline against him: (1) public reprimand; (2) \$2,500.00 fine; (3) reimbursement of the Board's fees and costs associated with investigation and prosecution of the matter.

**ZEDEK, Yaron, M.D. (7310)**

**Las Vegas, Nevada**

Summary: Alleged malpractice and failure to maintain appropriate medical records related to treatment of a patient.

Charges: One violation of NRS 630.301(4) [malpractice]; one violation of NRS 630.3062(1)(a) [failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient].

Disposition: On March 1, 2019, the Board accepted a Settlement Agreement by which it found Dr. Zedek violated NRS 630.3062(1)(a), as set forth in Count II of the Complaint, and imposed the following discipline against him: (1) public reprimand; (2) reimbursement of the Board's fees and costs associated with investigation and prosecution of the matter. Count I of the Complaint was dismissed with prejudice.

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# Public Reprimands Ordered by the Board

March 8, 2019

Joyce Chang, M.D.  
c/o L. Kristopher Rath, Esq.  
Hutchison & Steffen  
10080 West Alta Drive, Suite 200  
Las Vegas, Nevada 89145

**Re: In the Matter of Charges and Complaint Against Joyce Po Kin Chang, M.D.  
BME Case No. 19-33320-1**

Dr. Chang:

On March 1, 2019, the Nevada State Board of Medical Examiners (Board) accepted the Settlement Agreement (Agreement) between you and the Board's Investigative Committee in relation to the formal Complaint filed against you in Case Number 19-33320-1.

In accordance with its acceptance of the Agreement, the Board entered an Order finding you violated Nevada Revised Statute (NRS) 630.306(1)(b)(3), engaging in conduct that violated pharmacy board regulations and NRS 630.3062(1)(a), failure to maintain timely, legible, accurate, and complete medical records pursuant to the Nevada Medical Practice Act. For the same, you shall pay the fees and costs related to the investigation and prosecution of this matter, pay a fine of \$5,000.00, shall take twenty (20) hours of continuing medical education (CME) related to best practices in the prescribing of controlled substances, and you shall be publicly reprimanded.

Accordingly, it is my unpleasant duty as President of the Board to formally and publicly reprimand you for your conduct which has brought professional disrespect upon you and which reflects unfavorably upon the medical profession as a whole.

Sincerely,

Rachakonda D. Prabhu, M.D., President  
Nevada State Board of Medical Examiners

March 8, 2019

David Robert Golan, M.D.  
4055 Spencer, Suite 100  
Las Vegas, NV 89119

**Re: In the Matter of Charges and Complaint Against David Robert Golan, M.D.  
BME Case No. 19-10467-1**

Dr. Golan:

On March 1, 2019, the Nevada State Board of Medical Examiners (Board) accepted the Settlement Agreement (Agreement) between you and the Board's Investigative Committee in relation to the formal Complaint filed against you in Case Number 19-10467-1.

In accordance with its acceptance of the Agreement, the Board entered an Order finding you violated Nevada Revised Statute (NRS) 630.306(1)(b)(2), violation of standards of practice pursuant to the Nevada Medical Practice Act. For the same, you shall pay the fees and costs related to the investigation and prosecution of this matter, shall take twenty-two (22) hours of continuing medical education (CME) related to best practices in the prescribing of controlled substances, and you shall be publicly reprimanded.

Accordingly, it is my unpleasant duty as President of the Board to formally and publicly reprimand you for your conduct which has brought professional disrespect upon you and which reflects unfavorably upon the medical profession as a whole.

Sincerely,

Rachakonda D. Prabhu, M.D., President  
Nevada State Board of Medical Examiners

March 8, 2019

Lindsay Marie Hoffman, PA-C  
c/o John Cotton, Esq.  
John Cotton & Associates  
7900 W. Sahara, Suite 200  
Las Vegas, NV 89117

**Re: In the Matter of Charges and Complaint Against  
Lindsay Marie Hoffman, PA-C  
BME Case No. 18-34564-1**

Ms. Hoffman:

On March 1, 2019, the Nevada State Board of Medical Examiners (Board) accepted the Settlement Agreement (Agreement) bet-

ween you and the Board's Investigative Committee in relation to the formal Complaint filed against you in Case Number 18-34564-1.

In accordance with its acceptance of the Agreement, the Board entered an Order finding you violated Nevada Revised Statute (NRS) 630.3062(1)(a), failure to maintain timely, legible, accurate and complete medical records pursuant to the Nevada Medical Practice Act. For the same, you shall pay the fees and costs related to the investigation and prosecution of this matter, shall take twenty-two (22) hours of continuing medical education (CME) related to best practices in the prescribing of controlled substances, and you shall be publicly reprimanded.

Accordingly, it is my unpleasant duty as President of the Board to formally and publicly reprimand you for your conduct which has brought professional disrespect upon you and which reflects unfavorably upon the medical profession as a whole.

Sincerely,

Rachakonda D. Prabhu, M.D., President  
Nevada State Board of Medical Examiners

March 8, 2019

Stuart Seth Kaplan, M.D.  
c/o Adam Schneider, Esq.  
John Cotton & Associates  
7900 W. Sahara, Suite 200  
Las Vegas, NV 89117

**Re: In the Matter of Charges and Complaint Against Stuart Seth Kaplan, M.D.  
BME Case No. 19-28531-1**

Dr. Kaplan:

On March 1, 2019, the Nevada State Board of Medical Examiners (Board) accepted the Settlement Agreement (Agreement) between you and the Board's Investigative Committee in relation to the formal Complaint filed against you in Case Number 19-28531-1.

In accordance with its acceptance of the Agreement, the Board entered an Order finding you violated Nevada Revised Statute (NRS) 630.306(1)(r), failure to supervise

adequately a medical assistant pursuant to the Nevada Medical Practice Act. For the same, you shall pay the fees and costs related to the investigation and prosecution of this matter, shall pay a fine of \$2,500.00, and you shall be publicly reprimanded.

upon you and which reflects unfavorably upon the medical profession as a whole.

Sincerely,

Rachakonda D. Prabhu, M.D., President  
Nevada State Board of Medical Examiners

Accordingly, it is my unpleasant duty as President of the Board to formally and publicly reprimand you for your conduct which has brought professional disrespect upon you and which reflects unfavorably upon the medical profession as a whole.

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Sincerely,

Rachakonda D. Prabhu, M.D., President  
Nevada State Board of Medical Examiners

March 5, 2019

Yaron Zedek, M.D.  
c/o L. Kristopher Rath, Esq.  
Hutchison & Steffen  
10080 West Alta Drive, Suite 200  
Las Vegas, Nevada 89145

**Re: In the Matter of Charges and Complaint Against Yaron Zedek, M.D.  
BME Case No. 18-10652-1**

Dr. Zedek:

On March 1, 2019, the Nevada State Board of Medical Examiners (Board) accepted the Settlement Agreement (Agreement) between you and the Board’s Investigative Committee in relation to the formal Complaint filed against you in Case Number 18-10652-1.

In accordance with its acceptance of the Agreement, the Board entered an Order finding you violated Nevada Revised Statute 630.3062(1)(a), failure to maintain timely, legible, accurate and complete medical records pursuant to the Nevada Medical Practice Act. For the same, you shall pay the fees and costs related to the investigation and prosecution of this matter, and you shall be publicly reprimanded.

Accordingly, it is my unpleasant duty as President of the Board to formally and publicly reprimand you for your conduct which has brought professional disrespect

NEVADA STATE BOARD OF MEDICAL EXAMINERS

9600 Gateway Drive

Reno, NV 89521