



STATE MEDICAL BOARD OF OHIO

77 South High Street, 17th Floor • Columbus, Ohio 43266-0315 • (614) 466-3934

January 28, 1997

V. Shearman Gilreath, D.O.
28 N. Saginaw Street, Suite 813
Pontiac, MI 48342

Dear Doctor Gilreath:

Please find enclosed certified copies of the Entry of Order; the Report of *Goldman* Hearing and Recommendation of Sharon W. Murphy, Attorney Hearing Examiner, State Medical Board of Ohio; and an excerpt of draft Minutes of the State Medical Board, meeting in regular session on January 8, 1997, including motions approving and confirming the Findings of Fact and Conclusions of Law of the Hearing Examiner, and adopting an amended Order.

Section 119.12, Ohio Revised Code, may authorize an appeal from this Order. Such an appeal may be taken to the Franklin County Court of Common Pleas only.

Such an appeal setting forth the Order appealed from and the grounds of the appeal must be commenced by the filing of a Notice of Appeal with the State Medical Board of Ohio and the Franklin County Court of Common Pleas within fifteen (15) days after the mailing of this notice and in accordance with the requirements of Section 119.12, Ohio Revised Code.

THE STATE MEDICAL BOARD OF OHIO

Thomas E. Gretter, M.D.

Secretary

TEG:ll
Enclosures

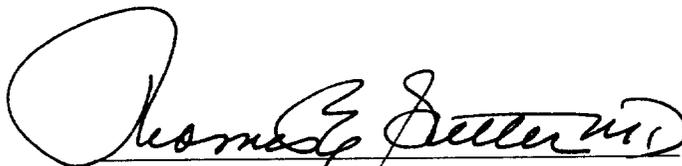
CERTIFIED MAIL RECEIPT NO. P 152 984 351
RETURN RECEIPT REQUESTED

Mailed 2/4/97

CERTIFICATION

I hereby certify that the attached copy of the Entry of Order of the State Medical Board of Ohio; Report of *Goldman* Hearing and Recommendation of Sharon W. Murphy, State Medical Board Attorney Hearing Examiner; and excerpt of draft Minutes of the State Medical Board, meeting in regular session on January 8, 1997, including motions approving and confirming the Findings of Fact and Conclusions of Law of the Hearing Examiner, and adopting an amended Order; constitute a true and complete copy of the Findings and Order of the State Medical Board in the Matter of V. Shearman Gilreath, D.O., as it appears in the Journal of the State Medical Board of Ohio.

This certification is made by authority of the State Medical Board of Ohio and in its behalf.



Thomas E. Greter, M.D.
Secretary

(SEAL)

1/29/97

Date

BEFORE THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF

*

*

V. SHEARMAN GILREATH, D.O.

*

ENTRY OF ORDER

This matter came on for consideration before the State Medical Board of Ohio on the 8th day of January 1997.

Upon the Report of *Goldman* Hearing and Recommendation of Sharon W. Murphy, State Medical Board Attorney Hearing Examiner, designated in this Matter pursuant to R.C. 4731.23, a true copy of which Report and Recommendation is attached hereto and incorporated herein, and upon the modification, approval and confirmation by vote of the Board on the above date, the following Order is hereby entered on the Journal of the State Medical Board of Ohio for the above date.

It is hereby ORDERED that:

- A. The certificate of V. Shearman Gilreath, D.O., to practice osteopathic medicine and surgery in the State of Ohio shall be SUSPENDED for an indefinite time, but not less than six months.
- B. The State Medical Board of Ohio [Board] shall not consider reinstatement of Dr. Gilreath's certificate until all of the following minimum requirements are met:
 1. Dr. Gilreath shall submit an application for reinstatement, accompanied by appropriate fees.
 2. Dr. Gilreath shall comply with all terms, conditions, and limitations imposed by the Michigan Board of Osteopathic Medicine and Surgery [Michigan Board].
 3. Dr. Gilreath shall take and pass the SPEX examination or any similar written examination which the Board may deem appropriate to assess Dr. Gilreath's clinical competency.
- C. Upon reinstatement, the certificate of Dr. Gilreath shall be subject to the following PROBATIONARY terms, conditions, and limitations for at least five years.
 1. Dr. Gilreath shall obey all federal, state, and local laws, and all rules governing the practice of medicine in the state in which he is practicing.

2. Dr. Gilreath shall not request modification of the terms, conditions, or limitations of his probation for at least one year after imposition of these probationary terms, conditions, and limitations.
3. Dr. Gilreath shall appear in person for interviews before the full Board or its designated representative within three months of the reinstatement of his certificate and upon his request for termination of the probationary period, or as otherwise requested by the Board.
4. Dr. Gilreath shall submit quarterly declarations under penalty of Board disciplinary action or criminal prosecution, stating whether there has been compliance with all the conditions of probation. The first quarterly declaration must be received in the Board's offices on the first day of the third month following the month in which the probation becomes effective, provided that if the effective date is on or after the 16th day of the month, the first quarterly declaration must be received in the Board's offices on the first day of the fourth month following. Subsequent quarterly declarations must be received in the Board's offices on or before the first day of every third month.
5. Dr. Gilreath shall notify the Board of any action in any state taken against a certificate to practice medicine held by Dr. Gilreath in that state. In addition, Dr. Gilreath shall immediately notify the Board in writing of any modification or change to any term, condition, or limitation imposed by any other state medical board. Moreover, Dr. Gilreath shall provide acceptable documentation verifying the other state board's actions.
6. Dr. Gilreath shall immediately notify the Board in writing should he fail to comply with any term, condition, or limitation of his probation or with any term, condition, or limitation imposed by any other state medical board.
7. Dr. Gilreath shall refrain from commencing practice in Ohio without prior written Board approval.

Prior to commencement of practice in Ohio, Dr. Gilreath shall submit to the Board and receive its approval for a plan of practice in Ohio which, unless otherwise determined by the Board, shall be limited to a supervised structured environment in which Dr. Gilreath's activities will be directly supervised and overseen by another physician approved by the Board.

Moreover, should he commence practice in Ohio, the Board may place Dr. Gilreath's certificate under additional terms, conditions, or limitations, including the following:

- a. Dr. Gilreath shall obey all federal, state, and local laws, and all rules governing the practice of medicine in Ohio.
- b. In the event that Dr. Gilreath has not been engaged in the active practice of medicine and surgery for a period in excess of two years prior to commencement of practice in Ohio, the Board may exercise its discretion under Section 4731.222, Ohio Revised Code, to require additional evidence of Dr. Gilreath's fitness to resume practice.
- c. Dr. Gilreath shall appear in person for interviews before the full Board or its designated representative at three month intervals, or as otherwise requested by the Board.
- d. Dr. Gilreath shall not perform surgery of any kind.

- e. Dr. Gilreath shall obtain the Board's prior approval for any alteration to the practice plan which was approved by the Board prior to his commencement of practice in Ohio. In the event that Dr. Gilreath's supervising physician under this practice plan becomes unable or unwilling to so serve, Dr. Gilreath shall immediately notify the Board in writing, and make arrangements acceptable to the Board for another supervising physician as soon as practicable. Dr. Gilreath shall refrain from practicing until such supervision is in place, unless otherwise determined by the Board.
- f. Within thirty days of the commencement of practice in Ohio, Dr. Gilreath shall submit for the Board's prior approval the name of a monitoring physician, who shall review Dr. Gilreath's patient charts and shall submit a written report of such review to the Board on a quarterly basis. Such chart review may be done on a random basis, with the number of charts reviewed to be determined by the Board. It shall be Dr. Gilreath's responsibility to ensure that the monitoring physician's quarterly reports are submitted to the Board on a timely basis.

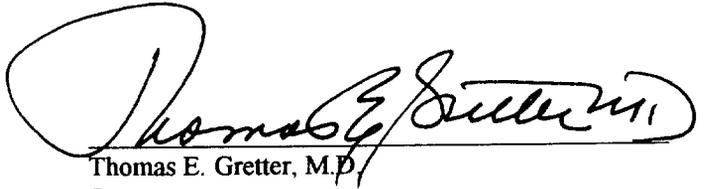
In the event that the approved monitoring physician becomes unable or unwilling to so serve, Dr. Gilreath shall immediately so notify the Board in writing and shall make arrangements for another monitoring physician as soon as practicable. Dr. Gilreath shall further ensure that the previously designated monitoring physician also notifies the Board directly of the inability to continue to serve and the reasons therefor.

All monitoring physician reports required under this paragraph must be received in the Board's offices no later than the due date for Dr. Gilreath's quarterly declaration. It is Dr. Gilreath's responsibility to ensure that the reports are timely submitted.

- g. Within thirty days of commencement of practice in Ohio, Dr. Gilreath shall provide a copy of this Order to all employers or entities with which he is under contract to provide physician services or is receiving training, and the Chief of Staff at each hospital where Dr. Gilreath has privileges or appointments. Further, Dr. Gilreath shall provide a copy of this Order to all employers or entities with which he contracts to provide physician services, or applies for or receives training, and the Chief of Staff at each hospital where Dr. Gilreath applies for or obtains privileges or appointments.
 - h. In the event that Dr. Gilreath should leave Ohio for three consecutive months, or reside or practice outside the State, Dr. Gilreath must notify the Board in writing of the dates of departure and return. Periods of time spent outside Ohio will not apply to the reduction of this probationary period, unless otherwise determined by motion of the Board in instances where the Board can be assured that probationary monitoring is otherwise being performed.
8. If Dr. Gilreath violates probation in any respect, the Board, after giving Dr. Gilreath notice and the opportunity to be heard, may institute whatever disciplinary action it deems appropriate, up to and including the permanent revocation of Dr. Gilreath's certificate to practice.
- D. Upon successful completion of probation, as evidenced by a written release from the Board, Dr. Gilreath's certificate will be restored; however, his certificate shall be permanently LIMITED and RESTRICTED as follows:

Dr. Gilreath shall not perform surgery of any kind.

This Order shall become effective immediately upon the mailing of notification of approval by the State Medical Board of Ohio.



Thomas E. Gretter, M.D.
Secretary

(SEAL)

1/27/97

Date

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**REPORT OF GOLDMAN HEARING AND RECOMMENDATION
IN THE MATTER OF V. SHEARMAN GILREATH, D.O.**

The Matter of V. Shearman Gilreath, D.O., was heard by Sharon W. Murphy, Attorney Hearing Examiner for the State Medical Board of Ohio, on December 3, 1996.

INTRODUCTION

I. Basis for Hearing

- A. By letter dated October 11, 1996, the State Medical Board of Ohio [Board] notified V. Shearman Gilreath, D.O., that the Board proposed to impose disciplinary action against his certificate to practice osteopathic medicine and surgery in the State of Ohio. The Board proposed this action for the following reason:

On or about October 6, 1994, the Michigan Board of Osteopathic Medicine and Surgery [Michigan Board] issued a Consent Order and Stipulation, limiting Dr. Gilreath's Michigan osteopathic certificate. This limitation prohibited Dr. Gilreath from performing surgery of any kind until certain conditions had been met. The Michigan Board's action was based upon the finding that Dr. Gilreath's conduct "failed to conform to the minimal standards of acceptable and prevailing practice of the medical profession."

The Board alleged that the above-mentioned Order and Stipulation constitutes "(t)he limitation, revocation, or suspension by another state of a license or certificate to practice issued by the proper licensing authority of that state, the refusal to license, register, or reinstate an applicant by that authority, or the imposition of probation by that authority, for an action that also would have been a violation of this chapter, except for nonpayment of fees," as that clause is used in Section 4731.22(B)(22), Ohio Revised Code, to wit: Section 4731.22(B)(6), Ohio Revised Code. (State's Exhibit 1).

- B. Pursuant to Chapter 119., Ohio Revised Code, the Board attempted to advise Dr. Gilreath of his right to request a hearing in this matter, by letter to his last known address and by publication. (State's Exhibits 1-3, 5). Dr. Gilreath did not request a hearing. Accordingly, the Board sent

courtesy notice, by letter to his last known address, that, on December 3, 1996, the Board would hold a *Goldman* hearing at which the State would present evidence in this matter. (State's Exhibit 4, 5) (See *Douglas S. Goldman, C.T., v. State Medical Board of Ohio* (March 29, 1996), Franklin App. No. 95APE10-1358, unreported).

II. Appearances

On behalf of the State of Ohio: Betty D. Montgomery, Attorney General, by Patrick Beatty, Assistant Attorney General.

EVIDENCE EXAMINED

I. Testimony Heard: No witnesses were presented.

II. Exhibits Examined

In addition to State's Exhibits 1 and 4, noted above, the following exhibits were identified by the State and admitted into evidence:

- A. State's Exhibit 2: Affidavit from The Oakland Press, a newspaper printed in Oakland County, Michigan, confirming that the newspaper had published, on three dates in February and March 1996, notification that the Board had issued a notice of opportunity for hearing in this matter.
- B. State's Exhibit 3: February 13, 1996, letter to The Oakland Press from the Board regarding the publication of notice to Dr. Gilreath. (2 pp.)
- C. State's Exhibit 5: Affidavit of Sandra K. Caldwell, Administrative Officer of the Board, verifying the last known address of Dr. Gilreath.
- D. State's Exhibit 6: Certified copies of documents from the Michigan Department of Commerce, Bureau of Occupational and Professional Regulation, in the matter of Valerie Shearman Gilreath, D.O. (18 pp.) (Note: Pages numbered by Attorney Hearing Examiner).
- E. State's Exhibit 7: Copies of Michigan statutes as in effect in 1978. (5 pp.)

FINDINGS OF FACT

1. From 1988 through, at least, 1994, V. Shearman Gilreath, D.O., was practicing osteopathic medicine and surgery in the State of Michigan. Dr. Gilreath was board certified in neurosurgery. (State's Exhibit [St. Ex.] 6 at 11-18).
2. On October 15, 1995, the Attorney General of the State of Michigan issued an Administrative Complaint against Dr. Gilreath. The complaint set forth allegations against Dr. Gilreath, which include the following:
 - a. On December 4, 1990, the Bi-County Community Hospital suspended Dr. Gilreath's privileges based on his performance of a transfemoral cervical arteriogram.
 - b. On November 3, 1989, the Lapeer Regional Hospital suspended Dr. Gilreath's privileges to perform cervical discectomies based on "peer review of discectomies performed by [Dr. Gilreath] in 1988." (St. Ex. 6 at 11).
 - c. On November 7, 1990, the Lapeer Regional Hospital summarily suspended Dr. Gilreath subsequent to a "professional practice review of [Dr. Gilreath's] clinical privileges." The following day, Dr. Gilreath surrendered his staff privileges. (St. Ex. 6 at 12).
 - d. Dr. Gilreath diagnosed Patient J.C. as having a herniated disc at C6/C7. Preoperative studies demonstrated the following:

[A] film of the cervical spine showed evidence of a previous cervical fusion at C4/C5, but otherwise was radiologically unimpressive. An MRI scan suggested a bulging at C6/C7. The myelogram was essentially normal.

(St. Ex. 6 at 12-13).

On February 15, 1990, Dr. Gilreath admitted Patient J.C. for surgery. Dr. Gilreath performed a cervical discectomy and fusion at the level of C6/C7, using the Cloward technique. During the procedure, Dr. Gilreath injured the spinal cord and dura, which caused a cerebrospinal fluid [CSF] leak. Dr. Gilreath attempted to plug the leak with a muscle graft and bone plug. Thereafter, Patient J.C. developed Brown-Sequard syndrome and a neurogenic bladder. (St. Ex. 6 at 12-13).

Dr. Gilreath's care and treatment of Patient J.C. "failed to conform to the minimal standards of acceptable and prevailing practice of the medical profession." More specifically, Dr. Gilreath "proceeded with a discectomy in the absence of sound clinical and diagnostic findings," "caused an iatrogenic injury to the spinal cord during the discectomy causing a CSF leak," and "failed to repair adequately the CSF leak." (St. Ex. 6 at 13-14).

- e. Patient K.H. complained of pain in her left shoulder and both arms. On August 10, 1988, Dr. Gilreath performed a myelogram, which was positive at C5/C6 and C6/C7. On September 15, 1988, Dr. Gilreath performed a cervical anterior discectomy using the Cloward technique with nerve decompression and spinal fusion. Dr. Gilreath injured the dura, which caused a CSF leak. In addition, Dr. Gilreath had difficulty identifying and sealing the leak. (St. Ex. 6 at 14).

After being discharged from the hospital, Patient K.H. noted drainage from her neck incision. It became apparent that she had sustained a perforation of the esophagus, probably caused by the placement of the Cloward self-retaining retractor during surgery. (St. Ex. 6 at 14-15). A second surgery was indicated to repair the esophageal fistula. Dr. Gilreath was first assistant in the second operation. Nevertheless, the perforation was not identified during that procedure. Patient K.H. was transferred to the University of Michigan hospital for treatment of the esophageal perforation and abscess of the cervical wound. (St. Ex. 6 at 15).

Dr. Gilreath's conduct "failed to conform to the minimal standards of acceptable and prevailing practice of the medical profession." More specifically, Dr. Gilreath "caused an iatrogenic injury to the dura, resulting in a CSF leak," "caused an iatrogenic injury to the esophagus," and "failed to aggressively identify the actual esophageal leak site during the second operation." (St. Ex. 6 at 15).

- f. Patient L.R. complained of left neck pain, left arm numbness, and numbness and weakness in the left thumb, index, and middle fingers. Dr. Gilreath diagnosed cervical spondylosis at C6/C7, with "possible spinal cord and nerve root compression and carpal tunnel syndrome, severe, left." On August 12, 1988, Dr. Gilreath performed an anterior cervical discectomy with anterior cervical fusion, using the Cloward technique. During the surgery, however, Dr. Gilreath unknowingly perforated the dura, causing a CSF leak. (St. Ex. 6 at 16).

Postoperatively, Patient L.R. demonstrated weak hand grips, numbness of his chest and arms, and immobility in his left leg. A CT scan revealed

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possible dislocated bone plugs. Dr. Gilreath performed a second operation the same day, at which time he discovered clear fluid draining from the discectomy sites. (St. Ex. 6 at 15-16). Following the second surgery, Dr. Gilreath diagnosed Patient L.R. as having status post central cord syndrome with quadriplegia and neurogenic bowel and bladder. On August 29, 1988, Dr. Gilreath performed a third surgery to repair the CSF leak and fractured dowel graft. (St. Ex. 6 at 17).

Dr. Gilreath's conduct "failed to conform to the minimal standards of acceptable and prevailing practice of the medical profession." More specifically, Dr. Gilreath "caused an iatrogenic perforation of the dura, resulting in a CSF leak," "failed to recognize the dural tear and CSF leak during the initial procedure," and "failed to properly repair the dural tear and CSF leak during the second surgery." (St. Ex. 6 at 17-18).

3. On August 10, 1994, Dr. Gilreath entered into a Consent Order and Stipulation with the Michigan Board of Osteopathic Medicine and Surgery [Michigan Board]. In the Consent Order, Dr. Gilreath agreed that the Michigan Board could treat the allegations set forth in the complaint as true, with the exception of the allegation set forth in paragraph 2(a), above. The Michigan Board dismissed that allegation. Nevertheless, the Michigan Board found that the remaining allegations were true and constituted violations of Michigan law. (St. Ex. 6 at 3-4).

Accordingly, the Michigan Board ordered that Dr. Gilreath's certificate be limited in that he could no longer "perform surgery of any kind in a hospital or outpatient setting." (St. Ex. 6 at 4-5). The Consent Order further provided that Dr. Gilreath could have the limitation removed if he successfully completed a training program in neurosurgery, and passed the American Osteopathic Board of Surgery's recertification examination in neurological surgery. (St. Ex. 6 at 5). In addition, the Michigan Board noted that it had considered the following factors when determining the sanction to be imposed:

- a. Dr. Gilreath had cooperated in the resolution of the matter.
- b. Dr. Gilreath had retired from the practice of neurosurgery on his own initiative, and had limited his practice to the performance of independent medical evaluations, and
- c. Dr. Gilreath hoped to enroll in a training program in a non-surgical specialty.

(St. Ex. 6 at 7-8).

CONCLUSIONS OF LAW

The August 10, 1994, Consent Order and Stipulation between V. Shearman Gilreath, D.O., and the Michigan Board of Osteopathic Medicine and Surgery constitutes "(t)he limitation, revocation, or suspension by another state of a license or certificate to practice issued by the proper licensing authority of that state, the refusal to license, register, or reinstate an applicant by that authority, or the imposition of probation by that authority, for an action that also would have been a violation of this chapter, except for nonpayment of fees," as that clause is used in Section 4731.22(B)(22), Ohio Revised Code, to wit: Section 4731.22(B)(6), Ohio Revised Code.

PROPOSED ORDER

It is hereby ORDERED that:

- A. The certificate of V. Shearman Gilreath, D.O., to practice osteopathic medicine and surgery in the State of Ohio shall be **SUSPENDED** for an indefinite time, but not less than six months.
- B. The State Medical Board of Ohio [Board] shall not consider reinstatement of Dr. Gilreath's certificate until all of the following minimum requirements are met:
 1. Dr. Gilreath shall submit an application for reinstatement, accompanied by appropriate fees.
 2. Dr. Gilreath shall comply with all terms, conditions, and limitations imposed by the Michigan Board of Osteopathic Medicine and Surgery [Michigan Board].
 3. Dr. Gilreath shall take and pass the SPEX examination or any similar written examination which the Board may deem appropriate to assess Dr. Gilreath's clinical competency.
- C. Upon reinstatement, the certificate of Dr. Gilreath shall be subject to the following **PROBATIONARY** terms, conditions, and limitations for at least five years.
 1. Dr. Gilreath shall obey all federal, state, and local laws, and all rules governing the practice of medicine in the state in which he is practicing.

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2. Dr. Gilreath shall not request modification of the terms, conditions, or limitations of his probation for at least one year after imposition of these probationary terms, conditions, and limitations.
3. Dr. Gilreath shall appear in person for interviews before the full Board or its designated representative within three months of the reinstatement of his certificate and upon his request for termination of the probationary period, or as otherwise requested by the Board.
4. Dr. Gilreath shall submit quarterly declarations under penalty of Board disciplinary action or criminal prosecution, stating whether there has been compliance with all the conditions of probation. The first quarterly declaration must be received in the Board's offices on the first day of the third month following the month in which the probation becomes effective, provided that if the effective date is on or after the 16th day of the month, the first quarterly declaration must be received in the Board's offices on the first day of the fourth month following. Subsequent quarterly declarations must be received in the Board's offices on or before the first day of every third month.
5. Dr. Gilreath shall notify the Board of any action in any state taken against a certificate to practice medicine held by Dr. Gilreath in that state. In addition, Dr. Gilreath shall immediately notify the Board in writing of any modification or change to any term, condition, or limitation imposed by any other state medical board. Moreover, Dr. Gilreath shall provide acceptable documentation verifying the other state board's actions.
6. Dr. Gilreath shall immediately notify the Board in writing should he fail to comply with any term, condition, or limitation of his probation or with any term, condition, or limitation imposed by any other state medical board.
7. Dr. Gilreath shall refrain from commencing practice in Ohio without prior written Board approval.

Prior to commencement of practice in Ohio, Dr. Gilreath shall submit to the Board and receive its approval for a plan of practice in Ohio which, unless otherwise determined by the Board, shall be limited to a supervised structured environment in which Dr. Gilreath's activities will be directly supervised and overseen by another physician approved by the Board.

Moreover, should he commence practice in Ohio, the Board may place Dr. Gilreath's certificate under additional terms, conditions, or limitations, including the following:

- a. Dr. Gilreath shall obey all federal, state, and local laws, and all rules governing the practice of medicine in Ohio.
- b. In the event that Dr. Gilreath has not been engaged in the active practice of medicine and surgery for a period in excess of two years prior to commencement of practice in Ohio, the Board may exercise its discretion under Section 4731.222, Ohio Revised Code, to require additional evidence of Dr. Gilreath's fitness to resume practice.
- c. Dr. Gilreath shall appear in person for interviews before the full Board or its designated representative at three month intervals, or as otherwise requested by the Board.
- d. Dr. Gilreath shall not perform surgery of any kind in a hospital or outpatient setting unless he successfully completes a post-graduate training program in neurosurgery, to be approved in advance by the Board, and passes the American Osteopathic Board of Surgery's recertification examination in neurological surgery.
- e. Dr. Gilreath shall obtain the Board's prior approval for any alteration to the practice plan which was approved by the Board prior to his commencement of practice in Ohio. In the event that Dr. Gilreath's supervising physician under this practice plan becomes unable or unwilling to so serve, Dr. Gilreath shall immediately notify the Board in writing, and make arrangements acceptable to the Board for another supervising physician as soon as practicable. Dr. Gilreath shall refrain from practicing until such supervision is in place, unless otherwise determined by the Board.
- f. Within thirty days of the commencement of practice in Ohio, Dr. Gilreath shall submit for the Board's prior approval the name of a monitoring physician, who shall review Dr. Gilreath's patient charts and shall submit a written report of such review to the Board on a quarterly basis. Such chart review may be done on a random basis, with the number of charts reviewed to be determined by the Board. It shall be Dr. Gilreath's responsibility to ensure that the monitoring physician's quarterly reports are submitted to the Board on a timely basis.

In the event that the approved monitoring physician becomes unable or unwilling to so serve, Dr. Gilreath shall immediately so notify the Board in writing and shall make arrangements for another monitoring physician as soon as practicable. Dr. Gilreath shall further ensure that the previously designated monitoring physician also notifies the Board directly of the inability to continue to serve and the reasons therefor.

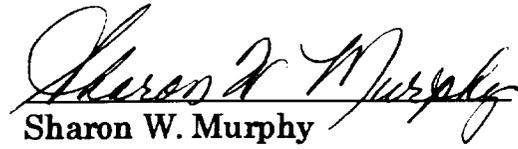
All monitoring physician reports required under this paragraph must be received in the Board's offices no later than the due date for Dr. Gilreath's quarterly declaration. It is Dr. Gilreath's responsibility to ensure that the reports are timely submitted.

- g. Within thirty days of commencement of practice in Ohio, Dr. Gilreath shall provide a copy of this Order to all employers or entities with which he is under contract to provide physician services or is receiving training, and the Chief of Staff at each hospital where Dr. Gilreath has privileges or appointments. Further, Dr. Gilreath shall provide a copy of this Order to all employers or entities with which he contracts to provide physician services, or applies for or receives training, and the Chief of Staff at each hospital where Dr. Gilreath applies for or obtains privileges or appointments.
- h. In the event that Dr. Gilreath should leave Ohio for three consecutive months, or reside or practice outside the State, Dr. Gilreath must notify the Board in writing of the dates of departure and return. Periods of time spent outside Ohio will not apply to the reduction of this probationary period, unless otherwise determined by motion of the Board in instances where the Board can be assured that probationary monitoring is otherwise being performed.
- 8. If Dr. Gilreath violates probation in any respect, the Board, after giving Dr. Gilreath notice and the opportunity to be heard, may institute whatever disciplinary action it deems appropriate, up to and including the permanent revocation of Dr. Gilreath's certificate to practice.
- D. Upon successful completion of probation, as evidenced by a written release from the Board, Dr. Gilreath's certificate will be restored; however, his certificate shall be permanently LIMITED and RESTRICTED as follows:

Dr. Gilreath shall not perform surgery of any kind in a hospital or outpatient setting unless he successfully completes a post-graduate

training program in neurosurgery, to be approved in advance by the Board, and passes the American Osteopathic Board of Surgery's recertification examination in neurological surgery.

This Order shall become effective immediately upon the mailing of notification of approval by the State Medical Board of Ohio.


Sharon W. Murphy
Attorney Hearing Examiner



STATE MEDICAL BOARD OF OHIO

77 South High Street, 17th Floor • Columbus, Ohio 43266-0315 • (614) 466-3934

EXCERPT FROM THE DRAFT MINUTES OF JANUARY 8, 1997

REPORTS AND RECOMMENDATIONS

Ms. Noble announced that the Board would now consider the findings and orders appearing on the Board's agenda.

Ms. Noble asked whether each member of the Board had received, read, and considered the hearing record, the proposed findings, conclusions, and orders, and any objections filed in the matters of: Daniel A. Breitenbach, M.D.; Jeffrey Chaitoff, M.D.; Myron S. Lee, M.D.; Dennis P. Orr, D.O.; Bruce W. Sherrets; Rajinder Singh, M.D.; Paul W. Wilson, D.O.; and the hearing records and reports of *Goldman* hearings and recommendations on the following: Valerie Shearman Gilreath, D.O.; David H. Brown, D.O.; Tatsuko Morimoto and the All Hawaiian School of Massage; Daniel M. Kavanaugh, D.P.M.; Michael D. Reynolds, M.D.; and Dennis L. Farr, M.D.

A roll call was taken:

ROLL CALL:	Mr. Albert	- aye
	Dr. Bhati	- aye
	Dr. Heidt	- aye
	Dr. Egner	- aye
	Mr. Sinnott	- aye
	Dr. Buchan	- aye
	Dr. Stienecker	- aye
	Dr. Agresta	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye
	Ms. Noble	- aye

Mr. Sinnott stated that he would recuse himself in the matters of Myron S. Lee, M.D., and Paul W. Wilson, D.O.

Dr. Stienecker stated that he would recuse himself in the matters of Myron S. Lee, M.D. and Michael D. Reynolds, M.D.

Dr. Garg stated that he would recuse himself in the matter of Dennis P. Orr, D.O.

Ms. Noble asked whether each member of the Board understands that the disciplinary guidelines do not limit any sanction to be imposed, and that the range of sanctions available in each matter runs from dismissal to permanent revocation. A roll call was taken:

ROLL CALL:	Mr. Albert	- aye
	Dr. Bhati	- aye
	Dr. Heidt	- aye
	Dr. Egner	- aye
	Mr. Sinnott	- aye

Dr. Buchan	- aye
Dr. Stienecker	- aye
Dr. Agresta	- aye
Dr. Garg	- aye
Dr. Steinbergh	- aye
Ms. Noble	- aye

In accordance with the provision in Section 4731.22(C)(1), Revised Code, specifying that no member of the Board who supervises the investigation of a case shall participate in further adjudication of the case, the Secretary and Supervising Member must abstain from further participation in the adjudication of this matter.

The original Reports and Recommendations shall be maintained in the exhibits section of this Journal.

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REPORT OF GOLDMAN HEARING AND RECOMMENDATION IN THE MATTER OF V. SHEARMAN GILREATH, D.O.

Ms. Noble stated that if there were no objections, the Chair would dispense with the reading of the proposed findings of fact, conclusions and order in the above matter. No objections were voiced by Board members present.

DR. AGRESTA MOVED TO APPROVE AND CONFIRM MS. MURPHY'S PROPOSED FINDINGS OF FACT, CONCLUSIONS, AND ORDER IN THE MATTER OF V. SHEARMAN GILREATH, D.O. DR. STIENECKER SECONDED THE MOTION.

Ms. Noble asked whether there were any questions or comments concerning the proposed findings of fact, conclusions and order in the above matter.

Dr. Stienecker stated that the information contained in the testimony certainly supports the Proposed Order. Dr. Gilreath does not perform "good" surgery and he needs to be controlled.

Dr. Heidt stated that he doesn't believe post-graduate training in neurosurgery is essential in this case.

DR. HEIDT MOVED TO MODIFY PARAGRAPH D OF THE PROPOSED ORDER IN THE MATTER OF V. SHEARMAN GILREATH, D.O., BY AMENDING THE SUBPARAGRAPH TO READ AS FOLLOWS:

Dr. Gilreath shall not perform surgery of any kind in a hospital or outpatient setting.

Dr. Heidt stated that he wants to permanently exclude Dr. Gilreath from performing surgery of any kind.

DR. AGRESTA SECONDED THE MOTION.

Dr. Agresta stated that he agrees with Dr. Heidt 100% in this case.

Dr. Buchan suggested that the sentence end with "of any kind." He stated that the Board doesn't want Dr. Gilreath to perform any surgery of any kind.

Dr. Agresta agreed.

DR. HEIDT ACCEPTED DR. BUCHAN'S SUGGESTION TO AMEND THE SUBPARAGRAPH TO READ AS FOLLOWS:

Dr. Gilreath shall not perform surgery of any kind.

DR. AGRESTA, AS SECOND, AGREED.

Dr. Bhati returned to the meeting at this time.

A vote was taken on Dr. Heidt's motion to amend:

VOTE:	Mr. Albert	- abstain
	Dr. Bhati	- abstain
	Dr. Heidt	- aye
	Dr. Egner	- aye
	Mr. Sinnott	- aye
	Dr. Buchan	- aye
	Dr. Stienecker	- aye
	Dr. Agresta	- aye
	Dr. Steinbergh	- aye

The motion carried.

DR. STIENECKER MOVED TO APPROVE AND CONFIRM MS. MURPHY'S PROPOSED FINDINGS OF FACT, CONCLUSIONS, AND ORDER, AS AMENDED, IN THE MATTER OF V. SHEARMAN GILREATH, D.O. MR. SINNOTT SECONDED THE MOTION. A vote was taken:

VOTE:	Mr. Albert	- abstain
	Dr. Bhati	- abstain
	Dr. Heidt	- aye
	Dr. Egner	- aye
	Mr. Sinnott	- aye

Dr. Buchan	- aye
Dr. Stienecker	- aye
Dr. Agresta	- aye
Dr. Steinbergh	- aye

The motion carried.

.....

Dr. Heidt noted that, in view of the amended Order in this case, the Board also needs to amend paragraph C (7)(d), which deals with surgery.

DR. STIENECKER MOVED TO RECONSIDER THE MATTER OF V. SHEARMAN GILREATH, D.O. DR. BHATI SECONDED THE MOTION. A vote was taken:

VOTE:	Mr. Albert	- abstain
	Dr. Bhati	- aye
	Dr. Heidt	- aye
	Dr. Egner	- aye
	Mr. Sinnott	- aye
	Dr. Buchan	- aye
	Dr. Stienecker	- aye
	Dr. Agresta	- aye
	Dr. Steinbergh	- aye

The motion carried.

DR. HEIDT MOVED TO MODIFY THE PROPOSED ORDER IN THE MATTER OF V. SHEARMAN GILREATH, D.O., BY DELETING PARAGRAPH C (7)(d) AND BY AMENDING THE SUBPARAGRAPH OF PARAGRAPH D TO READ AS FOLLOWS:

Dr. Gilreath shall not perform surgery of any kind.

DR. BHATI SECONDED THE MOTION. A vote was taken:

VOTE:	Mr. Albert	- abstain
	Dr. Bhati	- aye
	Dr. Heidt	- aye
	Dr. Egner	- aye
	Mr. Sinnott	- aye
	Dr. Buchan	- aye

Dr. Stienecker - aye
Dr. Agresta - aye
Dr. Steinbergh - aye

The motion carried.

DR. HEIDT MOVED TO APPROVE AND CONFIRM MS. MURPHY'S PROPOSED FINDINGS OF FACT, CONCLUSIONS, AND ORDER, AS AMENDED, IN THE MATTER OF V. SHEARMAN GILREATH, D.O. DR. BHATI SECONDED THE MOTION. A vote was taken:

VOTE:

Mr. Albert	- abstain
Dr. Bhati	- aye
Dr. Heidt	- aye
Dr. Egner	- aye
Mr. Sinnott	- aye
Dr. Buchan	- aye
Dr. Stienecker	- aye
Dr. Agresta	- aye
Dr. Steinbergh	- aye

The motion carried.



STATE MEDICAL BOARD OF OHIO

77 South High Street, 17th Floor • Columbus, Ohio 43266-0315 • (614) 466-3934

October 11, 1995

V. Shearman Gilreath, D.O.
28 North Saginaw St., Suite 813
Pontiac, MI 48342

Dear Doctor Gilreath:

In accordance with Chapter 119., Ohio Revised Code, you are hereby notified that the State Medical Board of Ohio intends to determine whether or not to limit, revoke, suspend, refuse to register or reinstate your certificate to practice osteopathic medicine and surgery, or to reprimand or place you on probation for one or more of the following reasons:

- (1) On or about October 6, 1994, the Michigan Board of Osteopathic Medicine and Surgery issued a Consent Order and Stipulation (copies of which are attached hereto and fully incorporated herein) limiting your Michigan osteopathic medical license. This limitation prohibited you from performing surgery of any kind in a hospital or outpatient setting until you successfully completed a training program in neurosurgery, passed the recertification examination in neurological surgery administered by the American Osteopathic Board of Surgery, and petitioned the Board of Osteopathic Medicine and Surgery for reclassification of your license. This action was based upon the Board's finding that your conduct, as detailed in the Administrative Complaint (attached hereto and fully incorporated herein), "failed to conform to the minimal standards of acceptable and prevailing practice of the medical profession."

The Order and Stipulation, as alleged in paragraph (1) constitutes "(t)he limitation, revocation, or suspension by another state of a license or certificate to practice issued by the proper licensing authority of that state, the refusal to license, register, or reinstate an applicant by that authority, or the imposition of probation by that authority, for an action that also would have been a violation of this chapter, except for nonpayment of fees," as that clause is used in Section 4731.22(B)(22), Ohio Revised Code, to wit: Section 4731.22(B)(6), Ohio Revised Code.

Pursuant to Chapter 119., Ohio Revised Code, you are hereby advised that you are entitled to a hearing in this matter. If you wish to request such hearing, the request must be made in writing and must be received in the offices of the State Medical Board within thirty (30) days of the time of mailing of this notice.

Mailed 10/12/95

10/11/95

You are further advised that you are entitled to appear at such hearing in person, or by your attorney, or by such other representative as is permitted to practice before this agency, or you may present your position, arguments, or contentions in writing, and that at the hearing you may present evidence and examine witnesses appearing for or against you.

In the event that there is no request for such hearing received within thirty (30) days of the time of mailing of this notice, the State Medical Board may, in your absence and upon consideration of this matter, determine whether or not to limit, revoke, suspend, refuse to register or reinstate your certificate to practice osteopathic medicine and surgery or to reprimand or place you on probation.

Copies of the applicable sections are enclosed for your information.

Very truly yours,

A handwritten signature in black ink, appearing to read 'T. E. Gretter, M.D.', written in a cursive style.

Thomas E. Gretter, M.D.
Secretary

TEG/bjm

Enclosures

CERTIFIED MAIL # P 348 886 956
RETURN RECEIPT REQUESTED

STATE OF MICHIGAN
DEPARTMENT OF COMMERCE
BUREAU OF OCCUPATIONAL AND PROFESSIONAL REGULATION
BOARD OF OSTEOPATHIC MEDICINE AND SURGERY

In the Matter of

V. SHEARMAN GILREATH, D.O.

CONSENT ORDER AND STIPULATION

CONSENT ORDER

WHEREAS, an Administrative Complaint was filed with this Board on October 15, 1993, charging V. Shearman Gilreath, D.O., hereafter Respondent, with having violated Sections 16221(a) and (b)(i) of the Public Health Code, 1978 PA 368, as amended; MCL 333.1101 et seq; MSA 14.15(1101) et seq; and .

WHEREAS, by Stipulation submitted herewith, Respondent does not contest the allegations of fact and law set forth in the aforesaid Complaint pertaining to a violation of Section 16221(a) of the Public Health Code, supra, and agrees that the Board may treat said allegations as true, except those allegations contained in paragraph 4 thereof, which finding shall have the same force and effect for purposes of this Consent Order as if evidence and argument were presented in support of the allegations; further, Respondent understands and intends that by so stating Respondent is not admitting the truth of the allegations but is agreeing that the Board may enter an Order

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treating the allegations as true for resolution of the aforesaid Complaint; and

WHEREAS, the Board has reviewed said Stipulation and, based upon the matters asserted therein, agrees that the public interest is best served by resolution of the outstanding Complaint; now, therefore,

IT IS HEREBY FOUND that the allegations of fact set forth in the aforesaid Complaint are true and constitute a violation of Section 16221(a) of the Public Health Code, supra, as set forth in said Complaint.

Accordingly,

IT IS HEREBY ORDERED that for each of the aforesaid violations of the Public Health Code, supra, Respondent's license shall be and hereby is LIMITED commencing on the effective date of this Order. The limitation is that Respondent will not perform surgery of any kind in a hospital or outpatient setting. This limitation shall not preclude Respondent from performing office procedures attendant to a family practice setting such as suturing wounds. Further, this limitation shall not preclude Respondent from participating in a surgical rotation if required as part of a supervised training program in a family practice.

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However, Respondent agrees to secure advance approval by the Board before entering into such a training program.

In order to have this limitation removed, Respondent shall petition the Board of Osteopathic Medicine and Surgery for reclassification of his license in conformance with Section 16249' of the Public Health Code, MCL 333.16249; MSA 14.15(16249) and the rules promulgated thereunder. Said Petition shall not be filed until the Respondent completes successfully a training program in neurosurgery approved by the Board in advance. The Board shall also require Respondent to pass the recertification examination in neurological surgery administered by the American Osteopathic Board of Surgery as part of the application for reclassification.

IT IS FURTHER ORDERED that paragraph 4 of the aforesaid Complaint as well as the allegations that Respondent violated Section 16221(b)(i) of the Public Health Code, supra, shall be and hereby are DISMISSED.

IT IS FURTHER ORDERED that should Respondent violate any term or condition set forth herein, or fail to comply with any of the provisions contained in the stipulation submitted herewith, the Board may determine that Respondent has violated an Order of the Board and proceed pursuant to 1980 AACR, R 338.983, and section 16221(g) of the Public Health Code.

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IT IS FURTHER ORDERED that in the event Respondent violates the terms of this Order, the Board may reconsider the disciplinary action taken in the present matter; further, if such violation constitutes an independent violation of the Public Health Code, supra, or the rules promulgated pursuant thereto, the Board may take appropriate disciplinary action.

IT IS FURTHER ORDERED that this Order shall be effective on the date signed by the Board as set forth below.

Signed by the Board this 6th day of October, 1994.

MICHIGAN BOARD OF OSTEOPATHIC
MEDICINE AND SURGERY

By Susan M. Rose
Susan M. Rose, D.O.

STIPULATION

NOW COME the respective parties who stipulate and agree as follows:

1. Respondent does not contest the allegations set forth in the aforesaid Administrative Complaint pertaining to a violation of Section 16221(a) of the Public Health Code, supra, and agrees that the Board may treat the allegations of fact and law as true, which finding shall have the same force and effect for purposes of this Consent Order as if evidence and argument were presented in support of the allegations.

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Respondent understands and intends that by so stating Respondent is not admitting the truth of the allegations, but is agreeing that the Board may enter its Order treating the allegations as true for purpose of resolution of said Complaint.

2. Respondent understands and intends that by signing this stipulation Respondent is waiving the right pursuant to the Public Health Code, supra, the rules promulgated thereunder, and the Administrative Procedures Act of 1969, 1969 PA 306, as amended; MCL 24.201 et seq; MSA 3.560(101) et seq, to require the People to prove the charges set forth in the administrative complaint by presentation of evidence and legal authority, and to appear with an attorney and such witnesses as Respondent may desire to present a defense to said charges before the Board or its authorized representative.

3. Paragraph 4 of the aforesaid Administrative Complaint as well as the allegations that Respondent violated Section 16221(b)(i) of the Public Health Code, supra, shall be dismissed by Order of the Board.

4. Factors taken into consideration when determining the proposed sanction include the following:

A. Respondent has cooperated in the resolution of this matter.

B. On his own initiative, Respondent has retired from the practice of neurosurgery and has limited his

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practice to the performance of independent medical evaluations; and

C. Respondent hopes to enroll in a training program in a specialty which excludes surgery.

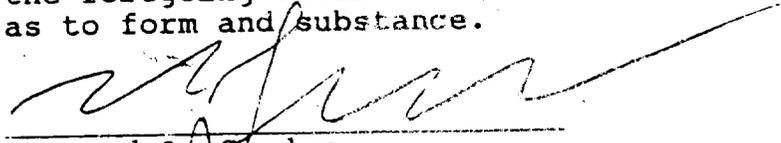
5. Respondent further understands that entry of this Consent Order and Stipulation will preclude him from petitioning for reclassification of his license until he successfully completes a training program in neurosurgery approved in advance by the Board.

6. Respondent understands that in the event he wishes to have the limitation removed from his license, Respondent must file a Petition for Reclassification with the Board in conformance with section 16249 of the Public Health Code, supra, MCL 333.16249; MSA 14.15(16249), and the rules promulgated thereunder. Respondent must show by clear and convincing evidence that he will practice the profession safely and competently within the area of practice and that it is in the public interest to allow him to so practice. Respondent also agrees and understands that he will be required to pass the recertification examination in neurological surgery administered by the American Osteopathic Board of Surgery as part of the application for reclassification.

7. The Board's Conferee in this matter, Richard E. Griffin, D.O., may participate freely in any deliberations of the Board regarding acceptance of this proposed Consent Order and

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I have reviewed and approved
the foregoing document both
as to form and substance.



Leonard A. Siudara
Attorney for Respondent

This is the last and final page of a Consent Order and
Stipulation in the matter of V. Shearman Gilreath, D.O., pending
before the Michigan Board of Osteopathic Medicine and Surgery and
consisting of eight (8) pages, this page included.

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STATE OF MICHIGAN
DEPARTMENT OF COMMERCE
BUREAU OF OCCUPATIONAL AND PROFESSIONAL REGULATION
BOARD OF OSTEOPATHIC MEDICINE AND SURGERY

In the Matter of

V. SHEARMAN GILREATH, D.O.

ADMINISTRATIVE COMPLAINT

NOW COME the People of the State of Michigan, by Attorney General Frank J. Kelley, by Assistant Attorney General Merry A. Rosenberg, and hereby file the within complaint against V. Shearman Gilreath, hereafter Respondent, alleging upon information and belief as follows:

1. The Board of Osteopathic Medicine and Surgery, hereafter Board, an administrative agency established by the Public Health Code, 1978 PA 368, as amended; MCL 333.1101 et seq; MSA 14.15(1101) et seq, is empowered to discipline licensees thereunder.

2. Respondent is currently licensed to practice osteopathic medicine and surgery pursuant to the Public Health Code, supra.

3. At all times pertinent to the allegations in this Complaint, Respondent was board certified in neurosurgery.

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4. On December 4, 1990, Respondent's privileges were suspended at Bi-County Community Hospital based on Respondent's performance of a transfemoral cervical arteriogram. (Attachment 1). A hearing was convened to address the suspension, after which the Medical Staff Executive Committee affirmed this disciplinary action on April 16, 1991. (Attachment 2).

5. On November 3, 1989, Respondent's privileges to perform cervical discectomies were suspended by Lapeer Regional Hospital based on a "peer review of discectomies performed by Respondent in 1988". (Attachment 3).

6. On April 1, 1990, this limitation was lifted by Lapeer Regional Hospital. (Attachment 4).

7. On November 7, 1990, Respondent was summarily suspended from the Lapeer Regional Hospital following a professional practice review of Respondent's clinical privileges. On November 8, 1990, Respondent resigned his staff privileges. (Attachment 5).

COUNT I

8. On February 15, 1990, Respondent admitted patient J.C. (initials will be used to protect patient confidentiality) into Pontiac Osteopathic Hospital (hereafter POH) with a diagnosis of a herniated disc at C6/C7.

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9. Preoperative diagnostic studies revealed the following: a film of the cervical spine showed evidence of a previous cervical fusion at C4/C5, but otherwise was radiologically unimpressive. An MRI scan suggested a bulging at C6/C7. The myelogram was essentially normal.

10. On that same date, Respondent performed an anterior cervical discectomy and fusion at the level of C6/C7, using the Cloward technique.

11. During the course of this surgery, Respondent injured the spinal cord and dura, producing a cerebrospinal fluid (hereafter CSF) leak.

12. After Respondent discovered the CSF leak, he attempted to plug it with a muscle graft and a bone plug.

13. As a result of this surgery, J.C. developed Brown-Sequard syndrome and a neurogenic bladder.

14. The conduct of the Respondent, as set forth in paragraphs 8 through 13 above, failed to conform to the minimal standards of acceptable and prevailing practice of the medical profession, in violation of Sections 16221(a) and (b)(1) of the Public Health Code, supra, in the following respects:

A. Respondent proceeded with a discectomy in the absence of sound clinical and diagnostic findings.

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B. Respondent caused an iatrogenic injury to the spinal cord during the discectomy causing a CSF leak.

C. Respondent failed to repair adequately the CSF leak.

COUNT II

15. K.H. was initially seen by Respondent on July 21, 1988 for treatment of pain in her left shoulder and both arms.

16. Respondent performed a myelogram on August 10, 1988, which was positive at C5/C6 and C6/C7.

17. Respondent admitted K.H. to Lapeer Regional Hospital (LRH) on September 15, 1988. That same day, he performed a cervical anterior discectomy using the Cloward technique with nerve decompression and spinal fusion.

18. During the course of this surgery, Respondent injured the dura, thereby producing a CSF leak which was difficult to identify and seal.

19. K.H. was discharged from LRH on September 26, 1988.

20. Following her discharge, K.H. observed drainage coming from the incision in her neck.

21. K.H. was readmitted to LRH on September 29, 1988, at which time it was discovered that she had sustained a perforation of the esophagus, probably caused by the placement of the Cloward

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self-retaining retractor during the course of the September 15, 1988 procedure.

22. Respondent was the first assistant in the operation performed on K.H. on October 6, 1988, to repair the esophageal fistula. However, the point of perforation was not identified during this procedure.

23. When K.H. still did not improve, she was transferred to the University of Michigan Hospital on October 28, 1988, for definitive care of the esophageal perforation and abscess of the cervical wound.

24. The conduct of the Respondent, as set forth in paragraphs 15 to 23 above, failed to conform to the minimal standards of acceptable and prevailing practice of the medical profession, in violation of Sections 16221(a) and (b)(i) of the Public Health Code, supra, in the following respects:

A. Respondent caused an iatrogenic injury to the dura, resulting in a CSF leak, during the September 15, 1988;

B. Respondent caused an iatrogenic injury to the esophagus during the September 15, 1988 surgery; and

C. Respondent failed to aggressively identify the actual esophageal leak site during the second operation on October 6, 1988.

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COUNT III

25. On May 24, 1988, L.R. was seen by Respondent complaining of left neck pain, left-sided upper limb numbness, and numbness and weakness in the thumb, index and middle fingers of his left hand.

26. After conducting a physical and neurological examination of L.R., Respondent made a diagnosis of cervical spondylosis, C6/C7 level, with possible spinal cord and nerve root compression and carpal tunnel syndrome, severe, left.

27. Respondent recommended to L.R. that he undergo an anterior cervical discectomy with anterior cervical fusion.

28. On August 12, 1988, Respondent performed this procedure using the Cloward technique.

29. During the course of this operation, Respondent unknowingly perforated the dura, causing a CSF leak.

30. Following the surgery, it was noted that L.R. had weak hand grips, numbness across his chest and arms, and immobility in his left lower limb.

31. A CTscan was performed which revealed possible dislocated bone plugs.

32. Respondent reoperated on L.R. at the same site as the original surgery (August 12, 1988).

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dent discovered clear fluid coming from the prior discectomy sites between C6 and C7.

33. L.R. did not improve following the second surgery, and thus he was returned to the operating room for a third surgery on August 29, 1988, for the purpose of repairing the CSF leak and fractured dowel graft. The diagnosis prior to this surgery was status post central cord syndrome with quadriplegia and neurogenic bowel and bladder.

34. L.R. was discharged on September 6, 1988. The discharge diagnosis was:

- a. Cervical spondylosis, C5/C6, C6/C7 with spinal cord and nerve root compression;
- b. Post-operative quadriplegia;
- c. Neurogenic bowel and bladder;
- d. Central cord syndrome;
- e. Cerebrospinal fluid leak; and
- f. Depression.

35. The conduct of the Respondent, as set forth in paragraphs 25 through 34 above, failed to conform to the minimal standards of acceptable and prevailing practice of the medical profession, in violation of Sections 16221(a) and (b)(i) of the Public Health Code, supra, in the following respects:

A. Respondent caused an iatrogenic spinal cord injury, dura, resulting in a CSF leak;

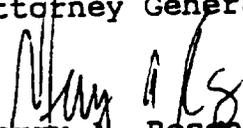
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B. Respondent failed to recognize the dural tear and CSF leak during the initial procedure; and

C. Respondent failed to properly repair the dural tear and CSF leak during the second surgery.

WHEREFORE, the People request that the within complaint be served upon Respondent and that Respondent be offered an opportunity to show compliance with all lawful requirements for retention of the aforesaid license. If compliance is not shown, the People further request that formal proceedings be commenced pursuant to the Public Health Code, supra, rules promulgated pursuant thereto, and the Administrative Procedures Act of 1969, 1969 PA 306, as amended; MCL 24.201 et seq; MSA 3.560(101) et seq.

FRANK J. KELLEY
Attorney General


Merry A. Rosenberg (P 32120)
Assistant Attorney General
Health Professionals Division
P.O. Box 30212
Lansing, Michigan 48909
Telephone: (517) 373-1146

Dated: October 15, 1993.
cdc/32/131-134

STATE OF MICHIGAN - INGHAM COUNTY

I hereby certify that the foregoing is a true copy of the original on file in the office of the Department of Commerce, Bureau of Occupational and Professional Regulation, Office of Legal Services, Legal Services Division