

STATE OF OHIO
THE STATE MEDICAL BOARD
Suite 510
65 South Front Street
Columbus, Ohio 43215

July 23, 1986

Robert A. Watts, M.D.
140 East Spring Street
Lima, Ohio 45804

Dear Doctor Watts:

Please find enclosed certified copies of the Entry of Order; the Report and Recommendation of John E. Rauch, D.O., Hearing Member, State Medical Board of Ohio; and a certified copy of the Motions by the State Medical Board, meeting in regular session on June 10, 1986, June 11, 1986, and July 10, 1986, amending said Report and Recommendation and approving that amended Report and Recommendation as the Findings and Order of the State Medical Board.

You are hereby notified that you may appeal this Order to the Court of Common Pleas of the county in which your place of business is located, or the county in which you reside. If you are not a resident and have no place of business in this State, you may appeal to the Court of Common Pleas of Franklin County, Ohio.

To appeal as stated above, you must file a notice of appeal with the Board setting forth the Order appealed from, and the grounds of the appeal. You must also file a copy of such notice with the Court. Such notices of appeal shall be filed within fifteen (15) days after the date of mailing of this letter and in accordance with Section 119.12, Revised Code.

THE STATE MEDICAL BOARD OF OHIO



Henry G. Cramblett, M.D.
Secretary

HGC:11

Enclosures

CERTIFIED MAIL NO. P 569 365 713
RETURN RECEIPT REQUESTED

cc: James M. Hall, Jr., Esq.
33 N. High St., Suite 1000
Columbus, Ohio 43215

CERTIFIED MAIL NO. P 569 365 714
RETURN RECEIPT REQUESTED

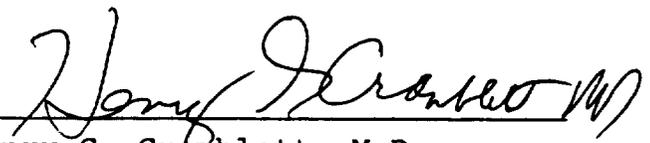
STATE OF OHIO
THE STATE MEDICAL BOARD
Suite 510
65 South Front Street
Columbus, Ohio 43215

CERTIFICATION

I hereby certify that the attached copy of the Entry of Order of the State Medical Board of Ohio; attached copy of the Report and Recommendation of John E. Rauch, D.O., Hearing Member, State Medical Board of Ohio; and the attached copy of the Motions by the State Medical Board, meeting in regular session on June 10, 1986, June 11, 1986, and July 10, 1986, amending said Report and Recommendation as the Findings and Order of the State Medical Board, constitute a true and complete copy of the Findings and Order of the State Medical Board in the matter of Robert A. Watts, M.D., 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.

(SEAL)


Henry G. Cramblett, M.D.
Secretary

Date

7/22/86

BEFORE THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF :
:
ROBERT A. WATTS, M.D. :

ENTRY OF ORDER

This matter came on for consideration before the State Medical Board of Ohio on June 10, 1986, June 11, 1986, and July 10, 1986.

Upon the Report and Recommendation of John E. Rauch, D.O., Hearing Member in this matter designated pursuant to R.C. 119.09, a true copy of which is attached hereto and incorporated herein, which Report and Recommendation was amended by vote of the Board on June 11, 1986, the following Order is hereby entered on the Journal of the State Medical Board for the 10th day of July, 1986.

It is hereby ORDERED:

That the license of Robert A. Watts, M.D., to practice medicine and surgery in the State of Ohio be INDEFINITELY SUSPENDED. Dr. Watts may apply for reinstatement after a period not less than one (1) year, and only after meeting the following requirements:

1. That he successfully complete a 6-month Pharmacology Course.
2. That he successfully complete 6 months in a General Practice Residency.
3. That he take and pass FLEX Component II.

It is also ordered that Dr. Watts may not in the future apply for Schedule II D.E.A. privileges.

This Order shall become effective 30 days from the date of mailing of notification.

(SEAL)



Henry G. Cramblett, M.D.
Secretary

7/23/86

Date

STATE OF OHIO
THE STATE MEDICAL BOARD

REPORT AND RECOMMENDATION
IN THE MATTER OF ROBERT A. WATTS, M.D.

The matter of Robert A. Watts, M.D., came before me, John E. Rauch, D.O., Member of the State Medical Board of Ohio, on June 26, July 17, and September 4, 1985.

INTRODUCTION AND SUMMARY OF EVIDENCE

1. On February 20, 1985, the State Medical Board notified Dr. Watts of the Board's intention to take action against his certificate to practice medicine and surgery in the State of Ohio based on the allegations that his prescribing practices violated:
 - A. Section 4731.22(B)(2), Ohio Revised Code: "Failure to use reasonable care discrimination in the administration of drugs, or failure to employ acceptable scientific methods in the selection of drugs or other modalities for treatment of disease."
 - B. Section 4731.22(B)(3), Ohio Revised Code: "Selling, prescribing, giving away or administering drugs for other than legal and legitimate therapeutic purposes."
 - C. Section 4731.22(B)(6), Ohio Revised Code: "A departure from, or the failure to conform to minimal standards of care of similar practitioners under the same or similar circumstances, whether or not actual injury to a patient is established."
2. Dr. Robert Watts was present at the June 26, July 17, and September 4, 1985 hearings and was accompanied by his attorney, James M. Hall, Jr.
3. Assistant Attorney General Christopher Culley appeared on behalf of the State.
4. The following stipulated exhibits were admitted:
 - A. State's Exhibit 1 is a February 20, 1985, citation letter from the State Medical Board to Dr. Watts notifying him of the Board's proposal to take action against his certificate to practice medicine and surgery in the State of Ohio.

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- B. State's Exhibit 2 is a March 19, 1985, letter from Mr. Hall requesting a hearing on behalf of Dr. Watts.
 - C. State's Exhibit 3 is a March 20, 1985, letter from the Medical Board to Mr. Hall initially scheduling the Respondent's hearing for April 1, 1985, and then postponing the hearing to a later date pursuant to Section 119.09, Ohio Revised Code.
 - D. State's Exhibit 4 is an April 18, 1985, letter from the Medical Board to Mr. Hall scheduling Dr. Watts' hearing for May 22, 1985.
 - E. State's Exhibit 5 is a May 8, 1985, letter from Mr. Hall to the Medical Board requesting a sixty (60) day continuance of the hearing in order to allow Dr. Watts sufficient time to produce requested patient records.
 - F. State's Exhibit 6 is a May 9, 1985, Order and Entry granting a thirty (30) day continuance of Dr. Watts' hearing.
5. In order to allow sufficient time to review patient records it was agreed that Dr. Watts would initially proceed with his case on June 26, 1985. The Respondent's first witness, Nathan Kalb, M.D., was duly sworn and testified on both direct and cross-examination, as follows:
- A. That he has known Dr. Watts for 25 years, has maintained a professional and social relationship with him; and that Dr. Watts is one of two black physicians practicing in Lima.
 - B. That he regards Dr. Watts as a good, reputable physician, but is familiar with Dr. Watts' practice only through patient referral.
 - C. That of the patients Dr. Watts referred to him, he didn't recall any of them having drug addiction problems.
 - D. That he has not accepted any referrals from Dr. Watts since 1980.
6. Fred D. Rohdes, M.D., being duly sworn, testified as follows:
- A. That he specializes in endocrinology, that he is board certified in internal medicine; and that he is a member of the American College of Physicians, the American Society of Internal Medicine, the Society of Reproductive Endocrinology, and the American Diabetes Association.
 - B. That he has known Dr. Watts for 25 years, has maintained a professional and social relationship with him, has had patients referred to him by Dr. Watts during that 25 years, and that those patients have always been bonafide cases requiring consultation.
 - C. That Dr. Watts has an excellent reputation both in the general community and the medical community.

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- D. That he has never determined a patient referred to him by Dr. Watts to be a drug addict.
 - E. That prescribing Percodan on a regular basis over a period of months does not, in his opinion, indicate a failure to use reasonable care discrimination in the administration of drugs.
 - F. That he could offer no opinion as to whether the regular prescribing of Percodan over a period of months constituted a departure from minimal standards of care.
 - G. That he would notice whether a patient referred to him by Dr. Watts was addicted to drugs if they displayed withdrawal symptoms while in the hospital.
 - H. That his only knowledge of Dr. Watts' prescribing practices comes from the patients that Dr. Watts refers to him, about twenty a year.
 - I. That Dr. Watts provides a valuable service to the Lima area in caring for many welfare patients without being compensated.
7. The hearing resumed on July 17, 1985. At that time the State proceeded with its case by calling the Respondent, Dr. Robert A. Watts. After being duly sworn, the doctor provided the following background information:
- A. That he graduated from Howard University Medical School in 1957, interned at Montifore Hospital in Pittsburgh for one year, and served in the U.S. Navy for the following two years. Following completion of his naval service, he worked in the Lima Memorial Hospital emergency room for one year, then in 1961 began his solo private practice. He sees an average of 30 to 45 patients per day.
 - B. That he is a member of the National Medical Association, the Ohio State Medical Association, the American Medical Association and the Lima County Academy of Medicine.
8. Using the computer-generated prescription list (State's Exhibit 24) and the patient key (State's Exhibit 25) incorporated by reference in the citation letter (State's Exhibit 1), Dr. Watts addressed his treatment of patients identified by a double-asterisk on said list.
9. Dr. Watts' testimony regarding Patient 40 outlined the following:
- A. That he was treating patient 40 for heart problems, impotence, and weight reduction.
 - B. That he prescribed Biphedamine as indicated on the prescription list on a monthly basis (with the exception of July, 1982) from February, 1982 through December, 1982.

- C. That the patient's weight was recorded at 185 pounds in February, 1982, and 175 pounds in December, 1982. The patient was on a low-salt, 1,500 calorie diet.
- D. That he was aware that Biphedamine should not be prescribed over prolonged periods, according to the Physicians' Desk Reference, because the drug has a limited effectiveness in relationship to diet control.

10. Dr. Watts' testimony regarding Patient 43 outlined the following:

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- A. That he was treating Patient 43 for hypertension, a possible ruptured disc, obesity, and diabetes.
 - B. That he prescribed Biphedamine as indicated on the prescription list from January 6, 1982, to October 10, 1982.
 - C. That the patient's weight increased from 240 pounds in January, 1982, to 256 pounds, then again decreased to 240 pounds by October, 1982.
 - D. That during the period Dr. Watts was prescribing Biphedamine, the patient was also receiving medication for hypertension.
 - E. That amphetamines are not usually the drug of choice with a patient who is hypertensive.
 - F. That he prescribed Percodan for back pain as indicated on the prescription list from February 9, 1982 to October 2, 1982.
 - G. That the patient had been seen by a neurosurgeon in 1974 whose diagnosis indicated osteoarthritis, and that cervical traction was recommended.

11. Dr. Watts' testimony regarding Patient 45 outlined the following:

- A. That he was treating Patient 45 for severe headaches and back pain.
- B. That he prescribed Percodan as indicated on the prescription list from January 22, 1982, to October 11, 1982.
- C. That he did not prescribe Percodan twice on June 25, 1982 as the prescription list indicates, but that one of the prescriptions was a mimeograph copy of the original.
- D. That in his records he had referred to the patient's symptoms as a "usual headache"; that he had not performed any diagnostic studies because the patient indicated they had been previously done; and that while he had performed a neurological evaluation on the patient, he failed to record any of the results of the evaluation.

- E. That the patient had a silver-dollar sized depression on his forehead, and he had prescribed Percodan based solely on the patient's symptomatology.
 - F. That in his records he referred to the patient's symptoms as "usual back pain"; but had no orthopedic findings to substantiate the patient's complaint.
12. Dr. Watts' testimony regarding Patient 46 outlined the following:
- A. That he was treating Patient 46 for peptic ulcer symptoms and chronic lower back pain.
 - B. That he prescribed Percodan as indicated on the prescription list from March 1, 1982 to November 26, 1982.
 - C. That on November 21, 1981, he advised the patient to see an orthopedic surgeon, but that he never received a report from the surgeon diagnosing the patient, nor did he question the patient as to whether he saw the orthopedic surgeon as had been recommended. Without questioning the patient about whether he visited an orthopedic surgeon, he continued to prescribe Percodan for the condition.
13. Dr. Watts' testimony regarding Patient 48/90 outlined the following:
- A. That according to his records, Patients 48 and 90 are the same person.
 - B. That when the patient married, a new patient record was created, and he often interchanged the patient's name on the files because he hadn't gotten accustomed to writing her new name.
 - C. That he was treating Patient 48/90 for arthritis.
 - D. That Patient 48/90 was referred to an internist who examined and performed lab tests on the patient which are contained in the patient's records (State's Exhibit 10). Said lab tests showed no signs of arthritis.
14. Dr. Watts' testimony regarding Patient 53 outlined the following:
- A. That he was treating Patient 53 for weight reduction, chronic headaches, and tuberculosis.
 - B. That he prescribed Preludin for weight control as indicated on the prescription list on a monthly basis from February, 1982, until May 24, 1982, and again on a monthly basis from September 24, 1982, until December 21, 1982.

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- C. That during the period of treatment, the patient's weight increased from 166½ pounds in early 1982 to 170 pounds in October of 1982.
 - D. That he prescribed Percodan for the patient's headaches as indicated on the prescription list.
 - E. That he had not done a work up on the patient's migraine complaint and had based his treatment on her symptomatology.
 - F. That he prescribed Seconal Sodium 100 mg. as indicated on the prescription list for the patient's insomnia on February 19, 1982, and then on a monthly basis from April 19, 1982, until October 15, 1982.
 - G. That following the taking of a patient history, he could determine no clinical basis for her inability to sleep.
 - H. That on April 26, 1982, he received a phone call from a drugstore informing him that Patient 53 was receiving the same medications from another physician. He may have contacted the other doctor's office to determine whether the patient had discontinued visiting that physician, although he does not remember.
 - I. That a January, 1982 consultant's report indicated that the patient had tested positive for tuberculosis, and that he recalls that the patient voluntarily discontinued taking medication for it because the medication "made her sick." His records do not reflect any course of treatment for tuberculosis.
 - J. That the January, 1982, consultant's report indicated the patient had chronic pain and was definitely drug dependent.
 - K. That in November, 1983, a consultant's report from another doctor stated the patient had acute peritonitis, cholelithiasis, and alcoholism.
15. Dr. Watts' testimony regarding Patient 59 outlined the following:
- A. That he was treating Patient 59 for upper respiratory infections, chronic insomnia, and sinus problems.
 - B. That he prescribed Seconal Sodium 100 mg. as indicated on the prescription list on a monthly basis from January 23, 1982, until December 8, 1982.
 - C. That Seconal was prescribed for insomnia although he had not determined whether there was any clinical basis for the patient's insomnia complaint.

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- D. That he was aware of the Physicians' Desk Reference caution that Seconal might be habit forming, but he was unaware that the Physicians' Desk Reference indicates it remains effective for only two weeks.

16. Dr. Watts' testimony regarding Patient 63 outlined the following:

- A. That he was treating Patient 63 for weight reduction and insomnia.
- B. That he prescribed Biphedamine for weight reduction as indicated on the prescription list from February 16, 1982, until December 17, 1982.
- C. That during the period of treatment the patient's weight increased from 228 pounds on January 20, 1982, to 236 pounds on December 17, 1982.
- D. That he prescribed Seconal Sodium 100 mg. for the patient's insomnia as indicated on the prescription list, except for one prescription with a date error, from February 16, 1982, until December 17, 1982.

17. Dr. Watts' testimony regarding Patient 68 outlined the following:

- A. That he was treating Patient 68 for severe rheumatoid arthritis.
- B. That Patient 68 has been hospitalized a number of times for this condition, and has undergone surgery on her hands, feet and hips to correct deformities caused by arthritis.

18. Dr. Watts' testimony regarding Patient 92 outlined the following:

- A. That he was treating Patient 92 for bursitis, disc symptoms, and obesity.
- B. That Soma and Tolinase were being prescribed to Patient 92 for hip and shoulder pain caused by bursitis.
- C. That he prescribed Biphedamine for weight reduction as indicated on the prescription list from January 26, 1982, until December 17, 1982.
- D. That the patient was on a 1,500 calorie diet.
- E. That the patient's weight decreased from 198 pounds on December 29, 1981, to 186 pounds on November 17, 1982.
- F. That the patient was being treated for diabetes with insulin, although he does not normally include in his patient records the fact that the patient may be taking insulin.

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19. Dr. Watts' testimony regarding Patient 105 outlined the following:

- A. That he was treating Patient 105 for weight reduction.
- B. That he prescribed Biphertamine as indicated on the prescription list on a monthly basis from January 6, 1982, until September 13, 1982, with two prescriptions being written during May, 1982, and two prescriptions being written in August, 1982.
- C. That a third prescription dated August 6, 1982, was a photocopy.
- 86 MAR 15 AM 10:02 D. That on September 30, 1982, the patient told him she had lost her Biphertamine medication and would need a refill, but he did not recall writing her another prescription on that date.
- E. That the patient's weight increased from 133 pounds on January 6, 1982, to 146 pounds on December 27, 1982.
- F. That he had no reason to suspect that the patient may have been attempting to obtain more medication than necessary.
- G. That although the patient's record does not reflect he had prescribed Biphertamine from January 6, 1982, until May 4, 1982, and from July 12, 1982, until August 31, 1983, he recalled that he had been prescribing the drug to the patient during those time periods.
- H. That he prescribed Percodan as indicated on the prescription list on October 6 and 29, November 15 and December 7 and 27, 1982.

20. Dr. Watts' testimony regarding Patient 79 outlined the following:

- A. That he was treating Patient 79 for headaches, arthritis, and pain caused by a cardiovascular accident (CVA) and third degree burns.
- B. That the patient had suffered a CVA twelve years earlier, had complained of headaches and pain over the right side of his body, had sustained third degree burns during an accident in 1977 which resulted in complaints of pain until 1982, and had subsequently developed an acute pulmonary edema and psychotic symptoms.
- C. That in 1982 the patient was found to have an inoperable pelvic mass and was prescribed liquid morphine for pain on the advice of consultants.
- D. That he prescribed Percodan as indicated on the prescription list from February 27, 1982, until October 6, 1982.
- E. That his attempts to treat the patient's pain with other medications had been ineffective.

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21. Dr. Watts' testimony regarding Patient 115 outlined the following;
- A. That he was treating Patient 115 for weight reduction, headaches, and back pain.
 - B. That he prescribed Hydrodiuril, Desoxyn, Biphedamine, or Preludin for weight control throughout 1982.
 - C. That the patient's weight increased from 217 pounds in January, 1982, to 238 pounds in December, 1982.
 - D. That he had not determined if the patient had thyroid problems, heart disease, or diabetes prior to starting the patient's weight reduction program.
 - E. That he prescribed Percodan for back pain and headache as indicated on the prescription list several times each month from May 10 1982 through December 29, 1982.
 - F. That he had not referred the patient to any physicians or orthopedic consultants to determine the clinical basis of her headaches or back complaints.
 - G. That from the patient's record, he could not identify what he had prescribed on May 19, 1982.
 - H. That when he prescribes Percodan he warns the patient that it can be addictive.
22. The hearing reconvened on September 4, 1985, with the testimony of Dr. Watts, who outlined the following with regard to his treatment of Patient 169:
- A. That he was treating Patient 169 for headaches, insomnia, and neck and back pain.
 - B. That he prescribed Percodan as indicated on the prescription list two to three times a month.
 - C. That he prescribed Seconal Sodium 100 mg. as indicated on the prescription list on approximately a monthly basis, with two or three prescriptions a month being written for five months.
 - D. That to control the patient's anxiety, he prescribed Valium.
 - E. That he was aware that Seconal was habit forming and that the Physicians' Desk Reference indicated that it remained effective for only two weeks, but he continued to prescribe it because the patient continued to complain that she was unable to sleep.
23. Dr. Watts' testimony regarding Patient 177 outlined the following:
- A. That he was treating Patient 177 for chronic headaches, low back pain, and a painful right knee caused by a fractured patella in 1979.

- B. That he prescribed Percodan as indicated on the prescription list one to four times a month throughout 1982.
- C. That the patient's records do not indicate that he was receiving Percodan during 1982.

24. Dr. Watt's testimony regarding Patient 201 outlined the following:

- A. That he was treating Patient 201 for polymyositis.
- B. That he had prescribed Percodan as indicated on the prescription list four or five times a month.
- C. That in many instances the patient's records do not indicate that she was receiving Percodan.

25. Dr. Watts' testimony regarding Patient 204 outlined the following:

- A. That he was treating Patient 204 for injury to his knees, and for neck, back, and shoulder pain.
- B. That he prescribed Percodan for joint and chest pain, as indicated on the prescription list, three to six times per month during 1982.
- C. That the patient was in constant pain, but he did not know why the prescriptions were issued so close together.

26. Dr. Watt's testimony regarding Patients 293, 294 and 295 outlined the following:

- A. That he was treating Patients 293, 294, and 295, ages 10, 11 and 13 respectively, for hyperactivity.
- B. That he prescribed Ritalin as indicated on the prescription list on a monthly basis.
- C. That he began treating the children for hyperactivity when their mother presented him with a letter from another physician indicating that the children were taking Ritalin.
- D. That he had not attempted to contact the other physician to verify the treatment, and he had misplaced the letter written by that doctor.
- E. That he performed a general physical examination of the patients and observed their behavior before prescribing Ritalin.
- F. That he had seen each of the children three times during the treatment period.

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- G. That the father of the children often picked up their prescriptions.
- H. That he had received phone calls from the childrens' school questioning whether they were still to be receiving medication and advising that the children were periodically not bringing their noon dosages to school.
- I. That he knows that Ritalin is subject to abuse.

27. Mr. Hall proceeded with the Respondent's case by questioning Dr. Watts, who testified as to the following:

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- A. That approximately 90% of his patients are black.
- B. That he is the only black general practitioner in Lima, Ohio, that he is a solo practitioner, and that his staff consists of a receptionist.
- C. That during 1982 he often omitted making a record of his patients' histories and examinations.
- D. That even though the manufacturer recommends that Seconal be prescribed for only two weeks, he continues to prescribe it for longer periods when a patient suffers from insomnia, and he does not prescribe it if a patient says it is ineffective.

28. Subsequent to the conclusion of the September 4, 1985 hearing and upon agreement of the parties the testimony of Beverly S. Yale, Staff Counsel for the State Medical Board of Ohio, was taken by deposition. Ms. Yale identified the following State's Exhibits:

- A. State's Exhibit 24, a computer generated prescription list by patient number.
- B. State's Exhibit 25, the associated patient key
- C. State's Exhibit 26, a list of total drug amounts by drug, year, and month.

29. This hearing officer has carefully considered the State's Motion to Admit Exhibits 7-163 filed December 11, 1985, and the Respondent's Memorandum in Opposition to State's Motion to Admit Exhibits filed December 13, 1985. The State's Motion to Admit Exhibits 7-163, which were identified by stipulation is hereby granted with the understanding that the exhibit identified in the State's Motion as Exhibit 163 corresponds to State's Exhibits 24 and 26, which are identified as Prescription List by Patient Number and Total Drug Amounts by Drug, Year, and Month. It is noted by this hearing officer that although the dates on the two listings vary, the dosage unit control totals on Exhibits 24 and 26 agree, and further, the scale of any potential error demonstrated by Dr. Watts is negligible in light of the total dosage units and number of patients involved.

30. The Respondent's December 11, 1985, motion to admit a letter from David A. Barr, M.D., and a letter from the Lima Memorial Hospital is hereby granted over the objection of the State.

31. Closing arguments were submitted on brief.

FINDINGS OF FACT

1. With the exception of five prescriptions identified in the December 1985 stipulations, Dr. Watts did write prescriptions for a total of 113,207 dosage units of controlled substances as listed in State's Exhibit 24.

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This fact is established through stipulation as to the prescriptions (Exhibits 7 through 23 and 27 through 162), as well as the testimony of Ms. Beverly Yale (December 12 and 13, 1985 Deposition), who verified the prescriptions themselves versus the edit lists used to generate both the Prescription Lists by Patient Number and the Total Drug Amounts by Drug, Year, and Month.

2. Dr. Watts, in prescribing nearly 113,207 dosage units did prescribe:
 - A. 54,325 dosage units of Percodan
 - B. 23,830 dosage units of Biphetamine 20
 - C. 2,580 dosage units of Tylox
 - D. 4,135 dosage units of Demerol 50 mg.
 - E. 3,990 dosage units of Desoxyn 15 mg.
 - F. 8,550 dosage units of Preludin 75 mg.
 - G. 9,478 dosage units of Seconal Sodium 100 mg.
 - H. 4,170 dosage units of Ritalin

This fact is established by State's Exhibit 26, as well as by the testimony of Ms. Beverly Yale.

CONCLUSIONS

Dr. Watts' prescribing of 54,325 dosage units of Percodan, a drug with high abuse potential, demands attention. His treatment of ailments involving headache and peptic ulcer with this narcotic is, at best, inappropriate. When combined with Dr. Watts' admissions of failure to maintain even minimally accurate patient records and failure to heed consultants' warnings and recommendations, such prescribing patterns become most serious violations. Even where Percodan is being utilized for complaints of back pain, the overlap and duration of prescribing makes such use questionable. Notably absent are the usual consultations appropriate and necessary when managing chronic pain.

Even more disconcerting is Dr. Watts' inability to recognize a patient suffering from addiction to Percodan. Records for Patient 204 contain a readmission note and clinical summary dictated by Dr. Buch, both of which indicate the patient suffers an addiction to Percodan. Yet, Dr. Watts maintains that he was not under the impression that this patient suffered such an addiction. He continued to prescribe the drug rather than refer the patient for appropriate treatment.

Dr. Watts' prescribing of amphetamines over a long period and in combination with barbiturates is also indicative of an overall disregard for patient welfare. Compounding the situation is Dr. Watts' proclivity for continued prescribing of amphetamines, despite the fact that patients failed to lose weight, and in many instances, even gained weight.

Dr. Watts' pattern of prescribing practices is further illustrated by his willingness to prescribe the stimulant Ritalin to three children based upon an unconfirmed letter from another physician, a cursory examination, and little or no follow-up examination. He continued to prescribe despite the fact that he had been contacted by the school and informed that the children were not bringing their medication to the school as directed. One can only question what became of their medication.

One must hope that disciplinary action would seldom have to be based upon the combination and magnitude of problems displayed in this case:

1. Prescribing of large numbers of Schedule II controlled substances.
2. Admitted lack of adequate recordkeeping.
3. Inappropriate choices of medication.
4. Inadequate examination and follow-up.
5. Continued prescribing in cases of known addiction or suspected drug abuse.
6. Prescribing of controlled substances in irrational and dangerous combinations.

Accordingly, I find:

Violation 1

Dr. Watts' acts or omissions in prescribing the controlled substances listed in State's Exhibit 24 on the dates and in the amounts indicated to the identified patients constitute a violation of divisions (B)(2), (B)(3), and (B)(6) of Section 4731.22, Revised Code.

Violation 2

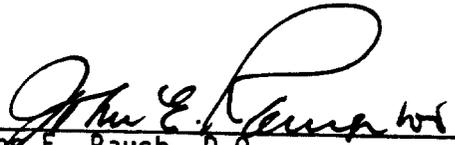
Dr. Watts' acts or omissions in prescribing the controlled substances as set forth in State's Exhibit 26 in the total dosage units indicated constitute a violation of divisions (B)(2), (B)(3), and (B)(6) of Section 4731.22, Revised Code.

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PROPOSED ORDER

It is hereby Ordered that the license of Robert A. Watts, M.D., to practice medicine and surgery in the State of Ohio be and is hereby revoked.

Upon approval, this Order shall become effective 30 days from the date of mailing of this notification.



John E. Rauch, D.O.
Hearing Member
State Medical Board of Ohio

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EXCERPT FROM THE MINUTES OF JUNE 10, 1986

REPORT AND RECOMMENDATION IN THE MATTER OF ROBERT A. WATTS, M.D.

Dr. Rauch asked if each member of the Board had received, read, and considered the hearing record, the proposed findings and order, and any objections filed to the proposed findings and order in the matter of Robert A. Watts, M.D. A roll call was taken:

ROLL CALL:	Dr. Cramblett	- aye
	Dr. Lancione	- aye
	Dr. Buchan	- aye
	Dr. Lovshin	- aye
	Ms. Rolfes	- aye
	Dr. Rothman	- abstain
	Mr. Johnston	- aye

Dr. Rauch read the conclusions and proposed order of his report and recommendation, the original of which shall be maintained in the exhibits section of this Journal.

Dr. Rauch advised that James M. Hall, Jr., Dr. Watts' attorney, has asked to address the Board. Dr. Rauch advised Mr. Hall that under Ohio's administrative procedure act, it is a matter of the Board's discretion to accept additional statements, evidence, or testimony, and that he would call for a vote to determine whether the Board believed it would be appropriate and necessary for Mr. Hall to address it at this time. He asked in what way Mr. Hall's statements would address matters not already contained in the hearing record.

Mr. Hall stated that he would like to address the Board briefly in support of his objections to Dr. Rauch's findings of fact, conclusions, and order. He stated that he would like to address the Board concerning its exercise of discretion and the circumstances that he hopes the Board will take into consideration.

Mr. Culley reminded the Board that this hearing was held over a period of several weeks, and that written closing arguments were submitted by both the State of Ohio and Mr. Hall. Mr. Hall has also filed objections with the Board. Mr. Culley expressed concern that the statements Mr. Hall wishes to make at this time would constitute the taking of additional evidence. Mr. Culley stated that the Board must stick to relevant issues. There were definite charges filed and the record is complete in response to those charges. Those charges have been substantiated by the hearing officer's report and recommendation. Mr. Culley stated that he does not want to make the administrative hearing useless by allowing consideration of additional evidence that is not appropriate, and the Attorney General's office would oppose the Board's allowing the additional evidence.

Dr. O'Day joined the meeting at this time.

Dr. Rauch asked Dr. O'Day if she had received, read, and considered the hearing record, the proposed findings and order, and any objections filed to the proposed findings and order in the matter of Robert A. Watts, M.D. Dr. O'Day stated that she had.

Mr. Johnston noted that the room was filled with Dr. Watts' supporters, and he wanted to be certain that Mr. Hall did not intend for all those present to address the Board. Mr. Hall stated that he would address the Board, and that Reverend Taylor, who was also present, would address the Board on behalf of those present. He stated that the substance of Reverend Taylor's statements would be to express the community's concerns and support for Dr. Watts in the exercise of the Board's discretion. Mr. Johnston advised that although the Board may listen to Mr. Hall's and Reverend Taylor's remarks, it must consider only the record in rendering its decision.

MR. JOHNSTON MOVED TO ALLOW MR. HALL AND REVEREND TAYLOR TO ADDRESS THE BOARD. DR. LOVSHIN SECONDED THE MOTION. A roll call vote was taken:

ROLL CALL VOTE:	Dr. Cramblett	- abstain
	Dr. Lancione	- aye
	Dr. Buchan	- aye
	Dr. Lovshin	- aye
	Ms. Rolfes	- nay
	Dr. Rothman	- abstain
	Dr. O'Day	- aye
	Mr. Johnston	- aye

The motion carried.

Dr. Rauch advised Mr. Hall that there was not a court reporter present, and that the Board's minutes serve as the Board's official record of the meeting. Mr. Hall stated that he had no objection to this.

Mr. Hall advised that this is a very important case, as is apparent from the number of people who have turned out. He stated that there are four words the Board must consider concerning this case. The first word is "dedication." He stated that the record would reflect that Dr. Watts has given 25 years of his life to serving the people of Lima. The number of people who came to this meeting is testimony to Dr. Watt's record of dedicated service. He added that this must be considered by the Board in making its decision.

The second word the Board must consider is "discernment." He asked that the Board use its discernment in this case. Despite Dr. Rauch's conclusions, to which he and Dr. Watts object, the record is clear that there is no evidence that Dr. Watts did anything unlawful. There is no evidence that he ever made a penny from any of the charged offenses. Mr. Hall stated that, in fact, the community in which Dr. Watts works is not in a position to remunerate him for his services, and Dr. Watts makes a rather modest income for a practitioner with as many patients as he has. There is nothing that suggests that the proposed punishment is an appropriate remedy in this case.

The third word is "judgment." He stated that this is a matter of the hearing officer disagreeing with treatment rendered by another physician, or one doctor disagreeing with another. Mr. Hall submitted that the judgment in these areas is changing. He noted that the Board is under a lot of pressure by the media and others, and that the Board's standards of judgment have changed over the years. The conduct

for which Dr. Watts has been criticized took place four to five years ago, and the judgments the Board is being asked to make today aren't the same as they were four or five years ago. Mr. Hall referred to recent newspaper headlines about the Board attempting to outlaw amphetamines. He stated that the Board's feelings about amphetamines at this time cannot be used against something that happened four or five years ago, when Dr. Watts' method of treatment might have been considered all right.

Mr. Hall stated that Dr. Watts is the only black general practitioner in the Lima community.

He continued that he and Dr. Watts have submitted what they feel to be a generous proposal. If the Board feels that Dr. Watts needs additional C.M.E. and updating in pharmacology, he is willing to do that. He will even take the risk of sitting for an examination to satisfy the Board of his capabilities. There has been no indication that Dr. Watts does not want to do the right thing, or that he didn't do the best thing he could for his patients.

The last word he would like to address is "determination." He requested the Board to be determined to withstand the pressure of the press and to do right by Dr. Watts and allow him to continue to practice medicine.

Reverend Taylor addressed the Board at this time. He stated that the Lima community is unlike any community with which he has been previously associated. He stated that the community is undergoing an unbelievable economic crisis. There is a 25% to 27% unemployment rate in the black community. He stated that the residents aren't just worried about whether their children will graduate from high school or not, but whether their children will live to graduate from school. The people in the community have tragic backgrounds, and have had to face the violent deaths of their children. The black community is situated near a refinery where there are chemical spills that contaminate the community. Over 37% of the women in the community have had to go through a major feminine operation and have tremendous problems, including stress and strain. The diet of the people in the community consists of a lot of pork and fat. He stated that the people have only about \$230.00 per month to survive on and raise children on. Dr. Watts is the only doctor the black community has that sees these patients, and he can't say how many of his parishioners can't even afford the \$15.00 to go see him because they need the money for food.

Reverend Taylor stated that the problems of this community are unique, and he cannot believe that the Board would consider the welfare of the medical community prior to considering taking away the only black physician the Lima community has. He stated that he would like to see the prescriptions written by any physician who had practiced there for 90 days. He added that his own wife takes Percodan, which isn't strong enough. She has bad headaches, pains and stomach aches and takes two or three Percodan when she's only supposed to take one. He admitted that they eat the wrong foods, and they are overweight.

Reverend Taylor stated that the people who were there in support of Dr. Watts did not know how to appeal to the Board, but whatever the Board does will have an effect on their lives. He stated that people can't go to the north side of town

for a doctor's appointment. Dr. Watts is all they have. Reverend Taylor advised the Board that they are responsible first to God, then to the people, and last to the medical profession. He stated that something is wrong with the Board's priorities if it considers the profession first. He added that he works with Fortune 100 Companies all around the world, and he realizes that it is easy to become detached from poor people. These people need help from psychiatrists, and they go to Dr. Watts for help. The community has suicides, murders, rapes, incest, and other unbelievable problems, and it needs Dr. Watts. If it does not have him, he asked, who will come to Lima? Who will represent the 13,000 to 18,000 in the community?

Reverend Taylor concluded that there are no celebrities in Lima. The only black-owned business in Lima is a mortician, who does very well. He asked the Board to consider his opinions and the support of the community for Dr. Watts.

Mr. Culley addressed the Board at this time. He agreed with Mr. Hall that this is a very important case. He added that if it wasn't important, charges would not have been brought against Dr. Watts. Charges are not brought lightly. He stated that it is difficult under the circumstances to rehash the case, but that the Board has a responsibility to the State of Ohio, and he would like to address those facts of the case to which he has previously argued the Board is confined.

Mr. Culley advised that Mr. Hall argued that Dr. Watts has not received tremendous remuneration. Mr. Culley submitted that profit might make the wrongdoing worse, but lack of profit does not make misprescribing any better. He continued that Mr. Hall has commented that some of the irregularities in Dr. Watts' practice are "judgment calls." Mr. Culley referred to some of the patients listed in the charges and the report and recommendation. There is a recurring pattern in the prescribing of biphetamines over a year's time. Drugs that are acknowledged to be addictive, abusable, and have a street value were continued to be prescribed even when the patient had a weight gain in many cases. Inevitable dependence and lack of effectiveness has undoubtedly left many patients sicker than when they first went to Dr. Watts. In at least one instance, Dr. Watts continued to prescribe to a patient identified as an addict. In case after case no testing was done to verify the patient's complaint. Often no physical examination or patient history was done. Testing was rarely done, and scheduled substances were prescribed from symptom complaints alone. Prescribing of medications continued beyond their useful lives. Mr. Culley stated that three of the patients involved were children receiving Ritalin. The record consisted of three pieces of paper in a folder. Dr. Watts maintained that he prescribed the medication at the advice of another physician, but the letter giving that advice was not kept. Dr. Watts did not verify the treatment, and the schools indicated that the children did not have their medication with them.

Mr. Hall interrupted at this time, stating that Dr. Watts was not permitted to argue the findings and he feels that it is unfair for Mr. Culley to speak to these issues.

Mr. Culley referred to a comment by Mr. Hall, i.e., that the Board is affected by decisions being made recently regarding prescribing of amphetamines. He stated

that although the Board is moving to take official action to prevent abuse of these drugs, this does not mean that the Board has ignored the problem in the past.

Mr. Culley concluded that Lima's black community does deserve good medical care. He feels that the proposed revocation is in line with the facts.

Dr. Rauch stated that the Board wants to extend due process to the fullest. He noted that Dr. Stephens and Dr. Barnes were unable to attend the Board meeting, and suggested that the matter be tabled at this time.

DR. BUCHAN MOVED TO TABLE THE REPORT AND RECOMMENDATION IN THE MATTER OF ROBERT A. WATTS UNTIL THE BOARD HAS A VOTING QUORUM. DR. O'DAY SECONDED THE MOTION.
A roll call vote was taken:

ROLL CALL VOTE:	Dr. Cramblett	- aye
	Dr. Lancione	- aye
	Dr. Buchan	- aye
	Dr. Lovshin	- nay
	Ms. Rolfes	- aye
	Dr. Rothman	- abstain
	Dr. O'Day	- aye
	Mr. Johnston	- aye

The motion carried.

EXCERPT FROM THE MINUTES OF JUNE 11, 1986

REPORT AND RECOMMENDATION IN THE MATTER OF ROBERT A. WATTS, M.D.

Dr. Rauch asked Dr. Stephens and Dr. Rothman if they had received, read, and considered the hearing record, the proposed findings and order, and any objections filed to the proposed findings and order in the matter of Robert A. Watts, M.D. Dr. Stephens and Dr. Rothman both indicated that they had.

Dr. Watts' attorney, James M. Hall, Jr., requested that he have an opportunity to address Dr. Stephens since Dr. Stephens was not present at the Board meeting when he addressed the full Board on June 10, 1986.

Mr. Culley advised the Board that Ms. Schmidt had transcribed the minutes of June 10, 1986 pertaining to Dr. Watts, and suggested that Dr. Stephens might read those rather than both sides presenting their arguments a second time. Mr. Culley added that if the Board does allow Mr. Hall to address Dr. Stephens, he would object to Mr. Hall going beyond any arguments that he made on June 10.

Mr. Hall commented that the statements he would make at this time will be shorter than those he made on June 10.

DR. CRAMBLETT MOVED TO ALLOW MR. HALL TO PRESENT THE SAME ARGUMENTS HE PRESENTED

ON JUNE 10, 1986 FOR DR. STEPHENS' BENEFIT. DR. LOVSHIN SECONDED THE MOTION.
A roll call vote was taken:

ROLL CALL VOTE:	Dr. Cramblett	- aye
	Dr. Lancione	- aye
	Dr. Buchan	- aye
	Dr. Lovshin	- aye
	Ms. Rolfes	- aye
	Dr. Rothman	- aye
	Dr. O'Day	- aye
	Dr. Stephens	- aye
	Mr. Johnston	- aye

The motion carried.

Mr. Hall commented that he wished Dr. Stephens could have been present the day before when well over 100 people were present from Dr. Watts' community in support of Dr. Watts and his 25 years of dedicated service. Dr. Watts performs a valuable and unique service that no other physician has performed or is likely to perform.

Mr. Hall continued that Dr. Watts has requested that the Board, in considering this case, recognize that the treatment and the judgments objected to by the hearing officer took place some three to four years ago, and since that time there has been a substantial change within this Board's procedures, if not within the medical community, in judging that conduct. He asked that the Board take this change into account and fashion a remedy which fairly deals with Dr. Watts' situation and the problem brought before the Board. Mr. Hall stated that he and Dr. Watts have suggested that Dr. Watts be required to undergo some re-education and training. He stated that Dr. Watts is willing to take a pharmacology course, and is also willing to take an examination by the Board, after which the Board can decide whether Dr. Watts should be permitted to re-enter the practice of medicine. Mr. Hall stated that this would be a more appropriate remedy than revocation would be.

Mr. Hall advised that during the hearing there was no demonstration of Dr. Watts having done anything wrong. He did not profit by his actions, and he did nothing unlawful. Mr. Hall contended that Dr. Watts made a judgment call, and the hearing officer's judgment differed. He advised that the community does need Dr. Watts, and in permitting the retraining and re-education, the Board has nothing to lose, and the community has everything to gain. Mr. Hall stated that revocation would only punish Dr. Watts, and based upon the evidence, there is no indication that punishment is necessary.

Mr. Culley stated that his arguments yesterday consisted primarily of referring the Board to the facts of the case, which involve a very serious problem with mis-prescribing. Dr. Watts has a practice which involves a recurring practice of prescribing drugs that are addictive, abused, and have a street value. Such prescribing has continued for over a year's time, although recommended use is for a much shorter period. Dr. Watts even continued prescribing biphedamines when the patients demonstrated a weight gain instead of a loss. Mr. Culley stated that the facts of the record support the proposed order of revocation.

DR. BUCHAN MOVED TO APPROVE AND CONFIRM DR. RAUCH'S FINDINGS OF FACT, CONCLUSIONS AND PROPOSED ORDER IN THE MATTER OF ROBERT A. WATTS, M.D. DR. ROTHMAN SECONDED THE MOTION.

DR. LANCIONE MOVED TO AMEND THE ORDER TO STATE AS FOLLOWS:

IT IS HEREBY ORDERED THAT THE LICENSE OF ROBERT A. WATTS, M.D. TO PRACTICE MEDICINE AND SURGERY IN THE STATE OF OHIO BE INDEFINITELY SUSPENDED. DR. WATTS MAY APPLY FOR REINSTATEMENT AFTER A PERIOD OF NOT LESS THAN ONE YEAR, AND ONLY AFTER MEETING THE FOLLOWING REQUIREMENTS:

1. THAT HE SUCCESSFULLY COMPLETE A 6-MONTH PHARMACOLOGY COURSE.
2. THAT HE SUCCESSFULLY COMPLETE 6 MONTHS IN A GENERAL PRACTICE RESIDENCY.
3. THAT HE TAKE AND PASS FLEX COMPONENT II.

IT IS ALSO ORDERED THAT DR. WATTS MAY NOT IN THE FUTURE APPLY FOR SCHEDULE II D.E.A. PRIVILEGES.

DR. BUCHAN SECONDED THE MOTION. A roll call vote was taken:

ROLL CALL VOTE:	Dr. Cramblett	- abstain
	Dr. Lancione	- aye
	Dr. Buchan	- aye
	Dr. Lovshin	- aye
	Ms. Rolfes	- aye
	Dr. Rothman	- aye
	Dr. O'Day	- aye
	Dr. Stephens	- aye
	Mr. Johnston	- abstain

The motion carried.

DR. BUCHAN MOVED THAT THE ORDER BECOME EFFECTIVE 30 DAYS FROM THE DATE OF MAILING OF NOTIFICATION. DR. STEPHENS SECONDED THE MOTION. A roll call vote was taken:

ROLL CALL VOTE:	Dr. Cramblett	- aye
	Dr. Lancione	- aye
	Dr. Buchan	- aye
	Dr. Lovshin	- aye
	Ms. Rolfes	- aye
	Dr. Rothman	- aye
	Dr. O'Day	- aye
	Dr. Stephens	- aye
	Mr. Johnston	- abstain

The motion carried.

RE: Robert A. Watts, M.D.

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EXCERPT FROM THE MINUTES OF JULY 10, 1986

REPORT AND RECOMMENDATION IN THE MATTER OF ROBERT A. WATTS, M.D.

Dr. Rauch reminded the Board that at its June, 1986 meeting it considered the above-captioned matter. At that time a motion was made to amend the hearing officer's proposed order, and a vote was taken on the motion to amend. A subsequent vote approving the amended order was not taken.

DR. BUCHAN MOVED TO APPROVE AND CONFIRM DR. RAUCH'S FINDINGS OF FACT, CONCLUSIONS, AND PROPOSED ORDER AS AMENDED IN THE MATTER OF ROBERT A. WATTS, M.D. DR. STEPHENS SECONDED THE MOTION. A roll call vote was taken:

ROLL CALL VOTE:	Dr. Cramblett	- abstain
	Dr. Lancione	- aye
	Dr. Barnes	- aye
	Dr. Buchan	- aye
	Ms. Rolfes	- aye
	Dr. Rothman	- aye
	Dr. Stephens	- aye
	Mr. Johnston	- abstain

The motion carried.

STATE OF OHIO
THE STATE MEDICAL BOARD
Suite 510
65 South Front Street
Columbus, Ohio 43215

February 20, 1985

Robert A. Watts, M.D.
140 E. Spring Street
Lima, OH 45801

Dear Doctor Watts:

In accordance with Chapter 119., Ohio Revised Code, and under the authority of Section 4731.22, Ohio Revised Code, this is to advise you that the State Medical Board of Ohio hereby proposes to limit, reprimand, revoke, suspend, place on probation, refuse to register or refuse to reinstate your certificate to practice medicine and surgery in the State of Ohio for one or more of the following reasons:

1. You did prescribe the Controlled Substances listed in the attached "Prescription List by Patient Number", on the dates and in the amounts indicated, to the patients who are identified in the attached Patient Key. (Key to be withheld from public disclosure).

As concerns each of the patients designated in the "Prescription List by Patient Number" by the appearance in the left-hand margin of a double asterisk (**), the above described acts, individually and/or collectively, constitute "a failure to use reasonable care discrimination in the administration of drugs", and "failure to employ acceptable scientific methods in the selection of drugs or other modalities for treatment of disease," as those clauses are used in Section 4731.22(B)(2), Ohio Revised Code.

Further, such acts concerning such (**) designated patients, individually and/or collectively, constitute "selling, prescribing, giving away, or administering drugs for other than legal and legitimate therapeutic purposes," as that clause is used in Section 4731.22(B)(3), Ohio Revised Code.

Further, such acts concerning such (**) designated patients, and the medical care rendered to such patients, individually and/or collectively, constitute "a departure from, or the failure to conform to minimal standards of care of similar practitioners under the same or similar circumstances, whether or not actual injury to a patient is established," as that clause is used in Section 4731.22(B)(6), Ohio Revised Code.

2. During the years indicated you did prescribe the drugs indicated in the attached listing of "Total Drug Amounts by Drug, Year, and Month," in the total dosage units per month and year indicated therein.

February 20, 1985

Your prescribing of the amounts alleged in Paragraph (2) to the various persons listed in the previously mentioned "Prescription List by Patient Number" constitutes "failure to use reasonable care discrimination in the administration of drugs" and "failure to employ acceptable scientific methods in the selection of drugs or other modalities for treatment of disease", as those clauses are used in Section 4731.22(B)(2), Ohio Revised Code.

Further, such prescribing constitutes "selling, prescribing, giving away, or administering drugs for other than legal and legitimate therapeutic purposes," as that clause is used in Section 4731.22(B)(3), Ohio Revised Code.

Further, such prescribing constitutes "a departure from, or the failure to conform to, minimal standards of care of similar practitioners under the same or similar circumstances, whether or not actual injury to a patient is established," as that clause is used in Section 4731.22(B)(6), Ohio Revised Code.

Pursuant to Chapter 119., Ohio Revised Code, please be advised that you may request a hearing on this matter. If you wish to request such a hearing, that request must be made within thirty (30) days of the time of mailing of this notice.

You are further advised that you are entitled to appear at such a hearing in person, or by your attorney, 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 there is no request for such a hearing made within thirty (30) days of the time of mailing of this notice, the State Medical Board of Ohio may, in your absence and upon consideration of this matter, determine whether or not to limit, reprimand, revoke, suspend, place on probation, refuse to register, or reinstate your certificate to practice medicine or surgery in the State of Ohio.

Copies of all referenced statutes are enclosed.

Very truly yours,



Henry G. Cramblett, M.D.
Secretary

HGC:jmb

Enclosures:

CERTIFIED MAIL #P 569 362 286
RETURN RECEIPT REQUESTED