IN THE COURT OF COMMON PLEAS, FRANKLIN COUNTY, OHIO

Ramano Barney, M.D.,	:	
Appellant,	:	TERMINATED
-vs-	:	Case No. 82-CV-10-6203
State of Ohio State Medical Board,	:	Judge Reda
Appellee.	:	

1983 APR 29 PM 4 THE COURT OF COMMON PLEAS FRANKLIN COUNTY, OHIO

DECISION AND ENTRY

Rendered this 26th day of April, 1983.

REDA, J.

This matter comes before the Court on a Revised Code Section 119.12 appeal from a decision of the State Medical Board suspending appellant's medical license for five years. The Court sees no need for oral argument.

The record below contains a vast quantity of evidence that Dr. Barney was guilty of the violations with which he was charged. The doctor prescribed pills, with little or no examination or testing of his patients. The arguments raised by appellant are not persuasive as (1) the hearing officer had the best opportunity to observe demeanor and determine credibility (2) the hearing officer and the board members have the requisite expertise to make medical judgments and (3) the Court must defer to the Administrative body on such an appeal when the record contains substantial evidence.

The Court finds that the decision below is more than adequately supported by reliable, probative and substantial evidence and is in accordance with law. It being the intention

29 APR 1983

of the Court to enter judgment immediately in light of the health hazards and drug abuse potential involved, it is therefore ORDERED, ADJUDGED and DECREED that the decision of the Board is AFFIRMED. The prior stay is hereby VACATED. Appellant to pay costs.

FRANK A. REDA, JUDGE

Copies to:

Frederic R. Kass
Attorney for Appellant

Jeffrey J. Jurca
Arthur G. Meyer
Assistants Attorney General
Attorneys for Appellee

FILED
COMMON PLEAS COURT
FRANKLIN CO., OHIO
1983 APR 26 PM 3:55
THOMAS J. EWRIGHT
CLERK OF COURTS

25 APR 1983

16 NOV 1982

IN THE COURT OF COMMON PLEAS
FRANKLIN COUNTY, OHIO

Romano Barney, M.D.,	:	
Appellant,	:	
-vs-	:	CASE NO. 82CV-10-6203
State Medical Board,	:	JUDGE CRAIG WRIGHT
Appellee.	:	

FILED
COMMON PLEAS COURT
FRANKLIN CO., OHIO
1982 NOV 15 PM 4:27
THOMAS J. EWRIGHT
CLERK OF COURTS

ENTRY

Appellant's Motion for Stay of Execution came on for hearing on October 20, 1982. It is hereby ORDERED that Appellee's order suspending Apellant's license to practice medicine is stayed except that Appellant may only prescribe those items listed below.

Appellant may prescribe antibiotics for disease and infection. Appellant may prescribe and administer insulin. Appellant may also prescribe diuretics.

This ORDER shall expire upon resloution of the Merits of the Appeal, or within fifteen (15) months after the date of the filing of the notice of appeal, whichever is earlier, unless otherwise extended or modified.

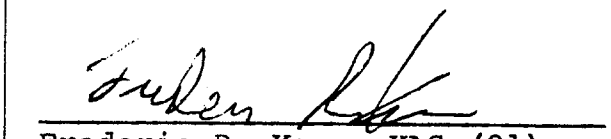
It is further ORDERED that the parties shall adhere to the following briefing schedule;

Appellant's brief to be filed on or before forty-five (45) days from the date of certification of the recertification of Appellant's administrative hearing before Appellee; Appellee's brief to be filed within forty-five (45) days after the date of filing of Appellant's brief; Appellant's reply brief to be filed within twenty (20) days after the date of filing of Appellee's brief.

JUDGE CRAIG WRIGHT

16 NOV 1982

APPROVED;



Frederic R. Kass KAS (01)
Attorney for Appellant

WILLIAM J. BROWN
ATTORNEY GENERAL

Jeffrey J. Jurca, per FRK
Jeffrey J. Jurca
Assistant Attorney General
Attorney for Appellee

telephone authority
11-15-82

BEFORE THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF *

*

ROMANO BARNEY, M.D. *

ORDER

This matter came on for consideration before the State Medical Board of Ohio the 13th day of October, 1982.

Upon the Report and Recommendation, a true copy of which is attached hereto and incorporated herein, of Joseph P. Yut, M.D., the Hearing Member in this matter designated pursuant to R.C. 4731.23, the Findings of Fact, Conclusions, and Proposed Order are hereby APPROVED and CONFIRMED by vote of the State Medical Board of Ohio as reflected by the Motion of the Board at its meeting for the above date, a true copy of said Motion of the Board being attached hereto and incorporated herein.

WHEREFORE, it is hereby ORDERED that effective on the date appearing below the certificate of Romano Barney, M.D., to practice medicine and surgery in the State of Ohio is SUSPENDED for a minimum period of five (5) years. After the minimum five year period has lapsed, Dr. Barney's suspension is to be vacated only upon his taking and obtaining a passing score of 75.00 or higher on the Clinical Competency portion of the Federation Licensing Examination (FLEX).

This ORDER is to be entered upon the Journal of the State Medical Board of Ohio for this 13th day of October, 1982, and the original thereof shall be kept with said Journal.

(SEAL)

Anthony Ruppersberg, Jr., M.D.
Secretary

10/8/82
Date

REPORT AND RECOMMENDATION

IN THE MATTER OF ROMANO BARNEY, M.D.

The matter of Romano Barney, M.D., came before me, Joseph P. Yut, M.D., member of the State Medical Board of Ohio, on March 11, 1982, March 12, 1982, May 21, 1982, and May 30, 1982. Additionally, a deposition was taken on April 21, 1982, and this deposition was forwarded to me for consideration as evidence. All exhibits and depositions are admitted into the record and will be taken into consideration.

INTRODUCTION AND SUMMARY OF EVIDENCE

1. On May 13, 1981, the State Medical Board of Ohio forwarded a letter of citation to Romano Barney, M.D., charging him with violations of Revised Code Chapter 4731, the Medical Practice Act, including alleged violations of Revised Code 4731.22 (B)(2), (3), and (6), and advising Dr. Barney of his right to a hearing under Revised Code Chapter 119., the Administrative Procedure Act (State's Exhibit 1 and 1-A).

2. Dr. Barney made a timely request for hearing by letter of June 3, 1981 (State's Exhibit 2).

3. On September 10, 1981, the Board forwarded a second letter of citation to Dr. Barney, charging him with additional violations of Revised Code 4731.22 (B)(2), (3), and (6), and advising him of his right to a hearing on these charges (State's Exhibit 4).

4. Dr. Barney made a timely request for hearing by letter of September 28, 1981 (State's Exhibit 5).

5. Attorneys for the State moved to consolidate the two (2) sets of charges for consideration at a single hearing (State's Exhibit 8). Attorneys for Dr. Barney opposed the motion (State's Exhibit 9). Consolidation was ordered by entry of November 18, 1981 (State's Exhibit 10).

6. The State's case was presented by Jeffrey J. Jurca, Assistant Attorney General. Dr. Barney was represented by Robert Sanders, Esq., Frederic R. Kass, Esq., and H. Ritchey Hollenbaugh, Esq.

7. The following witnesses appeared to testify: Michael Hamad; Robert E. Jewett, M.D.; John Decaminada; Linda S. Becker; Leroy B. Goodson, M.D.; Michael Javorina; Roy E. Welman; Romano Barney, M.D.; Donald Rife; and Carla Thompson. Dr. Goodson testified by way of deposition.

8. Michael Hamad (Patient A) testified as a witness for the State (Volume I, 19-95). In early 1981, Mr. Hamad suffered a gunshot wound to the head. It is Mr. Hamad's belief that either due to the head wound or to his use of drugs, he has a severe memory problem (Volume I, 88-89).

9. Hamad saw Dr. Barney for treatment from 1975-1976 until March 16, 1981 (Volume I, 20). Hamad stated that one of the problems he presented to Dr. Barney was phlebitis, for which he received Talwin (Volume I, 22). Hamad found the Talwin to be helpful in relieving his pain. Eventually, Dr. Barney switched Hamad to Demerol, since the Talwin was no longer effective against the pain. Finally, Dr. Barney switched Hamad to Dilaudid when the Demerol lost effectiveness (Volume I, 24-26). Dr. Barney instructed Hamad to be careful with the Dilaudid (Volume I, 26).

10. Hamad eventually believed that he was addicted to Dilaudid. When he told Dr. Barney of this, Dr. Barney stated that they were "going to be lifelong friends" (Volume I, 26-27). Hamad was never hospitalized nor referred by Dr. Barney to a drug treatment program.

11. During the time in which Dr. Barney prescribed Dilaudid for Hamad, Dr. Barney checked Hamad's blood pressure "regularly, maybe not every time", according to Hamad. Dr. Barney often looked at the condition of Hamad's legs.

12. Other than prescribing drugs for the pain associated with the phlebitis, Dr. Barney simply told Hamad to keep off his feet (Volume I, 30-31).

13. Hamad identified prescriptions written for him by Dr. Barney (Volume I, 31; State's Group Exhibit 13).

14. Hamad indicated that he would often exceed the dosage of Dilaudid recommended by Dr. Barney. On other occasions, however, Dr. Barney instructed Hamad to take the Dilaudid "as needed" (Volume I, 32).

15. Hamad indicated that Dr. Barney prescribed Ritalin for him after he requested a "pick-me-up" (Volume I, 32).

16. On cross-examination, Hamad revealed a long history of surgical procedures dating back to 1964, including removal of kidney stones on numerous occasions, an ileojejunostomy, and ligation of the inferior vena cava (Volume I, 34-57).

17. Hamad indicated that he received two prescriptions for Dilaudid from a Dr. Kanter while he was also receiving prescriptions from Dr. Barney (Volume I, 56-68, 91).

18. Hamad received Dilaudid prescriptions from Dr. Barney even when his phlebitis was not acting up. Hamad told Dr. Barney that the Dilaudid stopped the diarrhea from his bowel surgery (Volume I, 68-70).

19. At one point, Hamad told Dr. Barney that he was taking up to thirty-four (34) Dilaudid tablets a day (Volume I, 72).

20. Hamad testified that during 1978-1980, he consumed large amounts of alcohol, as well as the Dilaudid. He did not tell Dr. Barney about the alcohol (Volume I, 81-82).

21. Hamad has been convicted of trafficking in marijuana (1981), and receiving stolen property (1971) (Volume I, 83-84). Both are felonies.

22. Hamad is currently unemployed, and is being treated in the Vita Drug Clinic, pursuant to court order (Volume I, 86).

23. Dr. Barney was the first physician to prescribe Dilaudid for Hamad on an outpatient basis (Volume I, 91).

24. Dr. Barney, according to Hamad, gave Hamad some Morphine on one occasion. According to Hamad, "he didn't try to transfer me to it. I believe I got it in addition to or something else to try" (Volume I, 92-93).

25. John Decaminada testified as a witness on behalf of the State (Volume II, 66-79). Decaminada is an officer in the Columbus Division of Police Narcotics Bureau.

26. Decaminada first saw Dr. Barney on February 26, 1980, at Dr. Barney's office. Decaminada posed in an undercover capacity as a patient named "John Decom". When Decaminada arrived at Dr. Barney's office, he was asked by a member of the office staff his name and address and whether he was allergic to any drugs. Decaminada indicated that he knew of no allergies (Volume II, 60-71). After Decaminada was led to an examining room Dr. Barney entered and asked Decaminada what his problem was. Decaminada told Dr. Barney that he was a truck driver and that he "needed something to keep me going and to pep me up" (Volume II, 71-72).

27. The following testimony by Decaminada is relevant to his visit to Dr. Barney:

    Q. (by Mr. Jurca) Did he take your blood pressure?

    A. Yes. Five minutes or so after we talked, he appeared to put the cuff around my arm, pumped it up and as soon as it was pumped up, immediately released the air out of it.

    Q. Were you wearing a long-sleeve shirt on this occasion?

    A. Yes, I was.

Q. Did he have you roll up your sleeve for the blood pressure?

A. No.

Q. Did he take your weight?

A. No, sir.

Q. Did he check your heart?

A. No.

Q. Did he use a stethoscope to check your heart?

A. No, sir.

Q. Were any urine or blood samples taken on this visit?

A. No, sir, they were not.

* * *

Q. Did Dr. Barney suggest to you that you go on a diet of any type?

A. No, sir, he did not.

Q. Did he ask you any questions about your eating habits?

A. No, sir, he did not.

Q. Did he suggest to you that you get involved in more physical activity or exercise?

A. No, sir, he did not.

Q. Did Dr. Barney ask you if you were seeing any other physicians at this time?

A. No, sir, he did not.

Q. Did Dr. Barney tell you anything about the drug he was prescribing for you?

A. No, just advised me to take one each morning.

Q. Did he say anything to you about any possible side effects the drug might have?

A. No, sir, he did not.

(Volume II, 72, 74-75.)

28. Dr. Barney gave Dacaminada a prescription for forty (40) Eskatrol (State's Exhibit 19).

29. Linda S. Becker appeared as a witness for the State (Volume II, 81-107). Ms. Becker is a staff development trainee with the Ohio Department of Youth Services. She is currently working on a substance abuse control program for the Department (Volume II, 81-82).

30. Ms. Becker met Sgt. Dempsey of the Columbus Police Narcotics Bureau, and agreed to assist in the undercover investigation of local physicians. She investigated Dr. Barney using the assumed name of Linda Baker (Volume II, 82-83).

31. Becker's first visit to Dr. Barney's office was on February 19, 1980. Becker filled out a general information form that did not include questions about medical problems (Volume II, 83-84). Becker then saw Dr. Barney, and told him that she had a constant pain in her legs and thighs. She also told Dr. Barney that she had recently moved to Columbus, and that her Doctor in Ft. Wayne had previously given her medication. Dr. Barney did not ask for the name and address of the physician in Ft. Wayne. Nor did Becker provide this information (Volume II, 84-86).

32. The following testimony is pertinent to Becker's February 19, 1980 visit:

Q. (by Mr. Jurca) Did he touch your legs or examine them in any way?

A. No, at no point during the whole time that I was in the examining room did he touch me at all.

Q. Did Dr. Barney take your weight?

A. Not on that occasion, no.

Q. Was your height registered or checked?

A. No.

Q. Did Dr. Barney take your blood pressure?

A. No.

Q. Did you have any x-rays taken?

A. No.

Q. Did Dr. Barney refer you to any laboratories or hospitals for tests?

A. No, sir.

(Volume II, 85.)

33. Dr. Barney gave Becker a prescription for fifty (50) Percodan, with the instruction that she take one three times a day (Volume II, 86; State's Exhibit 20). Dr. Barney made no further comments about the Percodan.

34. Becker returned to Dr. Barney's office on March 11, 1980. Becker was weighed by a staff member (Volume II, 88). Becker indicated to Dr. Barney that she still had pain. The following testimony is relevant to Becker's visit of March 11, 1980:

Q. (by Mr. Jurca) On this particular occasion, did he examine or touch your legs or your back?

A. No.

Q. Did he take your blood pressure?

A. No.

Q. Did he check your heart with a stethoscope?

A No.

Q. Were any x-rays taken on this visit?

A. No.

Q. Did you indicate to him on this visit that you wanted to lose some weight?

A. At his suggestion, I said I would be interested in it.

(Volume II, 89.)

35. Dr. Barney wrote prescriptions for Becker for seventy-five (75) Percodan and thirty (30) Ionamin (Volume II, 89-90; State's Exhibit 21-22).

36. Becker returned to Dr. Barney's office on April 15, 1980. Becker was not weighed during this visit. The following testimony is pertinent:

Q. (by Mr. Jurca) Did you mention on this occasion any leg pain?

A. No, he kept saying back pain and I corrected him and said, no, it was the legs. It was a very short discussion, and he wrote a prescription for 100 Percodan.

Q. Did he take your blood pressure on this visit?

A. No.

Q. Did anyone in that facility take your blood pressure?

A. No.

Q. Were you weighed on that visit?

A. No.

Q. Did anyone else take your weight?

A. No.

Q. Did Dr. Barney say anything to you about how your weight loss was going on?

A. No. He suggested again that I make an appointment since it was April, and he was taking new patients for weight loss. He did suggest that I make an appointment for that.

Q. Did Dr. Barney check your heart with a stethoscope on this occasion?

A. No.

Q. Did anyone else at the facility do that?

A. No.

Q. Were any x-rays taken on this occasion?

A. No.

Q. Any blood or urine samples?

A. No.

(Volume II, 91-92.)

37. Becker received prescriptions for one hundred (100) Percodan and forty (40) Ionamin on this visit (Volume II, 93-94; State's Exhibits 23 and 24).

38. During her March 11, 1980 and April 15, 1980 visits to Dr. Barney, Becker received no instructions from Dr. Barney concerning diet, eating habits, or exercise (Volume II, 96).

39. Becker did not actually have leg pains (Volume II, 98).

40. Becker weighed approximately 190 to 195 pounds during this time period (Volume II, 99).

41. In October, 1980, Becker returned to Dr. Barney on her own independent initiative. The following testimony is pertinent concerning that visit:

Q. (by Mr. Hollenbaugh) For whom were you running the investigation?

A. For myself. It was not an investigation.

Q. What was it?

A. I had injured my back and I knew I could get some Percodan from Dr. Barney without any questions. So I went back in October to get them.

Q. And did that occur?

A. Yes, sir.

Q. And you explained to him that you had a back problem?

A. No, I went with the same story as before because I knew I could get them that way.

Q. You told him that you still had leg pains?

A. Yes. It didn't seem to matter what was wrong, so I figured any story was as good as any other one.

(Volume II, 105.)

42. Robert Jewett, M.D., appeared as a witness for the State (Volume II, 4-50). Dr. Jewett's curriculum vitae is State's Exhibit 15. He is currently Senior Associate Dean, Dean for Academic Affairs, and Professor of Pharmacology at Wright State University in Dayton (Volume II, 6-7).

43. Dr. Jewett summarized the effects and uses of the various drugs prescribed by Dr. Barney (Volume II, 8-20). Generally, Dr. Jewett indicated that amphetamines such as Eskatrol, Dexedrine, Biphetamine, Dexamyl, and similar drugs such as Ritalin and Ionamin are effective in causing a weight reduction "for up to maybe four to six weeks; but tolerance tends to develop to the appetite suppressant effects of that drug" (Volume II, 9). Dr. Jewett added that amphetamines were "not useful unless combined with diet and other appropriate instructions related to exercise" (Volume II, 37).

Dr. Jewett stated:

> "Narcotics, if taken in overdose, can cause depression of the respiratory center, particularly decreasing the rate of respiration, and the individual can get in hypoxy, not enough oxygen in the blood." (Volume II, 15.)

45. With respect to the issue of adequate physical examinations for patients receiving amphetamines or narcotics, Dr. Jewett stated as follows:

Q. (by Mr. Jurca) What sort of physical examination of the patient is necessary, in your estimation, prior to the prescribing -- Let's start with the amphetamine-type drugs.

A. Well, I would like to comment again that I would prefer not to speak on that from the standpoint of a practicing physician; but from the animal data and what we know they do in humans, it would seem to me that it would be very important to have an assessment of those body symptoms which we know those substances affect.

Since the amphetamines are central nervous system stimulants, -- and affect the cardiovascular system -- certainly one would have a blood pressure, heart rate and the full development of a history and physical examination of the individual to determine if they might have other diseases such as epilepsy which a central nervous system stimulant might be contraindicated; but a complete history and physical examination should certainly include the blood pressure and pulse rate and any other concurrent diseases. It would also be extremely important to know any other drugs the individual might be taking because amphetamine actions may potentiate other central nervous system stimulants and other drugs may potentiate or add to the action of the stimulants. (Volume II, 21-22.)

46. With respect to the use of Dilaudid to treat acute diarrhea, Dr. Jewett stated that the use of narcotics on a long-term basis to control the diarrhea "probably would not be the optimum way to approach therapy for that patient" (Volume II, 24).

47. With respect to Dilaudid dosage, Dr. Jewett testified that a dose range of two (2) to three (3) milligrams three (3) to four (4) times a day would not be out of the ordinary (Volume II, 28).

48. With respect to the choice of drugs for Hamad, Dr. Jewett testified that he would not have started immediately with Talwin or Dilaudid to treat the problem of diarrhea (Volume II, 31-32). Dr. Jewett stated that he would have used "the least powerful narcotic that I could for the (phlebitis) pain, if it required a narcotic at all" (Volume II, 33).

49. Dr. Jewett refuted the concept that Ritalin would reduce tolerance to Dilaudid or other narcotics (Volume II, 34-35).

50. Dr. Jewett testified that reduction in the dose of narcotics being given to an addicted or tolerant individual must be done "very carefully", and preferably in a hospital (Volume II, 39).

51. Dr. Jewett noted that the four-milligram dosage unit of Dilaudid is the highest available, and that there is a general rule in pharmacology that the lowest dose to control the patient's symptoms should be used (Volume II, 45).

52. Dr. Jewett testified that continued use of amphetamines for weight loss after four (4) to six (6) weeks is useless if no weight loss has occurred up to that point, and that the use of amphetamines for maintenance of a given weight level is not generally acceptable (Volume II, 47-48).

53. Leory B. Goodson, M.D., testified by deposition on behalf of the State. Dr. Goodson is a Board-certified family physician with 16 years of practice in the area of drug and alcohol abuse. His curriculum vitae is attached to his deposition as Goodson Deposition Exhibit 1.

54. Dr. Goodson described the uses and effects of the drugs involved in this case (Deposition 5-20).

55. Dr. Goodson indicated that amphetamines have a high rate of addiction, and that a number of preliminary findings must be made before such drugs are prescribed, including determinatin of pulse, blood pressure, weight, and height, and evaluation of the blood and thyroid function, and a determination of whether the patient was at least 20 to 25 percent overweight (Deposition 16).

56. Dr. Goodson indicated that once amphetamines are prescribed for six (6) to twelve (12) weeks, tolerance to their effect develops (Deposition 7). In addition, amphetamines may cause elevated pulse rate, elevated blood pressure; a change in vision; shakiness and tremor, staggering, excessive sweating, and some rapidity of speech (Deposition 8).

57. Dr. Goodson noted that Ionamin does not have the same addictive potential as amphetamines (Deposition 9).

58. Dr. Goodson testified that Ritalin is not to be used for weight loss (Deposition 11).

59. Dr. Goodson testified that most physicians limit the use of amphetamines and other anorectic drugs to from sixty (60) to ninety (90) days (Deposition 11).

60. Dr. Goodson noted that Dilaudid has a high level of addiction potential (Deposition 20).

61. Dr. Goodson emphasized the importance of recordkeeping for the physician (Deposition 22).

62. With respect to the treatment of John Decaminada, Dr. Goodson testified that the use of Eskatrol to keep a person awake is not a generally accepted medical use (Deposition 26). Moreover, Dr. Goodson opined that the prescribing of Eskatrol for Decaminada was in violation of minimal standards of care (Deposition 26). Dr. Goodson also indicated that evidence of heart disease, vascular disease, and/or irregular pulse rate should be evaluated by the physician prior to prescribing a stimulant (Deposition 25).

63. With respect to the treatment of Linda Becker, Dr. Goodson indicated that it would be appropriate to conduct a hands-on physical examination, including a test of neurological function "all the way up to the neck and the head because the pain does not have to originate (in the legs). It can originate elsewhere." (Deposition 29-30). The failure to conduct such an examination constitutes a failure to conform to minimal standards of care (Deposition 30).

64. Dr. Goodson noted that Percodan simply removes the preception of arthritis pain, but does not treat the arthritic condition. Furthermore, there are numerous nonsteroid chemicals which successfully treat arthritis. Treatment of arthritis generally begins with aspirin and progresses to the non-steroid drugs (Deposition 35-36).

65. Dr. Goodson described the thorough physical exam needed of a patient who complains of headaches (Deposition 36). Dr. Goodson noted that narcotics modify the perception of pain, but do not have any primary effects on any disease (Deposition 37). The use of narcotics may, in fact, mask a real medical problem (Depostion 38).

66. Dr. Goodson opined that Dilaudid is generally not a drug for outpatient use, unless a "very, very extensive physical examination", including chemical, x-ray, and physical analysis was performed (Deposition 39).

67. Dr. Goodson was severely critical of the prescribing for Hamad (Deposition 41-42), and noted that "the continual use (of) an addicting amount of Dialudid does not constitute good medical practice" (Deposition 43).

68. Dr. Goodson was not aware of any situations in which it would be appropriate to prescribe Eskatrol and Biphetamine, or Eskatrol and Ionamin, simultaneously (Deposition 44-45).

69. On cross-examination, Dr. Goodson testified that the weight of the patient was not a significant factor in evaluating the propriety of prescribing narcotics (Deposition 48).

70. With respect to Hamad, Dr. Goodson indicated that 120 milligrams of Dilaudid daily is a "totally addicting dose" (Deposition 53).

71. Dr. Goodson testified that there is "no valid use of amphetamines in maintenance" of a given weight (Deposition 78-79).

72. Dr. Goodson testified that a physician should routinely inquire into a patient's use of tobacco and alcohol as part of a routine physical examination (Deposition 80).

73. Dr. Barney testified on his own behalf (Volume III, 7-34, 68-81; Volume IV, 5-10). His medical education and training is described at Volume III, 8-9, 68-70.

74. Dr. Barney testified that when a new patient comes to his office, he makes a diagnosis by looking at the patient, including his movements and behavior, and by questioning the patient in a "brief consultation" (Volume III, 9-12). With respect to patients who complain of back pain, Dr. Barney stated that "I assume he come strained muscle, and I give him some pain medication" (Volume III, 11).

75. Dr. Barney described his treatment of Michael Hamad at Volume III, 12-22. With respect to Hamad's receipt of Dilaudid from Dr. Kanter, Dr. Barney testified that it "always was my policy not to give any pain medication to anybody who is going to another doctor" (Volume III, 16). According to Dr. Barney, "I was more or less liberal with the drugs for this guy because I didn't see any other solution" (Volume III, 17). "When he come here, I know I was dealing with some people, some guy used to narcotics, and with a big tolerance to narcotics" (Volume III, 18). Dr. Barney said that he examined Hamad many times. Dr. Barney said that he was pressured by Hamad and was afraid (Volume III, 20). Dr. Barney tried to use Morphine and Ritalin to reduce Hamad's use of Dilaudid (Volume III, 21). Eventually, Hamad was dismissed as a patient (Volume III, 21).

76. Dr. Barney described his treatment of Linda Becker at Volume III, 21-26. Dr. Barney disagreed with Becker's testimony that she complained of leg pain: "the complaint she brought was chronic back pain" (Volume III, 22). According to Dr. Barney, "I used to give fifty tablets of Percodan until the record of this patient come. I don't contact any doctor. I don't call any doctor because I have no luck with that" (Volume III, 22). Dr. Barney noted that Becker was "grossly overweight", "over suprarenal", and had a "male attitude" (Volume III, 23; State's Exhibit 26).

77. Dr. Barney testified that with regard to patients with chronic back pain, "I can no use any other pain medication but Percodan. Aspirin is very good, but aspirin, after a while patient doesn't take anymore because gastritis . . . the Percodan was great -- was great for pain" (Volume III, 25).

78. Dr. Barney describes his treatment of diet patients at Volume III, 27-34. Dr. Barney testified that when patients come in for weight loss, he inquires as to what they previously did to lose weight, whether they gained or lost weight in the past year, how their health is, and what they eat (Volume III, 27-28).

79. Dr. Barney testified that the best diet he found was "to load the blood with sugar in the morning". He tells patients to "drink a lot of coffee with sugar in the morning for breakfast . . . if you load the blood with sugar at eight o'clock, by eleven you have hypoglycemia and the hypoglycemia he overcome and he burns the sugar he eats and more." (Volume III, 29).

80. Dr. Barney testified that exercise is beneficial in weight loss, but must be a "very scientific regimen" (Volume III, 29-30).

81. Dr. Barney testified that diet medication assists the patient in developing proper eating habits (Volume III, 31).

82. Dr. Barney advised his patients to avoid wheat products and acid-producing food. Dr. Barney also testified that patients gain weight by "sipping Pepsi since the morning until the night" (Volume III, 31).

83. On cross-examination, Dr. Barney stated that he might not give much of an examination to a patient complaining of back pain "because the examination doesn't give any information" (Volume III, 72). Dr. Barney stated that a patient cannot become tolerant or addicted to Percodan, and that it "always works" (Volume III, 74-75). According to Dr. Barney, Percodan has no side effects. See also Volume IV, 14-16.

84. With regard to patients with leg pain, Dr. Barney stated that the first thing to come to his mind is "some infection, some tonsilitis . . .; could be a Rocky Mountain Fever, meningitis or anything. Could be smallpox . . ." (Volume III, 75). He would conduct blood tests and give aspirin (Volume III, 76). The diagnosis and the results of tests would be written in his records.

85. Additional testimony concerning Dr. Barney's treatment of Hamad can be found at Volume IV, 5-14, 17-25. Dr. Barney testified that he did not think that Hamad was ever an addict (Volume IV, 17), and then described him as having "a mild addiction, maybe" (Volume IV, 18). Dr. Barney was told by Hamad that Hamad thought he was addicted. A June 14, 1980 entry in Respondent's Exhibit A, a summary of Dr. Barney's treatment of Hamad, states "By June try Ritalin again in order to help addiction" (Volume IV, 17-18).

86. Dr. Barney continued to prescribe Dilaudid for Hamad after he knew that Dr. Kanter was also prescribing for him. "That was my crucial mistake in this case" (Volume IV, 20).

87. Dr. Barney was aware during his course of prescribing for Hamad that at one time, Hamad was taking thirty (30), four (4) milligram, Dilaudid tablets per day (Volume IV, 24).

88. With respect to Linda Becker, Dr. Barney was asked about the statement in State's Exhibit 26, his patient record, which states "this patient has already had more qualified physicians with more facilities than mine". He does not know who the more qualified physicians are, or what facilities they had (Volume IV, 27, 31-32).

89. Dr. Barney did not know if he gave Becker any diet instructions. according to Dr. Barney, "the pill is the best teacher in diet" (Volume IV, 33-34).

90. Although Dr. Barney indicated that he regularly checked the heart and blood pressure of diet patients, his records do not reflect the results of those tests in Becker's case (Volume IV, 32-37; State's Exhibit 26). In general, he does not do lab tests or x-rays on diet patients (Volume IV, 38-39) "because the patient is going to tell me no".

91. With respect to Decaminada, Dr. Barney testified that "I prescribe Eskatrol whenever the patient is heavy" and "maybe I didn't take this too much seriously" (Volume IV, 42).

92. Various patients referred to in State's Exhibit 1 were discussed by number. With respect to Patient 3, Dr. Barney testified that he prescribed Ritalin because of the patient's slow mentality:

Q. (by Mr. Jurca) It would not improve the person's intelligence, would it?

A. A lot.

Q. It would?

A. Yes.

Q. Ritalin can make someone more intelligent?

A. No. The cortex work better without the interference.

* * *

Q. Okay. How were you able to determine that this patient had a slow mentality?

A. The way they talk.

Q. What do you mean?

A. They talk -- talk with somebody. You can tell this is a dummy. This is the first approach, you see? And the patient change subject often . . ."

(Volume IV, 46; State's Exhibit 28.)

93. Patient 6 is discussed at Volume IV, 47-50; Patient 11 at Volume IV, 50-55. See also State's Exhibits 29 and 30.

94. Dr. Barney prescribed Eskatrol for Patient 13, who has a slightly elevated blood pressure. According to Dr. Barney, Eskatrol can make the blood pressure normal after a while (Volume IV, 55-56; State's Exhibit 31).

95. Dr. Barney continued to prescribe Dilaudid for Patient 15, supposedly a back pain patient, after Patient 15 told the doctor that the medication kept him going (Volume IV, 57-58; State's Exhibit 32).

96. Patient 19 received Valium for mental problems. She suffered bouts of depression and suicide attempts. Ten (10) milligram Valium was prescribed. On May 10, 1980, Valium, Ritalin, and Quaalude were prescribed. According to Dr. Barney, the patient would take Ritalin in the morning "for work" and Valium, and Quaalude at night for sleep (Volume IV, 58-61; State's Exhibit 33).

97. Patient 20 is Patient 19's husband. He was described by Dr. Barney as "very unstable, "very nervous", and "hyperactive". Although this patient attempted to abuse Valium, Dr. Barney increased the dosage strength. Ritalin was also prescribed. No EEG was performed (Volume IV, 61-63; State's Exhibit 34).

98. Patient 26 received Dilaudid for "sclerotic arthritis or sclerosis" (Volume IV, 65). Dr. Barney did not perform any tests on this patient because the problem "was obvious" (Volume IV, 64-65; State's Exhibit 35).

99. Patient 27 was a weight patient who received Eskatrol and/or Ionamin for one year without achieving weight loss. Eskatrol and Ionamin were prescribed in combination because the patient needed more medication, in Dr. Barney's estimation. The patient also had mild hypertension (Volume IV, 65-66; State's Exhibit 36).

100. The chart for Patient 38 contains an entry in Spanish for November 21, 1980, indicating that a pharmacy had called to report the patient's suspicious activity. Dr. Barney called a police detective who advised Dr. Barney to keep an eye on Patient 38. Dr. Barney continued to prescribe for the patient because there was "no reason to quit" (Volume IV, 67-68; State's Exhibit 37).

101. Patient 39 received Dilaudid, then Percodan as well, because of "ankle pain". Not all of the prescriptions written appear in Dr. Barney's records (Volume IV, 69-71; State's Exhibits 13, 38).

102. Dr. Barney indicated that he had prescribed Biphetamine and Eskatrol in combination on occasion (Volume IV, 71-27).

103. Patient 71 was given Eskatrol for weight loss, but gained weight. The Eskatrol was continued to maintain the patient's weight. On cross-examination, Dr. Barney testified as follows:

Q. (by Mr. Jurca) Let me make sure I understand. It is your belief that use of amphetamines to help a person maintain a certain weight is acceptable?

A. At least they maintain.

Q. You don't see any potential for harm there?

A. Potential hurt? No.

(Volume IV, 73: State's Exhibit 39.)

104. Patient 75 was, according to Dr. Barney's chart, referred by him to a specialist. There is no indication, however, that Patient 75 ever saw the specialist (Volume IV, 74-75; State's Exhibit 40).

105. Patient 98, a truck driver, was given Percodan and Dilaudid. Dr. Barney dismissed him as a patient after being contacted by the Columbus Police (Volume IV, 76-77; State's Exhibit 41). Dr. Barney indicated that in some cases, he may have forgotten to discontinue prescriptions to drug abusers reported to him by the police (Volume IV, 78).

106. Patient 112 was given Dilaudid for "chronic contact dermatitis". The patient was also a double amputee. Although Dr. Barney's notes reflect a February 12, 1980 entry of dismissal of the patient for abuse of the drugs. The patient, however, continued to receive Dilaudid from the doctor (Volume IV, 79-82; State's Exhibit 43).

107. Michael Javorina appeared as a witness on Dr. Barney's behalf. Javorina was diagnosed as having arthritis of the spine by Dr. Barney after a back injury (Volume II, 53). According to Javorina, Dr. Barney always performed a physical examination before prescribing medication (Volume II, 57). Javorina is presently on a diet plan, involving exercise and diet medication (Volume II, 61-64).

108. Roy E. Welman appeared as a witness on Dr. Barney's behalf. Welman is a double amputee and went to Dr. Barney to lose weight, in order to increase mobility. According to Welman, Dr. Barney "took my blood pressure, my pulse . . . He just looked me over" (Volume II, 112). Welman lost weight under Dr. Barney's care. He was satisfied with Dr. Barney's treatment of him (Volume II, 115-116).

109. Donald Rife, Patient 74, appeared as a witness on Dr. Barney's behalf. Mr. Rife is on 65 percent permanent partial disability due to a back injury. Dr. Barney has treated Rife's back injury for three (3) years. Prior to that, Rife was placed on Percodan and Valium for the injury by other physicians.

110. Rife described the physical examinations he received from Dr. Barney at Volume III, 41-42.

111. Rife is presently taking four (4) Percodan and two (2), ten (10) milligram, Valium per day, prescribed by Dr. Barney (Volume III, 44-45).

112. Carla Thompson appeared as a witness on behalf of Dr. Barney. She is Dr. Barney's receptionist and described his office procedures (Volume III, 52-68).

FINDINGS OF FACT

Based on the foregoing evidence and testimony, I find:

1. Dr. Barney prescribed controlled substances in the amounts and strengths indicated in State's Exhibit 1, for Patients 1 through 115. The prescriptions themselves can be found in State's Group Exhibit 13. The listing of prescriptions in State's Exhibit 1 for Patients 1 through 115 is incorporated into these Findings of Fact by reference, due to its length.

2. Dr. Barney wrote the following prescriptions, as found in State's group exhibit 13, for Michael Hamad ("Patient A"):

Date	Substance	Amount
11/08/78	Dilaudid 4 mg.	100
02/02/79	Dilaudid 4 mg.	120
02/16/79	Dilaudid 4 mg.	200
02/20/79	Talwin 20 cc	3 bottles
03/09/79	Talwin 20 cc	3 bottles
03/09/79	Dilaudid 4 mg.	120
03/28/79	Dilaudid 4 mg.	150
03/28/79	Demerol Injectible 20 cc at 100 mg/cc	1 bottle
04/16/79	Dilaudid 4 mg.	200
04/16/79	Talwin 10 cc	3 bottles
05/03/79	Dilaudid 4 mg.	200
05/19/79	Dilaudid 4 mg.	250

06/09/79	Empirin #4	100
06/09/79	Dilaudid 4 mg.	200
06/28/79	Talwin 10 cc.	6 bottles
06/28/79	Dilaudid 4 mg.	200
07/17/79	Dilaudid 4 mg.	200
08/03/79	Dilaudid 4 mg.	250
08/23/79	Dilaudid 4 mg.	250
08/30/79	Morphine Sulfate 20 cc at 15 mg/cc	2 bottles
09/01/79	Dilaudid Injectible 20 millimeter at 2 mg/ml	2 bottles
09/01/79	Dilaudid 4 mg.	200
09/10/79	Dilaudid 4 mg.	250
09/21/79	Dilaudid 4 mg.	200
10/17/79	Dilaudid 4 mg.	250
10/17/79	Dilaudid 4 mg.	250
11/16/79	Dilaudid 4 mg.	250
11/30/79	Dilaudid 4 mg.	250
12/12/79	Dilaudid 4 mg.	250
12/22/79	Dilaudid 4 mg.	250
01/02/80	Dilaudid 4 mg.	250
01/08/80	Dilaudid 4 mg.	250
01/14/80	Valium 10 mg.	100
01/14/80	Dilaudid 4 mg.	250
02/11/80	Dilaudid 4 mg.	300
02/25/80	Dilaudid 4 mg.	300
03/10/80	Dilaudid 4 mg.	300
03/24/80	Dilaudid 4 mg.	300
04/07/80	Dilaudid 4 mg.	300
04/19/80	Dilaudid 4 mg.	300
04/28/80	Dilaudid 4 mg.	200
05/10/80	Dilaudid 4 mg.	300
05/22/80	Dilaudid 4 mg.	300
06/04/80	Dilaudid 4 mg.	300
06/14/80	Dilaudid 4 mg.	300
06/24/80	Dilaudid 4 mg.	300
06/24/80	Dilaudid 4 mg.	30
07/03/80	Dilaudid 4 mg.	300
07/03/80	Ritalin 20 mg.	100
07/28/80	Dilaudid 4 mg.	300
08/07/80	Dilaudid 4 mg.	300
08/15/80	Dilaudid 4 mg.	300
08/25/80	Dilaudid 4 mg.	200
09/02/80	Dilaudid 4 mg.	100
09/02/80	Dilaudid 4 mg.	200
09/09/80	Dilaudid 4 mg.	300
09/18/80	Dilaudid 4 mg.	300
09/26/80	Dilaudid 4 mg.	300
10/06/80	Dilaudid 4 mg.	290
10/14/80	Dilaudid 4 mg.	300
10/15/80	Dilaudid 4 mg.	280
11/03/80	Dilaudid 4 mg.	280
11/12/80	Dilaudid 4 mg.	300
11/21/80	Dilaudid 4 mg.	300
12/02/80	Dilaudid 4 mg.	300
12/31/80	Dilaudid 4 mg.	300
01/09/81	Dilaudid 4 mg.	300
01/19/81	Dilaudid 4 mg.	300
01/26/81	Dilaudid 4 mg.	250
02/02/81	Dilaudid 4 mg.	250
02/07/81	Dilaudid 4 mg.	250
02/21/81	Dilaudid 4 mg.	250
03/02/81	Dilaudid 4 mg.	250
03/09/81	Dilaudid 4 mg.	250
03/09/81	Seconal gr. 1½	10

3. Dr. Barney wrote the following prescriptions from February through July, 1980:

February	Total Prescriptions Written	Total Dosage Units	Average Dosage Units per Prescription
Eskatrol	482	19,270	39.98
Biphetamine 20	22	880	40
Ritalin 20 mg.	5	450	90
Desoxyn 15 mg.	3	120	40
Dexedrine 15 mg.	2	80	40
Percodan	27	3,100	114.81
Dilaudid 4 mg.	19	2,200	115.79
March			
Eskatrol	613	24,510	39.98
Biphetamine 20	34	1,350	39.71
Ritalin 20 mg.	1	100	100
Desoxyn 15 mg.	5	200	40
Dexedrine 15 mg.	4	160	40
Percodan	27	2,800	103.7
Dilaudid 4 mg.	16	2,040	127.5
April			
Eskatrol	635	25,390	39.98
Biphetamine 20	35	1,400	40
Ritalin 20 mg.	6	480	80
Desoxyn 15 mg.	2	80	40
Dexedrine 15 mg.	3	110	36.67
Percodan	33	3,165	95.91
Dilaudid 4 mg.	14	1,815	129.64
May			
Eskatrol	589	23,550	39.98
Biphetamine 20	27	1,080	40
Ritalin 20 mg.	4	340	85
Desoxyn 15 mg.	5	200	40
Dexedrine 15 mg.	2	80	40
Percodan	32	3,100	96.88
Dilaudid 4 mg.	13	1,730	133.07
June			
Eskatrol	595	23,780	39.97
Biphetamine 20	34	1,360	40
Ritalin 20 mg.	5	260	52
Desoxyn 15 mg.	3	120	40
Dexedrine 15 mg.	3	120	40
Percodan	43	3,870	90
Dilaudid 4 mg.	15	2,080	138.67
July			
Eskatrol	631	25,240	40
Biphetamine 20	34	1,840	40
Ritalin 20 mg.	8	570	71.25
Desoxyn 15 mg.	3	120	40
Dexedrine 15 mg.	--	--	--
Percodan	37	3,590	97.02
Dilaudid 4 mg.	14	1,670	119.29

'82 43

4. On February 26, 1980, Dr. Barney prescribed forty (40) Eskatrol for Detective John Decaminada of the Columbus Police Department Narcotics Bureau. The prescription was written in the name of John Decom, used by Decaminada for purposes of his investigation.

5. Decaminada complained that he was having trouble staying awake on his job as a truck driver. He did not indicate that he wanted to lose weight.

6. Decaminada's blood pressure was checked. No other physical examination was performed.

7. Dr. Barney advised Decaminada that the Eskatrol would keep him awake and reduce his appetite.

8. On February 19, 1980, Dr. Barney prescribed fifty (50) Percodan tablets for Linda Becker (Patient B). The prescription was written in the name of Linda Baker, used by Becker as part of her investigation on behalf of the Columbus Police.

9. The conflict in testimony as to whether Becker complained of leg or back pain is resolved in favor of Becker, and it is found that Becker complained to Dr. Barney of leg pain.

10. Becker told Barney that she was new in the area, and had no local physician, but had been treated by a physician at her former residence for a number of years. Dr. Barney failed to seek any information regarding the treatment given by the prior physician, and further failed to request information by which you could personally contact said physician. Dr. Barney did not weigh the patient, take her blood pressure, perform any physical examination, or take a medical history beyond the information she volunteered.

11. On March 11, 1980, Dr. Barney prescribed seventy-five (75) Percodan tablets and thirty (30) Ionamin 30 mg. capsules for Linda Becker, in the name of Linda Baker.

12. Becker's weight was taken. No other physical examination was performed.

13. On April 15, 1980, Dr. Barney prescribed one hundred (100) Percodan tablets and forty (40) Ionamin 30 mg. capsules for Linda Becker, in the name of LInda Baker.

14. No physical examination of Becker was performed.

CONCLUSIONS

1. Dr. Barney's treatment of patients 1 through 115, as set forth in paragraph 1 of the Findings of Fact, constitutes a violation of Sections 4731.22 (B)(2), (3), and (6), Ohio Revised Code.

2. Dr. Barney's treatment of Michael Hamad, as set forth in paragraph 2 of the Findings of Fact, constitutes a violation of Sections 4731.22 (B)(2), (3), and (6), Ohio Revised Code.

3. Dr. Barney's prescribing practices, as set forth in paragraph 3 of the Findings of Fact, constitutes a violation of Sectons 4731.22 (B)(2), (3), and (6), Ohio Revised Code.

4. Dr. Barney's treatment of John Decaminada, as set forth in paragraphs 4 through 7 of the Findings of Fact, constitutes a violation of Sections 4731.22 (B)(2), (3), and (6), Ohio Revised Code.

5. Dr. Barney's treatment of Linda Becker, as set forth in paragraphs 8 through 10 of the Findings of Fact, constitutes a violation of Sections 4731.22 (B)(2), (3), and (6), Ohio Revised Code.

6. Dr. Barney's treatment of Linda Becker, as set forth in paragraphs 11 and 12 of the Findings of Fact, constitutes a violation of Sections 4731.22 (B)(2), (3), and (6), Ohio Revised Code.

7. Dr. Barney's treatment of Linda Becker, as set forth in paragraphs 13 and 14 of the Findings of Fact, constitutes a violation of Sections 4731.22 (B)(2), (3), and (6), Ohio Revised Code.

8. Because the State failed to sustain its burden of proof with respect to alleged visits by Linda Becker to Dr. Barney's office in October, 1980, on March 28, 1981, and on April 30, 1981, as charged in paragraph 3 of State's Exhibit 4, those allegations are hereby stricken.

PROPOSED ORDER

It is hereby ORDERED that:

1. The certificate of Romano Barney, M.D., to practice medicine and surgery in Ohio be suspended for a minimum period of five (5) years.

2. After the minimum five year period has lapsed, Dr. Barney's suspension is to be vacated only upon his taking and obtaining a passing score of 75.00 or higher on the Clinical Competency portion of the Federation Licensing Examination (FLEX).

This Order shall become effective immediately upon the date of entry of this order to the Journal of the State Medical Board.

Joseph P. Yut, M.D., Member
State Medical Board of Ohio

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

September 10, 1981

Romano Barney, M.D.
6415 East Livingston Avenue
Reynoldsburg, OH 43068

Dear Doctor Barney:

In accordance with Chapter 119., Ohio Revised Code, you are hereby notified that the State Medical Board of Ohio intends to determine, under the provisions of Section 4731.22, Ohio Revised Code, whether to limit, reprimand, revoke, suspend, place on probation, refuse to register, or reinstate your certificate to practice medicine and surgery for one or more of the following reasons:

1. On or about February 26, 1980 you were paid an office visit by one John Decom (otherwise known as Detective John Decaminada, of the Columbus Police Department Narcotic's Bureau) who complained that he was having trouble staying awake on his job as a truck driver. You ostensibly took his blood pressure. Without performing any further physical examination of the patient, you informed him he had "a little paunch", and wrote him a purported prescription for forty (40) Eskatrol, a schedule II amphetamine preparation. You advised the patient that this would help keep him awake and reduce his appetite.

Such acts in Paragraph 1 above, committed individually and/or collectively, constitute "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" as that clause is used in Section 4731.22(B)(2), Ohio Revised Code.

Further, such acts in Paragraph 1 above, committed 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 in Paragraph 1 above, committed 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 period beginning on or about August 7, 1980 and ending on or about March 9, 1981 you wrote the following prescriptions for schedule II controlled substances for patient A, identified in the attached key (to be withheld from public disclosure), :

Date	Substance	Amount
08-07-80	Dilaudid 4 mg.	300
08-15-80	Dilaudid 4 mg.	300
08-25-80	Dilaudid 4 mg.	200
09-02-80	Dilaudid 4 mg.	100
09-02-80	Dilaudid 4 mg.	200
09-09-80	Dilaudid 4 mg.	300
09-18-80	Dilaudid 4 mg.	300
09-26-80	Dilaudid 4 mg.	300
10-06-80	Dilaudid 4 mg.	290
10-15-80	Dilaudid 4 mg.	280
10-24-80	Dilaudid 4 mg.	300
11-03-80	Dilaudid 4 mg.	280
11-12-80	Dilaudid 4 mg.	300
11-21-80	Dilaudid 4 mg.	300
12-02-80	Dilaudid 4 mg.	300
12-22-80	Dilaudid 4 mg.	300
12-31-80	Dilaudid 4 mg.	300
01-09-81	Dilaudid 4 mg.	300
01-19-81	Dilaudid 4 mg.	300
01-26-81	Dilaudid 4 mg.	250
02-02-81	Dilaudid 4 mg.	250
02-07-81	Dilaudid 4 mg.	250
02-16-81	Dilaudid 4 mg.	250
02-21-81	Dilaudid 4 mg.	250
03-02-81	Dilaudid 4 mg.	250
03-09-81	Dilaudid 4 mg.	250
03-09-81	Seconal gr. 1½	10

Such acts in Paragraph 2 above, committed individually and/or collectively, constitute "failure to use reasonable care discrimination in the administration of drugs, or failure to employ acceptable scientifice methods in the selection of drugs or other modalities for treatment of disease" as that clause is used in Section 4731.22(B)(2), Ohio Revised Code.

Further, such acts in Paragraph 2 above, committed 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 in Paragraph 2 above, committed 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.

3. On or about February 19, 1980, one Patient B, who is named in the attached key (to be withheld from public disclosure) paid a first visit to your office, complaining of pain in the thighs and lower legs. The patient described the condition as a constant ache, with some soreness in the

evenings, and stated that it had occurred off and on for a number of years. The patient added she was new in the area, and had no local physician, but had been treated by a physician at her former residence for a number of years. You failed to seek any information regarding the treatment given by the prior physician, and further failed to request information by which you could personally contact said physician. You did not weigh the patient, take her blood pressure, perform any physical examination, or take a medical history beyond the information she volunteered. You gave the patient a prescription for fifty (50) Percodan for the relief of the alleged pain.

On or about March 11, 1980, patient B returned to your office for a follow-up visit. At that time you asked Patient B how the pain in her back was doing You advised the patient that she could alleviate her pain by reducing her weight, and wrote her a prescription for thirty (30) Ionamin 30's to assist her in that endeavor. Although no physical examination was given on this visit, you also wrote her a purported prescription for seventy-five Percodan.

On or about April 15, 1980, you wrote prescriptions for Patient B for one hundred (100) Percodan and forty (40) Ionamin 30's, without first giving the patient a physical examination.

Patient B next visited your office in October 1980, at which time you declined to prescribe Percodan for her alleged pain. When Patient B returned to your office on or about March 28, 1981, you suggested that she enroll in your weight program. At this time you weighed the patient and took her blood pressure, but failed to perform any other physical examination. You further failed to offer the patient any advice regarding the value or desirability of exercise and proper diet. You wrote prescriptions for Patient B for thirty (30) Dexedrine and thirty (30) Ionamin 30.

Patient B last visited your office on or about April 30, 1981, at which time you advised her that you could not prescribe amphetamines because "the state doctors are on my case." You assured the patient that this state of affairs was only temporary, and that she would again be able to receive amphetamines when the investigation ended. At that time, without first examining the patient, you wrote her a prescription for 60 Fastin.

Such acts in Paragraph 3 above, committed individually and/or collectively, constitute "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" as that clause is used in Section 4731.22(B)(2), Ohio Revised Code.

Further, such acts in Paragraph 3 above, committed 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 in Paragraph 3 above, committed 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.

You are advised that you are entitled to a hearing in this matter if you request such hearing within thirty (30) days of the time of mailing of this notice.

You are further advised that you are entitled to appear at such 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 hearing made 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, reprimand, revoke, suspend, place on probation, refuse to register, or reinstate your certificate to practice medicine and surgery.

Enclosed is a copy of the Medical Practice Act for your convenience.

Very truly yours,

Anthony Ruppersberg, Jr., M.D.
Secretary

AR:ls

Enclosures

CERTIFIED MAIL NO. P30 5194482
RETURN RECEIPT REQUESTED

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

Ray

May 13, 1981

Romano Barney, M.D.
6415 East Livingston Avenue
Reynoldsburg, OH 43068

Dear Doctor Barney:

In accordance with Chapter 119., Ohio Revised Code, you are hereby notified that the State Medical Board of Ohio intends to determine, under the provisions of Section 4731.22, Ohio Revised Code, whether to limit, reprimand, revoke, suspend, place on probation, refuse to register, or reinstate your certificate to practice medicine and surgery for one or more of the following reasons:

1. During the period beginning on or about February 1, 1980 (except where otherwise indicated) and ending on or about September 9, 1980, you prescribed the following controlled substances in the amounts and strengths indicated for the following persons, who are named in the attached key (to be withheld from public disclosure):

Patient No.	Date	Substance	Amount
1	02/27/80	Eskatrol	40
	04/17/80	Eskatrol	40
	05/29/80	Eskatrol	40
	07/11/80	Eskatrol	40
	08/22/80	Eskatrol	40
2	02/08/80	Eskatrol	40
	03/21/80	Eskatrol	40
	05/02/80	Eskatrol	40
	06/13/80	Eskatrol	40
	07/25/80	Eskatrol	40
3	02/06/80	Ritalin 20 mg.	100
	04/09/80	Percodan	90
	05/09/80	Percodan	120
	07/18/80	Ritalin 20 mg.	100
	07/18/80	Percodan	100
4	02/07/80	Eskatrol	40
	03/20/80	Eskatrol	40
	04/29/80	Eskatrol	40
	06/12/80	Eskatrol	40
	07/24/80	Eskatrol	40

Patient No.	Date	Substance	Amount
5	02/06/80	Eskatrol	40
	03/19/80	Eskatrol	40
	04/30/80	Eskatrol	40
	06/11/80	Eskatrol	40
	07/23/80	Eskatrol	40
6	03/06/80	Biphetamine 20	40
	03/06/80	Percodan	25
	04/17/80	Biphetamine 20	40
	04/17/80	Percodan	30
	06/02/80	Biphetamine 20	40
	07/12/80	Biphetamine 20	40
7	02/15/80	Eskatrol	40
	03/28/80	Eskatrol	40
	05/09/80	Eskatrol	40
	06/20/80	Eskatrol	40
	08/01/80	Eskatrol	40
8	02/29/80	Percodan	150
	04/03/80	Percodan	120
	05/02/80	Percodan	150
	06/05/80	Percodan	150
	07/11/80	Percodan	150
9	02/02/80	Percodan	60
	02/02/80	Eskatrol	40
	03/15/80	Eskatrol	40
	04/26/80	Biphetamine 20	40
10	02/20/80	Percodan	120
	03/13/80	Tuinal 200 mg.	100
	03/13/80	Percodan	120
	04/02/80	Percodan	120
	04/23/80	Dexedrine 15 mg.	30
	04/23/80	Percodan	120
	05/14/80	Percodan	120
	06/04/80	Percodan	120
	06/04/80	Tuinal 200 mg.	100
	06/25/80	Percodan	120
	07/16/80	Percodan	120
11	02/22/80	Dilaudid 4 mg.	60
	03/28/80	Dilaudid 4 mg.	90
	04/28/80	Dilaudid 4 mg.	100
	05/30/80	Dilaudid 4 mg.	100
12	05/30/80	Dilaudid 4 mg.	100
	06/18/80	Dilaudid 4 mg.	120
	06/28/80	Dilaudid 4 mg.	60

Patient No.	Date	Substance	Amount
13	02/18/80	Eskatrol	40
	03/29/80	Eskatrol	40
	05/10/80	Eskatrol	40
	06/07/80	Eskatrol	40
	06/21/80	Eskatrol	40
	07/19/80	Eskatrol	40
14	02/29/80	Eskatrol	40
	04/11/80	Eskatrol	40
	05/23/80	Eskatrol	40
	07/03/80	Eskatrol	40
	08/25/80	Eskatrol	40
15	02/04/80	Dilaudid 4 mg.	120
	03/03/80	Dilaudid 4 mg.	120
	04/01/80	Dilaudid 4 mg.	120
	05/02/80	Dilaudid 4 mg.	120
	06/02/80	Dilaudid 4 mg.	120
	07/01/80	Dilaudid 4 mg.	150
16	02/06/80	Eskatrol	40
	03/19/80	Eskatrol	40
	04/30/80	Eskatrol	40
	06/11/80	Eskatrol	40
	07/23/80	Eskatrol	40
17	02/07/80	Eskatrol	40
	03/20/80	Eskatrol	40
	04/30/80	Eskatrol	40
	06/11/80	Eskatrol	40
	07/23/80	Eskatrol	40
18	02/25/80	Eskatrol	40
	04/07/80	Eskatrol	40
	05/19/80	Eskatrol	40
	06/30/80	Eskatrol	40
	08/11/80	Eskatrol	40
19	03/06/80	Ritalin 20 mg.	100
	04/18/80	Percodan	20
	04/26/80	Percodan	30
	05/10/80	Ritalin 20 mg.	100
	06/19/80	Ritalin 20 mg.	100
	07/30/80	Ritalin 20 mg.	40

Patient No.	Date	Substance	Amount
20	04/26/80	Quaalude 150 mg.	20
	04/26/80	Ritalin 20 mg.	100
	05/30/80	Ritalin 20 mg.	100
	07/08/80	Ritalin 20 mg.	100
21	02/01/80	Eskatrol	40
	03/27/80	Eskatrol	40
	05/08/80	Eskatrol	40
	06/19/80	Eskatrol	40
	07/31/80	Eskatrol	40
22	02/08/80	Eskatrol	40
	03/21/80	Eskatrol	40
	05/02/80	Eskatrol	40
	06/13/80	Eskatrol	40
	07/25/80	Eskatrol	40
23	02/28/80	Eskatrol	40
	04/10/80	Eskatrol	40
	05/22/80	Eskatrol	40
	07/03/80	Eskatrol	40
	08/14/80	Eskatrol	40
24	02/28/80	Eskatrol	40
	04/19/80	Eskatrol	40
	05/23/80	Dexamyl 15	40
	07/25/80	Dexamyl 15	40
25	02/13/80	Eskatrol	40
	03/27/80	Eskatrol	40
	05/08/80	Eskatrol	40
	06/19/80	Eskatrol	40
	07/31/80	Eskatrol	40
26	02/01/80	Dilaudid 4 mg.	60
	02/14/80	Dilaudid 4 mg.	60
	03/04/80	Dilaudid 4 mg.	120
	03/27/80	Dilaudid 4 mg.	60
	04/29/80	Dilaudid 4 mg.	120
	05/29/80	Dilaudid 4 mg.	120
	06/27/80	Dilaudid 4 mg.	120
	07/28/80	Dilaudid 4 mg.	120
27	03/12/80	Eskatrol	40
	04/23/80	Eskatrol	40
	04/23/80	Biphetamine 20	40
	06/04/80	Eskatrol	40
	07/16/80	Eskatrol	40

Patient No.	Date	Substance	Amount
28	02/22/80	Eskatrol	40
	04/02/80	Eskatrol	40
	05/21/80	Eskatrol	40
	05/21/80	Ionamin 30 mg.	40
	07/02/80	Eskatrol	40
29	02/14/80	Eskatrol	40
	03/27/80	Eskatrol	40
	05/08/80	Eskatrol	40
	06/19/80	Eskatrol	40
	07/31/80	Eskatrol	40
30	02/14/80	Eskatrol	40
	04/10/80	Eskatrol	40
	06/13/80	Eskatrol	40
	07/25/80	Eskatrol	40
	09/05/80	Eskatrol	40
31	02/12/80	Eskatrol	40
	03/24/80	Eskatrol	40
	05/05/80	Eskatrol	40
	06/16/80	Eskatrol	40
	07/28/80	Eskatrol	40
32	02/07/80	Eskatrol	40
	03/20/80	Eskatrol	40
	04/29/80	Eskatrol	40
	06/12/80	Eskatrol	40
	07/24/80	Eskatrol	40
33	02/04/80	Eskatrol	40
	03/17/80	Eskatrol	40
	04/28/80	Eskatrol	40
	06/09/80	Eskatrol	40
	07/21/80	Eskatrol	40
34	02/13/80	Eskatrol	40
	03/26/80	Eskatrol	40
	05/07/80	Eskatrol	40
	06/18/80	Eskatrol	40
	07/30/80	Eskatrol	40
35	02/21/80	Dilaudid 4 mg.	120
	02/21/80	Percodan	150
	03/20/80	Percodan	200
	04/21/80	Percodan	200
	05/30/80	Percodan	200
	06/30/80	Percodan	200
	07/30/80	Percodan	200

Patient No.	Date	Substance	Amount
36	02/06/80	Eskatrol	40
	03/19/80	Eskatrol	40
	04/30/80	Eskatrol	40
	06/10/80	Eskatrol	40
	07/22/80	Eskatrol	40
37	03/14/80	Eskatrol	40
	04/28/80	Eskatrol	40
	06/09/80	Eskatrol	40
	07/21/80	Eskatrol	40
	09/02/80	Eskatrol	40
38	04/15/80	Percodan	120
	05/16/80	Percodan	100
	06/16/80	Percodan	100
	07/16/80	Percodan	100
	08/18/80	Percodan	100
39	02/29/80	Percodan	200
	02/29/80	Dilaudid 4 mg.	160
	03/28/80	Percodan	120
	03/28/80	Dilaudid 4 mg.	120
	05/06/80	Percodan	120
	05/06/80	Dialudid 4 mg.	120
40	02/27/80	Eskatrol	40
	04/09/80	Eskatrol	40
	05/21/80	Eskatrol	40
	07/02/80	Eskatrol	40
	08/13/80	Eskatrol	40
41	02/01/80	Eskatrol	40
	03/14/80	Eskatrol	40
	04/25/80	Eskatrol	40
	06/06/80	Eskatrol	40
	07/18/80	Eskatrol	40
42	02/06/80	Eskatrol	40
	03/19/80	Eskatrol	40
	04/28/80	Eskatrol	40
	06/09/80	Eskatrol	40
	07/23/80	Eskatrol	40
43	02/11/80	Eskatrol	40
	03/24/80	Eskatrol	40
	05/05/80	Eskatrol	40
	06/16/80	Eskatrol	40
	07/28/80	Eskatrol	40

Patient No.	Date	Substance	Amount
44	02/20/80	Dilaudid 4 mg.	160
	03/19/80	Dilaudid 4 mg.	160
	04/15/80	Dilaudid 4 mg.	160
	05/15/80	Dilaudid 4 mg.	160
	06/16/80	Dilaudid 4 mg.	160
	07/16/80	Dilaudid 4 mg.	160
45	02/01/80	Biphetamine 20	40
	03/14/80	Biphetamine 20	40
	04/25/80	Biphetamine 20	40
	06/06/80	Biphetamine 20	40
	07/18/80	Biphetamine 20	40
46	02/06/80	Eskatrol	40
	03/19/80	Eskatrol	40
	04/30/80	Eskatrol	40
	06/11/80	Eskatrol	40
	07/23/80	Eskatrol	40
47	02/07/80	Eskatrol	40
	03/20/80	Eskatrol	40
	05/08/80	Eskatrol	40
	06/19/80	Eskatrol	40
	07/31/80	Eskatrol	40
48	02/25/80	Eskatrol	40
	04/07/80	Eskatrol	40
	05/19/80	Eskatrol	40
	07/03/80	Eskatrol	40
	08/20/80	Eskatrol	40
49	02/06/80	Eskatrol	40
	03/19/80	Eskatrol	40
	04/29/80	Eskatrol	40
	06/12/80	Eskatrol	40
	07/24/80	Eskatrol	40
50	02/05/80	Eskatrol	40
	03/18/80	Eskatrol	40
	04/29/80	Eskatrol	40
	06/10/80	Eskatrol	40
	07/22/80	Eskatrol	40

Patient No.	Date	Substance	Amount
51	02/08/80	Eskatrol	40
	03/21/80	Eskatrol	40
	05/06/80	Eskatrol	40
	06/17/80	Eskatrol	40
	07/29/80	Eskatrol	40
52	04/03/80	Eskatrol	40
	05/28/80	Eskatrol	40
	07/08/80	Eskatrol	40
	07/08/80	Percodan	100
53	02/19/80	Eskatrol	40
	04/01/80	Eskatrol	40
	05/13/80	Eskatrol	40
	06/24/80	Eskatrol	40
	08/05/80	Eskatrol	40
54	02/13/80	Eskatrol	40
	03/26/80	Eskatrol	40
	05/07/80	Eskatrol	40
	06/17/80	Eskatrol	40
	07/29/80	Eskatrol	40
55	02/12/80	Percodan	100
	03/15/80	Percodan	100
	04/23/80	Percodan	100
	06/02/80	Percodan	100
	07/02/80	Percodan	100
56	03/10/80	Eskatrol	40
	03/10/80	Ionamin 30	40
	04/21/80	Eskatrol	40
	06/02/80	Eskatrol	40
	07/14/80	Eskatrol	40
57	04/18/80	Eskatrol	40
	04/18/80	Biphetamine 20	40
	05/30/80	Biphetamine 20	40
	07/15/80	Biphetamine 20	40
58	02/21/80	Eskatrol	40
	04/01/80	Eskatrol	40
	05/13/80	Eskatrol	40
	07/02/80	Eskatrol	40
	07/29/80	Eskatrol	40
59	02/18/80	Biphetamine 20	40
	04/02/80	Biphetamine 20	40
	04/02/80	Eskatrol	40
	06/10/80	Eskatrol	40

Patient No.	Date	Substance	Amount
60	03/04/80	Eskatrol	40
	04/15/80	Eskatrol	40
	05/27/80	Eskatrol	40
	06/05/80	Percodan	25
	07/08/80	Eskatrol	40
61	03/13/80	Percodan	120
	04/12/80	Percodan	120
	05/12/80	Percodan	120
	07/15/80	Percodan	120
62	02/12/80	Eskatrol	40
	03/25/80	Eskatrol	40
	05/06/80	Eskatrol	40
	06/17/80	Eskatrol	40
	07/29/80	Eskatrol	40
63	02/07/80	Eskatrol	40
	03/20/80	Eskatrol	40
	05/23/80	Eskatrol	40
	07/03/80	Eskatrol	40
	08/01/80	Eskatrol	40
64	02/13/80	Eskatrol	40
	03/26/80	Eskatrol	40
	05/07/80	Eskatrol	40
	06/18/80	Eskatrol	40
	07/30/80	Eskatrol	40
65	02/29/80	Percodan	120
	03/29/80	Percodan	120
	04/29/80	Percodan	120
	05/29/80	Percodan	120
	06/30/80	Percodan	120
	07/30/80	Percodan	120
	09/05/80	Percodan	60
66	02/01/80	Percodan	90
	02/11/80	Eskatrol	40
	03/24/80	Eskatrol	40
	05/05/80	Eskatrol	40
	06/09/80	Eskatrol	40
	07/21/80	Eskatrol	40

Patient No.	Date	Substance	Amount
67	02/07/80	Percodan	120
	03/06/80	Percodan	120
	04/08/80	Percodan	120
	06/05/80	Percodan	120
	07/03/80	Percodan	120
68	04/18/80	Percodan	100
	05/15/80	Percodan	120
	06/16/80	Percodan	150
	08/14/80	Percodan	150
69	02/13/80	Eskatrol	40
	03/26/80	Eskatrol	40
	05/07/80	Eskatrol	40
	06/18/80	Eskatrol	40
	07/30/80	Eskatrol	40
70	02/09/80	Eskatrol	40
	03/22/80	Eskatrol	40
	05/02/80	Eskatrol	40
	06/13/80	Eskatrol	40
	07/25/80	Eskatrol	40
71	03/26/80	Eskatrol	40
	03/26/80	Eskatrol	40
	05/05/80	Eskatrol	40
	06/16/80	Eskatrol	40
	07/28/80	Eskatrol	40
72	02/12/80	Eskatrol	40
	03/25/80	Eskatrol	40
	05/06/80	Eskatrol	40
	06/17/80	Eskatrol	40
	07/31/80	Eskatrol	40
73	02/02/80	Eskatrol	40
	03/15/80	Eskatrol	40
	04/20/80	Eskatrol	40
	06/07/80	Eskatrol	40
	07/19/80	Eskatrol	40
74	02/13/80	Percodan	120
	02/27/80	Percodan	120
	03/12/80	Percodan	120
	03/26/80	Percodan	120
	04/09/80	Percodan	120
	04/24/80	Percodan	120
	05/09/80	Percodan	120
	05/21/80	Percodan	120
	06/04/80	Percodan	120
	06/18/80	Percodan	120
	07/02/80	Percodan	120
	07/16/80	Percodan	120
	07/30/80	Percodan	120

Patient No.	Date	Substance	Amount
75	03/15/80	Percodan	120
	04/12/80	Percodan	120
	05/10/80	Percodan	120
	06/14/80	Percodan	120
	08/04/80	Percodan	120
76	02/22/80	Percodan	150
	03/22/80	Percodan	150
	04/26/80	Percodan	120
	05/28/80	Percodan	120
	06/28/80	Percodan	120
	07/26/80	Percodan	120
	08/21/80	Percodan	120
77	02/02/80	Eskatrol	40
	03/15/80	Eskatrol	40
	04/26/80	Eskatrol	40
	06/07/80	Eskatrol	40
	07/19/80	Eskatrol	40
78	02/20/80	Percodan	120
	03/21/80	Percodan	150
	05/15/80	Percodan	120
	06/16/80	Percodan	150
	07/16/80	Percodan	150
79	01/30/80	Eskatrol	40
	03/14/80	Eskatrol	40
	04/25/80	Eskatrol	40
	06/10/80	Eskatrol	40
	07/22/80	Eskatrol	40
80	03/06/80	Percodan	120
	04/10/80	Percodan	120
	05/07/80	Percodan	120
	06/12/80	Percodan	120
	07/10/80	Percodan	120
81	12/11/79	Eskatrol	40
	01/23/80	Eskatrol	40
	03/05/80	Eskatrol	40
	04/16/80	Eskatrol	40
	05/28/80	Eskatrol	40
	07/09/80	Eskatrol	40
82	12/11/79	Eskatrol	40
	01/23/80	Eskatrol	40
	03/05/80	Eskatrol	40
	04/16/80	Eskatrol	40
	05/28/80	Eskatrol	40
	07/09/80	Eskatrol	40

Patient No.	Date	Substance	Amount
83	02/08/80	Eskatrol	40
	03/21/80	Eskatrol	40
	05/02/80	Eskatrol	40
	06/13/80	Eskatrol	40
	07/24/80	Eskatrol	40
84	02/05/80	Eskatrol	40
	03/18/80	Eskatrol	40
	04/29/80	Eskatrol	40
	06/10/80	Eskatrol	40
	07/29/80	Eskatrol	40
	09/09/80	Eskatrol	40
85	02/02/80	Eskatrol	40
	03/18/80	Eskatrol	40
	04/29/80	Eskatrol	40
	06/12/80	Eskatrol	40
	07/24/80	Eskatrol	40
86	02/06/80	Eskatrol	40
	03/26/80	Eskatrol	40
	05/07/80	Eskatrol	40
	06/18/80	Eskatrol	40
	07/30/80	Eskatrol	40
87	02/04/80	Eskatrol	40
	03/18/80	Eskatrol	40
	04/26/80	Eskatrol	40
	06/04/80	Eskatrol	40
	07/16/80	Eskatrol	40
88	02/06/80	Eskatrol	40
	03/21/80	Eskatrol	40
	05/02/80	Eskatrol	40
	06/14/80	Eskatrol	40
	07/25/80	Eskatrol	40
89	02/07/80	Eskatrol	40
	03/27/80	Eskatrol	40
	05/01/80	Eskatrol	40
	06/12/80	Eskatrol	40
	07/24/80	Eskatrol	40
90	02/11/80	Percodan	120
	02/29/80	Percodan	120
	03/26/80	Percodan	120
	04/25/80	Percodan	120
	05/23/80	Percodan	120

Patient No.	Date	Substance	Amount
91	02/19/80	Eskatrol	40
	04/01/80	Eskatrol	40
	05/13/80	Eskatrol	40
	06/24/80	Eskatrol	40
	08/05/80	Eskatrol	40
92	02/02/80	Eskatrol	40
	03/15/80	Eskatrol	40
	04/26/80	Eskatrol	40
	06/07/80	Biphetamine 20	40
	07/19/80	Biphetamine 20	40
93	02/01/80	Eskatrol	40
	03/14/80	Eskatrol	40
	04/25/80	Eskatrol	40
	06/20/80	Eskatrol	40
	08/01/80	Eskatrol	40
94	02/20/80	Percodan	120
	03/28/80	Percodan	120
	04/29/80	Percodan	120
	05/30/80	Percodan	120
	06/30/80	Percodan	120
	07/30/80	Percodan	120
95	02/07/80	Eskatrol	40
	03/27/80	Eskatrol	40
	05/07/80	Eskatrol	40
	06/18/80	Eskatrol	40
	07/30/80	Eskatrol	40
96	02/05/80	Eskatrol	40
	03/18/80	Eskatrol	40
	05/02/80	Eskatrol	40
	06/13/80	Eskatrol	40
	06/19/80	Eskatrol	20
97	02/04/80	Eskatrol	40
	03/17/80	Eskatrol	40
	04/28/80	Eskatrol	40
	06/09/80	Eskatrol	40
	07/23/80	Eskatrol	40
98	02/11/80	Dilaudid 4 mg.	120
	02/25/80	Dilaudid 4 mg.	120
	03/12/80	Dilaudid 4 mg.	120

Patient No.	Date	Substance	Amount
99	03/13/80	Eskatrol	40
	04/24/80	Eskatrol	40
	06/05/80	Eskatrol	40
	07/17/80	Eskatrol	40
	08/27/80	Eskatrol	40
100	02/26/80	Eskatrol	40
	04/08/80	Eskatrol	40
	05/20/80	Eskatrol	40
	07/01/80	Eskatrol	40
	08/04/80	Eskatrol	40
101	02/21/80	Dilaudid 4 mg.	120
	03/21/80	Dilaudid 4 mg.	120
	04/21/80	Dilaudid 4 mg.	120
	05/21/80	Dilaudid 4 mg.	120
	06/20/80	Dilaudid 4 mg.	120
	07/21/80	Dilaudid 4 mg.	120
102	02/26/80	Eskatrol	40
	04/08/80	Eskatrol	40
	05/20/80	Eskatrol	40
	07/01/80	Eskatrol	40
	07/01/80	Percodan	50
	08/04/80	Eskatrol	40
103	01/10/80	Eskatrol	40
	02/29/80	Eskatrol	40
	04/11/80	Eskatrol	40
	05/30/80	Eskatrol	40
	07/11/80	Eskatrol	40
104	02/02/80	Eskatrol	30
	03/13/80	Eskatrol	30
	04/11/80	Eskatrol	30
	05/14/80	Eskatrol	30
	06/23/80	Eskatrol	40
	07/28/80	Eskatrol	30
105	02/07/80	Eskatrol	40
	03/19/80	Eskatrol	40
	04/29/80	Eskatrol	40
	06/09/80	Eskatrol	40
	07/21/80	Eskatrol	40
106	02/08/80	Biphetamine 20	40
	03/21/80	Biphetamine 20	40
	04/16/80	Percodan	50
	05/02/80	Biphetamine 20	40
	06/23/80	Percodan	40

Patient No.	Date	Substance	Amount
107	03/19/80	Eskatrol	40
	04/30/80	Eskatrol	40
	06/11/80	Eskatrol	40
	07/26/80	Eskatrol	40
	07/26/80	Biphetamine 20	40
108	02/11/80	Eskatrol	40
	03/28/80	Eskatrol	40
	05/05/80	Eskatrol	40
	06/16/80	Eskatrol	40
	07/28/80	Eskatrol	40
109	02/13/80	Desoxyn 15 mg.	40
	03/27/80	Desoxyn 15 mg.	40
	05/29/80	Desoxyn 15 mg.	40
	07/10/80	Desoxyn 15 mg.	40
	07/14/80	Percodan	50
110	01/02/80	Eskatrol	40
	02/05/80	Eskatrol	40
	03/25/80	Eskatrol	40
	05/06/80	Eskatrol	40
	06/17/80	Eskatrol	40
	07/29/80	Eskatrol	40
111	02/07/80	Eskatrol	40
	03/20/80	Eskatrol	40
	05/01/80	Eskatrol	40
	06/12/80	Eskatrol	40
	07/25/80	Eskatrol	40
112	02/11/80	Dilaudid 4 mg.	100
	02/28/80	Dilaudid 4 mg.	100
	03/11/80	Dilaudid 4 mg.	100
	03/27/80	Dilaudid 4 mg.	100
	04/07/80	Dilaudid 4 mg.	100
	04/15/80	Dilaudid 4 mg.	100
	04/29/80	Dilaudid 4 mg.	100
	05/06/80	Dilaudid 4 mg.	100
	05/14/80	Dilaudid 4 mg.	100
	06/05/80	Dilaudid 4 mg.	100
	06/11/80	Dilaudid 4 mg.	60
	06/25/80	Dilaudid 4 mg.	70
	07/07/80	Dilaudid 4 mg.	100
	07/07/80	Ritalin 20 mg.	50
	07/24/80	Dilaudid 4 mg.	120
	07/31/80	Dilaudid 4 mg.	120

Patient No.	Date	Substance	Amount
113	02/13/80	Eskatrol	40
	03/26/80	Eskatrol	40
	05/06/80	Eskatrol	40
	06/18/80	Eskatrol	40
	07/30/80	Biphetamine 20	40
114	02/04/80	Eskatrol	40
	03/17/80	Eskatrol	40
	05/01/80	Eskatrol	40
	06/13/80	Eskatrol	40
	07/25/80	Eskatrol	40
115	02/04/80	Eskatrol	40
	03/17/80	Eskatrol	40
	04/28/80	Eskatrol	40
	06/09/80	Eskatrol	40
	07/21/80	Eskatrol	40

Such acts in Paragraph 1 above, committed individually and/or collectively, constitute "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" as that clause is used in Section 4731.22(B)(2), Ohio Revised Code.

Further, such acts in Paragraph 1 above, committed 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 in Paragraph 1 above, committed 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 period beginning on or about November 8, 1978, and continuing through March 16, 1981, you wrote purported prescriptions for Patient A, named in the attached key (to be withheld from public disclosure), for the following scheduled substances, in the strengths and amounts indicated. The substances involved were scheduled at the times the purported prescriptions were written as follows:

	Schedule
Dilaudid	II
Demerol	II
Morphine	II
Ritalin	II
Seconal	II
Empirin #4	III
Valium	IV
Talwin	IV

All orders for Talwin are for Talwin Injectible, 30 mg./cc.

Date	Substance	Amount
11/08/78	Dilaudid 4 mg.	100
02/02/79	Dilaudid 4 mg.	120
02/16/79	Dilaudid 4 mg.	200
02/16/79	Valium 10 mg.	100
02/20/79	Talwin 20 ccs	3 bottles
03/09/79	Talwin 20 cc	3 bottles
03/09/79	Dilaudid 4 mg.	120
03/28/79	Dilaudid 4 mg.	150
03/28/79	Demerol Injectible 20 cc at 100 mg/cc	1 bottle
04/16/79	Dilaudid 4 mg.	200
04/16/79	Talwin 10cc	3 bottles
05/03/79	Dilaudid 4 mg.	200
05/19/79	Dilaudid 4 mg.	250
06/09/79	Empirin #4	100
06/09/79	Dilaudid 4 mg.	200
06/28/79	Talwin 10cc	6 bottles
06/28/79	Dilaudid 4 mg.	200
07/17/79	Dilaudid 4 mg.	200
08/03/79	Dilaudid 4 mg.	250
08/23/79	Dilaudid 4 mg.	250
08/30/79	Morphine Sulfate 20 cc at 15 mg/cc	2 bottles
09/01/79	Dilaudid Injectible 20 millimeter at 2 mg/ml	2 bottles
09/01/79	Dilaudid 4 mg.	200
09/10/79	Dilaudid 4 mg.	250
09/21/79	Dilaudid 4 mg.	200
10/17/79	Dilaudid 4 mg.	250
10/17/79	Dilaudid 4 mg.	250
11/16/79	Dilaudid 4 mg.	250
11/30/79	Dilaudid 4 mg.	250
12/12/79	Dilaudid 4 mg.	250
12/22/79	Dilaudid 4 mg.	250
01/02/80	Dilaudid 4 mg.	250
01/08/80	Dilaudid 4 mg.	250
01/14/80	Valium 10 mg.	100
01/14/80	Dilaudid 4 mg.	250
02/11/80	Dilaudid 4 mg.	300
02/25/80	Dilaudid 4 mg.	300
03/10/80	Dilaudid 4 mg.	300
03/24/80	Dilaudid 4 mg.	300
04/07/80	Dilaudid 4 mg.	300
04/19/80	Dilaudid 4 mg.	300
04/28/80	Dilaudid 4 mg.	200
05/10/80	Dilaudid 4 mg.	300
05/22/80	Dilaudid 4 mg.	300
06/04/80	Dilaudid 4 mg.	300
06/14/80	Dilaudid 4 mg.	300
06/24/80	Dilaudid 4 mg.	300
06/24/80	Ritalin 20 mg.	30
07/03/80	Dilaudid 4 mg.	300
07/03/80	Ritalin 20 mg.	100
07/28/80	Dilaudid 4 mg.	300

Such acts in Paragraph 2 above, committed individually and/or collectively, constitute "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" as that clause is used in Section 4731.22(B)(2), Ohio Revised Code.

Further, such acts in Paragraph 2 above, committed 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 in Paragraph 2 above, committed 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.

3. During the months February through July, 1980, you wrote prescriptions for the following Schedule II controlled substances resulting in the monthly totals indicated. The first figure listed for a given drug and month represents the total prescriptions written for that drug in that month, the second figure represents the total dosage units reflected by such prescriptions, and the third figure represents the average number of dosage units per prescriptions.

February

	Total Prescriptions Written	Total Dosage Units	Average Dosage Units per Prescription
Eskatrol	482	19,270	39.98
Biphetamine 20	22	880	40
Ritalin 20 mg.	5	450	90
Desoxyn 15 mg.	3	120	40
Dexedrine 15 mg.	2	80	40
Percodan	27	3,100	114.81
Dilaudid 4 mg.	19	2,200	115.79

March

Eskatrol	613	24,510	39.98
Biphetamine 20	34	1,350	39.71
Ritalin 20 mg.	1	100	100
Desoxyn 15 mg.	5	200	40
Dexedrine 15 mg.	4	160	40
Percodan	27	2,800	103.7
Dilaudid 4 mg.	16	2,040	127.5

	Total Prescriptions Written	Total Dosage Units	Average Dosage Units per Prescription
April			
Eskatrol	635	25,390	39.98
Biphetamine 20	35	1,400	40
Ritalin 20 mg.	6	480	80
Desoxyn 15 mg.	2	80	40
Dexedrine 15 mg.	3	110	36.67
Percodan	33	3,165	95.91
Dilaudid 4 mg.	14	1,815	129.64
May			
Eskatrol	589	23,550	39.98
Biphetamine 20	27	1,080	40
Ritalin 20 mg.	4	340	85
Desoxyn 15 mg.	5	200	40
Dexedrine 15 mg.	2	80	40
Percodan	32	3,100	96.88
Dilaudid 4 mg.	13	1,730	133.07
June			
Eskatrol	595	23,780	39.97
Biphetamine 20	34	1,360	40
Ritalin 20 mg.	5	260	52
Desoxyn 15 mg.	3	120	40
Dexedrine 15 mg.	3	120	40
Percodan	43	3,870	90
Dilaudid 4 mg.	15	2,080	138.67
July			
Eskatrol	631	25,240	40
Biphetamine 20	46	1,840	40
Ritalin 20 mg.	8	570	71.25
Desoxyn 15 mg.	3	120	40
Dexedrine 15 mg.	-	-	-
Percodan	37	3,590	97.02
Dilaudid 4 mg.	14	1,670	119.29

Such acts in Paragraph 3 above, committed individually and/or collectively, constitute "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" as that clause is used in Section 4731.22(B)(2), Ohio Revised Code.

Further, such acts in Paragraph 3 above, committed 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 in Paragraph 3 above, committed 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.

You are advised that you are entitled to a hearing in this matter if you request such hearing within thirty (30) days of the time of mailing of this notice.

You are further advised that you are entitled to appear at such 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 hearing made 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, reprimand, revoke, suspend, place on probation, refuse to register, or reinstate your certificate to practice medicine and surgery.

Enclosed is a copy of the Medical Practice Act for your convenience.

Very truly yours,

Anthony Ruppersberg, Jr., M.D.
Secretary

AR:jmb

Enclosure:

CERTIFIED MAIL #P19 0624154
RETURN RECEIPT REQUESTED