State Medical Board of Ohio

77 S. High St., 17th Floor • Columbus, OH 43215-6127 • (614) 466-3934 • Website: www.state.oh.us/med/

December 11, 2003

Rita Marie Kralik, M.D.
7093 Gates Mills Blvd.
Gates Mills, Ohio 44040

Dear Doctor Kralik:

Please find enclosed a certified copy of the Findings, Order and Journal Entry approved and confirmed by the State Medical Board meeting in regular session on December 11, 2003.

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

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

Although you have indicated on several voicemail messages to the Board's Executive Director, Mr. Tom Dilling, that you have or would be meeting with an attorney, you have not provided the Board with the specific name and address of an attorney currently representing you in this matter. Upon submittal of the aforementioned information to the Board, we will be glad to provide copies of this Order to the legal counsel you designate.

Very truly yours,

Lance A. Talmage, M.D.
Secretary

LAT/blt
Enclosures

CERTIFIED MAIL # 7000 0600 0024 5150 6677
RETURN RECEIPT REQUESTED

Mailed 12-11-03

CERTIFICATION

I hereby certify that the attached copy of the Findings, Order and Journal Entry approved by the State Medical Board, meeting in regular session on December 11, 2003, constitutes a true and complete copy of the Findings, Order and Journal Entry in the Matter of Rita Marie Kralik, M.D., as it appears in the Journal of the State Medical Board of Ohio.

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

Lance A. Talmage, M.D.
Secretary

(SEAL)

December 11, 2003
Date

THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF *

*

RITA MARIE KRALIK, M.D. *

FINDINGS, ORDER AND JOURNAL ENTRY

On October 17, 2003, the State Medical Board of Ohio [Board] sent to Rita Marie Kralik, M.D., [Dr. Kralik], a letter via certified mail, return receipt requested, stating that the Board had reason to believe that Dr. Kralik was unable to practice according to acceptable and prevailing standards of care pursuant to Section 4731.22(B)(19), Ohio Revised Code, to wit: "[i]nability to practice according to acceptable and prevailing standards of care by reason of mental illness or physical illness, including, but not limited to, physical deterioration that adversely affects cognitive, motor, or perceptive skills."

The letter further indicated that this determination was based upon one or more of the following reasons:

(1) On April 17, 1996, the Ohio Board entered an Order suspending Dr. Kralik's license to practice medicine and surgery for an indefinite period of time, and setting forth certain minimum requirements to be fulfilled prior to the Ohio Board considering restatement of her license. This Order, a copy of which is attached hereto and fully incorporated herein, embodied the Board's final determination regarding a remanded hearing that commenced on November 29, 1995. This hearing was conducted as a result of the February 21, 1995, decision of the Franklin County Court of Appeals that remanded Dr. Kralik's case back to the Ohio Board for a new hearing and ordered that the Ohio Board's prior suspension of her license, which was issued on March 10, 1993, remain in effect in the interim. (These events followed the Ohio Board's initial summary suspension of Dr. Kralik's medical license that occurred on June 17, 1992).

The Findings of Fact that were approved and confirmed pursuant to the April 17, 1996, Ohio Board Order included the following determinations:

(a) From 1990 through 1992, Dr. Kralik's colleagues observed behavior indicating that she required psychiatric assistance. This behavior included numerous letters and telephone calls to Dr. Kralik's physicians and hospital administrators regarding the orthopedic care she received as a patient. It also included Dr. Kralik's progressively greater attention to the condition of her injured wrists.

(b) On April 14, 1992, Dr. Kralik engaged in "bizarre, hysterical behavior" in the office of one of her treating physicians, and advised his patients "to get another physician because [treating physician] had 'ruined' [her]." Later that day, Dr. Kralik went to a second treating physician's office demanding to see him even though he was in surgery. Dr. Kralik then refused to leave, and was removed by hospital security after she became hysterical and began banging her wrists on a conference table in an attempt to break them.

(c) On April 17, 1992, Meridia Hospital informed Dr. Kralik that her medical staff privileges had been summarily suspended based upon her behavior over past years.

(d) Based upon a psychiatric evaluation [on October 27, 1995] performed for the Ohio Board, Howard Sokolov, M.D., opined within a reasonable degree of medical certainty that Dr. Kralik demonstrated symptoms of a significant emotional disorder which would cause an inability to practice medicine according to acceptable and prevailing standards of care, and assigned her the diagnosis of borderline personality organization and probable borderline personality disorder.

(e) Based upon a psychiatric evaluation [over ten sessions from September 7 through November 21, 1995] performed at Dr. Kralik's request, Andrew Skodol, II, M.D., opined within a reasonable degree of medical certainty that Dr. Kralik did not suffer from borderline personality disorder or any other personality disorder, and assigned her the diagnoses of pain disorder associated with both psychological factors and a general medical condition, in partial remission; and adjustment disorder with mixed anxiety and depressed mood, chronic, in full remission. (The April 17, 1996, Ohio Board Order determined that Dr. Kralik's diagnoses were pain disorder associated with both psychological factors and a general medical condition, in partial remission; and adjustment disorder with mixed anxiety and depressed mood, chronic, in full remission.)

(f) Both Dr. Sokolov and Dr. Skodol agreed that Dr. Kralik's emotional and physical reactions deteriorate when she is exposed to individuals, places, or events that remind her of her perceived physical limitations, psychiatric allegations, orthopedic treatment, or her uncertain future.

(2) Following the April 17, 1996, Ohio Board Order, and continuing to date, Dr. Kralik has pursued reinstatement of her medical license, but has done so in a manner that has not contemporaneously fulfilled each of the requisite conditions for reinstatement, thus precluding the Board from having an opportunity to evaluate pertinent reinstatement information that was concurrently both complete and timely. For example, Dr. Kralik has repeatedly telephoned the Ohio Board's

Executive Director, Mr. Tom Dilling, regarding reinstatement of her license, at times leaving multiple voicemail messages within a few hours and/or leaving voicemail messages during the middle of the night. Dr. Kralik has also forwarded voluminous correspondence to various representatives of the Ohio Board, former Governor Voinovich, Governor Taft and his wife, State Representatives Trakas and Grendell, United States Attorney General Ashcroft, and President George W. Bush, copies of which are attached hereto and fully incorporated herein. [Copies of all documents referenced as attached to and fully incorporated within the Board's October 17, 2003, letter are attached hereto and fully incorporated herein with certain portions redacted or sealed.] All of these communications have described Dr. Kralik's observations, opinions, or feelings related to her general perception that the Ohio Board suspended her medical license based upon fabricated allegations of mental illness in order to retaliate against Dr. Kralik for complaining about two male physicians, one of whom she believed had a romantic interest in her, and both of whom Dr. Kralik alleged had provided substandard medical care to her when treating wrist fractures and a broken toe she suffered during or about 1990 through 1992.

(a) Dr. Kralik's various letters have alleged corruption and conspiracy among certain physicians, the hospital where she previously had privileges, the Ohio Board, and Governor Taft. For example, Dr. Kralik has alleged that the hearing witnesses lied about her, that one of the male physicians she complained about had threatened her and her family, that the other male physician Dr. Kralik complained about had her "beaten up in his office instead of doing more tests," and that Dr. Kralik's psychotherapist lied about the real reason she had been counseling Dr. Kralik in order to keep her hospital privileges. Dr. Kralik has also alleged that her medical records have been falsified, and that one of the Ohio Board's former members, Dr. Carla O'Day, orchestrated the case against her due to jealousy dating back to when the two of them were classmates in medical school. In another letter Dr. Kralik expressed that she only wanted to reinstate her license so she could then resign it, adding, "There is no physician in Ohio that I would want to work with at this time. It's a corrupt and immoral environment."

Dr. Kralik has claimed that the Ohio Board's handling of her case was a "witch hunt," and has repeatedly urged Governor Taft to investigate the "corruption" at the Ohio Board. When no such action was forthcoming, Dr. Kralik sent a letter to Governor Taft characterizing him as "the Governor of corruption not education" and wrote, "I'm sure that President Bush and Attorney General Ashcroft would like to know how you handle things. This letter is copied to both." In a later letter directed to Governor Taft she stated, "I am cognizant of your threatening letter of this summer not to write to you again . . . If you send me another threatening letter, I will forward it to President Bush."

(b) Dr. Kralik's letters have included inappropriate personal attacks upon the individuals involved in matters related to her medical licensure. Some of these letters have involved religious references. Dr. Kralik mailed rosary beads to Mr. Dilling. On another occasion, she forwarded to Mr. Dilling a St. Anne medallion along with a handwritten note saying, "It needs to be on your desk so you can trash God directly." In a letter Dr. Kralik authored to Mr. Dilling, she wrote, "Again, good Catholic boy that you are, I'm asking you to stop the persecution of me . . .," later adding, "So far you fit the Jesuit educated subset of Manuel Norriega and Bill Clinton."

Many of the inappropriate personal attacks have reflected Dr. Kralik's perception of the intellectual capability and/or competence of the various individuals she views as being involved in the licensure reinstatement process. For example, in a letter Dr. Kralik sent to Governor Taft, she opined that the Governor surrounded himself "with stupid Republican fools," declared that she has a Mensa level I.Q., and requested that Governor Taft and Members of The State Medical Board of Ohio undergo psychiatric evaluation and I.Q. testing. In a letter directed to Mr. Dilling she wrote, "I'm a Ph.D. candidate at Georgetown University (where you probably couldn't get into . . .)." In another letter to Mr. Dilling she stated, "Maybe I have to spell things out for the third graders and the non-medical members." Other correspondence Dr. Kralik directed to Mr. Dilling and his executive assistant contained Dr. Kralik's description of Mr. Dilling and Governor Taft as "whining babies" and her statement, "Now this is not going to get solved with a Board where no one has any brains or medical training."

(c) Dr. Kralik's letters contain references to personal matters in her life that she indicates are related to the suspension of her medical license, but for which, in fact, no logical causal connection exists. For example, in a letter to Dr. David Buchan, an Ohio Board Member, she stated, "Whatever I had left of my reproductive life is gone, simply because [wife of doctor Dr. Kralik complained about] was jealous." She further wrote, ". . . I deserved a life and a chance to have children too. The State Medical Board of Ohio gets to decide who can and can't have children apparently; only [wife of doctor Dr. Kralik complained about]." In a letter directed to Mr. Dilling dated May 10, 2003, Dr. Kralik wrote after the date, "(the day before Mother's Day, which I will never get any flowers for)." In a letter directed to Dr. O'Day, Dr. Kralik stated, ". . . you kept me from marriage because you destroyed my professional life." Dr. Kralik later added, "I'm not going to return to practice in Ohio. I won't have a family. You screwed me having one husband. I can't sign for 'discipline' as I've been

punished beyond whatever I did to you unknowingly. What else do you want? And, what is it that I did to you; exist?"

In a letter to Governor Taft, Dr. Kralik wrote in bold typeface, "Mr. Dilling says that he didn't stop my getting married." Dr. Kralik then indicated that the suspension of her medical license was the reason she had never married because no one would propose marriage to a physician whose license was suspended for mental impairment. On another occasion Dr. Kralik mailed Governor Taft a copy of her grades from Georgetown along with a letter in which she opined, "If I had had just a little less sadness and didn't have to keep calling the Ohio State Medical Board about all the lies, I could probably have easily gotten an A instead of a B+ in Signal Transduction."

Many of the references to personal matters in Dr. Kralik's life concern her ongoing assertion that one of the male physicians who treated her fractures during or about 1990 through 1992 had a romantic interest in her. In various letters Dr. Kralik claims that this male physician had illusions that she was interested in him and that it was not her fault if he thought she was pretty. For example, in a letter directed to Mrs. Taft, Dr. Kralik claimed that the wife of this male physician would not be satisfied until Dr. Kralik was in a convent and could no longer tempt her husband's urges. In a letter sent to Mr. Bumgarner, former Ohio Board Executive Director, Dr. Kralik wrote, ". . . I, as the patient, can not be held to blame for [this male physician's] lust or lewd thoughts."

(d) In various communications Dr. Kralik has repeatedly alleged that the Board's past actions against her license were motivated by gender bias against female physicians and/or ignorance of women's health issues, and has claimed that the suspension of her license has prevented her from being able to obtain medical care for her osteoporosis. For example, in a letter Dr. Kralik directed to *The Plain Dealer*, she claimed that the Ohio Board told her that she should be married and get along with established male physicians. In other correspondence she stated that the Ohio Board has a "double standard for medical licensure for woman professionals." Dr. Kralik has also forwarded to representatives of the Ohio Board various medical articles and newspaper clippings regarding perimenopause and osteoporosis, as well as copies of her personal laboratory results and radiographic studies. In a letter to Governor Taft she claimed, "No physician will help me because they don't want to lose their medical license." In a letter directed to Mr. Dilling she once wrote, "Because of the erroneous public record, I continue to fracture bones (my ankle last month)." In a letter to Dr. Anita Steinbergh, an Ohio Board Member, Dr. Kralik wrote, "The reason that I keep calling and writing and disagreeing is that the OSMB took my license for symptoms of perimenopause. . ."

(e) Dr. Kralik has written multiple letters addressing the same or similar issues just a few days apart, despite the fact that she should have been aware that her prior correspondence had not yet been delivered via regular mail. Additionally, at times Dr. Kralik has forwarded a second letter with a notation that it was to be substituted for an earlier letter in which she had discovered a minor typographical error after mailing. For example, on December 23, 1997, Dr. Kralik sent a letter with a notation instructing that it was "a corrected copy of the letter dated December 22; one quote punctuation mark was omitted (as I know how you love correcting my punctuation and spelling)."

Written communications Dr. Kralik has forwarded regarding reinstatement of her medical licensure include, but are not limited to, the following:

Date of Correspondence:	Recipient:
June 8, 1996	State Medical Board of Ohio
July 2, 1996	Dr. Gretter, Former Board Secretary
July 9, 1996	State Medical Board of Ohio
August 21, 1996	Governor Voinovich
September 12, 1996	President and Members of the Board
September 30, 1996	President and Members of the Board
October 11, 1996	Governor Voinovich
January 21, 1997	Governor Voinovich
March 27, 1997	President and Members of the Board
March 28, 1997	President and Members of the Board
April 8, 1997	President and Members of the Board
April 8, 1997	President and Members of the Board
May 29, 1997	President and Members of the Board
June 5, 1997	Governor Voinovich
June 11, 1997	Governor Voinovich
September 4, 1997	President and Members of the Board
September 5, 1997	President and Members of the Board
September 8, 1997	State Medical Board of Ohio
December 3, 1997	Magistrate Streepy
December 9, 1997	State Medical Board of Ohio
December 16, 1997	President and Members of the Board
December 22, 1997	President and Members of the Board
December 22, 1997	President and Members of the Board
December 23, 1997	President and Members of the Board
December 29, 1997	Lauren Lubow (Board employee)
April 24, 1998	President and Members of the Board
May 26, 1998	President and Members of the Board
June 8, 1998	Governor Voinovich

June 17, 1998	Governor Voinovich
July 10, 1998	President and Members of the Board
October 2, 1998	Dr. Buchan
October 7, 1998	Dr. Buchan
October 13, 1998	Dr. Buchan
December 8, 1998	Dr. Buchan
January 14, 1999	Mr. Bumgarner
January 19, 1999	Mr. Bumgarner & Dr. Steinbergh
January 24, 1999	Mr. Bumgarner
April 25, 1999	Mr. Bumgarner
May 16, 1999	Governor Taft
May 21, 1999	Danielle Bickers (Board employee)
June 1, 1999	Ohio Board webmaster
June 1, 1999	Governor Taft
August 18, 1999	Governor Taft
December 15, 1999	State Medical Board of Ohio
January 11, 2000	Governor Taft
February 18, 2000	Governor Taft (received undated)
February 29, 2000	Governor Taft
February 29, 2000	State Medical Board of Ohio
June 6, 2000	Governor Taft
July 4, 2000	Mr. Bumgarner & Dr. Steinbergh
July 27, 2000	Mr. Dilling – practice plan
July 28, 2000	Lauren Lubow
July 31, 2000	Mr. Dilling
August 16, 2000	Lauren Lubow
August 25, 2000	Governor Taft
August 26, 2000	Governor Taft
September 17, 2000	Governor Taft
September 20, 2000	Governor Taft
September 27, 2000	Mr. Dilling
September 29, 2000	Mr. Dilling
October 1, 2000	Mr. Dilling
October 2, 2000	Mrs. Taft
October 6, 2000	*The Plain Dealer*
October 10, 2000	Mr. Dilling
October 13, 2000	Mr. Dilling
October 15, 2000	Mr. Dilling
October 18, 2000	Mr. Dilling
October 28, 2000	Mr. Dilling
November 11, 2000	Mr. Dilling
November 11, 2000	State Representative Trakas
November 30, 2000	Mr. Dilling
November 30, 2000	Governor Taft
December 20, 2000	Mr. Dilling

January 1, 2001	Mr. Dilling
January 16, 2001	Mr. Dilling
February 5, 2001	Mr. Dilling
February 10, 2001	Representative Trakas
February 19, 2001	Representative Oakar
March 12, 2001	Mr. Dilling
March 14, 2001	Governor Taft
April 16, 2001	Governor Taft
June 26, 2001	Dr. Steinbergh and Lori Gilbert
June 30, 2001	Dr. Steinbergh
July 5, 2001	Dr. Steinbergh
July 19, 2001	Governor Taft
July 26, 2001	Governor Taft
July 26, 2001	Mr. Dilling
September 21, 2001	President Bush
October 8, 2001	Mr. Dilling
November 5, 2001	Governor Taft
December 14, 2001	U.S. Attorney General Ashcroft
December 14, 2001	Mr. Dilling
December 16, 2001	Mr. Dilling
December 29, 2001	U.S. Attorney General Ashcroft
January 12, 2002	Mr. Dilling
April 2, 2002	Governor Taft
July 15, 2002	Mr. Dilling
October 6, 2002	Mr. Dilling
October 26, 2002	Mr. Dilling
November 4, 2002	Mr. Dilling
November 7, 2002	Mr. Dilling
November 9, 2002	Dr. O'Day
November 20, 2002	Mr. Dilling
February 16, 2003	Mr. Dilling
April 6, 2003	Mr. Dilling and State Rep. Grendell
April 22, 2003	President and Members of the Board
May 8, 2003	Mr. Dilling and Board Members
May 8, 2003	Mr. Dilling and Board Members
May 10, 2003	Mr. Dilling
May 20, 2003	Mr. Dilling
June 6, 2003	Mr. Dilling
June 17, 2003	Mr. Dilling
July 11, 2003	Governor Taft
September 2, 2003	Mr. Dilling (received undated)
October 5, 2003	Mr. Dilling

(3) In a decision ordered October 27, 1999, (effective November 29, 1999) the Medical Board of California [California Board] entered an Order that revoked Dr.

Kralik's license to practice medicine and surgery in that state, stayed such revocation, and prospectively placed her license on probation for up to three years upon completion of certain terms and conditions precedent similar to those imposed by the April 17, 1996, Ohio Board Order. The aforementioned California Board Order, a copy of which is attached hereto and fully incorporated herein, resulted from a new hearing that was conducted on August 31, 1999, in response to an April 28, 1999, decision by the Superior Court, County of Sacramento, California, that, based upon Dr. Kralik's Ohio case being remanded for a new hearing, similarly set aside the California Board's prior revocation of Dr. Kralik's license and remanded her case back to the California Board for a new evidentiary hearing.

The California Board's new evidentiary hearing, which resulted in the aforementioned stayed revocation and future probation of Dr. Kralik's California medical license should she ever return to live in that state or seek to practice there, resulted in the following determinations:

(a) Dr. Kralik's certificates to practice as a physician and surgeon in the states of Hawaii and Rhode Island had been subject to disciplinary actions that were derivative of the Ohio Board's suspension of her license.

(b) The Factual Findings contained in the California Order noted that because Dr. Kralik did not appear at the remanded evidentiary hearing, it was impossible to compare her present demeanor with that recorded in the transcript of the first evidentiary hearing. In regard to the new testimony offered by Daniel Goldstine, Ph.D., a clinical psychologist who evaluated Dr. Kralik at her own request, the California Order stated:

> Dr. Goldstine's speculation that he "does not think" Dr. Kralik would have problems getting along with other physicians, hospital administrators or insurance companies now was not persuasive. His characterization of Dr. Kralik's behavior as a patient in Ohio as detailed in Kralik Ohio 2 [the April 17, 1996, Ohio Board Order] as "cranky" and her angry outbursts as "snit-fits over her pain syndrome" was not persuasive and seemed to minimize and excuse the behavior found to be quite maladaptive and inappropriate at the time it occurred.
>
> What was persuasive was Dr. Goldstine's characterization of Dr. Kralik as very intense, obsessive, opinionated and very difficult to get along with in any setting in which she feels uncomfortable or threatened. There is a substantial amount of evidence in the record

> in support of that characterization. Dr. Goldstine did not refute Dr. Skodol's opinion that Dr. Kralik's "emotional and physical reactions deteriorate when she is exposed to individuals, places or events that remind her of her perceived physical limitations, psychiatric allegations, orthopedic treatment or uncertain future."

(c) The Legal Conclusions contained in the California Order stated that Dr. Kralik was a highly skilled, Board certified, competent physician. However, the California Order then further noted:

> Even though there was never any actual harm to a patient proven as a result of Dr. Kralik's angry behavior and poor judgment in 1991-92, it is important to reiterate that her intense anger combined with the weaving of obsession with her personal issues and concerns as a patient herself with the needs of her patients did have the potential for a problem with patient care. This potential resulted in the actions against her in Ohio and the imposition of conditions precedent to her resumption of a probationary practice there. Dr. Skodol expressed concern regarding Dr. Kralik's lack of insight into the poor behavioral choices she made that brought about these actions.
>
> The record reflects that a similar Order as that imposed by the Ohio Board is warranted here. Should Dr. Kralik succeed in obtaining reinstatement in Ohio, and the resumption of probationary or unrestricted practice there, she may petition for corresponding relief in California, based upon those actions.

The October 17, 2003, certified letter from the Board further notified Dr. Kralik that, pursuant to Section 4731.22(B)(19), Ohio Revised Code, she was ordered to submit to a psychiatric examination. The examination was scheduled to take place at University Hospitals of Cleveland, 11100 Euclid Avenue, Hanna Pavilion, Room 1192, Cleveland, Ohio, with Phillip Resnick, M.D., on December 10, 2003, at 8:30 a.m. The letter further advised Dr. Kralik that it would be necessary for her to be available for the entire day of this scheduled appointment so that the psychiatric evaluation could continue without interruption, and that she was responsible for the expense of this evaluation, which would be determined at the rate of $400 per hour with the total cost dependent upon the length of time required for the evaluator to complete the evaluation, including, but not limited to, the time necessary for Dr. Resnick to undertake preparatory review of relevant materials such as the voicemail messages referenced in the Board's October 17, 2003,

certified letter and the written documents incorporated therein, several hours of face-to-face examination, and the time required to generate a formal evaluation report to the Board. The letter further notified Dr. Kralik that she must submit to the evaluator, as partial advanced payment, a five-thousand dollar ($5,000.00) retainer by certified check or money order made payable to Phillip Resnick, M.D., no later than November 14, 2003, in order to allow the evaluator sufficient time to complete the requisite preparatory review of the relevant materials, and at the time of the December 10, 2003, examination to render to the evaluator payment in full by cash, certified check, or money order for any remaining balance due in the amount specified by Dr. Resnick. The Board's October 17, 2003, certified letter further informed Dr. Kralik that failure to timely submit the aforementioned retainer as instructed above and/or failure to present payment at the time of the examination for any balance due in the amount specified by Dr. Resnick would be deemed by the Board to be a failure to submit to the examination as directed due to circumstances within Dr. Kralik's control.

The October 17, 2003, certified letter from the Board further notified Dr. Kralik that failure of an individual to submit to an examination as directed constitutes an admission of the allegations against the individual unless the failure is due to circumstances beyond the individual's control. Finally, the letter notified Dr. Kralik that if she failed to submit to the examination, and such failure was not due to circumstances beyond her control, the Board would be authorized to enter a default and final order without the taking of testimony or presentation of evidence.

Dr. Kralik was duly notified of the examination order and its scheduled date and time. The certified letter return receipt of the Board's October 17, 2003, certified letter is signed by Rita Kralik and dated October 20, 2003.

On November 7, 2003, the Board sent a second letter to Rita Marie Kralik, M.D., via certified mail, return receipt requested, regarding the December 10, 2003, psychiatric evaluation. The letter informed Dr. Kralik that the designated evaluator, Dr. Resnick, had recently advised the Board that Dr. Kralik had communicated to him her concern related to the duration of the evaluation, and that in response to electronic mail communications he received from Dr. Kralik, Dr. Resnick had indicated to Dr. Kralik that he would not hold her scheduled evaluation time unless she and the Board came to an agreement on this issue. The Board's November 7, 2003, certified letter again notified Dr. Kralik that the Board had reason to believe that she was unable to practice according to acceptable and prevailing standards of care pursuant to Section 4731.22(B)(19), Ohio Revised Code, and further informed Dr. Kralik that although the Board was not required to alter its order based upon the preferences of the examinee, the Board had discussed her concerns with Dr. Resnick and had directed him to bifurcate the psychiatric evaluation into two half-day appointments in order to accommodate her concern. Accordingly, by the authority vested in the Board by Section 4731.22(B)(19), Ohio Revised Code, Dr. Kralik was ordered to submit to a psychiatric evaluation that would be conducted in two separate sessions by Phillip Resnick, M.D., with the first session of approximately four hours commencing on Wednesday, December 10, 2003, at 8:30 a.m., and the second session of approximately

the same duration commencing on a date and time certain within 30 days thereafter to be determined by Dr. Resnick at the conclusion of the initial session. Further, the Board's November 7, 2003, certified letter further advised Dr. Kralik that failure to submit to any portion of this examination as directed would constitute an admission of the allegations against her unless the failure was due to circumstances beyond Dr. Kralik's control, and that a default and final order may thereupon be entered without the taking of testimony or presentation of evidence.

Additionally, the Board's November 7, 2003, certified letter informed Dr. Kralik that it had come to the Board's attention that since receiving the Board's October 17, 2003, certified letter ordering her to submit to a psychiatric evaluation by Dr. Resnick, she had repeatedly contacted Dr. Resnick by electronic mail, including a request that she be provided copies of any complaints against her that have been submitted to the Board. The letter advised Dr. Kralik that the Board had directed Dr. Resnick not to respond to any such future attempts at communication until such time as the formal psychiatric evaluation had commenced. The Board's November 7, 2003, certified letter further stated that as Dr. Kralik had been previously advised, Section 4731.22(F)(5), Ohio Revised Code, requires the Board to conduct all proceedings in a manner that protects the confidentiality of persons who file complaints.

Dr. Kralik was duly notified of the modified examination order and its scheduled commencement date and time. The certified letter return receipt of the Board's November 7, 2003, certified letter is signed by Rita Kralik and dated November 10, 2003.

On November 12, 2003, the Board sent a third letter to Rita Marie Kralik, M.D., via certified mail, return receipt requested, regarding the December 10, 2003, psychiatric evaluation, informing Dr. Kralik that the Board has received a letter she had directed to Mr. Tom Dilling, Executive Director of the State Medical Board of Ohio, dated November 6, 2003, in which Dr. Kralik asserted that her evaluation appointment with Dr. Resnick had been cancelled by mutual agreement. The Board's November 12, 2003, certified letter informed Dr. Kralik that examinees have no authority to cancel an appointment for a Board-ordered psychiatric evaluation. The letter further notified Dr. Kralik of her continuing legal obligation to appear for the psychiatric evaluation as ordered and the potential disciplinary consequences flowing from a failure to submit to the evaluation as directed, specifically stating that her attempted cancellation of the Board-ordered evaluation had no legal effect upon the Board's existing order that directed Dr. Kralik to appear for psychiatric evaluation by Dr. Resnick.

Further, the Board's November 12, 2003, certified letter additionally advised Dr. Kralik that although Section 4731.22(F)(5), Ohio Revised Code, requires the Board to conduct all proceedings in a manner that protects the confidentiality of persons who file complaints, the Board recognizes that an examinee who has been ordered to a psychiatric evaluation must be aware of the essence of the allegations raised by a complaint in order to effectively respond to the issues. Accordingly, the Board's November 12, 2003, certified letter further advised Dr. Kralik that the factual foundation upon which the

Board ordered her to submit to this psychiatric evaluation was fully outlined in the Board's October 17, 2003, certified letter.

Finally, the Board's November 12, 2003, certified letter again notified Dr. Kralik that pursuant to its authority under Section 4731.22(B)(19), Ohio Revised Code, she was ordered to submit to psychiatric evaluation by Phillip Resnick, M.D., commencing on December 10, 2003, at 8:30 a.m., under the terms and conditions set forth in the Board's certified letter dated November 7, 2003; that her failure to submit to any portion of the examination as directed would constitute an admission of the allegations against her unless the failure was due to circumstances beyond her control; and that a default and final order may thereupon be entered without the taking of testimony or presentation of evidence.

Thus, Dr. Kralik was again duly notified of the examination order and its scheduled commencement date and time. The certified letter return receipt of the Board's November 12, 2003, certified letter is signed by Rita Kralik and dated November 14, 2003.

On November 21, 2003, the Board sent a fourth letter to Rita Marie Kralik, M.D., via certified mail, return receipt requested, regarding the December 10, 2003, psychiatric evaluation, in response to a November 12, 2003, letter directed to the Board by Dr. Kralik's mother stating that Dr. Kralik had given permission for her mother to contact the Board on Dr. Kralik's behalf, and indicating that Dr. Kralik could not comply with the scheduled psychiatric examination "due to prior commitments." The Board's November 21, 2003, certified letter advised Dr. Kralik that although her mother's November 12, 2003, letter stated that Dr. Kralik considered herself to be unable to attend the examination due to prior commitments, such a statement failed to establish any circumstances beyond Dr. Kralik's control. Further, the Board's November 21, 2003, certified letter again notified Dr. Kralik that pursuant to its authority under Section 4731.22(B)(19), Ohio Revised Code, she was ordered to submit to psychiatric evaluation by Phillip Resnick, M.D., at University Hospitals of Cleveland, 11100 Euclid Avenue, Hanna Pavilion, Room 1192, Cleveland, Ohio, commencing on December 10, 2003, at 8:30 a.m., under the terms and conditions set forth in the Board's certified letter dated November 7, 2003; that her failure to submit to any portion of the examination as directed would constitute an admission of the allegations against her unless the failure was due to circumstances beyond her control; and that a default and final order may thereupon be entered without the taking of testimony or presentation of evidence.

Thus, Dr. Kralik was again duly notified of the examination order and its scheduled commencement date and time. The certified letter return receipt of the Board's November 21, 2003, certified letter is signed by Rita Kralik and dated November 26, 2003.

Despite the Board's examination orders dated October 17, 2003, November 6, 2003, November 12, 2003, and November 21, 2003, Dr. Kralik failed to submit the required

retainer to the evaluator as ordered and failed to appear for the psychiatric examination that the Board scheduled for her. Although Dr. Kralik repeatedly contacted the Board and the proposed evaluator expressing various objections prior to the scheduled examination, and Dr. Kralik's mother indicated by letter that Dr. Kralik was unable to comply with the Board ordered evaluation due to other commitments, at no time did Dr. Kralik inform the Board that her failure to appear was due to circumstances beyond her control, as that clause is used in Section 4731.22(B)(19), Ohio Revised Code.

WHEREFORE, in consideration of the sworn affidavits of Rebecca J. Marshall, Enforcement Attorney, and Debra L. Jones, CME & Renewal Officer, copies of which are attached hereto and fully incorporated herein, and pursuant to Section 4731.22(B)(19), Ohio Revised Code, the Board hereby FINDS that by operation of law, Rita Marie Kralik, M.D., has admitted the truth of the allegations set forth in the October 17, 2003, letter from the Board to Dr. Kralik. The Board further FINDS that Dr. Kralik is unable to practice according to acceptable and prevailing standards of care pursuant to Section 4731.22(B)(19), Ohio Revised Code, to wit: "[i]nability to practice according to acceptable and prevailing standards of care by reason of mental illness or physical illness, including, but not limited to, physical deterioration that adversely affects cognitive, motor, or perceptive skills."

WHEREFORE, it is hereby ORDERED that:

1. The application of Rita Marie Kralik, M.D., for reinstatement of her certificate to practice medicine and surgery in the State of Ohio is DENIED; the April 17, 1996, Order of the State Medical Board of Ohio, which indefinitely suspended Dr. Kralik's certificate to practice medicine and surgery in the State of Ohio and set forth certain conditions for reinstatement of her certificate, is hereby TERMINATED upon the effective date of the instant Order, which shall supersede the Board's prior Order of April 17, 1996; and the certificate of Rita Marie Kralik, M.D., to practice medicine and surgery in the State of Ohio shall again be SUSPENDED for an indefinite period of time.

Further, it is ORDERED that:

2. Within thirty days of the effective date of this Order, Dr. Kralik shall provide a copy of this Order to all employers or entities with which she is under contract to provide health care services or is receiving training; and the Chief of Staff at each hospital where she has privileges or appointments. Further, Dr. Kralik shall provide a copy of this Order to all employers or entities with which she contracts to provide health care services, or applies for or receives training, and the Chief of Staff at each hospital where she applies for or obtains privileges or appointments.

3. Within thirty days of the effective date of this Order, Dr. Kralik shall provide a copy of this Order by certified mail, return receipt requested, to the proper licensing authority of any state or jurisdiction in which she currently holds any

professional license. Dr. Kralik shall provide a copy of this Order by certified mail, return receipt requested, at time of application to the proper licensing authority of any state in which she applies for any professional license or for reinstatement of any professional license. Further, Dr. Kralik shall provide the State Medical Board of Ohio with a copy of the return receipt as proof of notification within thirty days of receiving that return receipt.

4. The Board shall not consider reinstatement of Dr. Kralik's certificate to practice medicine and surgery unless and until all of the following conditions are met:

   a. Dr. Kralik shall submit an application for reinstatement, accompanied by appropriate fees, if any. Such application shall be a written application under oath on the form prescribed by the Board. Further, Dr. Kralik's initial submission of such written application form to the Board must include an attached sworn statement in which Dr. Kralik attests that she has undertaken a psychiatric evaluation in conformance with the requirements set forth in Paragraph 4.c.i. below, and stating the date(s) upon which such evaluation occurred. Any attempted application for reinstatement submitted by Dr. Kralik through a written application form without such sworn statement, or any written application form which includes a sworn statement documenting an evaluation not in conformance with the requirements set forth in Paragraph 4.c.i. below, shall be deemed by the Board to be null and void, and shall not be processed by the Board.

      The date upon which the Board receives Dr. Kralik's written application form and requisite accompanying sworn statement shall be deemed the date of initial application filing.

   b. Following the date of initial application filing and as part of the ongoing application process thereafter, Dr. Kralik shall cause to be provided to the Board such other documentation as the Board requires in order to appropriately evaluate Dr. Kralik's request for reinstatement of her license to practice medicine and surgery. It shall be Dr. Kralik's responsibility to ensure that all required documentation, including the written psychiatric evaluation report referenced in Paragraph 4.c.i. below, is timely submitted to the Board within 180 days from the date of initial application filing. In the event that the Board does not receive all required documentation within 180 days from the date of initial application filing, the Board may notify Dr. Kralik in writing advising her of the outstanding required documentation and the Board's intention to consider the application abandoned. If Dr. Kralik fails to cause such outstanding required documentation to be received by the Board within thirty days of mailing of the Board's aforementioned notice of intended abandonment, the Board shall consider the application as abandoned and no further processing shall be undertaken with respect to that application.

c. Dr. Kralik shall demonstrate to the satisfaction of the Board that she can resume practice in compliance with acceptable and prevailing standards of care under the provisions of her certificate. Such demonstration shall include but shall not be limited to the following:

i. Dr. Kralik shall cause to be submitted to the Board a written report indicating that Dr. Kralik's ability to practice has been psychiatrically assessed and that she has been found capable of practicing according to acceptable and prevailing standards of care. In order to ensure appropriate integrity of information, such written psychiatric evaluation report must be provided to the Board directly from the evaluating psychiatrist. Further, the written psychiatric evaluation report shall be based upon an examination performed by Phillip Resnick, M.D., or by another psychiatrist chosen by the Board in the event that Dr. Resnick is unavailable, who shall conduct an examination of Dr. Kralik regarding her psychiatric status. Such evaluation shall be accomplished in a single appointment date or over a series of appointment dates at the evaluator's discretion, and shall be at Dr. Kralik's own expense.

Prior to the examination, Dr. Kralik shall provide the evaluating psychiatrist with copies of patient records from any evaluations and/or treatment that she has received and a copy of this Order, as well as any other information Dr. Kralik deems may be appropriate or helpful to the evaluating psychiatrist, provided that Dr. Kralik supplies the same information to the Board at the time she submits such information to the evaluator. Additionally, the Board may provide the evaluating psychiatrist with any information that it deems may be appropriate or helpful to the evaluating psychiatrist. The written report from the evaluating psychiatrist shall include the evaluating psychiatrist's diagnosis and conclusions; any recommendations for care, counseling, and treatment for the psychiatric diagnosis; any conditions, restrictions, or limitations that should be imposed on Dr. Kralik's practice; and the basis for the psychiatrist's determinations.

In order to ensure that such psychiatric evaluation occurs within in a time frame contemporaneous with any reinstatement request by Dr. Kralik, such psychiatric evaluation shall be conducted within a specified time period that shall commence 90 days immediately preceding the date of initial application filing of Dr. Kralik's written application form for reinstatement. It shall be Dr. Kralik's responsibility to ensure that the required psychiatric evaluation is accomplished within the specified time period.

ii. Due to the fact that Dr. Kralik's license to practice medicine and surgery in Ohio has been suspended since June 17, 1992, the Board may exercise its discretion under Section 4731.222, Ohio Revised Code, to require additional evidence of Dr. Kralik's fitness to resume practice before reinstating Dr. Kralik's certificate to good standing.

d. Dr. Kralik shall provide continuing authorization, through appropriate written consent forms, for disclosure to the Board by her evaluating, treating, and monitoring physicians, and to others involved in the reinstatement and/or monitoring process, of information necessary for them to fulfill their respective duties and obligations.

5. In the event that the psychiatric evaluation required pursuant to Paragraph 4.c.i. above results in either a determination that Dr. Kralik is unable to practice medicine according to acceptable and prevailing standards of care, or a determination that Dr. Kralik is able to practice medicine according to acceptable and prevailing standards of care subject to certain treatment, monitoring, or supervision of Dr. Kralik, and/or certain conditions, restrictions, or limitations upon Dr. Kralik's practice, the Board shall thereafter issue to Dr. Kralik, pursuant to Chapter 119. of the Ohio Revised Code, a written notice and opportunity for hearing setting forth the Board's allegations of Dr. Kralik's violation of Section 4731.22(B)(19), Ohio Revised Code. The written report of the psychiatric evaluation required pursuant to Paragraph 4.c.i. above may be introduced as evidence by the Board at any such hearing and/or used in any subsequent Board action.

6. In the event that the psychiatric evaluation required pursuant to Paragraph 4.c.i. above results in a determination that Dr. Kralik can resume practice according to acceptable and prevailing standards of care without any treatment, monitoring, or supervision of Dr. Kralik, and without any conditions, restrictions, or limitations upon Dr. Kralik's practice, the Board shall thereafter cause Dr. Kralik's license to be reinstated subject to PROBATION for a period of not less than two years, which shall include the following terms, conditions, and limitations:

a. Dr. Kralik shall obey all federal, state, and local laws, and all rules governing the practice of medicine in Ohio.

b. Dr. Kralik shall refrain from commencing practice in Ohio without prior written Board approval. In the event that Dr. Kralik wishes to commence practice in Ohio, Dr. Kralik shall submit to the Board and receive its approval for a Plan of Practice, that, unless and until otherwise determined by the Board, shall be limited to a supervised structured environment in which Dr. Kralik's activities will be directly monitored and overseen by another physician approved by the Board. Further, Dr. Kralik shall submit a revised practice plan to the Board and obtain the prior approval

of the Board should she desire modification to any previously approved practice plan(s).

In the event that Dr. Kralik is granted approval by the Board to commence practice in Ohio pursuant to the aforementioned Plan of Practice, before so engaging in any medical practice, Dr. Kralik shall submit the name and curriculum vitae of a monitoring physician for prior written approval by the Secretary or Supervising Member of the Board. In approving an individual to serve in this capacity, the Secretary and Supervising Member will give preference to a physician who practices in the same locale as Dr. Kralik and who is engaged in the same or similar practice specialty. The monitoring physician may not be a member of Dr. Kralik's family.

The monitoring physician shall monitor Dr. Kralik and her medical practice, and shall review Dr. Kralik's patient charts. The chart review may be done on a random basis, with the frequency and number of charts reviewed to be determined by the Board.

Further, the monitoring physician shall provide the Board with reports on the monitoring of Dr. Kralik and her medical practice, and on the review of Dr. Kralik's patient charts. Dr. Kralik shall ensure that the reports are forwarded to the Board on a quarterly basis and are received in the Board's offices no later than the due date for Dr. Kralik's quarterly declaration.

In the event that the designated monitoring physician becomes unable or unwilling to serve in this capacity, Dr. Kralik must immediately so notify the Board in writing. In addition, Dr. Kralik shall make arrangements acceptable to the Board for another monitoring physician within thirty days after the previously designated monitoring physician becomes unable or unwilling to serve, unless otherwise determined by the Board. Furthermore, Dr. Kralik shall ensure that the previously designated monitoring physician also notifies the Board directly of his or her inability to continue to serve and the reasons therefore.

c. In the event that Dr. Kralik commences practice in Ohio pursuant to Paragraph 6.b. above, Dr. Kralik shall submit quarterly declarations under penalty of Board disciplinary action or criminal prosecution, stating whether there has been compliance with all the conditions of probation. The first quarterly declaration must be received in the Board's offices on the first day of the third month following the month in which the Board's approval of Dr. Kralik's proposed Plan of Practice becomes effective. Subsequent quarterly declarations must be received in the Board's offices on or before the first day of every third month.

d. In the event that Dr. Kralik commences practice in Ohio pursuant to Paragraph 6.b. above, Dr. Kralik shall appear in person for an interview before the full Board or its designated representative during the third month following the month in which the Board's approval of Dr. Kralik's proposed Plan of Practice becomes effective. Subsequent personal appearances must occur every three months thereafter, and/or as otherwise requested by the Board. If an appearance is missed or is rescheduled for any reason, ensuing appearances shall be scheduled based on the appearance date as originally scheduled.

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

This Order is hereby entered upon the Journal of the State Medical Board of Ohio for the 11th day of December, 2003, and the original thereof shall be kept with said Journal.

Lance A. Talmage, M.D.
Secretary

(SEAL)

December 11, 2003
Date

AFFIDAVIT

The State of Ohio:
Franklin County:
ss:

I, Rebecca J. Marshall, being first duly cautioned and sworn, state that I am at least eighteen years of age, legally competent, and declare the following to be true based upon my first-hand knowledge:

1. I am an Enforcement Attorney employed by the State Medical Board of Ohio [Board]. My duties include coordinating the investigation of complaints against applicants and licensees under the jurisdiction of the Board, and assembling the evidence necessary to prove potential violations of the Medical Practices Act of Ohio, Chapter 4731, Ohio Revised Code.

2. I coordinated the investigation into the application of Rita Marie Kralik, M.D., for reinstatement of her certificate to practice medicine and surgery in Ohio, which resulted in an order from the Board for Dr. Kralik to submit to a psychiatric examination pursuant to Section 4731.22(B)(19), Ohio Revised Code.

3. On October 17, 2003, a letter was sent via certified mail, return receipt requested, to Dr. Kralik at the following address: 7093 Gates Mills Blvd., Gates Mills, Ohio, 44040. Said letter ordered Dr. Kralik to submit to a psychiatric evaluation by Phillip Resnick, M.D., at University Hospitals of Cleveland, Hanna Pavilion, Room 1192, Cleveland, Ohio, on December 10, 2003, at 8:30 a.m., and advised Dr. Kralik that she would need to be available for the entire day for such evaluation. A copy of said letter, excluding attachments, is attached hereto and fully incorporated herein.

4. On October 22, 2003, the Board received a certified mail return receipt showing that the October 17, 2003, certified letter to Dr. Kralik had been delivered to the address set forth in Paragraph 3 and had been signed for by Rita Kralik on October 20, 2003. A copy of said certified mail return receipt is attached hereto and fully incorporated herein.

5. On or about November 4, 2003, Dr. Phillip Resnick communicated to me by electronic mail indicating that he had been contacted by Dr. Kralik via electronic mail regarding Dr. Kralik's concern about the duration of the scheduled psychiatric evaluation. On or about November 5, 2003, Dr. Resnick and I discussed Dr. Kralik's concerns and agreed that bifurcating the evaluation into two half-day sessions was a reasonable accommodation.

6. On November 7, 2003, a second letter was sent regarding the aforementioned December 10, 2003, psychiatric evaluation, via certified mail, return receipt requested, to Dr. Kralik at the following address: 7093 Gates Mills Blvd., Gates Mills, Ohio, 44040. Said letter, a copy of which is attached hereto and fully incorporated herein, ordered Dr. Kralik to submit to a bifurcated psychiatric evaluation by Phillip Resnick, M.D., with the first

session of approximately four hours commencing on December 10, 2003, at 8:30 a.m., and the second session of approximately the same duration commencing on a date and time certain within 30 days thereafter to be determined by Dr. Resnick at the conclusion of the initial session.

7. On November 10, 2003, the Board received a letter authored by Dr. Kralik and dated November 6, 2003. A copy of said letter is attached hereto and fully incorporated herein.

8. On November 12, 2003, the Board received a certified mail return receipt showing that the November 7, 2003, certified letter to Dr. Kralik had been delivered to the address set forth in Paragraph 6 and had been signed for by Rita Kralik on November 10, 2003. A copy of said certified mail return receipt is attached hereto and fully incorporated herein.

9. On November 12, 2003, a third letter was sent regarding the aforementioned December 10, 2003, psychiatric evaluation, via certified mail, return receipt requested, to Dr. Kralik at the following address: 7093 Gates Mills Blvd., Gates Mills, Ohio, 44040. Said letter, a copy of which is attached hereto and fully incorporated herein, advised Dr. Kralik that examinees have no legal authority to cancel an appointment for a Board-ordered psychiatric evaluation, and again ordered Dr. Kralik to submit to a bifurcated psychiatric evaluation by Phillip Resnick, M.D., commencing on December 10, 2003, at 8:30 a.m.

10. On November 18, 2003, the Board received a certified mail return receipt showing that the Board's November 12, 2003, certified letter to Dr. Kralik had been delivered to the address set forth in Paragraph 9 and had been signed for by Rita Kralik on November 14, 2003. A copy of said certified mail return receipt is attached hereto and fully incorporated herein.

11. On November 14, 2003, the Board received a certified letter authored by Dr. Kralik's mother and dated November 12, 2003, in which Dr. Kralik's mother stated that Dr. Kralik "cannot comply with the terms of your letter due to prior commitments." A copy of said letter is attached hereto and fully incorporated herein.

12. On November 21, 2003, a fourth letter was sent regarding the aforementioned December 10, 2003, psychiatric evaluation, via certified mail, return receipt requested, to Dr. Kralik at the following address: 7093 Gates Mills Blvd., Gates Mills, Ohio, 44040. Said letter, a copy of which is attached hereto and fully incorporated herein, advised Dr. Kralik that a letter submitted to the Board by her mother, in which Dr. Kralik's mother stated that Dr. Kralik could not comply with the scheduled psychiatric evaluation due to prior commitments, failed to establish any circumstances beyond Dr. Kralik's control. Additionally, the Board's November 21, 2003, certified letter again ordered Dr. Kralik to submit to the bifurcated psychiatric evaluation by Phillip Resnick, M.D., commencing on December 10, 2003, at 8:30 a.m. at University Hospitals of Cleveland, 11100 Euclid Avenue, Hanna Pavilion, Room 1192, Cleveland, Ohio.

13. On December 1, 2003, the Board received a certified mail return receipt showing that the Board's November 21, 2003, certified letter to Dr. Kralik had been delivered to the address set forth in Paragraph 12 and had been signed for by Rita Kralik on November 26, 2003. A copy of said certified mail return receipt is attached hereto and fully incorporated herein.

14. On December 10, 2003, at approximately 11:30 a.m., I was notified by facsimile communication from Phillip Resnick, M.D., that although he waited for two hours from Dr. Kralik's appointed evaluation time, Dr. Kralik failed to appear at University Hospitals of Cleveland, 11100 Euclid Avenue, Hanna Pavilion, Room 1192, Cleveland, Ohio, for the psychiatric examination as scheduled. A copy of such facsimile communication is attached hereto and fully incorporated herein.

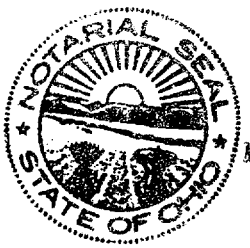
15. Although Dr. Kralik repeatedly contacted the Board and the proposed evaluator expressing various objections prior to the scheduled examination, and Dr. Kralik's mother indicated by letter that Dr. Kralik was unable to comply with the Board ordered evaluation due to other commitments, at no time did Dr. Kralik inform the Board that her failure to appear was due to circumstances beyond her control, as that clause is used in Section 4731.22(B)(19), Ohio Revised Code. Further, at no time did Dr. Kralik contact the Board to request that the examination be rescheduled or to explain why she failed to appear for the examination ordered by the Board.

Further Affiant Sayeth Naught.

Rebecca J. Marshall

Rebecca J. Marshall, Esq.

Sworn to and signed before me on this 10th day of December, 2003.



MARCIE P. BURROW
Notary Public, State of Ohio
My Commission Has No Expiration Date
Section 147.03 R.C.

Marcie Burrow

Notary Public

CASE WESTERN RESERVE UNIVERSITY

December 10, 2003

TO: Rebecca Marshall
State Medical Board of Ohio
via fax 614-728-5946

FROM: Phillip J. Resnick, M.D.

RE: Rita Kralik, M.D.

OHIO STATE MEDICAL BOARD
DEC 10 2003

Dear Ms. Marshall:

The State Medical Board of Ohio scheduled an appointment for a psychiatric evaluation of Dr. Kralik at 8:30 a.m. on December 10, 2003. I waited for Dr. Kralik for two hours and she failed to appear for her examination.

Dr. Kralik also failed to submit a financial retainer of $5000 as ordered by the State Medical Board of Ohio.

In reviewing the emails I received from Dr. Kralik, I am not able to form any opinion with a reasonable medical certainty about her mental state. However, her emails are consistent with the possibility that Dr. Kralik is suffering from a mental disease, which would make it difficult for her to practice according to acceptable and prevailing standards of care by reason of mental illness.

Phillip Resnick, M.D.

Phillip J. Resnick, M.D. Director of Forensic Psychiatry

MAILING ADDRESS
University Hospitals
11100 Euclid Avenue
Cleveland, Ohio 44106

Phone 216-844-3415
Fax 216-844-1703
E-mail phillip.resnick@cwru.edu

State Medical Board of Ohio

77 S. High St., 17th Floor • Columbus, OH 43215-6127 • (614) 466-3934 • Website: www.state.oh.us/med/

October 17, 2003

Personal and Confidential

Rita Marie Kralik, M.D.
7093 Gates Mills Blvd.
Gates Mills, Ohio 44040

Dear Doctor Kralik:

The State Medical Board of Ohio [Ohio Board] has determined that it has reason to believe that you are in violation of Section 4731.22(B)(19), Ohio Revised Code, to wit: "[i]nability to practice according to acceptable and prevailing standards of care by reason of mental illness or physical illness, including, but not limited to, physical deterioration that adversely affects cognitive, motor, or perceptive skills."

This determination is based upon one or more of the following reasons:

(1) On April 17, 1996, the Ohio Board entered an Order suspending your license to practice medicine and surgery for an indefinite period of time, and setting forth certain minimum requirements to be fulfilled prior to the Ohio Board considering restatement of your license. This Order, a copy of which is attached hereto and fully incorporated herein, embodied the Board's final determination regarding a remanded hearing that commenced on November 29, 1995. This hearing was conducted as a result of the February 21, 1995, decision of the Franklin County Court of Appeals that remanded your case back to the Ohio Board for a new hearing and ordered that the Ohio Board's prior suspension of your license, which was issued on March 10, 1993, remain in effect in the interim. (These events followed the Ohio Board's initial summary suspension of your medical license that occurred on June 17, 1992).

The Findings of Fact that were approved and confirmed pursuant to the April 17, 1996, Ohio Board Order included the following determinations:

(a) From 1990 through 1992, your colleagues observed behavior indicating that you required psychiatric assistance. This behavior included numerous letters and telephone calls to your physicians and hospital administrators regarding the

orthopedic care you received as a patient. It also included your progressively greater attention to the condition of your injured wrists.

(b) On April 14, 1992, you engaged in "bizarre, hysterical behavior" in the office of one of your treating physicians, and advised his patients "to get another physician because [treating physician] had 'ruined' [you]." Later that day, you went to a second treating physician's office demanding to see him even though he was in surgery. You then refused to leave, and were removed by hospital security after you became hysterical and began banging your wrists on a conference table in an attempt to break them.

(c) On April 17, 1992, Meridia Hospital informed you that your medical staff privileges had been summarily suspended based upon your behavior over past years.

(d) Based upon a psychiatric evaluation [on October 27, 1995] performed for the Ohio Board, Howard Sokolov, M.D., opined within a reasonable degree of medical certainty that you demonstrated symptoms of a significant emotional disorder which would cause an inability to practice medicine according to acceptable and prevailing standards of care, and assigned you the diagnosis of borderline personality organization and probable borderline personality disorder.

(e) Based upon a psychiatric evaluation [over ten sessions from September 7 through November 21, 1995] performed at your request, Andrew Skodol, II, M.D., opined within a reasonable degree of medical certainty that you did not suffer from borderline personality disorder or any other personality disorder, and assigned you the diagnoses of pain disorder associated with both psychological factors and a general medical condition, in partial remission; and adjustment disorder with mixed anxiety and depressed mood, chronic, in full remission. (The April 17, 1996, Ohio Board Order determined that your diagnoses were pain disorder associated with both psychological factors and a general medical condition, in partial remission; and adjustment disorder with mixed anxiety and depressed mood, chronic, in full remission.)

(f) Both Dr. Sokolov and Dr. Skodol agreed that your emotional and physical reactions deteriorate when you are exposed to individuals, places, or events that remind you of your perceived physical limitations, psychiatric allegations, orthopedic treatment, or your uncertain future.

(2) Following the April 17, 1996, Ohio Board Order, and continuing to date, you have pursued reinstatement of your medical license, but have done so in a manner that has not contemporaneously fulfilled each of the requisite conditions for reinstatement, thus

precluding the Board from having an opportunity to evaluate pertinent reinstatement information that was concurrently both complete and timely. For example, you have repeatedly telephoned the Ohio Board's Executive Director, Mr. Tom Dilling, regarding reinstatement of your license, at times leaving multiple voicemail messages within a few hours and/or leaving voicemail messages during the middle of the night. You have also forwarded voluminous correspondence to various representatives of the Ohio Board, former Governor Voinovich, Governor Taft and his wife, State Representatives Trakas and Grendell, United States Attorney General Ashcroft, and President George W. Bush, copies of which are attached hereto and fully incorporated herein. All of these communications have described your observations, opinions, or feelings related to your general perception that the Ohio Board suspended your medical license based upon fabricated allegations of mental illness in order to retaliate against you for complaining about two male physicians, one of whom you believed had a romantic interest in you, and both of whom you alleged had provided substandard medical care to you when treating wrist fractures and a broken toe you suffered during or about 1990 through 1992.

(a) Your various letters have alleged corruption and conspiracy among certain physicians, the hospital where you previously had privileges, the Ohio Board, and Governor Taft. For example, you have alleged that the hearing witnesses lied about you, that one of the male physicians you complained about had threatened you and your family, that the other male physician you complained about had you "beaten up in his office instead of doing more tests," and that your psychotherapist lied about the real reason she had been counseling you in order to keep her hospital privileges. You have also alleged that your medical records have been falsified, and that one of the Ohio Board's former members, Dr. Carla O'Day, orchestrated the case against you due to jealousy dating back to when the two of you were classmates in medical school. In another letter you expressed that you only wanted to reinstate your license so you could then resign it, adding, "There is no physician in Ohio that I would want to work with at this time. It's a corrupt and immoral environment."

You have claimed that the Ohio Board's handling of your case was a "witch hunt," and have repeatedly urged Governor Taft to investigate the "corruption" at the Ohio Board. When no such action was forthcoming, you sent a letter to Governor Taft characterizing him as "the Governor of corruption not education" and wrote, "I'm sure that President Bush and Attorney General Ashcroft would like to know how you handle things. This letter is copied to both." In a later letter directed to Governor Taft you stated, "I am cognizant of your threatening letter of this summer not to write to you again . . . If you send me another threatening letter, I will forward it to President Bush."

(b) Your letters have included inappropriate personal attacks upon the individuals involved in matters related to your medical licensure. Some of these letters have involved religious references. You mailed rosary beads to Mr. Dilling. On another occasion, you forwarded to Mr. Dilling a St. Anne medallion along with a handwritten note saying, "It needs to be on your desk so you can trash God directly." In a letter you authored to Mr. Dilling, you wrote, "Again, good Catholic boy that you are, I'm asking you to stop the persecution of me . . .," later adding, "So far you fit the Jesuit educated subset of Manuel Norriega and Bill Clinton."

Many of the inappropriate personal attacks have reflected your perception of the intellectual capability and/or competence of the various individuals you view as being involved in the licensure reinstatement process. For example, in a letter you sent to Governor Taft, you opined that the Governor surrounded himself "with stupid Republican fools," declared that you have a Mensa level I.Q., and requested that Governor Taft and Members of The State Medical Board of Ohio undergo psychiatric evaluation and I.Q. testing. In a letter directed to Mr. Dilling you wrote, "I'm a Ph.D. candidate at Georgetown University (where you probably couldn't get into . . .)." In another letter to Mr. Dilling you stated, "Maybe I have to spell things out for the third graders and the non-medical members." Other correspondence you directed to Mr. Dilling and his executive assistant contained your description of Mr. Dilling and Governor Taft as "whining babies" and your statement, "Now this is not going to get solved with a Board where no one has any brains or medical training."

(c) Your letters contain references to personal matters in your life that you indicate are related to the suspension of your medical license, but for which, in fact, no logical causal connection exists. For example, in a letter to Dr. David Buchan, an Ohio Board Member, you stated, "Whatever I had left of my reproductive life is gone, simply because [wife of doctor you complained about] was jealous." You further wrote, ". . . I deserved a life and a chance to have children too. The State Medical Board of Ohio gets to decide who can and can't have children apparently; only [wife of doctor you complained about]." In a letter directed to Mr. Dilling dated May 10, 2003, you wrote after the date, "(the day before Mother's Day, which I will never get any flowers for)." In a letter directed to Dr. O'Day, you stated, ". . . you kept me from marriage because you destroyed my professional life." You later added, "I'm not going to return to practice in Ohio. I won't have a family. You screwed me having one husband. I can't sign for 'discipline' as I've been punished beyond whatever I did to you unknowingly. What else do you want? And, what is it that I did to you; exist?"

In a letter to Governor Taft, you wrote in bold typeface, "Mr. Dilling says that he didn't stop my getting married." You then indicated that the suspension of your medical license was the reason you had never married because no one would propose marriage to a physician whose license was suspended for mental impairment. On another occasion you mailed Governor Taft a copy of your grades from Georgetown along with a letter in which you opined, "If I had had just a little less sadness and didn't have to keep calling the Ohio State Medical Board about all the lies, I could probably have easily gotten an A instead of a B+ in Signal Transduction."

Many of the references to personal matters in your life concern your ongoing assertion that one of the male physicians who treated your fractures during or about 1990 through 1992 had a romantic interest in you. In various letters you claim that this male physician had illusions that you were interested in him and that it was not your fault if he thought you were pretty. For example, in a letter directed to Mrs. Taft, you claimed that the wife of this male physician would not be satisfied until you were in a convent and could no longer tempt her husband's urges. In a letter sent to Mr. Bumgarner, former Ohio Board Executive Director, you wrote, ". . . I, as the patient, can not be held to blame for [this male physician's] lust or lewd thoughts."

(d) In various communications you have repeatedly alleged that the Board's past actions against your license were motivated by gender bias against female physicians and/or ignorance of women's health issues, and have claimed that the suspension of your license has prevented you from being able to obtain medical care for your osteoporosis. For example, in a letter you directed to *The Plain Dealer*, you claimed that the Ohio Board told you that you should be married and get along with established male physicians. In other correspondence you stated that the Ohio Board has a "double standard for medical licensure for woman professionals." You have also forwarded to representatives of the Ohio Board various medical articles and newspaper clippings regarding perimenopause and osteoporosis, as well as copies of your personal laboratory results and radiographic studies. In a letter to Governor Taft you claimed, "No physician will help me because they don't want to lose their medical license." In a letter directed to Mr. Dilling you once wrote, "Because of the erroneous public record, I continue to fracture bones (my ankle last month)." In a letter to Dr. Anita Steinbergh, an Ohio Board Member, you wrote, "The reason that I keep calling and writing and disagreeing is that the OSMB took my license for symptoms of perimenopause. . ."

(e) You have written multiple letters addressing the same or similar issues just a few days apart, despite the fact that you should have been aware that your prior

correspondence had not yet been delivered via regular mail. Additionally, at times you have forwarded a second letter with a notation that it was to be substituted for an earlier letter in which you had discovered a minor typographical error after mailing. For example, on December 23, 1997, you sent a letter with a notation instructing that it was "a corrected copy of the letter dated December 22; one quote punctuation mark was omitted (as I know how you love correcting my punctuation and spelling)."

Written communications you have forwarded regarding reinstatement of your medical licensure include, but are not limited to, the following:

Date of Correspondence:	Recipient:
June 8, 1996	State Medical Board of Ohio
July 2, 1996	Dr. Gretter, Former Board Secretary
July 9, 1996	State Medical Board of Ohio
August 21, 1996	Governor Voinovich
September 12, 1996	President and Members of the Board
September 30, 1996	President and Members of the Board
October 11, 1996	Governor Voinovich
January 21, 1997	Governor Voinovich
March 27, 1997	President and Members of the Board
March 28, 1997	President and Members of the Board
April 8, 1997	President and Members of the Board
April 8, 1997	President and Members of the Board
May 29, 1997	President and Members of the Board
June 5, 1997	Governor Voinovich
June 11, 1997	Governor Voinovich
September 4, 1997	President and Members of the Board
September 5, 1997	President and Members of the Board
September 8, 1997	State Medical Board of Ohio
December 3, 1997	Magistrate Streepy
December 9, 1997	State Medical Board of Ohio
December 16, 1997	President and Members of the Board
December 22, 1997	President and Members of the Board
December 22, 1997	President and Members of the Board
December 23, 1997	President and Members of the Board
December 29, 1997	Lauren Lubow (Board employee)
April 24, 1998	President and Members of the Board
May 26, 1998	President and Members of the Board
June 8, 1998	Governor Voinovich
June 17, 1998	Governor Voinovich

July 10, 1998	President and Members of the Board
October 2, 1998	Dr. Buchan
October 7, 1998	Dr. Buchan
October 13, 1998	Dr. Buchan
December 8, 1998	Dr. Buchan
January 14, 1999	Mr. Bumgarner
January 19, 1999	Mr. Bumgarner & Dr. Steinbergh
January 24, 1999	Mr. Bumgarner
April 25, 1999	Mr. Bumgarner
May 16, 1999	Governor Taft
May 21, 1999	Danielle Bickers (Board employee)
June 1, 1999	Ohio Board webmaster
June 1, 1999	Governor Taft
August 18, 1999	Governor Taft
December 15, 1999	State Medical Board of Ohio
January 11, 2000	Governor Taft
February 18, 2000	Governor Taft (received undated)
February 29, 2000	Governor Taft
February 29, 2000	State Medical Board of Ohio
June 6, 2000	Governor Taft
July 4, 2000	Mr. Bumgarner & Dr. Steinbergh
July 27, 2000	Mr. Dilling – practice plan
July 28, 2000	Lauren Lubow
July 31, 2000	Mr. Dilling
August 16, 2000	Lauren Lubow
August 25, 2000	Governor Taft
August 26, 2000	Governor Taft
September 17, 2000	Governor Taft
September 20, 2000	Governor Taft
September 27, 2000	Mr. Dilling
September 29, 2000	Mr. Dilling
October 1, 2000	Mr. Dilling
October 2, 2000	Mrs. Taft
October 6, 2000	*The Plain Dealer*
October 10, 2000	Mr. Dilling
October 13, 2000	Mr. Dilling
October 15, 2000	Mr. Dilling
October 18, 2000	Mr. Dilling
October 28, 2000	Mr. Dilling
November 11, 2000	Mr. Dilling
November 11, 2000	State Representative Trakas
November 30, 2000	Mr. Dilling

November 30, 2000	Governor Taft
December 20, 2000	Mr. Dilling
January 1, 2001	Mr. Dilling
January 16, 2001	Mr. Dilling
February 5, 2001	Mr. Dilling
February 10, 2001	Representative Trakas
February 19, 2001	Representative Oakar
March 12, 2001	Mr. Dilling
March 14, 2001	Governor Taft
April 16, 2001	Governor Taft
June 26, 2001	Dr. Steinbergh and Lori Gilbert
June 30, 2001	Dr. Steinbergh
July 5, 2001	Dr. Steinbergh
July 19, 2001	Governor Taft
July 26, 2001	Governor Taft
July 26, 2001	Mr. Dilling
September 21, 2001	President Bush
October 8, 2001	Mr. Dilling
November 5, 2001	Governor Taft
December 14, 2001	U.S. Attorney General Ashcroft
December 14, 2001	Mr. Dilling
December 16, 2001	Mr. Dilling
December 29, 2001	U.S. Attorney General Ashcroft
January 12, 2002	Mr. Dilling
April 2, 2002	Governor Taft
July 15, 2002	Mr. Dilling
October 6, 2002	Mr. Dilling
October 26, 2002	Mr. Dilling
November 4, 2002	Mr. Dilling
November 7, 2002	Mr. Dilling
November 9, 2002	Dr. O'Day
November 20, 2002	Mr. Dilling
February 16, 2003	Mr. Dilling
April 6, 2003	Mr. Dilling and State Rep. Grendell
April 22, 2003	President and Members of the Board
May 8, 2003	Mr. Dilling and Board Members
May 8, 2003	Mr. Dilling and Board Members
May 10, 2003	Mr. Dilling
May 20, 2003	Mr. Dilling
June 6, 2003	Mr. Dilling
June 17, 2003	Mr. Dilling
July 11, 2003	Governor Taft

September 2, 2003	Mr. Dilling (received undated)
October 5, 2003	Mr. Dilling

(3) In a decision ordered October 27, 1999, (effective November 29, 1999) the Medical Board of California [California Board] entered an Order that revoked your license to practice medicine and surgery in that state, stayed such revocation, and prospectively placed your license on probation for up to three years upon completion of certain terms and conditions precedent similar to those imposed by the April 17, 1996, Ohio Board Order. The aforementioned California Board Order, a copy of which is attached hereto and fully incorporated herein, resulted from a new hearing that was conducted on August 31, 1999, in response to an April 28, 1999, decision by the Superior Court, County of Sacramento, California, that, based upon your Ohio case being remanded for a new hearing, similarly set aside the California Board's prior revocation of your license and remanded your case back to the California Board for a new evidentiary hearing.

The California Board's new evidentiary hearing, which resulted in the aforementioned stayed revocation and future probation of your California medical license should you ever return to live in that state or seek to practice there, resulted in the following determinations:

(a) Your certificates to practice as a physician and surgeon in the states of Hawaii and Rhode Island had been subject to disciplinary actions that were derivative of the Ohio Board's suspension of your license.

(b) The Factual Findings contained in the California Order noted that because you did not appear at the remanded evidentiary hearing, it was impossible to compare your present demeanor with that recorded in the transcript of the first evidentiary hearing. In regard to the new testimony offered by Daniel Goldstine, Ph.D., a clinical psychologist who evaluated you at your request, the California Order stated:

> Dr. Goldstine's speculation that he "does not think" Dr. Kralik would have problems getting along with other physicians, hospital administrators or insurance companies now was not persuasive. His character-ization of Dr. Kralik's behavior as a patient in Ohio as detailed in Kralik Ohio 2 [the April 17, 1996, Ohio Board Order] as "cranky" and her angry outbursts as "snit-fits over her pain syndrome" was not persuasive and seemed to minimize and excuse the behavior found to be quite maladaptive and inappropriate at the time it occurred.

> What was persuasive was Dr. Goldstine's charac-terization of Dr. Kralik as very intense, obsessive, opinionated and very difficult to get along with in any setting in which she feels uncomfortable or threatened. There is a substantial amount of evidence in the record in support of that characterization. Dr. Goldstine did not refute Dr. Skodol's opinion that Dr. Kralik's "emotional and physical reactions deteriorate when she is exposed to individuals, places or events that remind her of her perceived physical limitations, psychiatric allegations, orthopedic treatment or uncertain future."

(c) The Legal Conclusions contained in the California Order stated that you were a highly skilled, Board certified, competent physician. However, the California Order then further noted:

> Even though there was never any actual harm to a patient proven as a result of Dr. Kralik's angry behavior and poor judgment in 1991-92, it is important to reiterate that her intense anger combined with the weaving of obsession with her personal issues and concerns as a patient herself with the needs of her patients did have the potential for a problem with patient care. This potential resulted in the actions against her in Ohio and the imposition of conditions precedent to her resumption of a probationary practice there. Dr. Skodol expressed concern regarding Dr. Kralik's lack of insight into the poor behavioral choices she made that brought about these actions.
>
> The record reflects that a similar Order as that im-posed by the Ohio Board is warranted here. Should Dr. Kralik succeed in obtaining reinstatement in Ohio, and the resumption of probationary or unrestricted practice there, she may petition for corresponding relief in California, based upon those actions.

By the authority vested in the State Medical Board of Ohio by Section 4731.22(B)(19), Ohio Revised Code, you are ordered to submit to an examination. This examination will take place at University Hospitals of Cleveland, Hanna Pavilion, Room 1192, Cleveland, Ohio. You are to report to Phillip Resnick, M.D., on Wednesday, December 10, 2003, at 8:30 a.m. for a psychiatric evaluation. It will be necessary for you to be available for the entire day of this scheduled appointment so that the psychiatric evaluation can continue without interruption.

Pursuant to Section 4731.22(B)(19), Ohio Revised Code, you are responsible for the expense of this evaluation. The cost of this evaluation will be determined at the rate of $400 per hour and

the total cost of the evaluation is dependent upon the length of time required for the evaluator to complete the evaluation, which includes, but is not limited to, the time necessary for Dr. Resnick to undertake preparatory review of relevant materials such as the voicemail messages referenced herein and the written documents incorporated herein, several hours of face-to-face examination, and the time required to generate a formal evaluation report to the Board. You must submit to the evaluator, as partial advanced payment, a five-thousand dollar ($5,000.00) retainer by certified check or money order made payable to Phillip Resnick, M.D., no later than November 14, 2003, in order to allow the evaluator sufficient time to complete the requisite preparatory review of the relevant materials, and at the time of the December 10, 2003, examination you must render to the evaluator payment in full by cash, certified check, or money order for any remaining balance due in the amount specified by Dr. Resnick. Failure to timely submit the aforementioned retainer as instructed above and/or failure to present payment at the time of the examination for any balance due in the amount specified by Dr. Resnick will result in the examination being cancelled and/or prevent him from submitting his formal evaluation report to the Board, and will be deemed by the Board to be a failure to submit to the examination as directed due to circumstances within your control.

Please be advised that failure to submit to this examination as directed constitutes an admission of the allegations against you unless the failure is due to circumstances beyond your control, and that a default and final order may thereupon be entered without the taking of testimony or presentation of evidence.

Copies of the applicable statute sections are enclosed for your information.

Very truly yours,

Lance A. Talmage, M.D.

Lance A. Talmage, M.D.
Secretary

LAT/blt

Enclosure: Section 4731.22, Ohio Revised Code

CERTIFIED MAIL # 7000 0600 0024 5146 1631
RETURN RECEIPT REQUESTED

7000 0600 0024 5146 1631

U.S. Postal Service
CERTIFIED MAIL RECEIPT
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Postage	$ 5.30
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.35

Postmark Here
OCT 17 2003

Recipient's Name (Please Print Clearly) (to be completed by mailer) #18

Street, A: Rita Marie Kralik, M.D.
7093 Gates Mills Blvd.
City, Sta: Gates Mills, Ohio 44040

PS Form 3800, February 2000 — See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
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1. Article Addressed to:

Rita Marie Kralik, M.D.
7093 Gates Mills Blvd.
Gates Mills, Ohio 44040

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*

B. Date of Delivery 10/20/03

C. Signature
X [signature] ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

BLT

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7000 0600 0024 5146 1631

PS Form 3811, July 1999 — Domestic Return Receipt — 102595-00-M-0952

State Medical Board of Ohio

77 S. High St., 17th Floor • Columbus, OH 43215-6127 • (614) 466-3934 • Website: www.state.oh.us/med/

November 7, 2003

Personal and Confidential

Rita Marie Kralik, M.D.
7093 Gates Mills Blvd.
Gates Mills, Ohio 44040

Dear Doctor Kralik:

This correspondence is being directed to you in follow up to the certified letter dated October 17, 2003, through which, pursuant to its authority under Section 4731.22(B)(19), Ohio Revised Code, the State Medical Board of Ohio [Board], ordered you to submit to a psychiatric evaluation by Phillip Resnick, M.D., at University Hospitals of Cleveland, Hanna Pavilion, Room 1192, Cleveland, Ohio, on Wednesday, December 10, 2003, at 8:30 a.m. The aforementioned letter, which is fully incorporated herein by reference, further advised you that it would be necessary for you to be available for the entire day of this scheduled appointment so that the psychiatric evaluation could continue without interruption. However, Dr. Resnick has recently advised the Board that you have communicated to him your concern related to the duration of the evaluation, and that in response to electronic mail communications he received from you, he indicated that he would not hold your scheduled evaluation time unless you and the Board came to an agreement on this issue.

Although the board is not required to alter its order based upon the preferences of the examinee, we have discussed your concerns with Dr. Resnick and have directed him to bifurcate the aforementioned psychiatric evaluation into two half-day appointments in order to accommodate your concern. Accordingly, by the authority vested in the State Medical Board of Ohio by Section 4731.22(B)(19), Ohio Revised Code, you are hereby ordered to submit to a psychiatric evaluation that will be conducted in two separate sessions by Phillip Resnick, M.D., at University Hospitals of Cleveland, Hanna Pavilion, Room 1192, Cleveland, Ohio, with the first session of approximately four hours commencing on Wednesday, December 10, 2003, at 8:30 a.m., and the second session of approximately the same duration commencing on a date and time certain within 30 days thereafter that will be determined by Dr. Resnick at the conclusion of the initial session.

Additionally, consistent with the notification previously provided to you by the Board's correspondence of October 17, 2003, you are herein again notified that pursuant to Section 4731.22(B)(19), Ohio Revised Code, you are responsible for the expense of this evaluation. The cost of this evaluation will be determined at the rate of $400 per hour and the total cost of the evaluation is dependent upon the length of time required for the evaluator to complete the evaluation, which includes, but is not limited to, the time necessary for Dr. Resnick to undertake preparatory review of relevant materials referenced in the Board's aforementioned prior correspondence, several hours of

face-to-face examination, and the time required to generate a formal evaluation report to the Board. You must submit to the evaluator, as partial advanced payment, a five-thousand dollar ($5,000.00) retainer by certified check or money order made payable to Phillip Resnick, M.D., no later than November 14, 2003, in order to allow the evaluator sufficient time to complete the requisite preparatory review of the relevant materials, and at the time of both the first and second sessions of the examination you must render to the evaluator payment in full by cash, certified check, or money order for any remaining balance due in the amount specified by Dr. Resnick. Failure to timely submit the aforementioned retainer as instructed above and/or failure to present payment(s) at the time of the first or second session of the examination for any balance due in the amount specified by Dr. Resnick may result in the examination being cancelled and/or prevent him from submitting his formal evaluation report to the Board, which will be deemed by the Board to be a failure to submit to the examination as directed due to circumstances within your control.

Please be advised that failure to submit to any portion of this examination as directed constitutes an admission of the allegations against you unless the failure is due to circumstances beyond your control, and that a default and final order may thereupon be entered without the taking of testimony or presentation of evidence.

Further, it has come to the Board's attention that since receiving the Board's October 17, 2003, letter ordering you to submit to a psychiatric evaluation by Dr. Resnick, you have repeatedly contacted Dr. Resnick by electronic mail, including a request that you be provided copies of any complaints against you that have been submitted to the Board. Please be advised that the Board has directed Dr. Resnick not to respond to any such future attempts at communication until such time as the formal psychiatric evaluation has commenced. Further, as you have been previously advised, Section 4731.22(F)(5), Ohio Revised Code, requires the Board to conduct all proceedings in a manner that protects the confidentiality of persons who file complaints.

Copies of the applicable statute sections are enclosed for your information.

Very truly yours,

Lance A. Talmage, M.D.

Lance A. Talmage, M.D.
Secretary

LAT/blt

Enclosure: Section 4731.22, Ohio Revised Code

CERTIFIED MAIL # 7000 0600 0024 5150 5816
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U.S. Post Service
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Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.65

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NOV 7 2003
COLUMBUS OH 43215
CPU #18
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Recipient's Name (Please Print Clearly) (to be completed by mailer)
Rita Marie Kralik, M.D.
7093 Gates Mills Blvd.
Gates Mills, OH 44040

See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

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- Print your name and address on the reverse so that we can return the card to you.
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1. Article Addressed to:

Rita Marie Kralik, M.D.
7093 Gates Mills Blvd.
Gates Mills, OH 44040

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*

B. Date of Delivery 11-10-03

C. Signature
X Rita Kralik
☐ Agent
☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

BLT

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7000 0600 0024 5150 5816

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

Rita Kralik M.D.
7093 Gates Mills Blvd.
Gates Mills, Ohio 44040

Tom Dilling
Executive Director
77 South High Street, 17th Floor
Columbus, Ohio 43215-6127

OHIO STATE MEDICAL BOARD
NOV 1 0 2003

November 6, 2003

Dear Mr. Dilling:

I'm in receipt of your recent missive from the Ohio Board. The appointment with Dr. Resnick has been cancelled by mutual agreement. The original Complaint has to be opened and dealt with before the scheduling of any further evaluations of me. Dr. Resnick e-mailed the following to me on 10-29-03:

Dear Dr. Kralik
I understand your position. I have no problem with receiving a copy of the complaint. However, the decision to release it to you is one that the Ohio Board will have to make.

If Dr. Resnick understands my position then you should understand that position.

The letters and materials, including the SPEX stuff, you copied and distributed did not happen in a vacuum. It is like saying that I got pregnant somehow without someone else being involved. There needs to be a meeting with the Complaint and some discussion as to whether evaluating me for the 6th time in 11 years is really the way to go. Psychiatric evaluations are traumatic. The original "case," good or bad will have to be opened legally as a diagnosis was alleged and actions taken that impinge on every aspect of my past, present and future life. It can't be an unknown anymore, and will have to come out in one way or another.

The fact is that even if I go to Dr. Resnick and he says whatever, there's no real possibility that you will accept or act on his opinion in any rational manner. As the past has documented, you will do as a Board whatever you want to do and it won't necessarily be legal or standard of medical care. Representative Grendell can't guarantee that any reasonable behavior, Agreement or dismissal will happen, anymore than he can get the Record. Dr. Resnick has many conflicts-of-interest and association even without the Complaint and those are nowhere noted.

The other problem: 8 hours of discussion in one day on this. This is just "fishing" for whatever to prove that you can justify the taking of my license in 1992. The sessions should have some 2-4 hour time and content limitations specified, unlike what happened with the expert depositions that discussed my dating history.

Finally, the Board suspended my license to practice medicine in 1992 and still has not proven their case. Mr. Dilling, you could see it all over your face at the recent meeting in September, that you want one more chance to prove my case for the "Gipper" -- who is Governor Taft -- no matter what the cost to another human being. I've gotten the picture that I should admit that I "need help," without knowing what I did or there being an admission of some very real problems at the Ohio Board, just so Governor Taft doesn't have to backtrack on another issue. Too bad the Governor can't take responsibility for his actions, appointments and the appropriate disposition of letters written to him. **I would like to object to the inclusion of Taft's letters in the packet.** The Governor should be concerned about the issue of what goes on at the Medical Board. There are many problems at the present time because of the current policies and behaviors of the Ohio Medical Board. The major problem is that most accused physicians can't get a copy of the Complaint(s) against them so that the issues can be addressed properly.

Sincerely,

Rita Kralik M.D.

cc: Governor Taft, Representative Grendell

OHIO STATE MEDICAL BOARD

NOV 1 0 2003

State Medical Board of Ohio

77 S. High St., 17th Floor • Columbus, OH 43215-6127 • (614) 466-3934 • Website: www.state.oh.us/med/

November 12, 2003

Personal and Confidential

Rita Marie Kralik, M.D.
7093 Gates Mills Blvd.
Gates Mills, Ohio 44040

Dear Doctor Kralik:

This correspondence is being directed to you in follow up to your letter of November 6, 2003, that was received in the Board's offices on November 10, 2003, directed to Mr. Tom Dilling, Executive Director of the State Medical Board of Ohio [Board]. In your aforementioned November 6, 2003, correspondence, you continue to voice concerns related to your upcoming Board-ordered psychiatric evaluation by Dr. Phillip Resnick that is scheduled to commence on December 10, 2003. In the letter, you also assert, "The appointment with Dr. Resnick has been cancelled by mutual agreement. The original Complaint has to be opened and dealt with before the scheduling of any further evaluations of me." However, examinees have no authority to cancel an appointment for a Board-ordered psychiatric evaluation.

It appears that you had not yet received the Board's certified letter of November 7, 2003, which addressed the aforementioned issues, at the time you authored this recent correspondence to Mr. Dilling. However, in order to ensure that you are fully informed of your continuing legal obligation to appear for the psychiatric evaluation as ordered and the potential disciplinary consequences flowing from a failure to submit to the evaluation as directed, you are herein notified that your attempted cancellation of the Board-ordered evaluation has no legal effect upon the Board's existing order that directs you to appear for psychiatric evaluation by Dr. Resnick. Additionally, as you have been previously advised, Section 4731.22(F)(5), Ohio Revised Code, requires the Board to conduct all proceedings in a manner that protects the confidentiality of persons who file complaints. However, the Board recognizes that an examinee who has been ordered to a psychiatric evaluation must be aware of the essence of the allegations raised by a complaint in order to effectively respond to the issues. Accordingly, please be aware that the factual foundation upon which the Board ordered you to submit to this psychiatric evaluation is fully outlined in the Board's October 17, 2003, certified letter, which is incorporated herein by reference.

Further, the Board herein notifies you, pursuant to its authority under Section 4731.22(B)(19), Ohio Revised Code, that you are ordered to submit to psychiatric evaluation by Phillip Resnick, M.D., commencing on December 10, 2003, at 8:30 a.m., under the terms and conditions set forth in the Board's certified letter dated November 7, 2003, which is incorporated herein by reference; that your failure to submit to any portion of the examination as directed will constitute an admission of the allegations against you unless the failure is due to circumstances beyond your control; and that a default and final order may thereupon be entered without the taking of testimony or presentation of evidence.

Copies of the applicable statute sections are enclosed for your information.

Very truly yours,

Lance A. Talmage, M.D.

Lance A. Talmage, M.D.
Secretary

LAT/blt
Enclosure: Section 4731.22, Ohio Revised Code

CERTIFIED MAIL # 7000 0600 0024 5142 0737
RETURN RECEIPT REQUESTED

7000 0600 0024 5142 0737

U.S. Postal Service
CERTIFIED MAIL RECEIPT
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Postage	$ .60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.65

COLUMBUS OH MOWU 43216
Postmark Here
NOV 12 2003
USPS

Recipient's Name (Please Print Clearly) (to be completed by mailer)
RITA MARIE KRALIK, M.D.
Street, Apt. No.; or PO Box No.
7093 GATES MILLS BLVD.
City, State, ZIP+4
GATES MILLS, OH 44040

PS Form 3800, February 2000 — See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

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1. Article Addressed to:

RITA MARIE KRALIK, M.D.
7093 GATES MILLS BLVD.
GATES MILLS, OH
44040

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*

B. Date of Delive
11-14-03

C. Signature
X Rita Kralik
☐ Agent
☐ Addr

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☑ No

BLT

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

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PS Form 3811, July 1999 — Domestic Return Receipt — 102595-00-M-0952

7093 Gates Mills Blvd.
Gates Mills, Ohio 44040
(440) 473-3245

November 12, 2003

STATE MEDICAL BOARD
OF OHIO

2003 NOV 14 A 11: 24

Lance A. Talmage, M.D.
State Medical Board of Ohio
66 South High Street 17th Floor
Columbus, Ohio 43215-6127

Dear Doctor Talmage,

Dr. Rita Kralik has given me permission to reply to your letter of November 7, 2003 and I am happy to do so. Unfortunately she cannot comply with the terms of your letter due to prior commitments.

Doctor Kralik has never been a threat to any patient or fellow doctor. She is a consummate student and this presents a challenge to all those colleagues of hers who have not taken medicine as seriously. She has been trying desperately to vindicate herself from the slanderous reports sent to your Board by physicians who hardly knew her or the work she had done for the previous ten years. To be passionate in defense of your reputation is not a crime.

I would have you remember that Ignaz Semmelweis was put in a mental hospital because he wanted fellow Doctors to wash their hands to prevent the deaths of women in childbirth. How dare he ask for simple cleanliness! He was surely out of his mind. He became passionate about hand washing and his fellow physicians isolated him and walked him into a mental hospital where he died within a few days. When he was autopsied it was found he had cut his hand and accidentally infected himself. He died from the same disease he was desperately trying to prevent -- puerperal fever. He was not mentally ill. He was physically ill.

There are times patients live because a physician is obsessive about his work. If that person is a loved one or yourself it is important, at least to you.

Every time the Board has been asked to replace her privileges they demand another evaluation. We have paid for three groups of psychiatrists and psychologists from the most prestigious universities in the country and they have made their reports to the Ohio Board. They do not find cause for your action. There may be dangerous doctors in this state, but she is not one of them.

Doctor Resnick is an esteemed physician and I am sure interested in giving an honest opinion. Most of our family have worked at University Hospital and we have great respect for the hospital and its staff. We believe the resolution of this affair resides with the Ohio Board. It should be ended honorably, fairly and soon.

You have here a physician well trained, not addicted to drugs or alcohol, and denied privileges because she disagreed with her treatment by a fellow physician. Does a physician have the right to make a judgment concerning his or her medical care?

Certainly you are charged to uphold the Ohio law, but the courts have ruled she has not broken these statues. Wisdom would indicate ending this affair. You can return her license for a specified time without prejudice and then make another assessment.

If you would like me to write to Doctor Resnick please have your Secretary call me. Thank you for your attention to this matter.

Respectfully,

Rita Kralik

Rita Kralik R.N.
(Mrs. John Kralik)

STATE MEDICAL BOARD
OF OHIO
2003 NOV 14 A 11: 24

State Medical Board of Ohio

77 S. High St., 17th Floor • Columbus, OH 43215-6127 • (614) 466-3934 • Website: www.state.oh.us/med/

November 21, 2003

Personal and Confidential

Rita Marie Kralik, M.D.
7093 Gates Mills Blvd.
Gates Mills, Ohio 44040

Dear Doctor Kralik:

This correspondence is being directed to you in response to the letter authored by your mother, Rita Kralik, R.N., dated November 12, 2003. In the aforementioned letter, your mother states that you had granted permission for her to contact the Board on your behalf, and indicates that you "cannot comply" with the upcoming Board-ordered psychiatric evaluation "due to prior commitments."

You are hereby advised that although the aforementioned November 12, 2003, letter states that you consider yourself unable to attend the examination due to prior commitments, such a statement fails to establish any circumstances beyond your control. Accordingly, in order to again ensure that you are fully informed of your continuing legal obligation to appear for the psychiatric evaluation as ordered and the potential disciplinary consequences flowing from a failure to submit to the evaluation as directed, you are herein notified that the aforementioned letter of November 12, 2003, has no legal effect upon the Board's existing order that directs you to appear for psychiatric evaluation.

Further, the Board hereby once again notifies you, pursuant to its authority under Section 4731.22(B)(19), Ohio Revised Code, that you are ordered to submit to psychiatric evaluation by Phillip Resnick, M.D., at University Hospitals of Cleveland, 11100 Euclid Avenue, Hanna Pavilion, Room 1192, Cleveland, Ohio, commencing on December 10, 2003, at 8:30 a.m., under the terms and conditions set forth in the Board's certified letter dated November 7, 2003, which is incorporated herein by reference. Further, your failure to submit to any portion of the examination as directed will constitute an admission of the allegations against you unless the failure is due to circumstances beyond your control, and a default and final order may thereupon be entered without the taking of testimony or presentation of evidence.

Copies of the applicable statute sections are again enclosed for your information.

Very truly yours,

Lance A. Talmage, M.D.

Lance A. Talmage, M.D.
Secretary

LAT/blt
Enclosure: Section 4731.22, Ohio Revised Code

CERTIFIED MAIL # 7000 0600 0024 5150 6905
RETURN RECEIPT REQUESTED

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0024 5150 6905

BLT

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Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.65

Postmark Here
COLUMBUS OH 43215
NOV 21 2003
CPU #18

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Street: Rita Marie Kralik, M.D.
7093 Gates Mills Blvd.
City: Gates Mills, Ohio 44040

PS Form 3800, February 2000 — See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Rita Marie Kralik, M.D.
7093 Gates Mills Blvd.
Gates Mills, Ohio 44040

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) (STATE MEDICAL BOARD)
C. Date of Delivery 11-26-03

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2003 DEC -1 P 3:02

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☒ Certified Mail ☐ Express Mail
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☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7000 0600 0024 5150 6905

PS Form 3811, August 2001 Domestic Return Receipt 2ACPRI-03-Z-0985

AFFIDAVIT

The State of Ohio:
Franklin County:
ss:

I, Debra L. Jones, being first duly cautioned and sworn, state that I am at least eighteen years of age, legally competent, and declare the following to be true based upon my first-hand knowledge:

1. I am employed by the State Medical Board of Ohio [Board].

2. I serve the Board in the position of CME & Renewal Officer.

3. In such position I am the responsible custodian of licensee records maintained by the Board pursuant to Chapter 4731., Ohio Revised Code.

4. I have this day carefully examined the records of the Board pertaining to Rita Marie Kralik, M.D.

5. Based upon my examination of the records of Rita Marie Kralik, M.D., I have found the last known address of record of Dr. Kralik to be:

   7093 Gates Mills Blvd.
   Gates Mills, Ohio 44040

Further, Affiant Sayeth Naught.

Debra L. Jones

Debra L. Jones, CME & Renewal Officer

Sworn to and signed before me this 3rd day of December, 2003.

Rebecca J. Marshall

Notary Public

NOTARIAL SEAL STATE OF OHIO

REBECCA J. MARSHALL
Attorney at Law
Notary Public, State of Ohio
My Commission Has No Expiration
Section 147.03 R.C.

RITA M. Kl .IK, M.D.
P.O. BOX 208
NEW YORK NY 10044

How to Register for the SPEX Ex:

Individuals can register for the SPEX e:
licensing board in the state they wish to pr:
registered testing centers and is administere
well as notification of available testing sites t... place through your state medical board. You have 90 days to take the exam once you register for it. A valid U.S. or Canadian Medical license is required. Due to the current revamping of U.S. Medical tests and licensure procedures, those who must take SPEX is a matter which each State Medical Board and the AMA is currently debating. Do not assume that you need to take this test unless specifically told to do so.

An application packet including a guideline book and 75 sample test questions (entitled - *SPEX Guidelines, Strategies and Sample Exam)* can be obtained by sending a money order or certified check for $20 to:

Executive Director, Examination Board
Federation of State Medical Boards
400 Fuller Wiser Rd.
Suite 300
Euless, TX. 76039

(817)571-2949

STATE MEDICAL BOARD OF OHIO
96 JUN 13 PM 12:26

June 8 1996

Ohio State Medical Board:

Could you please send a registration packet for the SPEX Examination as soon as possible? It's not my fault that I've been out of practice for four years, but I'm happy to take the test. Enclosed are some other materials that pertain to my case as I was not allowed rebuttal at the Board session. For your convenience labels are enclosed. Thank you.

[illegible] MD

SPEX

SPECIAL PURPOSE EXAMINATION

GUIDELINES, STRATEGIES, AND SAMPLE EXAMINATION ITEMS

1996

The Federation of State Medical Boards of the United States, Ir
400 Fuller Wiser Road, Suite 300 Euless, TX 76039-3855

[illegible] intimacy in the physician-patient relationship is most likely to [illegible]lt from

(A) the behavior of a histrionic patient
(B) fantasies in the mind of the patient
→(C) the personal needs of the physician
(D) the personal needs of the patient
(E) substance abuse by the physician

In my [illegible] I [illegible] the PATIENT

23. A 55-year-old woman has severe hot flashes. Her menses ceased 5 years ago. When treating her condition with estrogen, it is important to

(A) gradually increase the dose of estrogen
→(B) prescribe progesterone
(C) stop her treatment for 4 weeks every year
(D) stop her treatment for 6 weeks every 2 years
(E) stop her treatment when she is 60 years old

24. Which of the following complaints, described by patients over the telephone, is NOT compatible with an influenza-like illness?

→(A) Generalized petechial rash
(B) Nonproductive hacking cough
(C) Profound weakness
(D) Severe myalgia
(E) Spiking fevers to 39.4°C (103.0°F) with associated chills

STATE MEDICAL BOARD OF OHIO
96 JUN 13 PM 12: 26

SPEX Sample Examination, Section 1
Answer Key

01.	E	15.	A	29.	C
02.	D	16.	A	30.	J
03.	C	17.	D	31.	G
04.	E	18.	A	32.	E
05.	D	19.	A	33.	A
06.	C	20.	D	34.	C
07.	A	21.	C	35.	B
08.	A	22.	C	36.	C
09.	A	23.	B	37.	E
10.	D	24.	A	38.	A
11.	D	25.	B	39.	E
12.	C	26.	D	40.	A
13.	A	27.	A	41.	B
14.	D	28.	B	42.	B

SPEX Sample Examination, Section 2
Answer Key

01.	D	15.	B	29.	D
02.	E	16.	C	30.	F
03.	E	17.	D	31.	D
04.	C	18.	A	32.	H
05.	B	19.	E	33.	B
06.	B	20.	D	34.	B
07.	C	21.	A	35.	E
08.	A	22.	D	36.	A
09.	B	23.	C	37.	C
10.	B	24.	A	38.	A
11.	A	25.	B	39.	C
12.	A	26.	B	40.	C
13.	A	27.	C	41.	B
14.	D	28.	E	42.	B

STATE MEDICAL BOARD
OF OHIO
96 JUN 13 PM 12:26

Rita Kralik, M.D.
P.O. Box 208
New York, New York 10044

July 2, 1996

Thomas E. Gretter, M.D.
State Medical Board Of Ohio
77 South High Street, 17th Floor
Columbus, Ohio 43266-0315

Dear Dr. Gretter:

I am in receipt of certified copies of the Entry of Order; the Report and Recommendation of Suzanne E. Kelly, Attorney Hearing Examiner, State Medical Board of Ohio enclosed with your letter.

The problems that I have with this Report are many. As this process is now going into its fifth year without significant resolution of the problems which started it, I feel compelled to ask that you discuss, with the other Board Members at your July meeting, the possibility of sitting down with myself and my attorney, [redacted] for a non-public, thoughtful and honest discussion of this Report. It was at the last minute that I was notified of your refusal to extend to my attorney the time to compile and present in written form the numerous objections. It cost about $1000.00 for me to be present at your meeting, yet no thoughtful discussion occurred. Instead comments like "just wrist fractures," concerning possessing *equanimitas* as a physician-*patient* and that I might not refer to the "right" physicians (?) were briefly discussed. If one knowns any orthopedics one knows that there are no wrist fractures which are "just" anything. If one knows any medical history one is aware that William Osler never meant the concept of "equanimitas" to be a virtue for a patient. "Equanimitas" is a lofty principle for *physicians* to aim for but there is higher duty as a physician in the Asklepian tradition; to remain competent and physically capable of delivering standard of care to the patients that one is responsible for.

Presently, the "order" and the Hearing Officer's Report and Recommendations are such that no competitive training program or practice situation will accept either. The letters were written as a *patient* with an undiagnosed bone condition causing a skeletal fracture syndrome. They are not communications which are in any way *authoritative* with respect to any patient's care.

The Report and Recommendations contain many misrepresentations of material facts and misunderstandings. My medical records were obtained without my release or review. They contain omissions and parts are edited beyond recognition of actual events. Assumptions have been implied from them that are without merit. A formal surgical clearance for Mrs. M------ was never sent to Dr. [redacted] simply because he never scheduled nor did the patient agree to any surgical procedure. Additionally, there was a specific consultation

form for this at [redacted] Hospital. There was no reference in my letters dealing with any patient that justified breaching my patient confidentiality; they belong in my medical record file if anywhere.

The problem with my case is that it sets a precedent for the care of other women patients that is not the correct approach for 1996. The emotional effects of any skeletal fracture syndrome are "the emotional consequences of chronic pain, deformity, and loss of function" (see enclosed chapter reprint from **The Osteoporotic Syndrome,** 1993). The high emotional price of any skeletal fracture syndrome is one of the main reasons for the concern with early diagnosis (before a history of fracture) and prevention.

Not only that, it sets a precedent for women physicians trying to work through problems within the medical profession that is uncomplimentary to the profession. As I review the application materials and study for SPEX, I am concerned that I need to feed good about myself, my profession and its regulatory Boards. Interaction with peers, colleagues and Medical Staffs is something that requires an attitude of mutual respect for each other as professionals.

Enclosed are some materials for you to share with your fellow Board members. These were brought to the April meeting but there was no opportunity to introduce them. Whether or not I can continue to contribute to my profession in any meaningful way depends on the possibility of a new version of the Report and Recommendations. If there is any change in outlook, you can always notify my attorney.

Sincerely,

Rita Kralik M.D.

Rita M. Kralik, M.D.

Enclosures

The Osteoporotic Syndrome

Detection, Prevention, and Treatment

Third Edition

EDITOR
LOUIS V. AVIOLI, M.D.
Shoenberg Professor of Medicine
Director, Division of Bone and Mineral Diseases
Washington University School of Medicine
The Jewish Hospital of St. Louis
St. Louis, Missouri

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STATE MEDICAL BOARD OF OHIO
77 South High Street, 17th Floor • Columbus, Ohio 43266-0315 • (614) 466-3934

April 19, 1996

Rita Marie Kralik, M.D.
10 River Road, Apt. 18B
Roosevelt Island, N.Y. 10044

Dear Doctor Kralik:

Please find enclosed certified copies of the Entry of Order; the Report and Recommendation of Suzanne E. Kelly, Attorney Hearing Examiner, State Medical Board of Ohio; and an excerpt of draft Minutes of the State Medical Board, meeting in regular session on April 17, 1996, including Motions approving and confirming the Report and Recommendation as the Findings and Order of the State Medical Board of Ohio.

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

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

THE STATE MEDICAL BOARD OF OHIO

T E Gretter MD

Thomas E. Gretter, M.D.
Secretary

TEG:em
Enclosures

Certified Mail Receipt No. P 152 983 492
Return Receipt Requested

cc: Thomas D. Hunter, Esq.

Certified Mail No. P 152 983 493
Return Receipt Requested

July 9 1996

I do not agree with this Report & Recommendation. There are numerous factual errors. An "excrescent" fracture requires a cast.

Rita Kralik MD.

Mailed 4-18-96

THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF	*
	*
RITA MARIE KRALIK, M.D.	*

SEALED MEDICAL RECORDS PERTAINING TO
FINDINGS, ORDER AND JOURNAL ENTRY

In order to protect patient confidentiality, the medical record in this matter has been placed under seal as Exhibit 1.

9/3/96
LL

RITA KRALIK, M.D.

P.O. Box 208, New York, N.Y. 10044

Governor George Voinovich
77 South High Street
30th Floor
Columbus, Ohio 43266

August 21, 1996

Re: Rita Kralik, M.D. v. Ohio State Medical Board

Dear Governor Voinovich:

Regarding the above matter, the State Medical Board at its April, 1996 meeting (at which I was present) continued the suspension of my license to practice medicine citing that they could just do so without a reason and that I might not refer to the "right" physicians. There were no patient complaints, no malpractice suits in my name and no evidence of any referrals that were not in the best interest of or requested by the patient. There apparently were certain physicians that the Board felt should have gotten referrals. However, it is legally impossible for me in any state to refer to certain physicians as a condition of licensure.

The fact remains that after four years there is no valid reason for the initial or continued suspension of my medical license. Additionally, there is no evidence that I have not kept up (Continuing Medical Education - see attached) and hence no reason that my full license without conditions or restrictions should not have been restored.

As a physician responsible for and to patients, I have to be able to obtain medical or orthopedic care which enables me to function competently. Attached are photos of the only two x-ray films taken during 3 weeks "care" of a serious wrist fracture (despite immediate problems, a follow-up x-ray to check the position of the fracture fragments was ordered for *two weeks later*). The x-rays speak for themselves in revealing an uncasted, unstabilized and collapsing fracture (which no operation after the fact could guarantee to improve).

Neither yourself, members of your Medical Board or staff could work (nor would be required to) under such conditions. The problem remains with my case that after four years neither the Medical Board, its two Hearing Officers nor its "experts" ever reviewed the x-rays to determine what care actually occurred. Instead all sorts of time was spent on ridiculous allegations, e.g. that with two swollen wrists with fracture deformities I would ask the orthopedic out skating?

At the Medical Board level there needs to be a mechanism for correcting mistakes.

Sincerely,

Rita Kralik M.D.

Rita Kralik, M.D.

Enclosures

RITA KRALIK, M.D.

P.O. Box 208, New York, N.Y. 10044

President
Members of the Medical Board
State Medical Board of Ohio
77 South High Street
17th Floor
Columbus, Ohio 43266-0315

September 12, 1996

DUPLICATE COPY
LETTER W/
CORRECTED PAGE 2

Re: Rita Kralik, M.D. v. Ohio State Medical Board

Dear Members of the Medical Board and Colleagues:

It has been five months now since your decision to continue the suspension of my medical license for no stated reason. In the interim some problems have come up that merit your attention.

First, after your meeting and the decision to require me to take SPEX, I was assured by my attorney, [redacted] that there would be no obstacles placed in my path in this regard. Now five months into the application process all that has been done is to *cash my check*. Furthermore, it is impossible for me to adequately prepare for this test given the handicap that my license remains suspended. To adequately prepare I need access to medical libraries at hospitals and institutions which for staff membership require a valid medical license. Additionally, friends who have expertise in particular areas have offered to help me review, but that would mean meeting them in their offices or in conference rooms at the hospital. In the past, it has not been beneath the Medical Board that when there was a questionable suspension of a medical license, it would be made an issue if that physician were "caught" on hospital premises or in medical office buildings. Allegations would then be made of "practicing without a license." My friends do not wish themselves or me to be further involved in such unpleasant situations and accusations. Therefore, in order to adequately prepare for SPEX, I need my full license to practice medicine restored for at least *60 days* in order to have access to materials and review sessions.

Second, the procedural part of applying for this test has been the most unusual of any standardized test in my life. It has never taken *five months* to get a testing date. Moreover, it took two months to be sent an application when all that was required was that an address be put on a packet prepared by the testing agency in Texas and delivered to the Medical Board in Columbus. Attached is a copy of the date of the postmark from Columbus; two months from the date of the April Board Meeting at which I could have been just handed the application. Instead it took multiple requests by myself and my attorney as well as my finally sending pre-addressed labels to the attention of the President, State Medical Board of Ohio. In contrast, during the last four years, all manner of documents have never failed to show up in my mailbox with labels attached.

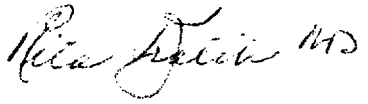
Third, when I called the Medical Board asking about the test, I was given very surprised answers. It seems that few, if any, other Ohio physicians have been required to take this test. In that light, I would like to request that I be provided with some statistics on this test; just how many other physicians or Board Members have demonstrated their continued clinical proficiency by taking and

passing this test and what are your state's score criteria for passing? It is highly unusual when a physician has demonstrated competency by continually passing all tests required, that a license would be held up for months with the requirement to take and pass yet another test (especially when she is going to retake her Boards of Internal Medicine anyway and is applying for Fellowship training). Given any reasonably supportive circumstances and access to materials that I need to study, it is a pretty sure bet that I will pass this test with ease. That those circumstances do not exist is the problem.

Lastly, regarding the information currently in the Data Bank and what has been circularized for over four years now in the orange newsletter put out by the Medical Board - the problem is that the accusation has been *disproved,* and that it is no more true today than it was five months or four years ago. At some time the Board will have to address correction of these documents. There apparently is such a demand for this type of "correction," with regard to the Data Bank at least, that there is a simplified form requiring only an X in a box to undue the damage.

Your attention to these details would be greatly appreciated.

Sincerely,



Rita Kralik, M.D.

Enclosure

COPY

RITA KRALIK, M.D.

P.O. Box 208, New York, N.Y. 10044

President &
Members of the Medical Board
State Medical Board of Ohio
77 South High Street, 17th Floor
Columbus, Ohio 43266-0315

September 30, 1996

Re: Rita Kralik, M.D. v. Ohio State Medical Board

Dear Members of the Medical Board and Colleagues:

Just so we have the same information, enclosed is the type of splint in which my right wrist fracture was "stabilized" for days (getting ever more "excrescent") before finally being casted. Not only that but I had to supply *my own* one of these. A certain physician's office seemed to have a problem ordering orthopedic supplies though he had no problems outfitting a polo team. It had nothing to do with making him feel "uncomfortable." There was no exam of my wrist, I was never put in a room. I removed it so he could gaze at the fracture sight and re-applied the splint on myself that first day.

The problems arose because when he finally did cast the fracture, he never ordered an x-ray to see how the fracture was aligned in the cast. This was a practice that apparently [redacted] accepted though most academic environments had long ago determined as unacceptable. Furthermore, there was no neurovascular exam performed to check for carpal tunnel symptoms or vascular compression. The hand immediately developed symptoms of carpal tunnel syndrome - none of which (though there are frequent questions on SPEX practice exams on this point) were ever noted in his chart notes for some reason. As his office staff had no formal medical assistant training, they never questioned his practices and in fact when x-rays views were finally ordered for *two weeks later* they were for a scaphoid fracture instead of a distal radial fracture (he never checked what they wrote out). When I questioned things, it was pointed out to me that if I didn't appreciate this care then I didn't deserve care by any other orthopedic.

Without ruining professional careers, as mine has been, there has to be a way of pointing out to established practitioners that practices which may have been acceptable in years past are no longer standard of care. I should never have had to argue with any orthopedic in Ohio in *1990* that wrist fractures required stabilization and an x-ray to check the position of the fracture in the cast after casting. This is my "adjustment" reaction; adjusting to a standard of care that was gone before I applied to medical school.

If the truth is told there is no case here. It doesn't do Ohio taxpayers or other orthopedic patients any good to continue this argument. There has to be a mechanism at the hospital level for mistaken impressions to be corrected so that standards of care are continually improved. Medical care is not a political power game between professionals, it is an art and a magnificent profession. This case is not a worthwhile or noble fight and it is not what I went to medical school for. I can pass any number of tests but if the standards are not those in practice then it doesn't matter.

Sincerely,

Rita Kralik, M.D.

Enclosure

cc: Governor George Voinovich

RITA KRALIK, M.D.

P.O. Box 208, New York, N.Y. 10044

000045 OCT 16 96

Governor George Voinovich
77 South High Street
30th Floor
Columbus, Ohio 43266

October 11, 1996

Re: Rita Kralik, M.D. v. Ohio State Medical Board

Dear Governor Voinovich:

Regarding the above and what started the mess. Attached is a copy of a letter sent to the Medical Board and a duplicate of the exact model of splint used to "stabilize" my "serious" right wrist fracture for days. It angled my fracture in the *opposite* direction from what it was supposed to be angled (actually *set*); palm in extension instead of wrist in some degrees of flexion. As even a politician might be able to imagine, that might be quite painful - not to mention that this splint does not restrict arm and hand movement so that the fracture *moved constantly* with arm and hand use. But a certain orthopedic thought this a satisfactory idea, so that I could remove this when I showered; and then the fracture had *nothing* to support it. The result being that the fracture collapsed and developed one complication after another as expected. As the box states the splint is intended to be used for sprains, weak wrists or "***post-cast support***;" not pre-cast or instead of a cast.

The problem in my case remains that "what happened isn't in the record." Further, there's no way of knowing how many more patients have received similar "treatment" as a physician's medical license was able to be suspended for trying to professionally object to this *standard of care in Ohio*. Apparently your Medical Board must endorse this "managed care" as well as policies of casting fractures without x-rays and of just letting patients fracture (money) without looking into *why* a particular patient would have multiple easy fractures (hyperparathyroidism, multiple myeloma, premenopausal osteopenia, osteoporosis, use of certain medications, etc.).

Just for your information, this is health care in the 1990's in Ohio.

Sincerely,

Rita Kralik MD

Rita Kralik, M.D.

Enclosures

96 OCT 30 AM 9:58

RITA KRALIK, M.D.

P.O. Box 208, New York, N.Y. 10044

000013 JAN 27 97

January 21, 1997

Governor George Voinovich
77 South High Street
30th Floor
Columbus, Ohio 43266

Re: Rita Kralik, M.D. v. Ohio State Medical Board

Dear Governor Voinovich:

Attached is a copy of a letter I received from a physician-attorney in the state of North Carolina about the problems that unregulated Medical Boards are creating in the lives of good physicians. My case is currently back in the Ohio Court of Appeals after two trips through the Medical Board and two expensive hearings yielding reports by Hearing Officers that are unjudicial, inaccurate and rely heavily on evidence that is either hearsay, innuendo or misrepresentation.

Unless Medical Board decisions are subject to some independent judicial review and have some rules of evidence, there is no hope for anything other than many "falsely accused physicians" whose professional lives are essentially ruined as mine was. The current Medical Board Chairman was involved in the original decision in my case which was without due process or merit. There's simply no incentive for him to admit that he and others made a mistake. The State apparently has unlimited funds for this type of unending legal action and pursuing five year investigations of physicians who have no patient complaints.

In April, 1996 I met with your current Medical Board members and what occurred was disappointing. Their comments and questions were unthoughtful, unprofessional and at times openly hostile. It was suggested that I wouldn't refer to the "right" physicians and the suspension of my license was continued citing that they could just "do it without a reason." Their attitude was that if they made a mistake, then I must just go along with it if I wanted to practice medicine again. Yet, I can't practice medicine unless my record is cleared and the facts corrected.

Lastly, an application to take SPEX (as the Board requested) was submitted last August to the Medical Board. My check for $550 was cashed by the Board and to date neither myself nor my attorneys have had any further communication regarding this (not even a confirmation that the application was received). If this was yet another cruel joke (as the pretense of orthopedic care in Ohio was; being told to go to an office when they didn't have any cast material and I was supposed to "get it"), I would like to ask that the money be reimbursed with interest.

Sincerely,

Rita Kralik MD.

Rita Kralik, M.D.

Enclosures

97 FEB -7 PM 5:22

[redacted]
(A Professional Corporation)
[redacted]

MEDICOLEGAL CONSULTATION

[redacted]

April 12, 1996

Rita Kralik, M.D.
Post Office Box 208
New York, New York, 10044

Dear Dr. Kralik,

I am sorry to have to tell you that most of what I seem to be doing these days is aimed at " removing falsely accused physician's names from the Data Bank" There is such a demand for it that there is a simplified form requiring only an X in a box to undue the damage- once the scoundrels who caused the damage can be persuaded it ultimately is going to be in their best interest to undo what they have done.It is a sad time and what you are going through is shared by a lot of other surgeons country-wide.

I am not able to give you any advice not knowing anymore than I do about what you are up against. It sounds like you have been mistreated and are putting up a good fight to make the culpable actors pay for what they have done. I wish you the best . If I can be of any help, let me know.

Sincerely,

[redacted]

97 FEB -7 PM 5:22

SPECIAL PURPOSE EXAMINATION (SPEX)

General Application Instructions

ELIGIBILITY

SPEX is designed for physicians who hold or who have held a valid, unrestricted license in a United States or Canadian jurisdiction. To be eligible for the SPEX, you must meet any eligibility requirements established by the state medical board for which you are applying to take SPEX.

APPLICATION MATERIALS

Your application materials should include the *SPEX Application*, *SPEX Information Bulletin*, and these instructions. Information regarding eligibility requirements, examination content, testing conditions, scoring, and reporting of scores appears in the *SPEX Information Bulletin*. Be sure to read this bulletin carefully before completing the application.

COMPLETING THE APPLICATION

Part A. Complete this entire section by following the instructions for each item provided on the application and by referring to the attached code lists. To be valid, the application requires a signature on Item 12.

Part B. Do not complete this section. This information will be obtained from the state medical board.

Scheduling/Identification Cards. Affix a current, front-view, 2" x 2" photograph of head and shoulders to each of the two cards. Print your full name on the back of the photograph before attaching. Complete the requested information, including your signature under each photograph. Both cards must be notarized and the notary seal must fall partly upon the photograph and partly upon your signature.

APPLICATION MAILING INSTRUCTIONS

Mail your completed application to the state board for which SPEX is being taken. For your reference, a list of state board addresses appears on pages 21-28 of the *SPEX Information Bulletin*.

PAYMENT INSTRUCTIONS

Consult the state medical board for which you are taking SPEX for information on fees and submitting payment. Applications will not be valid until payment is received.

TESTING ACCOMMODATIONS

Qualified applicants with disabilities who would like to request testing accommodations may contact the FSMB at (817) 571-2949 for information regarding request procedures for the various state medical boards. In all cases, requests for testing accommodations must be made in writing before or at the time the application is submitted.

SCHEDULING THE EXAMINATION

SPEX is available across the nation, throughout the year. Eligible applicants will receive detailed information on how to schedule the examination with the computer-based testing vendor. From that point, applicants have approximately 90 days in which to complete the SPEX. A specific date will be provided. Applicants who do not complete the examination by such date may be required to re-apply and may be subject to additional fees.

In addition to the scheduling information, eligible applicants will also receive one of their *Scheduling/Identification Cards* embossed with the FSMB seal. Applicants must present this card, along with another form of photo identification (i.e., driver's license), in order to be admitted to the testing center. The *Scheduling/Identification Cards* will be kept by the testing center.

SCORES

Scores will be reported to the state medical board for which SPEX was taken approximately 2-4 weeks after the examination. It is the state medical board's responsibility to distribute scores to examinees.

ADDRESS CHANGES

Correspondence regarding your application, scheduling information, and scores will all be directed to the address provided on your application. Therefore, it is very important that a proper address be provided and that appropriate changes be submitted in a timely manner. All address changes should be submitted in writing to the state medical board for which SPEX is being taken. For your reference, a list of state board addresses appears on pages 21-28 of the *SPEX Information Bulletin*. It is recommended that such changes also be forwarded the FSMB at 400 Fuller Wiser Rd, Ste 300, Euless, TX, 76039-3855.

97 FEB -7 PM 5:22

RITA KRALIK, M.D.

P.O. Box 208, New York, N.Y. 10044

March 27, 1997

President
Members of the Medical Board
State Medical Board of Ohio
77 South High Street
17th Floor
Columbus, Ohio 43266-0315

Re: Rita Kralik, M.D. v. Ohio State Medical Board

Dear Members of the Medical Board and Colleagues:

It is my understanding that you have recently accepted the reports and opinions of my New York experts. These reports recommended that my full license to practice medicine be restored unconditionally several years ago.

My case is again currently before the Ohio Court of Appeals. However, there is no reason for this continued public legal battle and it is not in the best interests of the profession to continually be presenting this kind of image to the public. Therefore, it is probably a waste of time, but I feel compelled to inquire one more time if there is any other way -- than concurring with what is not true, what did not occur and interpretations of events and personal letters that are incorrect -- to resolve the issues and the suspension so that my record can be cleared and I can continue my professional career? The pain that has become the focal point of this dispute directly resulted from failure to diagnose a low bone density condition and treat in a timely manner fractures and their complications so as to relieve or lessen pain, swelling ("excrescence") and nerve compression. Further, both Hearing Officer's Findings of Fact contain many known factual inaccuracies and medical records that are inaccurate or give misleading impressions.

Lastly, I cannot obtain or begin further fellowship training before clearance of my Ohio record and the removal of my name from the Data Bank. For the record, I have continued to participate in the many continuing medical education activities in the New York area offered by Columbia, Cornell, New York University and Mt. Sinai Medical Centers. In that regard, I have had a rare opportunity but I would like to resolve the above matter as soon as possible.

Sincerely,

Rita Kralik MD

Rita Kralik, M.D.

97 MAR -2 AM 9:57
MEDICAL BOARD
OF OHIO

cc: Governor George Voinovich

■ Editorial *Uncovering genetic hypertension and salt and water disturbances* ■ Allergy *What is a true food allergy?* ■ Ophthalmology *The eye in neurofibromatosis*

MARCH 1997

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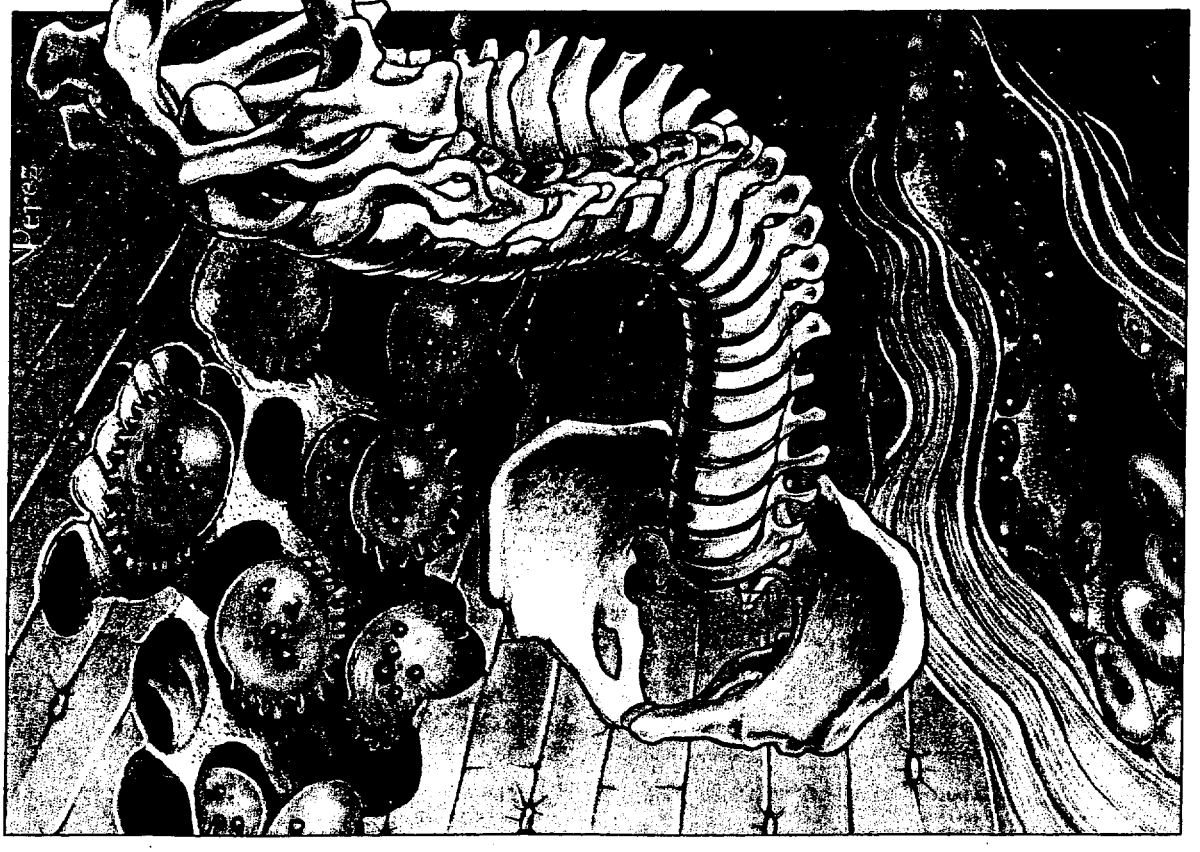
Improving Triage of Patients With Chest Pain
Mary Ann Peberdy, MD Joseph P. Ornato, MD

When to Suspect Reflux Disease as the Trigger for Asthma
John A. Dumot, DO Joel E. Richter, MD

Averting Osteoporosis and Its Sequelae
Andrew Grey, MBChB Karl Insogna, MD



********** 5-DIGIT 10044
RITA MARIE KRALIK, MD
PO BOX 208
NEW YORK, NY 10044-0208

APPLETON & LANGE
A SIMON & SCHUSTER COMPANY

March 28, 1997

Members of the Board:

Respectfully, the attached letter should replace the letter sent by Priority Mail if there are any changes (punctuation, etc.).

The enclosed is FYI as physicians in Ohio (including women Members of the Board) seem to know little, if anything, about this problem. I was due back at the [redacted] Department of Endocrine Bone for re-evaluation at the latest in 1993. However, this never happened due to all the orders and legal expense for an accused problem that I don't have.

My "teaching case" x-rays can be made available for your review. The fractures were anything but "simple" and should have been referred to an orthopedic trained in hand surgery. Bone densitometry was available at my medical building and [redacted] Hospital in 1990 but never ordered.

Finally, after five years I would like to correct the impression that Dr. [redacted] was ever "asked out" skating. The only conversation that we had in this regard was in the context of *his asking* where I skated. As neither he nor his wife skate (he sustained a concussion years ago trying -- a well-known fact at [redacted] Hospital which Dr. [redacted] apparently forgot to apprise you of), I didn't understand the question. At the time Dr. [redacted] informed me that he was inquiring for his *children*. It would have seemed to me that physicians sitting on a Medical Board would have had the ability to be more discerning about what was going on *before* suspending a medical license for five years.

Respectfully,

Rita Kralik MD

Rita Kralik, M.D.

MEDICAL BOARD OF OHIO
97 APR -2 AM 9:57

RITA KRALIK, M.D.

P.O. Box 208, New York, N.Y. 10044

April 8, 1997

CONFIDENTIAL
President
Members of the Medical Board
State Medical Board of Ohio
77 South High Street
17th Floor
Columbus, Ohio 43266-0315

97 APR 14 PM 4:32
STATE MEDICAL BOARD OF OHIO

Re: Rita Kralik, M.D. v. Ohio State Medical Board

Dear Members of the Medical Board and Colleagues:

In regards to the above matter, this letter is to correct factual testimony that has been circulated to other Medical Boards by the Ohio State Medical Board. The testimony is that of [redacted] whom I consulted with in 1991.

In point of fact her informal testimony was obtained without my release or review and is not correct as it is stated in the current record and Hearing Officer's report. Further there are many other errors (in almost every paragraph) of the latest Hearing Officer's findings that will eventually have to be corrected.

Dr. [redacted] was consulted to assist with a difficult professional situation. She did not treat me for depression (or anything else) as I did not have the diagnostic symptom criteria for this problem. The insomnia that occurs with distal radial fractures is a well-known orthopedic complication and due to the *anatomic* fact that when dependent at night the fractures will swell and thus the patient wakes up. Many patients with these fractures end up sleeping sitting up (as I did on and off for months) with their arms elevated on arm rests or pillows. It is the orthopedic equivalent of the paroxysmal nocturnal dyspnea of cardiac patients (which one treats with diuretics, vasodilators, etc.; not as depression).

As the attached copy of an editorial from the 15 March 1997 *Annals of Internal Medicine* points out, somatic symptoms should be discounted when depression is diagnosed if ". . . the symptoms are clearly attributable to a physical disease . . . ." The insomnia that distal radial fracture patients experience is a well-known sequela in orthopedic circles of a physical disease. It was my impression that I had conveyed this information to Dr. [redacted] More importantly, she did not treat me for depression or any other entity.

Please correct the record on this important point and the information sent to the Rhode Island, California and Hawaii Medical Boards. Additionally, I would like to request that I be allowed to formally submit for the record a complete set of corrections to the information that has been circulated.

Sincerely,

Rita Kralik MD.

Rita Kralik, M.D.

cc: Governor George Voinovich (w/enc.)
Enclosure

MEDICAL BOARD OF OHIO
97 APR 14 PM 4:33

15 March 1997 Volume 126

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Published Twice Monthly by the American College of Physicians

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RITA M KRALIK, MD
PO BOX 208
NEW YORK NY 10044-0204

RITA KRALIK, M.D.

P.O. Box 208, New York, N.Y. 10044

April 8, 1997

CORRECTED COPY
CONFIDENTIAL
President
Members of the Medical Board
State Medical Board of Ohio
77 South High Street
17th Floor
Columbus, Ohio 43266-0315

97 APR 14 PM 4:32
MEDICAL BOARD
OF OHIO

Re: Rita Kralik, M.D. v. Ohio State Medical Board

Dear Members of the Medical Board and Colleagues:

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In point of fact her informal testimony was obtained without my release or review and is not correct as it is stated in the current record and Hearing Officer's report. Further, there are many other errors, in almost every sentence and paragraph of the latest Hearing Officer's findings, that will eventually have to be corrected.

Dr. [redacted] was consulted to assist with a difficult professional situation. In any case, she did not treat me for depression (or anything else) as I did not have the diagnostic symptom criteria for this problem. The insomnia that occurs with distal radial fractures is a well-known orthopedic complication and due to the *anatomic* fact that when dependent at night the fractures will swell and thus the patient wakes up. Many patients with these fractures end up sleeping sitting up (as I did on and off for months) with their arms elevated on arm rests or pillows. It is the orthopedic equivalent of the paroxysmal nocturnal dyspnea of cardiac patients (which one treats with diuretics, vasodilators, etc.; not as depression).

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Please correct the record on this important point and the information sent to the Rhode Island, California and Hawaii Medical Boards. Additionally, I would like to request that I be allowed to formally submit for the record a complete set of corrections to the information that has been circulated.

Sincerely,

Rita Kralik M.D.

Rita Kralik, M.D.

cc: Governor George Voinovich (w/enc.)
Enclosure

MEDICAL BOARD
OF OHIO
97 APR 14 PM 4:32

Osteoporosis Affects 1 out of 2 Women After Menopause

Bone Density Testing Helps Early Detection

Affecting Over 20 Million American Women

More than 1,000,000 women will be diagnosed with osteoporosis this year. Osteoporosis is a debilitating disease that is characterized by bone mass loss which results in fragile bones subject to fracture.

At Brookhaven's Women's Center, we use the preferred, latest technology to measure bone density for early diagnosis of osteoporosis.

DEXA Bone Density Testing At Brookhaven's Women's Center

With our DEXA (dual energy x-ray absorptiometry) Scan, spine, hip and wrist can be measured. This helps predict the risk of fracture and the onset of osteoporosis, the silent disease of women 50 and older. Our Women's Center provides comfortable surroundings and is staffed by nurse practitioners, certified technologists, and houses our engaging support groups for women.

For information, call 654-7114.

Medical/Dental Staff Referral Service: 1-800-694-2440

This simple & inexpensive test would have predicted & prevented my fractures. Widely available in NY under GOV. PATACKI. Rita Fralik MD.

Brookhaven Memorial Hospital Medical Center

101 HOSPITAL ROAD, EAST PATCHOGUE, NY 11772 • 654-7114

Rita Kralik, M.D.
P.O. Box 208
New York, New York 10044
(212) 241-2815

May 29, 1997

CONFIDENTIAL
President
Members of the Medical Board
State Medical Board of Ohio
77 South High Street
17th Floor
Columbus, Ohio 43266-0315

STATE MEDICAL BOARD OF OHIO
97 JUN -2 AM 11:07

Re: Rita Kralik, M.D. v. Ohio State Medical Board

Dear Members of the Medical Board and Colleagues:

Respectfully, I'd like to request that you either schedule the SPEX test that you voted to require of me [in April, 1996] or return the $550 testing fee submitted last August. Again, my license needs to be returned so that I can obtain privileges at a medical library. You have accepted the reports and opinions of the experts which recommend that my license be returned.

Regarding the pain syndrome, the expert you have approved has testified that it does not interfere with the practice of medicine nor require treatment. While I personally know that incorporating symptoms of physical illness into psychiatric terms is controversial, the bottomline is that -- whatever the politically correct term for what has gone on -- it will go away on its own. In this regard, there seems to be a double standard for medical licensure for woman professionals.

Secondly, regarding any further Board discussions of my case with case workers, etc., I would like to request that my parents, Dr. and Mrs. [redacted] be informed of these discussions so that they can attend these sessions as I continue to reside in New York. Their testimony was not obtained at the time of my two hearings, both tried to talk several times with the orthopedic and other physicians involved and it was at their home that I spent Thanksgiving, 1990 when Dr [redacted] accuses me of drinking and taking pain pills. In point of fact, the prescription for Tylenol #3 which Dr. [redacted] had given me two days earlier in lieu of a cast [to try to make me look bad?] remained unfilled on that day as it was too painful to go get it filled. As I couldn't very well shop, cook, clean or open bottles/cans with an unstabilized wrist fracture and there is no liquor ever served at my parents' home, I wasn't drinking. Furthermore, in point of fact my parents knew that when Dr. [redacted] boss, Dr. [redacted] fractured his hand, the fracture was stabilized within 24 hours so that he could continue to function under the best possible circumstances. Yet

when I requested care, it was three weeks before a woman physician could obtain care.

This double standard has been allowed to exist by past Medical Boards and nothing has been done to change it by current women members sitting on the Medical Board. It isn't that I want to disagree with my medical colleagues; it's that the legacy of different standards of care is no longer acceptable. When I asked Dr[redacted] to explain to my mother what was going on with my fracture in the E.R. at[redacted]Hospital he came out with a piece of pizza and proceeded to eat it in front of her. That gesture epitomizes the prevailing attitude of male orthopedic physicians in the state of Ohio.

My parents can be contact by phone at[redacted] and currently reside at [redacted]

Thank you for your attention to these matters.

Sincerely,

Rita Kralik M.D.

Rita Kralik, M.D.

cc: Governor Voinovich

RITA KRALIK, M.D.

P.O. Box 208, New York, N.Y. 10044

000047 JUN 10 97

June 5, 1997

Governor George Voinovich
77 South High Street
30th Floor
Columbus, Ohio 43266

Re: Rita Kralik, M.D. v. Ohio State Medical Board

Dear Governor Voinovich:

Attached is a copy of a letter forwarded to Members of the Ohio State Medical Board regarding my case. The case needs to be settled.

It is my understanding that the family of the wife of the physician [Dr. [redacted]] who caused all the trouble for me in Ohio are big Republican campaign contributors and fundraisers [besides having many friends on the Medical Board]. So big and powerful in fact, that at my last meeting with your Medical Board Members [in April, 1996] all they wanted to talk about was Mrs. [redacted] and that I would refer to Dr. [redacted] as the "right" physician.

There are no patient complaints or problems involved in my suspension and there never have been. The suspension was for complaining about a powerful and more senior colleague who was practicing beyond his level of training and experience. I sustained serious wrist fractures and a complicated toe fracture. Dr. [redacted] does not have training, qualifications or expertise in hand or foot surgery.

There has been a huge amount of testimony that is purely manufactured innuendo and from the breaching of confidentiality of my medical records to shift the focus from the negligences involved to the physician-patient. These records are misleading, inaccurate and contain letters written in severe pain when fractures were left uncasted, in nerve compression or inadequately treated. Abysmal results and uncommon complications occurred which resulted in my working only part-time for almost two years. There is no doubt that I was in serious pain many days until the situation gradually improved. However, despite the pain and problems, my patient care continued to be as good or better than most of my medical colleagues in Ohio. On the days that there were difficulties, I simply did not work or make patient care decisions.

Just because I endured horrible pain does not justify the suspension of my medical license nor the breaching of my amended medical records to cover for the negligences and misplaced attentions of Dr. [redacted] because of Mrs. [redacted] Federal Rules of Evidence, but ironically not Medical Board administrative hearings, recognize the physician-patient confidentiality privilege and protect against the compelled disclosure of even a criminal's medical records. No patient looks good during illness or in severe pain and that is why medical records are confidential. Otherwise, no one would have a job or professional licensure. Professional licenses have never been taken during the recovery from illnesses, injuries or trauma as long a physician doesn't practice when his/her ability for accurate medical judgment would be altered or effected, e.g. during chemotherapy infusions, while on a respirator, in the cardiac intensive care unit with an evolving myocardial infarction, etc. Lastly,

RITA KRALIK, M.D.
P.O. Box 208, New York, N.Y. 10044

to take a professional license in a situation where the proximate cause of the severe pain was iatrogenic is unheard of.

Your efforts to help resolve this matter would be appreciated. There is no therapy that is needed or that will make me a better physician. There was no threat to patients but rather to the reputations of Drs. [redacted] Another session with the Medical Board where we discuss Mrs. [redacted] or that I should get some sort of therapy [not physical therapy] for fracture malunions is not going to solve the problems in Ohio nor get me back to practice.

My fracture results are not good and they cannot be changed. However, my bone condition can be monitored and improved. Further, there are other patients out there for which the improvement of procedures and proper referrals would improve outcomes. Restoring my medical license would be a start so that there can be a dialogue instead of a fight.

Sincerely,

Rita Kralik M.D.

Rita Kralik, M.D.

Enclosure
cc: Members of the Medical Board

RITA KRALIK, M.D.

P.O. Box 208, New York, N.Y. 10044

COPY

Governor George Voinovich
77 South High Street
30th Floor
Columbus, Ohio 43266

June 11, 1997

Re: Rita Kralik, M.D. v. Ohio State Medical Board

Dear Governor Voinovich:

My family and I have tried for five years to get a fair hearing regarding the suspension of my medical license in Ohio in 1992 for something that I *don't have* and *never* have had. One of the leading authorities in the U.S. [from New York City], who writes the *book* on this entity, testified to that effect two years ago. He also testified that he didn't agree with my license being suspended as I had nothing that interfered with or effected my practice of medicine. What I had was unstandard fracture care resulting in a prolonged painful recovery.

It is my understanding you are going to run for the Senate from Ohio. As a U.S. Senator you would need to be concerned about women's health issues/care on a national level and the rights of women professionals to have equal opportunity to a career, health care and standards of professional peer review. My case does not show any concern except in perpetuating different standards for male physicians. There were no patient complaints involved in my situation; rather it was a physician-physician power disagreement which should have been handled at the hospital level.

Women's medical care is evolving and the understanding of women's diseases improving. However, that new understanding dictates a higher standard of medical care than in the past and the use of new technology (i.e. bone mineral density screening). What was the good of training me if I was to be compelled to practice or be treated with the standards of decades ago?

I've submitted my case to 60 Minutes for their consideration as a story idea. Perhaps your office would allow them an explanation as to the total waste of 5 years of my professional life? Perhaps you could explain to them how or why a patient with two wrist fractures and a toe fracture would be asking the married orthopedic physician out ice skating when it was a well-known fact around the *Cleveland* area that neither he nor his wife skated [and a few years back he'd sustained a concussion trying]? That and other equally ridiculous innuendo makes up most of two Hearing Officer's reports paid for by the taxpayers of Ohio.

Additionally, as I've now done computer support work for five Federal Judges sitting on the bench in New York City, maybe you'd like to discuss my personality with a few of them? Their names can be provided to your office.

Sincerely,

Rita Kralik, M.D.

✓ cc: 60 Minutes

97 JUN 27 AM 9:56
OF OHIO

STATE MEDICAL BOARD
OF OHIO
97 SEP -8 PM 2:50

Rita Kralik, M.D.
P.O. Box 208
New York, New York 10044

September 4, 1997

CONFIDENTIAL
President
Members of the Medical Board
State Medical Board of Ohio
77 South High Street
17th Floor
Columbus, Ohio 43266-0315

Re: Rita Kralik, M.D. v. Ohio State Medical Board

Dear Members of the Medical Board and Colleagues:

Enclosed is a copy of a recent article from THE PHYSICIAN AND SPORTSMEDICINE dealing with chronic pain. Also enclosed is a copy of HIGHLIGHTS from the same issue dealing with Recognizing and Treating RSD (reflex sympathetic dystrophy). During the months following my right wrist fracture, I had many of the signs and symptoms of this entity. Dr. [redacted] mentioned the problem to me but did not, to my knowledge, put this in his notes because of malpractice concerns and his recommendation of an operation. This was not a normal post-fracture result.

Regardless, this recent article points out that only some physicians make a distinction between chronic pain and *chronic pain syndrome* -- when it causes psychosocial dysfunction. My "dysfunction" was musculoskeletal and caused by an inability to obtain standard orthopedic fracture care for serious fractures and their subsequent complications -- not from chronic pain without physical cause. There were many causes for the pain including painful anatomic sequelae to my injuries [carpal bone instability, tendinitis, median and ulnar neuropathy, etc.] as well as osteopenia -- which has not been adequately treated due to the confusion with paranoia caused by orthopedics covering for their first-year resident omissions. The pain, however, was treatable or entirely preventable at all stages by standard orthopedic care; not "therapy" or Dr. [redacted] Even in February 1992, Dr. [redacted], Dr. [redacted] boss, recommended more physical therapy which became an impossibility after the suspension and all the hearsay.

There was a definite personality/power conflict involved as well as problems with the *fact* that Dr. [redacted] did not have certification or training in hand surgery which resulted in my not getting the care and workup that I needed. Dr. [redacted] was aware of and agreed with my reporting the situation. However, neither of us thought that the complaint would ever be taken seriously, but we were hopeful that it would be a case study for positive change in attitudes and practices; not what it became. There was just so much suffering due to the missed diagnosis and the lack of attention to standard orthopedic details.

Both [redacted] and [redacted], as well as [redacted] most recently, were placed under unusual pressure, which I personally witnessed at many stages, to disclose things that were unnecessary and make concessions about so-called "therapy." In any difficult personal or professional situation of misunderstandings one needs to be able to talk confidentially with someone who will *maintain confidentiality*, without trying to exploit the situation as "therapy," for the understanding, time and support that a person needs to put the pieces back together.

Many of you have had similar situations that are in all lives, none of which have been exploited before the Medical Board and twisted into a suspension of a medical license without patient complaints or threat to patient care. There were clear reasons for my disagreements with my Ohio physicians and their after-the-fact complication recommendations and there needed and still needs to be a dialogue about these reasons.

The goal of management for chronic pain *"is not 100% pain relief, but improvement of function and quality of life, with tolerance of residual pain. Complete pain relief will not occur and should not be expected."* Therefore, any expectation that you'll return my license and clear my record when it's "over," and the chronic pain or chronic pain syndrome is completely gone ("cured"), reflects your misunderstanding of the nature of chronic pain. At this point, there is no "cure" [for what the orthopedics did or did not do] and what the article recommends as the best treatment is EXERCISE. This is why prevention and adherence to standard orthopedic procedures and early consultation are some things that you as a Medical Board should be concerned with as well as the evolving concepts of women's medicine [bone density screening]. This is why I would report attitudes and care practices that are questionable, i.e. leaving a fracture to swell uncontrolled for days, casting fractures without confirmatory x-rays. Even professional women need their hands for the activities of daily living; cooking, cleaning, being able to shower or bathe -- try doing those things with an unstabilized swollen ("with excrescence" = an *abnormal* outgrowth or enlargement) fracture for days. Maybe I had no right to aspire to be a surgeon in Ohio in 1990, but I did have a right to the level of care for a common housewife or mother (generic female).

So to summarize, *you took my license for inability to "adjust" to inadequate treatment of serious fractures and the resulting chronic pain for which the best management is improvement of function and quality of life through exercise programs.*

Please consider the above thoughts with my application for license restoration which should have just been reinstated after clarification of what went on. The best that's going to happen for my residual pain or "chronic pain syndrome" [debatable for musculoskeletal dysfunction] is "remission," optimization of function and tolerance of residual pain. Psychiatry cannot improve musculoskeletal function of injured extremities and osteopenia.

Finally, contrary to the tabloid kind of misrepresentation that the Medical Board has seen fit to engage in, there was no jealousy of Mrs[redacted] easier lifestyle on my part. No matter how rich, people don't necessarily have a "comfortable" or happy life [e.g., Diana, Princess of Wales]. I was a patient of Dr[redacted] as well as a colleague, yet I was invited to office parties and to stop by his house (which was medically and social welfare-wise unnecessary), to watch polo games, to share office space with him and my personal friendship with him encouraged. It all became too much in the setting of the inadequate fracture care and references to Mrs.[redacted] were attempts to interject some "space" into this relationship. For some reason, Dr.[redacted] felt obligated to make face-saving excuses.

Lastly, *I did not admit to Dr[redacted] that I exaggerated the pain and disability*. By exaggerations of other things, *as any teacher does*, I attempted to draw attention to a neglected or misperceived orthopedic situation. My mother's situation was something that I had never worried about repeating as there were better therapeutic modalities and recommended screening tests for osteoporosis/osteopenia in 1990. However, *the problem came in that I couldn't even get the care that she had received years ago [1975]*; her wrist fracture in 1975 was cared for with early stabilization, casting and a post-reduction x-ray film. My case report was of the morbidity that occurs when these fractures aren't adequately treated early on; sort of like the problems that came out with 24-hour deliveries that have led state legislatures to make laws mandating at least 48 hours. It shouldn't require an investigation of my every patient chart and personal letter, Hearings times two and an appearance before the Medical Board for an *awareness* of problems to come about.

Most especially as the medical community strives to out-patienticize itself there have to be safeguards so that care which really belongs in the hospital is done in the hospital. This has to be done without destroying professional careers. My fractures were in the 1980's, and in some places in the 90's, admitted for reduction and stabilization -- if only for several hours. Today [and in 1990] serious wrist fractures should also be seen by hand surgeons. Dr.[redacted] is Vice-President of the American Society for Surgery of the Hand and reviewed *all* the x-rays which none of the other orthopedic physicians quoted or involved did. Copies of the letters reflecting his concerns are attached.

Sincerely,

Rita Kralik M.D.

Rita Kralik, M.D.

Attachment (10 copies)

A Primary Care Perspective on the Medical Aspects of Exercise, Sports, and Fitness

the physician and sportsmedicine

A Peer-Reviewed Journal

Eight
November

A Publication of The McGraw-Hill Com

Nutrition Adviser
Fruits and Veggies

News Brief
Melatonin: The Traveler's Friend?

Editor's Notes
'Activity Medicine' From 8 to 80

Collaring Neck Pain

Successive Concussions: Guiding Return to Play

Two Exercise Allergies: Anaphylaxis and Urticaria

How to Manage Swimmer's Shoulder

Adapting Sports Medicine to the Workplace

CME Self Test
Earn 2.75 AMA Category 1 Credits

10 copies of Attachment

THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF	*
	*
RITA MARIE KRALIK, M.D.	*

SEALED MEDICAL RECORDS PERTAINING TO FINDINGS, ORDER AND JOURNAL ENTRY

In order to protect patient confidentiality, the medical record in this matter has been placed under seal as Exhibit 2.

THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF	*
	*
RITA MARIE KRALIK, M.D.	*

SEALED MEDICAL RECORDS PERTAINING TO FINDINGS, ORDER AND JOURNAL ENTRY

In order to protect patient confidentiality, the medical record in this matter has been placed under seal as Exhibit 3.

September 8, 1997

Attached is the corrected letter; date on page 1 should have been September 5th. Otherwise letter is the same. Copies of the letter also included for discussion purposes. Copies of CME certification (up-to-date) also attached for your review as to waiving SPEX.

Basically, if the hearsay is excluded there is no pain syndrome; simply a patient trying to obtain care for serious fractures and their complications/symptoms; a MUSCULOSKELETAL DISEASE.

Rita Kralik, M.D.

Rita Kralik, M.D.
P.O. Box 208
New York, New York 10044

September 5, 1997

CONFIDENTIAL
President
Members of the Medical Board
State Medical Board of Ohio
77 South High Street
17th Floor
Columbus, Ohio 43266-0315

Re: Rita Kralik, M.D. v. Ohio State Medical Board

Dear Members of the Medical Board and Colleagues:

Enclosed is a copy of a recent article from THE PHYSICIAN AND SPORTSMEDICINE dealing with chronic pain. Also enclosed is a copy of HIGHLIGHTS from the same issue dealing with Recognizing and Treating RSD (reflex sympathetic dystrophy). During the months following my right wrist fracture, I had many of the signs and symptoms of this entity. Dr. [redacted] mentioned the problem to me but did not, to my knowledge, put this in his notes because of malpractice concerns and his recommendation of an operation. This was not a normal post-fracture result.

Regardless, this recent article points out that only some physicians make a distinction between chronic pain and *chronic pain syndrome* -- when it causes psychosocial dysfunction. My "dysfunction" was musculoskeletal and caused by an inability to obtain standard orthopedic fracture care for serious fractures and their subsequent complications -- not from chronic pain without physical cause. There were many causes for the pain including painful anatomic sequelae to my injuries [carpal bone instability, tendinitis, median and ulnar neuropathy, etc.] as well as osteopenia -- which has not been adequately treated due to the confusion with paranoia caused by orthopedics covering for their first-year resident omissions. The pain, however, was treatable or entirely preventable at all stages by standard orthopedic care; not "therapy" or Dr. [redacted] Even in February 1992, Dr. [redacted] Dr. [redacted] boss, recommended more physical therapy which became an impossibility after the suspension and all the hearsay.

There was a definite personality/power conflict involved as well as problems with the *fact* that Dr. [redacted] did not have certification or training in hand surgery which resulted in my not getting the care and workup that I needed. Dr. [redacted] was aware of and agreed with my reporting the situation. However, neither of us thought that the complaint would ever be taken seriously, but we were hopeful that it would be a case study for positive change in attitudes and practices; not what it became. There was just so much suffering due to the missed diagnosis and the lack of attention to standard orthopedic details.

Both Dr. [redacted] and Dr. [redacted] as well as Dr. [redacted] most recently, were placed under unusual pressure, which I personally witnessed at many stages, to disclose things that were unnecessary and make concessions about so-called "therapy." In any difficult personal or professional situation of misunderstandings one needs to be able to talk confidentially with someone who will *maintain confidentiality*, without trying to exploit the situation as "therapy," for the understanding, time and support that a person needs to put the pieces back together.

Many of you have had similar situations that are in all lives, none of which have been exploited before the Medical Board and twisted into a suspension of a medical license without patient complaints or threat to patient care. There were clear reasons for my disagreements with my Ohio physicians and their after-the-fact complication recommendations and there needed and still needs to be a dialogue about these reasons.

The goal of management for chronic pain *"is not 100% pain relief, but improvement of function and quality of life, with tolerance of residual pain. Complete pain relief will not occur and should not be expected."* Therefore, any expectation that you'll return my license and clear my record when it's "over," and the chronic pain or chronic pain syndrome is completely gone ("cured"), reflects your misunderstanding of the nature of chronic pain. At this point, there is no "cure" [for what the orthopedics did or did not do] and what the article recommends as the best treatment is EXERCISE. This is why prevention and adherence to standard orthopedic procedures and early consultation are some things that you as a Medical Board should be concerned with as well as the evolving concepts of women's medicine [bone density screening]. This is why I would report attitudes and care practices that are questionable, i.e. leaving a fracture to swell uncontrolled for days, casting fractures without confirmatory x-rays. Even professional women need their hands for the activities of daily living; cooking, cleaning, being able to shower or bathe -- try doing those things with an unstabilized swollen ("with excrescence" = an *abnormal* outgrowth or enlargement) fracture for days. Maybe I had no right to aspire to be a surgeon in Ohio in 1990, but I did have a right to the level of care for a common housewife or mother (generic female).

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Finally, contrary to the tabloid kind of misrepresentation that the Medical Board has seen fit to engage in, there was no jealousy of Mrs. [redacted] easier lifestyle on my part. No matter how rich, people don't necessarily have a "comfortable" or happy life [e.g., Diana, Princess of Wales]. I was a patient of Dr. [redacted], as well as a colleague, yet I was invited to office parties and to stop by his house (which was medically and social welfare-wise unnecessary), to watch polo games, to share office space with him and my personal friendship with him encouraged. It all became too much in the setting of the inadequate fracture care and references to Mrs. [redacted] were attempts to interject some "space" into this relationship. For some reason, Dr. [redacted] felt obligated to make face-saving excuses.

Lastly, *I did not admit to Dr.* [redacted] *that I exaggerated the pain and disability*. By exaggerations of other things, *as any teacher does*, I attempted to draw attention to a neglected or misperceived orthopedic situation. My mother's situation was something that I had never worried about repeating as there were better therapeutic modalities and recommended screening tests for osteoporosis/osteopenia in 1990. However, *the problem came in that I couldn't even get the care that she had received years ago [1975]*; her wrist fracture in 1975 was cared for with early stabilization, casting and a post-reduction x-ray film. My case report was of the morbidity that occurs when these fractures aren't adequately treated early on; sort of like the problems that came out with 24-hour deliveries that have led state legislatures to make laws mandating at least 48 hours. It shouldn't require an investigation of my every patient chart and personal letter, Hearings times two and an appearance before the Medical Board for an *awareness* of problems to come about.

Most especially as the medical community strives to out-patienticize itself there have to be safeguards so that care which really belongs in the hospital is done in the hospital. This has to be done without destroying professional careers. My fractures were in the 1980's, and in some places in the 90's, admitted for reduction and stabilization -- if only for several hours. Today [and in 1990] serious wrist fractures should also be seen by hand surgeons. Dr. [redacted] is Vice-President of the American Society for Surgery of the Hand and reviewed *all* the x-rays which none of the other orthopedic physicians quoted or involved did. Copies of the letters reflecting his concerns are attached.

Sincerely,

Rita Kralik M.D.

Rita Kralik, M.D.

Attachment (10 copies)

FOR ANYONE WHO WANTS ONE. . .

Like Princess Diana, my understanding of PAIN comes from the HEART, and that is not an undesired quality in a physician. But physicians should be concerned with amelioration of pain and not causing it.

The problem is the hearsay and the need to "win" on the part of the physicians and attorneys who made the initial mistaken judgment; you accused me of something that I didn't and never have had. Sadly, no one has even apologized for the five years of my life gone.

Please look at these CME courses. While I don't mind taking SPEX I cannot take it in Ohio (where Rorschach tests don't have answers) and I need your statistics on this test.

RITA KRALIK M.D.

CME - CATEGORY I CREDITS

RITA M. KRALIK, M.D.

ORIGINAL + 2 COPIES

1992

Dates	Sponsor	Course	
2/92	Cleveland Clinic Foundation	Medical Update Featuring Cardiology Cleveland, Ohio	7
4/92	U of So Florida	Practice Management Compendium	2
4/92	Mt. Sinai Cleveland, Ohio	Laparoscopic Workshop in Gynecological Surgery	2
4/92	NEO School of Medicine	Review of Internal Medicine Rootstown, Ohio	14
5/92	CCF	Intensive Review of Internal Medicine Cleveland Clinic Foundation - Ohio	44.5
5/92	Adv Med Concepts	OSHA Compliance Seminar	4.5
6/92	Med College of Pennsylvania	Bloodborne Pathogens: Exposure & Risk Reduction Based on 1992 OSHA Standards	3
9/92	CWRU School of Medicine	Pediatric Adv Life Support Rainbow Babies & Childrens Hospital, Cleveland, OH	14
10/92	Mt. Sinai NY	Preventing Frailty: Osteoporosis & Falls	6.5
10/92	Mt. Sinai NY	Symposium on Venous Diseases	6.5
11/92	Mt. Sinai NY	Orthopaedic In-Training Examination Review	3
11/92	Education Design	Management of Complex Fractures New York, NY	7
12/92	Cornell-EMS	Basic Cardiac Life Support	6
9-12/92	CWRU	Pediatric Surgery Conference & Surgical Grand Rounds	14
			134

1993

Dates	Sponsor	Course	Credits
1/93-6/93	Columbia Presby Medical Center	Internal Medicine Review Course Columbia Presbyterian - NY, NY	46
3/93	Columbia Presby Medical Center	NY Child Abuse Course Required for NY Licensure	--
4/93	Cornell NY Hospital	ACLS Certification Cornell EMS - NY, NY	16
4/93	Columbia Presby Medical Center	Ophthalmology Update: Lyme Disease & the Eye	3.5
4/93	Columbia Presby Medical Center	Four Critical Questions on the Therapy of Parkinson's Disease	2
			67.5
Informal Hours - non-Category I; journal reading, self-study			100

1994

Dates	Sponsor	Course	Credits
1/94-6/94	Columbia Presby Medical Center	Internal Medicine Review Course	50
6/94	SUNY-Syracuse Syracuse, NY	NYS Worker's Compensation Board Concepts in Hand & Upper Extremity	13
6/94	SUNY-Syracuse Syracuse, NY	NY Infectious Disease Certification Required for NY Licensure	--
			63
Informal Hours - non-Category I; journal reading, self-study			100

1995

Dates	Sponsor	Course	Credits
1/95-6/95	Columbia Presby Medical Center	Internal Medicine Review Course	44
3/95	Am College of Physicians	ACP Scientific Meeting NY New York, New York	8
12/95	Columbia Presby Medical Center	Helicobacter pylori in Peptic Ulcer Disease	3
Informal Hours - non-Category I; journal reading, self-study			100

1996

Dates	Sponsor	Course	Credits
2/96	Columbia Presby Medical Center	OutPatient Orthopedics for the Primary Care Provider	4
3/96	Am College of Physicians	ACP Scientific Meeting New York, New York	8
3/96	Cornell - NY Hospital	Update in Neurology New York, New York	2
4/96	Cornell - NY Hospital	Basic Cardiac Life Support New York, New York	6
5/1/96	Cornell - NY Hospital	Update in Opthalmology	2
5/18/96	Columbia Presby Medical Center	Ischemic Brain Attack: Update on Management & Prevention	4

1996

Dates	Sponsor	Course	Credits
6/29/96	Columbia-Presbyterian MC	Internet For Physicians New York, New York	3.5
9/25/96	NY Hospital-Cornell	Update Cardiology New York, New York	2
10/5/96	Columbia-Presbyterian MC	Critical Issues & Controversies In Women's Health	4.5
10/17/96	NY Hospital-Cornell MC	Identification and Reporting of Child Abuse and Maltreatment	For NY Licensure
10/19/96	Columbia-Presbyterian MC	Adult Neurology For Primary Care Provider New York, New York	4
10/30/96	NY Hospital-Cornell MC	Update Pulmonology New York, New York	2
11/9/96	NYU Med Ctr Post-Grad Med Sch	Antiretroviral Therapy Where Are We?	4.25
11/14/96	NY-Cornell	Infection Control and Barrier Precaution Training	For NY Licensure
11/16/96	Columbia-Presbyterian MC	Otolaryngology For the Primary Care Practitioner	4
11/23/97	Mt. Sinai Med Ctr	Update in Pediatric Otolaryngology For the Primary Care Physician	7
11/20/96	NY Hospital-	Update Gynecology for the Internist	2
7-12/96	UCLA	Journal of Infectious Diseases Post-Test	1

Informal Hours - non-Category I; journal reading, self-study 100
American College of Physicians MKSAP Program
[Pending Credit Certificates from Journal/Article Tests - 2 Credit Hours]

1997

Dates	Sponsor	Course	Credits
1/97-6/97	Columbia Presby Medical Center	Internal Medicine Review Course New York, New York	50
2/12/97	NY Hospital Cornell Med Ctr	Update Gastroenterology New York, New York	2
3/19/97	NY Hospital Cornell Med Ctr	Miscellaneous Medical Issues New York, New York	2
4/9/97	NY Hospital Cornell Med Ctr	Update Infectious Disease New York, New York	2
4/26/97	Columbia Presby Medical Center	Diagnosis & Treatment of Dementia New York, New York	3.75
5/7/97	NY Hospital Cornell Med Ctr	Update Dermatology New York, New York	2
6/21/97	Columbia Presby Medical Center	Ischemic Brain Attack Update on Management & Prevention	4
9/97	Am College of Sports Medicine	Feb, March, April 97 CME issue tests	11.25
9/97	The Institute for Medical Studies	Emerging Trends in the Management of Allergic Respiratory Disorders	1
9/97	The Institute for Medical Studies	Diagnosis and Management of Hepatitis C Virus Laguna Niguel, CA	1
9/97	U of Conn School of Medicine	Summary of NIH Conference on the Management of Hepatitis C	2
9/97	Cornell Medical College	Update Cardiology Stress Testing/Pharmacology	2

Rita M. Kralik, M.D.
New York, New York

December 3, 1997

Hon. [redacted]
U.S. Magistrate Judge
[redacted]

Dear Judge [redacted]

My mother, Mrs. [redacted] (a R.N.) would like to talk with you about an unjust medical power situation that your former wife orchestrated which has resulted in immeasurable suffering for another good physician and her family. It is a situation that needs to be settled, but there seems to be no force that has any influence and there is a huge mess of outrageous misrepresentations (personal as well as professional) involved as you might expect. It's not a patient situation but rather a political one that occurred because of a physician-physician disagreement over sloppy care practices. It is a situation that could use a Magistrate's touch as there have thus far been no rules of evidence and you have some knowledge of the personalities involved. Basically, she destroyed someone's career.

I have known Carla O'Day (then [redacted] since medical school as she was in the class ahead of me at Case Western Reserve.

My mother can be reached at [redacted] as my parents currently reside in [redacted]

Thank you for whatever you can do.

Sincerely,

Rita Kralik M.D.

STE MED BOARD OF OHIO
97 DEC 11 PM 4:04

Rita M. Kralik, M.D.
New York, New York

December 9, 1997

Dear Members of the Medical Board & Colleagues:

Please consider my application for medical license restoration at your December meeting. You have had every piece of documentation necessary for this for the last five (5) years. There are no malpractice claims or settlements in my name. There was no valid reason for the initial suspension or the continuation of it after April, 1996 except a political face-saving one. There was never any threat to patients as the Medical Board is well aware. Chronic pain and complications of fracture care will occur if casts, x-rays and reductions are omitted. As regards the chronic pain, "about 34 million Americans suffer from chronic pain, which lasts at least six months without responding to treatment." The problem isn't a "syndrome" of millions but rather that the biotechnology and understanding of pain management aren't there yet. [See attached article.]

The Medical Board knows why Dr. [redacted] was complained about and why patients could not be referred back to him; they requested second opinions elsewhere, required other care or didn't have successful outcomes of his procedures. In my case, there were facts that I was initially unaware of; being new on the Medical Staff. Dr. [redacted] just began sending me patients, a relationship that I did not initiate or seek. Regarding my care, he was begged to provide standard fracture care, begged to refer professionally when it became clear my fractures weren't simple and then begged to stop editing my medical records and allow me or another orthopedic a copy so we could understand what happened. The situation was just not collegial or professional.

It was tried to resolve this situation locally but everyone at [redacted] Hospital was either friends (Carla O'Day, M.D.), family (Mrs. [redacted] was on the Board of Directors) or neighbors (Dr. [redacted], Dr. [redacted]) -- all of whom looked the other way and excused arrogances, insensitivities and negligences. Drs. [redacted], [redacted] and [redacted] all threatened "consequences," and that I would never practice again in Ohio if I didn't say and do what they wanted. The Medical Board knows that I withdrew the complaint after my arms were bruised during what happened in Dr. [redacted] office. Finally, the Medical Board knows that both Dr. [redacted] and Dr. [redacted] bear a measure of responsibility and accountability for what happened, but somehow I'm punished for being unable to deal with their problems, idiosyncrasies and judgments in a traditional female way of taking all the blame and all the harm.

STATE MEDICAL BOARD
OHIO
97 DEC 11 PM 4:04

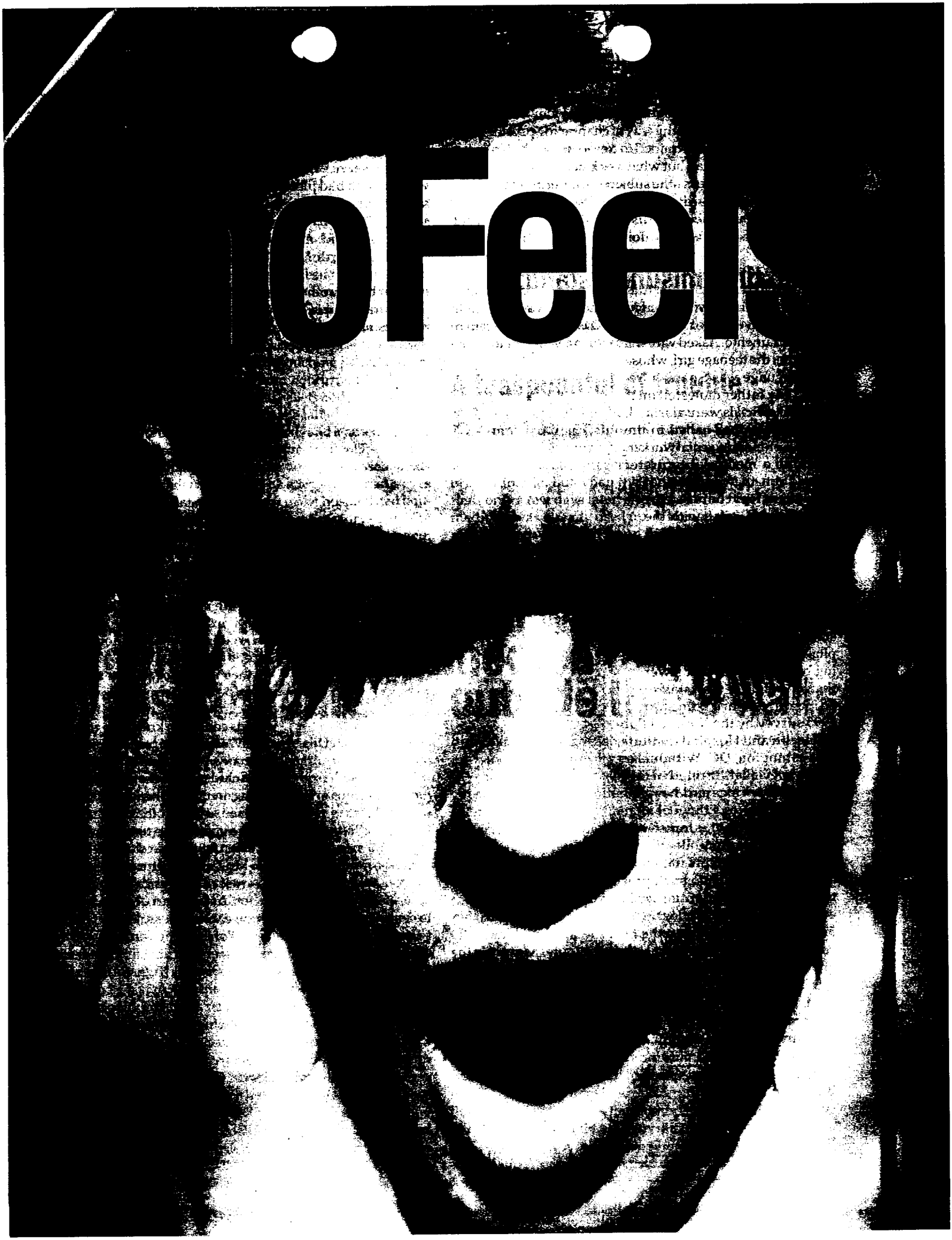
There needs to be a dialogue about the care principles, attitudes and lack of professionalism that caused this mess which can only begin when my full license to practice medicine in Ohio is restored.

The Report, Recommendation and Entry of Order do not embody the professionalism that are expected from legal or medical colleagues and need correction and modification or dismissal. With three fracture malunions and seven years wasted of my professional life, one would think that I've been punished enough. There needs to be a new beginning and for just one Christmas, Peace on Earth.

Sincerely,

Rita Kralik M.D.

Rita M. Kralik, M.D.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ST. MEDICAL BOARD OHIO
1 PM 4:04

r Pain?

You, and you alone. Pain is highly personal and often incurable. So it must be managed. And you are the manager.

by John Sedgwick photo: Darryl Estrine

ctor tells you your pain is all in your head, find a doctor who'll belie

—Nelson Hen M.D. ical director of the Mensana Clinic, a diagnostic pain management center in Stevenson, Maryland

Why do some people cheerfully forgo novocaine when having their teeth drilled and filled, while others demand not just novocaine but laughing gas to get them through the ordeal? How can some women go through childbirth without anesthesia, while others plead for an epidural eight hours before the baby is placed in their arms? For that matter, how can an athlete run an entire marathon on a sprained ankle—never feeling the slightest pain until she has crossed the finish line?

Such questions, long matters of popular curiosity, strike at one of medicine's most enduring mysteries. The short (but frustrating) answer is that pain thresholds and tolerance levels differ widely by individual and, within individuals, by circumstance. Over the years, devilish experiments involving the application of such stimuli as heat, cold or pressure on a (paid) subject's bare flesh have confirmed a truth long apparent to nonscientists: "The amount of pain people report, how much it bothers them and how well they cope with it—all of that varies remarkably," summarizes Nathaniel Katz, M.D., a neurologist with the Pain Management Center at Boston's Brigham and Women's Hospital.

This simple fact, only recently acknowledged by medical science, has tremendous implications for a trillion-dollar health care system that, in its determination to ease trauma and cure disease, is devoted to eliminating or relieving pain. Although pain centers have now been established in leading hospitals across the land, doctors generally persist in applying a one-size-fits-all approach to pain remedies. Worse, that one size is usually too small.

"We do a lousy job with pain," concedes Richard B. Patt, M.D., an anesthesiologist at the University of Texas M.D. Anderson Cancer Center in Houston. In 1993, an *Annals of Internal Medicine* survey found that 86 percent of cancer physicians felt that the majority of patients with pain were undermedicated. Nearly half of the doctors also felt that pain control in their own facilities was substandard. This year, the

STATE MEDICAL BOARD
98 DEC 17 PM 12: 10

Rita M. Kralik, M.D.
P.O. Box 208 · New York, New York 10044

December 16, 1997

CONFIDENTIAL
President
Members of the Medical Board
State Medical Board of Ohio
77 South High Street, 17th Floor
Columbus, Ohio 43266-0315

Re: Rita Kralik, M.D. v. Ohio State Medical Board

Dear Members of the Medical Board and Colleagues:

For those Members who persist in being orthopedically or politically naive, perhaps I need to spell out in clearer terms what happened between Dr. [redacted] and myself that resulted in my total disillusionment. He had not the foggiest idea why (or how) the most common fracture that there is -- the distal radial fracture -- had to be reduced into anatomic position and that the wrist needed to be immobilized early on (hours not days) as any movement of the wrist caused rotation of the radius and the fracture in my case; BIOMECHANICS. When the same fractures were casted (my left and right wrists), they were in put in different positions and angles; one straight, one in severe enough flexion to result in carpal tunnel syndrome. X-rays were a moot point. Then what Dr. [redacted] did do well was discourage any other physician from straightening out or salvaging his messes and no one would believe it.

Now all physicians have "black holes" in knowledge, experience or expertise but most of us don't try to "do one" first. It was never my accusation that things were done "on purpose" or "intentionally," but that the kinds of attitudes that were responsible for my malunions are encouraged, defended (check the Medical Board's legal bills for my matter) and tolerated. Being a physician also requires humility, kindness and good judgment. There was an "adjustment reaction" as I found out the hard way what most of [redacted] Hospital already knew.

Regarding Carla O'Day and the "political problem" at [redacted] Hospital (or Mrs. [redacted] on the Board of Directors): Early on in 1992, I asked [redacted] -- a mutual friend of Carla O'Day, myself and Governor Voinovich — to talk with Carla to see if the problem of my suspension could be amicably and quietly resolved. [redacted] had known me from college days at Georgetown and knew from dating me that I definitely wasn't a personality disorder.

[redacted] questioned Carla on at least two points. First, that Carla knew for a fact that the allegations and accusations of Drs. [redacted] and [redacted] were too ridiculous to be believed by any thinking person or rational Board and that the problems were interpersonal as well as standard of care; that they were too close to my age and had over-reacted to save their reputations.

MEDICAL BOARD
PM 12: 10

The fractures had been serious and should have been referred by both when problems developed. She agreed that she didn't believe most of it, but persisted in believing that I had tried to break my wrists in Dr. [redacted] office. He in turn informed her that I had been assessed at the [redacted] following the episode, and that there was no evidence for that. She then explained that [redacted] had a political problem" (which he didn't understand necessarily translated that my license had to be suspended). He also questioned her on the use of Dr. [redacted] -- which any lawyer in town, apparently, knew was not the sane thing to do; it was almost a guarantee that he would misinterpret a situation such as mine being of the old school of psychiatry and kind of obtuse to as to the type of interactions that were involved. She got very "defensive" according to [redacted] and he was certain that something was not right. There simply no reason for the ordered evaluation; there was no personality disorder but a "political problem."

To summarize, the legal situation could not be worked out. Carla would later tell my lawyers, speaking for the Medical Board, that I should pay to have yet another assessment by a psychiatrist friend of hers at [redacted] something which my mother vetoed as self-serving to the point of being too unprofessional for words. Lastly, Carla O'Day also knew that the nature of any complaints against me at [redacted] had to do solely with my disagreement with Dr. [redacted] & friends about my own fracture care. The complaints mentioned in the Report were solicited and encouraged in the worst way, which is why to this day no formal testimony corroborates and no names are attached to these complaints. Regarding that one Peer Review, there has never been to my knowledge a physician on record required to work with an unstabilized wrist fracture as there was "nothing to do" to quote Dr [redacted] Further, it was a blood test that I usually would have ordered.

Now as to the "wandering eye" syndrome which television handles better than Medical Board or the Dr. [redacted] generation of psychiatrists -- I simply cannot take the blame for that to make Mrs. [redacted] feel better or Dr. [redacted] vindicated. Anyone who knows me knows that Dr. [redacted] and I didn't have conversation in common; but that doesn't stop his type. As I had even less in common with Mrs. [redacted] there was just no jealousy or envy involved.

Regarding my experts, to their credit they have always persisted in the final statement that there was no justifiable reason for the suspension nor any problem with my practice of medicine. What they have not been given are records reflecting the truth of what went on nor allowed to interview and evaluate Drs. [redacted] and Carla O'Day. The Medical Board and the principal cast of characters involved know that there is no case here. The pain was real, and as I had no history of pain problems, I wouldn't know how to describe it other than how it was.

Now we can go on with this charade for what passes for disciplining physicians or end this nonsense that doesn't do any Medical Board credit. The State of California never took my license and the State of Hawaii has asked me to reapply as they don't believe the documents generated by the Ohio Medical Board. The case just isn't credible and it involves no patient complaints.

MEDICAL BOARD
96 DEC 17 PM 12: 11

My lawyer is willing to discuss ending this situation at any time but not on the terms contained in the Entry of Order. My family and I are so tired of this harassment as it goes into yet another year of Dr. [redacted]

Thank you for your thoughtful and timely consideration of the above.

Respectfully,

Rita M. Kralik M.D.

Rita M. Kralik, M.D.

cc: Governor George Voinovich

Rita M. Kralik, M.D. (914) 265-3681
P.O. Box 208 • New York, New York 10044

December 22, 1997

PERSONAL & CONFIDENTIAL

President
Members of the Medical Board
State Medical Board of Ohio
77 South High Street - 17th Floor
Columbus, Ohio 43266-0315

Dear Members of the Board:

I'd like to ask your permission to have my attorney, [redacted] have you view a video of a Mobil Masterpiece Theater production of the Bramwell series at your next meeting when you discuss my application for restoration of medical licensure.

This series revolves around the story of a woman physician in the Victorian era and the ethics dilemmas (personal & professional) that she must deal with during a cholera epidemic. It dramatizes what I'm trying to say to you; that I expected professionalism -- personally and professionally -- from all of you. This professionalism is necessary so that medicine can be what it is meant to be. Though equanimitas is a quality much to be aimed for in a physician, pain is a gift which enables each one of us to preserve our bodily integrity. As such it must be listened to by the physician whether the patient is on Welfare, Medicaid or just another colleague physician.

In this episode of Bramwell, she also must disagree with her physician father as their information is different; he does things in an older way and she has new data that a new treatment will allow many more patients to survive cholera. She also works closely with her father without a Medical Board prohibiting that relationship.

Also attached please see the *New York Times* excerpt from today's paper where Patrick Ewing's wrist injury was seen within six hours. That is what is supposed to happen and what I should not have had to lose my medical license for trying to insist upon. Please note that "team doctors examined the wrist further...The surgery was performed immediately, at 4 A.M. to prevent possible nerve damage from the dislocated bone.

Rita M. Kralik, M.D. (914) 265-3682
P.O. Box 208 · New York, New York 10044

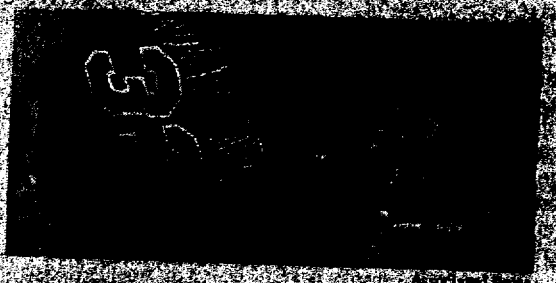
Dr. [redacted] never really examined my wrist (he looked at it and the x-ray that I ordered). He did finally get around to casting my right wrist 4 days into the fracture without any x-ray confirmation and then stated that I didn't deserve care if I didn't like his care. This is the position endorsed by you. This is why I ask to remain in New York; because when Dr. [redacted] can get the Medical Board to pay for his legal defense then no other physician has to do optimal care (the dilemma that I ran into) and there's just one more step to leaving myocardial infarctions until they infarct, etc. Medicine is supposed to be a science and those that go into it dedicated to the optimal care of patients. My "adjustment reaction" was my trying to say that my wrist should have been properly assessed within six (6) hours and certainly before three (3) weeks. The Bramwell video says it all from a woman physician's point of view.

Sincerely,

Rita Kralik MD.

Rita M. Kralik, M.D.

Enclosure: New York Times article



Wrist Surgery Sidelines Ewing For the Season

By SELENA ROBERTS

PURCHASE, N.Y., Dec. 21 — The Knicks, who for more than a decade have hung their championship hopes on the broad shoulders of Patrick Ewing, received unthinkable news early this morning: Ewing will not play again this season after undergoing a two-hour operation for a dislocated bone and torn ligaments in his right wrist. The future of his playing career is uncertain.

Although the Knicks' team physician, Dr. Norman Scott, was cautiously optimistic, no one knows if Ewing's shooting hand will have the necessary range of motion or strength before the start of next season or if his shooting touch will ever be the same.

"As far as a professional basketball player, in my 20 years, I don't remember a player of Patrick's caliber sustaining this injury," Scott said during a conference call today. "It's a football-type injury or a motor vehicle accident type of injury. He fell with tremendous force on this wrist.

"The fact we could get it early, and we got it within six hours of the injury, we're optimistic."

Ewing was injured in Milwaukee on Saturday night when he leaped for an alley-oop pass and was fouled in midair by Andrew Lang of the Bucks. The 7-foot, 255-pound Ewing crashed to the floor and used his wrist to break the fall. The force caused a high-speed, high-impact injury normally associated with football linemen. It remains to be seen how successfully Ewing, who relies so heavily on his fall-away jump shot, can recover from the injury.

X-rays at a Milwaukee hospital showed the dislocated lunate bone, and after the Knicks returned to New York this morning and team doctors examined the wrist further, the torn ligaments were discovered. The surgery was performed immediately, at 4 A.M., to prevent possible nerve damage from the dislocated bone.

Ewing will remain at Beth Israel Hospital-North Division in Manhattan for about three days, and will wear a cast for about two months before beginning a laborious rehabilitation.

"You're really in uncharted waters here," Scott said. "And quite honestly, we'll have a good idea where we're headed here in late spring, early summer. It's all guesswork right now. In fairness to Patrick and everyone else, we're very

Continued on Page C8

Rita M. Kralik, M.D. (914) 265-3681
P.O. Box 208 • New York, New York 10044

December 22, 1997

PERSONAL & CONFIDENTIAL

President
Members of the Medical Board
State Medical Board of Ohio
77 South High Street - 17th Floor
Columbus, Ohio 43266-0315

Dear Members of the Board:

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Sincerely,

Rita Kralik MD

Rita M. Kralik, M.D.

Enclosure: New York Times article

97 DEC 29 PM 2:07

Rita M. Kralik, M.D. (914) 265-3681
P.O. Box 208 · New York, New York 10044

December 23, 1997

PERSONAL & CONFIDENTIAL

President
Members of the Medical Board
State Medical Board of Ohio
77 South High Street - 17th Floor
Columbus, Ohio 43266-0315

Dear Members of the Board:

Attached is a corrected copy of the letter dated December 22; one quote punctuation mark was omitted (as I know how you all love correcting my punctuation and spelling).

As you will not let me clarify in a meeting, hearing or court format the following is why Mrs. [redacted] and Mrs. [redacted] could not be "sent back" to Dr. [redacted] I don't feel that this is the correct forum either, but you have published incorrect information in the public domain. That the patients were happy with the care I provided should have sufficed in any investigational proceeding.

Mrs. [redacted] was sent to me by Dr. [redacted] to be "cleared" for surgery; one that was in no textbook and that was not consistent with the information obtained on EMG testing. The EMG had shown that there was a specific site of nerve compression at her wrist. He instead proposed an exploration of her right forearm with no guarantee of any improvement in her symptoms or function; a rather large procedure for an 80-some year old. Further, Mrs. [redacted] and her family were somewhat irritated with Dr. [redacted] for continually making reference to her knee replacement that he wanted to redo. As for my part, I was supposed to be the dumb new internist who would just do anything that Dr. [redacted] wanted to stay on the staff of Hillcrest. Then Dr. [redacted] did not return either the phone calls of Mrs. [redacted], her family or myself regarding questions on the procedure that he wanted her cleared for.

Thus as any patient would have done, Mrs. [redacted] asked to be referred for a second opinion elsewhere. She chose [redacted] Orthopedics. After discussing the situation with Dr. [redacted], Mrs. [redacted] called me saying that she wished to go along with the lesser procedure that he recommended and that I was to send her test results to his office. I simply did what she requested.

Mrs. [redacted] could not mention Dr. [redacted] name without breaking into tears. She went sent to me for depression status post his unsuccessful knee replacement surgery. There were many complications, including post-operative infection, all of which contributed to the result being functionally very poor. Later I was to find out that Dr. [redacted] had a high infection rate, but couldn't find out any specifics.

There were other cases that I was aware of which had very troublesome and unusually poor results and where many questions remained unanswered. It got to the point that legal counsel advised my discontinuing referrals to Dr. [redacted] I was unable to obtain a copy of even my own medical records from his office. He had circulated my confidential medical records around [redacted] as well as all manner of impossible innuendo and comments suggestive of my sexual interest in him that were simply bizarre given the fact that I had two swollen and painful wrists. There was no other course of action but to cease my association with him. I stand by that decision.

Sincerely,

Rita Kralik MD.

Rita M. Kralik, M.D.

cc: Governor George Voinovich

STATE MEDICAL BOARD OF OHIO

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

February 4, 1997

Rita Marie Kralik, M.D.
[redacted]

Dear Doctor Kralik:

At the January 8, 1997 meeting, the State Medical Board of Ohio voted to approve and accept Andrew E. Skodol, II, M.D.'s psychiatric assessment as fulfillment of paragraph 3 B o the Board's Order of April 17, 1996. Further, the Board voted to approve Frederic L. Gannon, M.D. To serve as your treating psychiatrist.

Very truly yours,

Lauren Lubow/sm

Lauren Lubow
Case Control Officer

LL/sm

cc: [redacted] Esq.

98 JAN -5 AM 11:12

December 29, 1997

Dear Lauren Lubow:

Thank you for the above. However, my psychiatrists recommend no treatment. As you should be well aware, the reason for my complaint was that I could not obtain orthopedic care of wrist fractures to function as a physician in the state of Ohio. The problem is not that I need a "treating psychiatrist", but that the Medical Board needs to reassess its actions in my case. As the attached article from the New York Times points out, the physicians caring for Patrick Ewing were optimistic because they could get his injury within *six hours*. It was my thought that Case Control Officers and Medical Boards were in place to see that patients received adequate, recommended, timely and *standard* treatments; not treatments they vote on for political reasons. I needed a treating orthopedic.

Very truly yours,

Rita Kralik MD.

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MONDAY, DECEMBER 22, 1997

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Associated Press

Wrist Surgery Sidelines Ewing For the Season

By SELENA ROBERTS

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Continued on Page C8

STATE MEDICAL BOARD
OF OHIO
98 MAY -4 AM 9:42

Rita Kralik, M.D.
P.O. Box 208
New York, New York 10044
(914) 265-3681

April 24, 1998

President & Members of State Medical Board of Ohio:

Please review the attached. Again, it is my position that if the [redacted] are known that there was no "adjustment reaction" either. It would be best if there could be a [redacted] in my case. It is my thought that an hour during one of your monthly meetings (May is good month) would suffice if there were an attitude of listening and conciliation; a readiness to understand what really happened which is not in the Hearing Officer's Report & Recommendations. This is not a "therapy" situation, [redacted]

Sincerely,

Rita Kralik MD.

THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF	*
	*
RITA MARIE KRALIK, M.D.	*

SEALED MEDICAL RECORDS PERTAINING TO FINDINGS, ORDER AND JOURNAL ENTRY

In order to protect patient confidentiality, the medical record in this matter has been placed under seal as Exhibit 4.

Rita Kralik, M.D.
P.O. Box 208
New York, NY 10044

May 26, 1998

President
Members of the Medical Board
State Medical Board of Ohio
77 South High Street, 17th Floor
Columbus, Ohio 43266-0315

Dear Members of the Medical Board:

Please try to come to some decision regarding my re-application for medical licensure in the State of Ohio. When the matter and suspensions (including [redacted] and [redacted] Hospitals) are cleared satisfactorily, I plan to resign my Ohio medical licensure.

Please see the attached excerpt from a publication of the American Bar Association regarding the Rorschach test. The test shouldn't have been used to suspend the license of any physician and would have told you more about Dr. [redacted] than myself. That this invalid test necessitated an emergency meeting of the Medical Board in 1992, speaks volumes about the problems at the Medical Board level. My orthopedics and I disagreed on wrist fracture care principles and surgical recommendations (not inkblots). My training was more recent, especially as regards practices for women's health problems, and my concerns and expectations were current and valid. The new technique of MRI was able to look at tendons and I was able to convince radiologists (though not my orthopedics) to evaluate my tendon status with this method. It was the ol' boys vs. the new girl on the block.

The care as described in Dr. [redacted] testimony simply did not occur. Like many male physicians, he exaggerates regarding his attraction to women and the care that he provides. Visits to his office were by invitation, appointment or regarding a patient. After the initial casting of my right wrist, Dr. [redacted] never again examined the wrist; I *never* walked in, demanded to be seen and got seen. Maybe that's the way he knows that it needed to have been. The Hearing Officer thought that his cast could be worn at will. It was quite angulated and without adequate padding, a confirmatory x-ray was ordered for two weeks later which became my last walk-through "visit". There are a lot of misunderstandings and misrepresentations. X-rays for this type of fracture need to be checked after casting and weekly (that is if a State Medical Board insists on fracture standards). The innuendo throughout my medical records is so that no one can understand what happened. Dr [redacted] wouldn't believe me and preferred to question about the possibility of my parents abusing me as a child (why eye contact became difficult - tears).

Please allow me to get on with my life.

Sincerely,

Rita Kralik MD

JUN -1 AM 11:18

APPLICATIONS OF PSYCHOLOGY IN THE LAW PRACTICE

A Guide to Relevant Issues, Practices, and Theories

J. THOMAS DALBY, Ph.D.
EUNICE L. CLAVNER, Editor

General Practice, Solo & Small Firm Section
American Bar Association

MED. Bd.

RITA KRALIK, M.D.

P.O. Box 208, New York, N.Y. 10044

STATE MEDICAL BOARD

98 JUN 12 AM 8: 54

000059 JUN 10 98

June 8, 1998

CONFIDENTIAL
RETURN RECEIPT REQUESTED
Governor George Voinovich
77 South High Street
30th Floor
Columbus, Ohio 43266

Re: Rita Kralik, M.D. v. Ohio State Medical Board

Dear Governor Voinovich:

Regarding the above matter, could your office please look into my taking the SPEX test that the Medical Board, in 1996, set the condition that I take? My application, materials and monies (see copy of cashed check) have been in to the Board since 1996 without even a postcard notification that they were received. I requested by letter (see copy) to take the test in New York. This is necessary because of logistics and due to the fact that other states and training programs might want to review the test scores; the answers and raw data. The State of Ohio conveniently loses test data when it is in their best interest.

Further, my application and fees (see copy of cashed check) have been in to the Medical Board for reinstatement of my license since January 16, 1998. All sorts of conditions were set and complied with. The application deserves to be acted on favorably and expeditiously. Could your office please look into what is holding this process up? My license was originally taken in an emergency session of the Medical Board based on misrepresentations and a Rorschach personality test (which is an unreliable and invalid personality test and for which, in my case, there was no raw data that could be obtained for expert review). This test and the opinion were later thrown out by the State Court of Appeals.

The reason for this writing is that if my license could be reactivated immediately, I could do some volunteer medical work for the Catholic archdiocese of New York. If a letter from His Eminence Cardinal [redacted] would speed this process, it can probably be arranged. It is also a possibility that I could do some work with Mother Teresa's Sisters in Haiti, but my license needs to be cleared. [I'm sure the Cardinal would like to hear about Mrs. [redacted] and how a physician with bilateral wrist fractures and deformities could be accused of asking a married orthopedic out ice skating, etc., as reasons for not casting her fractures and taking her medical license.]

When the record is cleared, I plan to resign my Ohio medical license due to the problems and very public misrepresentations of the last six years.

Respectfully,

Rita Kralik MD.

RITA KRALIK, M.D.

P.O. Box 208, New York, N.Y. 10044

June 17, 1998

000090 JUL 20 98

CONFIDENTIAL
Governor George Voinovich
77 South High Street
30th Floor
Columbus, Ohio 43266

Re: Rita Kralik, M.D. v. Ohio State Medical Board

Dear Governor Voinovich:

I would like to ask that you look into the handling of my case, which is still not resolved, before the Medical Board. There are (and were) too many procedural irregularities and involvements of parties that had clear conflicts of interest. Specifically, I would like to ask that you look into why Carla Streepy O'Day, M.D. was the Principal Investigating Officer for the Medical Board, who initiated this matter [see attached], for the following reasons:

Carla O'Day had known me since medical school and I was her *competition* as regards residencies and jobs; we worked for the same Emergency Medicine group at one time. She herself has had serious emotional problems in connection with a bitter divorce. During this time, it was reported to me by a surgical colleague that she "needed help." Apparently, she would have indiscriminate outbursts against her male colleagues. Thus, I would like to request that she be required to disclose her medical records dealing with her emotional difficulties past and present, as patients might have been (and still might be) harmed. For these were the very same arguments she used to justify publicizing my private medical records - records which she knew had been changed and contained many errors and misrepresentations. Carla O'Day, M.D. should not receive different treatment from any other physician. As Carla has so clearly shown me, I was in error in not reporting her difficulties to the Ohio State Medical Board.

It must also be noted, that Dr. [redacted] of [redacted] Hospital, who accused me of stopping at his office to say that things were "ruined," was known for disruptive arguments with other orthopedics in the surgical suites of [redacted] Hospital O.R. Nothing was ever done about these "incidents" which pale in comparison to my stopping by Dr. [redacted] office to express, *as a patient*, that there were still serious neurological problems. Hence, I would like to ask that all "incidents" involving Dr. [redacted] at [redacted] Hospital be investigated as vigorously as my stopping by his office. These are clearly more serious violations of state codes as interpreted by the present Medical Board.

Secondly, Carla O'Day worked in the emergency room at [redacted] Hospital [redacted] Ohio], where my problems started after *five* years of practice in the community. She knew and remains personal friends with the physicians (Dr [redacted] and Dr. [redacted]) whom I had difficulties *only* as regards *obtaining appropriate fracture care* for myself and referral orthopedic care for patients. Administratively, she knew that there were problems with Dr. [redacted] as regards suits and a lot of bad results, and that he often exaggerated things. She knew [personal communication] that Dr. [redacted] and [redacted] the experts she chose for the Medical

Board, were "dense" as to the nature of what was going on in my case. As he testified under oath, Dr. [redacted] looked out an office window and saw an attractive female that he might want to work with. With Carla O'Day's background in psychiatry, she would have known that the Rorschach test she ordered me to take was unreliable and an invalid measure on which to base a medical licensure suspension. Dr. O'Day accepted the Directorship of [redacted] Hospital Emergency Room after my licensure suspension - a position for which she needed the recommendations and approvals of Dr. [redacted] and Dr. [redacted] Dr. [redacted] was the only "numerous professional colleagues" to testify under oath in my case, and he was a *neighbor and personal friend of the* [redacted]

The whole mess started out as a way out of liability for poor fracture results and a missed diagnosis. As it was reported to me, Dr. [redacted] went around [redacted] Hospital asking colleagues to go in on "big things coming down" and "causing trouble for Rita." Carla O'Day participated in this campaign and going to offices became reason for suspension from [redacted] Hospital, even though the offices were not in or on the hospital property. The problem being that Dr. [redacted] had attempted care he was not qualified to handle; complicated wrist fractures.

Finally, a number of states have provisions in their Professional Code of conduct that "a doctor may not be dismissed for advocating appropriate care for patients." My disagreements with colleagues had to do only with my own inadequate fracture care - that it was inadequate for functioning as a physician - and expectations that I refer to or clear patients for Dr. [redacted] By inference my situation falls under this provision.

Given the above it is extremely difficult for myself and my family to credit the proceedings and the current Report & Recommendations of the Medical Board. There is a double standard at work here. Certainly, if the Medical Board is going to investigate me for a time of adjustment in my life, then it has to investigate *all* physicians for those reasons. There were no patient complaints or inadequate care of patients involved in my case. Hence, I would like to ask for an investigation into the handling of my case. There needs to be *uniform* standards for all physicians as regards Medical Board and disciplinary actions. Professional disagreements are not reasons for licensure suspensions, as these disagreements are necessary to the growth of the medical profession and the revision of standards of care. Certainly, medical license suspensions should not be means of "eliminating the competition" or justifying otherwise inadequate care.

In closing, I would like to respectfully request an administrative review.

Sincerely,

Rita Kralik

Rita Kralik, M.D.

cc: President State Medical Board of Ohio (w/ enc.)

RITA KRALIK, M.D.

P.O. Box 208, New York, N.Y. 10044

July 10, 1998

CONFIDENTIAL

President
State Medical Board of Ohio
77 South High Street
17th Floor
Columbus, Ohio 43266-0315

Re: Rita Kralik, M.D. v. Ohio State Medical Board

Dear President & Members:

The Medical Board has cashed my check for reinstatement of my medical license, but you now appear to be losing documents that have been in *for over a year* (though not checks). This is not an acceptable excuse for not acting on my license. Enclosed is a copy of a recommendation sent directly to the Medical Board by Dr. [redacted] about *a year ago*. As noted on the recommendation form, recommending physicians are instructed to send the form directly to the Board (see attached copy).

As you know the license was suspended in proceedings that are highly questionable and lacked due process. There is good reason for acting expeditiously to resolve this matter and clear my record. I don't know of any of you - who faced with a physician fooling around with casting, routine x-rays and referrals - would not have been concerned and acted in some way to salvage the fracture result. There is no doubt that the therapy I received was *not* what I consented to. Nor are the medical records accurate as to what therapy did occur; there was no care or communication from Dr [redacted] or his office from 11/7-11/20/90. That period of time, *of about 2 weeks*, was why the fracture collapsed. It is my thought that *every* patient and physician wants to be able to have informed consent and an appropriate referral when requested.

At this point in time, I would like to return to training and would appreciate your not losing any more documents. Enclosed also is a copy of a letter sent to the AMA whom you should be hearing from directly.

Sincerely,

Rita Kralik MD.

cc: Governor George Voinovich

Rita Kralik, M.D.
[redacted]

October 2, 1998

CONFIDENTIAL

David Buchan, D.P.M.
Ohio State Medical Board
77 South High Street, 17th Floor
Columbus, Ohio 43266-0315

Re: Rita M. Kralik, M.D. v. Ohio State Medical Board

Dear Dr. Buchan:

It is my understanding that you are the current President of the Ohio State Medical Board. My case is probably due to come up for a vote at your October 14, 1998 meeting. It is a case with a lot of political overtones that arose because I complained about an orthopedic's care and expectations of a colleague relationship. There is no doubt that, as the patient, I suffered numerous and prolonged complications that are rarely associated with the fractures I sustained. Usually, a Medical Board would just impartially review the facts and at least try to correct the care problems. My case has been an unusually harsh and prolonged situation, because the Medical Board has sought to blame me for the misjudgments and problems for six years.

First, I have asked that Dr. [redacted] of [redacted] Ohio correct her erroneous testimony to the Medical Board. Her testimony was provided without my consent and without all the facts. Background-wise, I contacted her in late 1990 to deal with a difficult and confusing colleague situation regarding Drs. [redacted] and [redacted] that arose out of my attempts to obtain wrist fracture care. Delayed and inadequate treatments (the fractures were complex and intra-articular) resulted in physical symptoms of pain, anxiety and insomnia due to fracture swelling at night. These symptoms were not "depression" and were not treated as such by Dr. [redacted] as neither she nor I knew what was really going on at the time. Subsequent work-up has revealed that the predisposition to fractures was due to a missed endocrine diagnosis and low bone density - which has nothing to do with psychiatry or psychology. Drs. [redacted] and [redacted] missed these diagnoses as they did a number of other orthopedic complications and problems which were then treated at the [redacted] or later in New York.

Dr. [redacted] was asked to help with the situation, particularly as it regarded Dr. [redacted] because in trying to get out of being responsible for the fracture care and complications, I was accused of somehow asking for the bad care by having been pretty; having somehow inappropriately encouraged Dr. [redacted] attentions in a personal way. Indeed, the exaggerated and often harsh treatment by the Medical Board of my case has been felt by my parents and friends to be due to Mrs. [redacted] powerful influence and money - that she was somehow trying to punish me for misrepresentations Dr. [redacted] made to her, the Medical Board and colleagues at [redacted] Hospital. Interestingly, in my only meeting before the Medical Board in 1996, Mrs. [redacted] was the topic everyone was most interested in. One of my experts had made a misinterpreted comment about

my envying her lifestyle - which I do not. Dr. [redacted] was also asked to talk with Dr. [redacted], which she never did, as he apparently did not return her calls.

There seems to be much misinterpretation and much misinformation involved in my case which was in the beginning only a case of straightforward wrist fracture care. The fractures were due to a missed diagnosis, but that wouldn't have been so much the problem if only there had been fracture care. The problems with Dr. [redacted] and my relationship with him could probably fill a book, but basically, it was that the fractures were beyond his experience, training and expertise and that somehow because of personal pride and/or professional misjudgment, he delayed and then refused to help with appropriate referral resulting in further complications. The end result was two years of fracture complications which pretty much destroyed my personal and professional life, even before the suspension for the so-called office incidents (to say that there were still complications). It wasn't an "adjustment reaction" or "pain syndrome," but rather real complications that are what happens when things go so wrong at the beginning. It's just that as physicians it isn't easy to admit or deal with mistakes, and we like to have them called something else. Psychiatry is very good in that regard as the terms, until recently, were so nebulous.

What I would like to ask is that we all go back to being physicians and look at the *real* facts. There were fractures, there was less than optimal care and missed diagnoses. There were orthopedics who tried in their own way, but became defensive over problems that were very complicated. There was a patient-physician who had her life and then her career destroyed because of politics at the Medical Board. Yet however emotional or painful, care practices have periodically got to be reassessed as to outcomes. Yes, it's a mess when it has to be a physician's bad outcome, but that still means that medical care has to be looked at objectively and improvements made; in general and as regards certain physician's way of handling things. In essence, the case has nothing to do with Mrs. [redacted] In fact, after a lot of things besides my fracture care problems, I ended (or tried to) the professional relationship with Dr. [redacted] in a phone call on Thanksgiving Day, 1990, a phone call in which I remember no mention of his wife. Had I not been in so much pain, I would have ended our so-called "friendship" sooner.

At times in professional relationships it becomes necessary to end relationships. This should not be a Medical Board problem as one of my experts testified; referral relationships are a complex equation. For Mrs. [redacted] benefit and peace of mind - Dr. [redacted] attentions were not sought; he started calling our office when I didn't know who he was about two months before the toe fracture. In fact, thinking that any patient with two fractured wrists would be thinking of anything except getting better is ludicrous. It became obviously as time went on that a lot of things were problematic. Dr. [redacted] has a lot of polo organizational ties and commitments, there were problems with his expectations, certain statements and actions and there were a lot of other things (to be kind). None of this should have been part of a suspension of *my* medical license or a reason for "therapy." It wasn't a personality disorder, there were personality and practice differences that were beyond salvage. Dr. [redacted] however, continued to expect that I would refer him patients and clear patients for his surgical procedures. Numerous letters and attempts at communication show that I asked him to find another internist to work with. That things appeared rude at times, was only because it got so exasperating for myself, my parents and the office staff. At one point, [redacted] sent patients to wait in our office while he and his office staff went to lunch. He wanted the wall between our offices torn down (so he could just walk through), and when his office was re-painted he had his office furniture in the hall blocking our office door so that patients couldn't get in, etc. Dr. [redacted] wasn't encouraged in any personal sense, as I had other interests which I was always honest about; something which he did not

respect either then or in subsequent testimony, events or actions. To this day, any prospective employer of mine must read of Dr.[redacted]

Dr.[redacted] was supposed to help with this situation but a lot of things aren't politically correct at [redacted] Hospital. At the time of the suspension, there were a lot of things going on that she had no knowledge of and shouldn't have commented on or made any diagnostic assessment regarding. There are no patient complaints or peer review notices in the months surrounding the suspension at [redacted] to suggest otherwise than that I did my job at all times. In fact, I was planning on moving to St. Louis, Missouri to let the situation resolve itself. It was a political suspension; there was no threat to patients.

What I would like to ask you to do is talk with two colleagues who I've asked to contact you. First, Dr.[redacted] is the podiatrist at [redacted] Hospital who salvaged my toe fracture. He can be reached at [redacted] The other is Dr. [redacted] an ob-gyn, with whom I worked once or twice a week in surgery until the suspension. Dr. [redacted] works out of [redacted] Hospital and can be reached at [redacted] Though I worked with him closely in surgery weekly, Dr.[redacted] knew nothing of the specifics of the suspension until recently; he heard of my problems through others.

There were reasons that I disagreed with Drs.[redacted] and [redacted] and the Medical Board's initial actions and orders. To be an effective physician, I have to be able to continue to disagree professionally and have that option respected. It's not a "getting along" thing; it's a profession with standards that have different interpretations at times but where the final measure is patient outcome.

Should you with to discuss any of the above with myself in person, my parents and I would be happy to meet with you. Throughout all this ordeal my parents, who watched the mess evolve and tried on countless occasions to talk and reason with the principals, have not been allowed to say anything. You can reach me by leaving a message at [redacted] until November.

Thank you for your consideration of the above. Basically, there needs to be a option of the Medical Board to deal with colleague differences in a non-punitive way. At times all of us need to be reminded to respect another's point of view, career, professionalism and life. I tried very hard at the local hospital level to get someone to sit down with Drs.[redacted] and [redacted] regarding a lot of things. Dr.[redacted] was only one of those abortive attempts.

I have no plans to return to practice in Ohio nor do any of my experts feel that would be a good idea. If my record can be cleared of the suspensions, I have offers to return to Rhode Island Hospital and resume fellowship training where all my skills could be refreshed and I would be monitored in the sense that all residents and fellows are continually being judged and assessed. My patient abilities have never been questioned. My CME credentials are of the highest caliber and I've kept up with developments through courses, workshops and self-study programs (MKSAP 11 for internists, published by the American College of Physicians). It is my hope that my situation can somehow be resolved equitably in the coming months.

Sincerely,

Rita Kralik, M.D.

cc: Dr. [redacted]

Rita Kralik, M.D.
[redacted]

October 7, 1998

CONFIDENTIAL

David Buchan, D.P.M.
Ohio State Medical Board
77 South High Street, 17th Floor
Columbus, Ohio 43266-0315

Re: Rita M. Kralik, M.D. v. Ohio State Medical Board

Dear Dr. Buchan:

This letter is to confirm that I have asked Dr. [redacted] a clinical psychologist of [redacted] Ohio, to correct her statements and informal written testimony made to the Ohio State Medical Board, numerous attorneys and experts regarding myself. From December, 1990 - April, 1992, I visited with Dr. [redacted] only about twenty times concerning difficulties that arose out of my fracture care. The symptoms she described treating were in fact due to an inadequately treated *physical* orthopedic illness; fractures and a low bone density condition. These symptoms continued long after my last visit with Dr. [redacted] and did not improve with the home-made relaxation tape that she gave me. Dr. [redacted] also misrepresented the number of visits and asserted that documented nerve and bone problems were either not real or exaggerated. As she never reviewed the x-rays or any of the orthopedic/medical records, nor did she speak with the orthopedics involved, this is a fraudulent assessment that was regarded as "fact" by the Ohio State Medical Board. Additionally, several of the visits in fact occurred *only* because of my arms being bruised up in Dr. [redacted] office, which exacerbated the pain and problems. Her testimony and the misrepresentation of my medical records needs to be corrected. I also have asked that Dr. [redacted] cease calling my parents house.

Further, in 1992, my license was taken in large measure due to the results of a Rorschach test that apparently has no data at this point. I was ordered to present myself at the office of one Dr. [redacted] and questioned regarding inkblots for a *half hour*. As I knew the principle behind the test, answers were given that could not have been "pathological" except if there was "fixing" of whatever little I said (under duress). It is not known if anything was ever recorded, as *I saw nothing written down*. The whole situation of ordering a physician functioning *above the average* to this kind of proceeding was farcical. The Rorschach is such a joke of a test that it is used in current movie plots, e.g. *Armageddon*; the general public is supposed to know it is a joke. Everyone except the Medical Board does know that the test is a joke, and usually reflects the thought processes of the person who administers the test and decides what to record or not to record. Whatever is recorded or not recorded at the Medical Board is a part of my medical record at this point, and it is asked again that the recorded data be released so that it can be evaluated by an independent expert as to what went on.

Finally, attached is a list of the current malpractice cases recorded at the Courthouse for Drs. [redacted] and [redacted] It would seem that at times other physicians and lawyers have had to disagree with these physicians and that my disagreement is merely that - a professional disagreement.

It is my hope that my license will be reinstated and that the records and facts which are misrepresented will be corrected so that I can get on with my life outside of Ohio. Misinformation provided to the State Medical Boards of Rhode Island, Hawaii and California needs amendment and correction at the earliest possible date.

Sincerely,

Rita Kralik, M.D.

Docketed Malpractice Cases

Dr. [redacted] (8)
049082
311752
152845
011497
130768
081287
147363
955412

Dr. [redacted] (8)
264430
091752
020394
276690
189839
101435
293474
166188

Dr. [redacted] (6)
157701
156861
140103
065925
012041
064462

TY

Rita Kralik, M.D.
[redacted]

October 13, 1998

CONFIDENTIAL

David Buchan, D.P.M.
Ohio State Medical Board
77 South High Street, 17th Floor
Columbus, Ohio 43266-0315

Re: Rita M. Kralik, M.D. v. Ohio State Medical Board

Dear Dr. Buchan:

It has been brought to my attention that in 1992, in an effort to influence the Ohio State Medical Board, Mrs. [redacted] caused to have published in a local Cleveland area newspaper a highly exaggerated, slanderous and fabricated account of my walking into her husband's office [an office directly adjacent to mine] to say that there were still orthopedic problems (and that I had never been able to obtain my medical records).

Apparently Mrs. [redacted] employed a free-lance "slinger" and her journalistic connections from her father having been a former Public Relations Manager for the Cleveland Press. The journalist now disclaims authorship of the article bearing her name and the information could only have come from the [redacted] It is asked that the Medical Board look into this matter and cease any further encouragement of Mrs. [redacted] in this regard.

Dr. [redacted] care of my orthopedic injuries was the final reason that led to my complaint, but there were many other problems. There were expectations that inflamed his wife and interfered with my medical practice with my father. Physicians have to have the option of walking into another physician's office simply because, at times, that's the only way to get a colleague's attention - physicians being the characters that they are. This professional courtesy option needs to be preserved from causes for licensure suspension for resolution of difficulties and expedient attention to patient developments. Colleague physicians should not take these as "opportunities" to stage scenes, have staff members run screaming after a physician or have their wife then publish libelous accounts to cover for care problems and omissions. This should not be a new tactic in how to get a colleague's license suspended or get them then "ordered" to an evaluation. My case is totally out of hand and far from any professionalism.

The Medial Board is asked to respect myself and my family's wishes as to the above type of behavior continuing. Mrs. [redacted] needs to cease her attempts to destroy my career. My right to a personal life exclusive of Dr. [redacted] and a professional career needs to be respected. My license needs to be returned. Your attention to the above is greatly appreciated.

Sincerely,

Rita Kralik MD

Rita Kralik, M.D.

OHIO STATE MEDICAL BOARD

OCT 16 1998

Rita Kralik, M.D.
[redacted]

STATE MEDICAL BOA
98 DEC -9 PM 12: 4

December 8, 1998

CONFIDENTIAL

David Buchan, D.P.M.
Ohio State Medical Board
77 South High Street, 17th Floor
Columbus, Ohio 43266-0315

Re: Rita M. Kralik, M.D. v. Ohio State Medical Board

Dear Dr. Buchan:

Attached please find a recent communication from the [redacted] The problem has been all along in my case, that there were several missed medical/orthopedic diagnoses. These diagnoses were missed and misrepresented by Drs. [redacted] and [redacted] for their own self-serving interests (always telling only part of the story). As this communication indicates simple tests weren't ordered, in 1990 or in the subsequent years, to look into the possibility of a low bone density and/or then the reason(s) for a bone density in the lower 25th percentile of normal individuals adjusted for age and sex. Even a podiatrist can understand the fact of a low bone density predisposing to fractures and the fact of indicated blood tests.

What Dr. [redacted] didn't testify was that the toe fracture occurred in January, 1990 and never healed on films taken months later. When fractures don't heal for months, work-ups are indicated for metabolic bone disease (not disagreeing with a colleague). A work-up at that time, would have prevented two wrist fractures, seven years of professional problems and six years of an unjust licensure suspension. The problem with the wrist fractures was that bad care (inadequate in any normal sense) in the setting of bone density problems and premature ovarian failure (estrogen deficiency) added up to a disaster. Estrogen deficient bone doesn't heal very well and collapses easily. Bone density screening was available in Dr. [redacted] office building in 1990.

At this point there is a legal case (it gets better every month); *failure to draw two simple and easily available blood tests* before allowing multiple fractures or suspending a medical license. Simply put, I had to disagree with male ignorance and stupidity; ignorance that didn't encompass the differential diagnosis of early ovarian failure being the cause of a low bone density condition and fracturing. Where is the diagnostic differential in all the testimony and exaggeration? My spinal bone density was the bone site tested to be in the lower 25th percentile. Meaning, in translation my spine was the next bone to collapse or break easily. Male physicians in Ohio are allowed to disagree with experts, but female physicians can't disagree with their colleagues; colleagues who don't take a medical history, check x-rays or who can't seem to order anything but pain medication to make the patient look bad).

The missed diagnosis of premature ovarian failure cost three unnecessary fractures, then there has been failure to adequately or correctly treat a low bone density condition (which causes very real pain) over the last seven years; including failure to adequately treat by Dr. [redacted] who knew of the condition and didn't order the correct work-up. Further, false and slanderous reports have been circulated for years throughout Ohio and to three other states in order to deter any physician from believing me or helping me as regards any care. Whatever I had left of my reproductive life is gone, simply because Mrs. [redacted]

STATE MEDICAL BOARD

December 8, 1998

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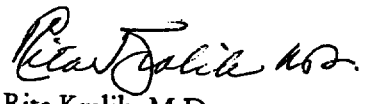
was jealous. I was not interested in her husband, but I deserved a life and a chance to have children too. The State Medical Board of Ohio gets to decide who can and can't have children apparently; only Mrs. [redacted]

Please return my medical license and allow me to have a life and obtain appropriate care for the very real medical problems that I do have.

Sincerely,



Rita Kralik, M.D.

THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF	*
	*
RITA MARIE KRALIK, M.D.	*

SEALED MEDICAL RECORDS PERTAINING TO FINDINGS, ORDER AND JOURNAL ENTRY

In order to protect patient confidentiality, the medical record in this matter has been placed under seal as Exhibit 5.

Rita Kralik, M.D.
[redacted]

STATE MEDICAL BOARD
99 JAN 26 PM 4:29
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January 14, 1999

CONFIDENTIAL

Ray Bumgarner, Esq.
Director
Ohio State Medical Board
77 South High Street, 17th Floor
Columbus, Ohio 43266-0315

Re: Rita M. Kralik, M.D. v. Ohio State Medical Board

Dear Mr. Bumgarner:

Yesterday I witnessed a small portion of the Medical Board Meeting. After I listened for awhile, I had to leave the room, it was too much to see how differently a male physician's case was handled. When I came back in at the break and tried to talk with you about my case, which is one of the worst examples of lack of due process that anyone has every seen, I was not allowed to speak with you.

The case presented was a positive urine screen in a physician that had formerly used a controlled substance. Before his license was resuspended, there was a repeat urine screen with signatures and chain of custody. A male colleague, a toxicology expert, stood up for the negative repeat urine screen being accepted and the case dismissed, though there were signatures and chain of custody for the other positive screen. Apparently, this false positive stuff happens quite frequently through the Attorney General's office in Ohio. In fact, it is such a chance occurrence that information presented by the Attorney General's [AG's] office is reliable and valid, that Members of the Medical Board feel qualified to challenge and readily dismiss the findings even with a chain of custody and signatures on file.

Witness my own case. In 1992, my medical license was suspended after a sham expert exam in the office of one Dr. [redacted] and a Rorschach test with no answers performed by a Dr. [redacted] (one licensed psychologist in the State of Ohio who doesn't have to keep records). This last totally unreliable test was never allowed to be repeated or challenged before my license was suspended in an emergency session of the Medical Board. Carla O'Day, M.D., then a Member of the Medical Board, had a "political problem" at the hospital where she was employed in the Emergency Room. I never saw Dr. [redacted] record anything legible, I never signed an answer sheet and there was no chain of custody. During the "test," Dr. [redacted] repeatedly tried to make out that I saw something bizarre, e.g. blood in the inkblots. Now the Rorschach test more often indicates the mental state of the interpreter, in this case one eccentric Dr. [redacted] who sees blood in inkblots. Dr. [redacted] was an aging physician with a tremor who did not appear well himself in his stale-smelling, dirty, dusty office. He seemed to be totally "dense" as to the interactions that go on between men and women. No colleagues stood up for me that this shotgun touchy-feely evaluation and so-called "test" should be repeated before a suspension, which is a serious and drastic step. I supposedly had some kind of problem because I disagreed with my fracture care, fracture care that caused two years of serious complications and was unusual to say the least. If I had not questioned what was going on with my care, there would have been serious reason to question my judgment as a physician; there were too many omissions and errors for chance. Dr. [redacted] wasn't a hand orthopedic, Dr. [redacted] knew next to nothing about bone density problems and had apparently never witnessed some of the complications that occurred during my fracture care saga. This

[illegible]ate care and negligences contributing to long-term painful consequences. My [illegible]ioned only because the other choice was malpractice.

[illegible] due process, namely failure to repeat a questionable result, alone justifies a thousand [illegible] letters to the Governor of a state so prejudicial against women professionals. They are letters [illegible] male physician would never have to write because some guy would speak for him. Repeating a [illegible]bach test is nothing to a urine sample toxicology.

Regarding disagreements, they are part of any normal human relationship but apparently are not allowed between women and male physicians (who knew next to nothing about women's medicine). Members of the State Medical Board are allowed to disagree with the AG's office as to the chain of custody of a urine sample without psychiatric evaluation. However, I was not allowed to disagree, although I was an internist with significant knowledge in women's medical care, without a DSM non-diagnosis being invoked by a psychiatrist trying to cover for male misbehavior. Dr. [redacted] diagnosis does not exist; another fabrication by the AG's office.

Then, throughout the last six years, I have been accused of all sorts of false and fabricated supposed facts by the AG's office. My New York psychiatric experts have been overwhelmed with testimony that does not make any sense and subject to cross-examination for hours, on trivial data like my dating history. My license has remains suspended with no patient complaints. All because in 1991, after many attempts to solve a situation locally and in a legal way, I had complained to the Medical Board about an orthopedic physician Dr. [redacted] There were many problems in the "relationship" that *he started* with me. It was a friendship that - from the beginning - had other overtones and understandings. It involved me in the care of a number of patients with very unusual complications and poor outcomes, it implied that I would clear patients for his surgeries no matter how ridiculous or inappropriate and it involved my own fracture care which was inadequate. As he was always calling, I had made the mistake of asking his assistance with two serious wrist fractures and a complicated toe fracture fully expecting that he would refer these fractures after initial stabilization (or help me with a referral). The fractures were never adequately reduced or properly stabilized. Numerous complications ensued over two years destroying my practice. When it became obvious that the right wrist fracture was in trouble and there was still time for expert referral to save the alignment; Dr. [redacted] refused to refer. He encouraged orthopedics not to care for me, and three more days went by after which time it was judged not possible to remanipulate the fracture. For a year and a half, he refused to forward my medical records though his office was directly next door to mine and finally, after much editing, turned them over to the Medical Board.

It should not be an "adjustment reaction" to try to extricate oneself from a very destructive personal and colleague relationship, and it is not in the real-world sense. My psychiatric experts were not allowed to directly criticize either my orthopedics or the Medical Board's experts and had to parse words. Multiple letters were written because there was denial at the local hospital level, total lack of any due process in any legal sense and the consequences of fracture care via virtual reality visits without x-rays were serious. Male colleagues would never stand up for women though they would readily question a false positive urine drug screen for a male physician. A woman has to be having an "adjustment reaction." If a physician with an overbearing and abusive relationship with a colleague cannot go to the Medical Board, where can they go? Law firms and businesses are required *by law* (as I think the Medical Board is) to have a channel for handling these situations before they result in physical injury or job loss. One should not have to seek help from a private psychologist for threats from another physician or repeat fabricated tests by the state AG's office at one's own personal expense. These bills can be submitted to the Medical Board.

It should be an understood that physicians refer cases beyond their purview or experience as a matter of standard practice and physician courtesy. That a married male physician would not be trying to hard-sell himself to a female colleague should also be obvious to any Medical Board or state Attorney General's office. That there is/was some kind of "control" problem regarding Dr. [redacted] and myself was obvious to all but his personal friends, the Attorney General's Office and the Ohio Medical Board. His understanding was that if I did not like his care, then I did not deserve care. He threatened both me and my father that he had the power to see to it that I never practiced medicine again. Power he evidently possesses. That it is also a classic one-liner come on to say that *someone should understand someone because his wife didn't or doesn't*, was also a no-brainer to all but the Medical Board and the Attorney General's Office of the State of Ohio. This was not a normal colleague relationship in any sense.

Neither of my experts have ever been allowed to interview or evaluate the accusing physicians (Dr. [redacted] and Dr. [redacted]). They have both had to sift through piles of falsified information, bizarre records and so-billed medical reports that were totally hearsay. Were the truth to be known this was not an adjustment reaction, but a harassment situation. However, that means criticizing a male medical colleague. This is another contextual situation obvious to all not trying to hair-split terminology or parse words.

What I would like is to petitioning for a fair end to this nightmare of a situation. There is no "pain syndrome;" the [redacted] Hospital Pain Clinic has written a report attesting to this fact. There have been multiple causes for serious and valid pain throughout this mess that were ignored or never allowed to be presented. My experts have been pressured, as no experts in the history of the Medical Board, to call my trying to save my wrists and get out of a bad colleague relationship some "diagnosis." They have been ridiculed in public reports when they tried to attest to there being an interpersonal problem with Drs. [redacted] and [redacted]

There is no way to solve this case with the traditional approach of what I witnessed yesterday as there are literally piles of hearsay reports involved which were never verified and voted to be accepted as fact by some pretty ingenuous Medical Board Members. In 1996, an attempt to meet with the Medical Board became a farce with Ms. [redacted] talking about her own personal medical care and Mrs. [redacted] This is the same long-suffering Mrs. [redacted] who apparently, in trying to make fiction into fact, was responsible for a slanderous newspaper article being published in a Cleveland area paper. In truth, if Mrs. [redacted] really believed her husband's testimony, then she has a problem.

Yesterday I witnessed a Board Member emphasizing his duty to the public. If that duty is really a concern, please find a way to fairly resolve this situation. My parents, who witnessed the actions of Drs. [redacted] and [redacted] would be happy to meet with you, as would I at any time.

Sincerely,

Rita Kralik, M.D.

cc: Anne Steinburg, M.D.
Governor Bob Taft

Rita Kralik, M.D.
[redacted]

January 19, 1999

CONFIDENTIAL

Ray Bumgarner, Esq.
Anne Steinburg, M.D.
Ohio State Medical Board
77 South High Street, 30th Floor
Columbus, Ohio 43266-0315

Re: Rita M. Kralik, M.D. v. Ohio State Medical Board

Dear Mr. Bumgarner and Dr. Steinburg:

After watching your meeting last Wednesday, I have thought hard how I could help bring my case above to a fair end. It is a case that involves my own personal medical care at the core, and it is a complicated medical problem of a metabolic bone condition presenting as multiple fractures in 1990. The fractures would have been difficult to manage in any setting, but the management attempted in Ohio was doomed to failure in the primary care setting of Dr. [redacted] or even Dr. [redacted] This kind of bone problem requires a tertiary or quaternary medical center and the consultant expertise associated with such a center. It is not a problem that will be comprehended in a public Medical Board meeting. This is not a punitive or impaired physician situation. There is not much that I could have done differently, given the missed diagnoses involved.

My case is not a 5-10 minute anything, nor can it be distilled easily into any lawyerly summary after seven years. Even the [redacted] did not elucidate the cause of the bone condition in 1991. Their recommendations were for continued monitoring and follow-up on a yearly to every two year basis. This could not be arranged when my license was suspended for continued symptoms and problems (e.g., inability to obtain my own medical records) that related to the original inadequate fracture care. There was also total denial on the part of my Ohio physicians and the Medical Board's experts as to the seriousness of the bone condition, and its serious prognosis without some kind of monitoring or treatment. Even my New York experts have not had access to the complete file at the [redacted] This would most likely have justified any misperceptions about my trying to obtain needed care being an "adjustment reaction" and the continued pain being anything but real pain. My bone density was in the **2-25th percentile for age and sex in 1991.**

What I would like to propose is the following, and you will have to contact me as my Ohio attorneys have been unable to reason with the Medical Board and [redacted]

First, that the [redacted] be allowed to finished their evaluation and tests as to the medical and bone problems. As this probably involves the previously missed diagnosis of early ovarian failure, I would request that this be a brief summary only from the [redacted] to protect my confidentiality. That is, it should not be a requirement for medical licensure that anyone share private medical details with the State Medical Board if they have no bearing on patient care. The facts will be misinterpreted anyway, as they have been in the past. Therefore, that they would say there is a serious bone condition and brief recommendations only suffice. Second, that a psychiatric clearance by the [redacted] be accepted as proof of my ability to practice medicine. No

ons asked and no other Ohio experts with half the information dragged into the equation. [redacted] department will have the medical details, and these will justify the continued pain [redacted] efforts to obtain care in the high-tension setting of several missed diagnoses. Third, that my record in Ohio at the Medical Board be then cleared completely as soon as possible, and that I be allowed to return to training in another state without further censure or monitoring. There were never any patient complaints, just complaints by the orthopedic physicians responsible for the problems, and the standard of care that I practiced was beyond what usually suffices in Ohio.

If this is accepted, I can probably return to the [redacted] during the week of March 28-April 4th. Ms. [redacted] and her Office will agree to go along with this and abide by the findings of the [redacted] You can return a signed copy of this letter as acceptance of these terms.

Sincerely,

Rita Kralik M.D.

Rita Kralik, M.D.

cc: [redacted]

Rita Kralik, M.D.
[redacted]

January 24, 1999

CONFIDENTIAL

Ray Bumgarner, Esq.
Anita M. Steinbergh, D.O.
Ohio State Medical Board
77 South High Street, 30th Floor
Columbus, Ohio 43266-0315

Re: Rita M. Kralik, M.D. v. Ohio State Medical Board

Dear Mr. Bumgarner and Dr. Steinburg:

This letter is to apologize for the misspelling of Dr. Steinbergh's name and title, the information was provided to me by the Medical Board on the telephone.

My situation involves misrepresentations by the Medical Board and Attorney General's Office to win a case that isn't winnable. The case involves my own medical care and the problems that arose because of the expanding nature and content of the practice of women's medicine. Granted that this creates a challenge to keep current, but it is not my fault that physicians in the State of Ohio would not be up-to-date or at least refer appropriately.

Specifically in my case, bone density tests should and could have been utilized in 1990 to prevent one or more of the three fractures. They were available in both Dr. [redacted] and [redacted] office buildings. Further, no fracture can heal unless properly reduced and stabilized in a timely manner (before three weeks). Covering this up by paying experts to say that disagreeing with another physician is some kind of a "therapy" situation has been absurd. The physician(s) on the Board at the January meeting, disagreeing with the urine testing result, was/were not ordered to evaluations by Dr. Sokolov - whose diagnosis does not exist.

The personal innuendo involved is sad. That any patient with two wrist fractures would be asking someone out ice skating or making a physician feel "uncomfortable" means only that the treating physician was thinking of the wrong kinds of things. Clintonesque behavior in the physician's office really won't work. But I, as the patient, can not be held to blame for Dr. [redacted] lust or lewd thoughts.

Again, it is my hope that this situation can be resolved in a fair way in the upcoming year. If there is something wrong with a woman physician legitimately disagreeing with outdated care practices or fudged results, then there has to be something wrong with a male physician doing the same (the Member(s) of the Medical Board).

Sincerely,

Rita J Kralik MD

Rita Kralik, M.D.

Attn: L. Lubow
Supplement to 98-2045,
7Du
5-10-9

Rita Kralik, M.D.
[redacted]

STATE LIBRARY OF OHIO
1999 APR 29 PM 3:39

April 25, 1999

CONFIDENTIAL
Ray Bumgarner, Esq.
Anne Steinburgh, D.O.
Members of Ohio State Medical Board
Ohio State Medical Board
77 South High Street, 30th Floor
Columbus, Ohio 43266-0315

Re: Rita M. Kralik, M.D. v. Ohio State Medical Board

Dear Mr. Bumgarner and Dr. Steinburgh and Members:

Brenda Harrison recently contacted me supposedly acting at the request of the Medical Board. There was no official letter or communication to confirm this. She wanted to meet me at Arabica in Golden Gate to discuss what I was doing and Carla O'Day M.D.

If the Medical Board would like to resolve my case fairly, I am willing to meet with the Board at any time. However, meeting someone at a coffeehouse is not going to solve things. The issues in my case are complex and the role that Carla O'Day, M.D. played in the problem was not unbiased or fair. She provided the Medical Board with confidential medical records and misinformation as to what was going on. She acted without due process and accused me falsely. The problem of Dr. O'Day, though, is the Medical Board's problem. I do not wish to discuss her. What I have had to say in my defense is on record.

My care problems are and were not unique. The situation was one that occurred because women's medical care is still not what it should be in Ohio. No woman or woman physician should have to fracture three bones in ten (10) months before a work-up is done. No woman physician should have to lose her medical licenses for this. The problem was one of a low bone density and prematurely declining estrogen levels. These problems should be able to be handled without what happened.

The personal innuendo and misinformation supplied to the public by the Medical Board have destroyed my personal and professional life in Ohio. Currently, I'm a full-time student working towards another degree. You can contact me by letter at the above address until August to set up a professional meeting.

Sincerely,

Rita Kralik MD.

Rita Kralik, M.D.

Medical Board

Rita Kralik, M.D.
[redacted]

May 16, 1999

OHIO STATE MEDICAL BOARD

MAY 21 1999

CONFIDENTIAL

Governor Bob Taft
77 South High Street
Columbus, Ohio 43266-0315

Re: Rita M. Kralik, M.D. v. Ohio State Medical Board

Dear Governor Taft:

Please see the attached letter. I was recently contacted by phone by an "investigator" for the Ohio State Medical Board to meet her at Arabica coffeehouse to discuss Carla O'Day and my situation. Carla O'Day, M.D. is not my problem, nor anything that I wish to discuss. I need my license and my life back.

My situation before the Medical Board is a totally unjust one; a retaliatory situation for complaining about care problems in Ohio. Two State Appeals Courts (Ohio and California) have now both vacated the suspension sending the case back to the Medical Board in opinions highly critical of the administrative process and decision in Ohio. The problem is that administratively the Ohio State Medical Board is its own law, and my case is totally a political one. A copy of the California decision can be provided to your office by my attorney in California, [redacted] It should make interesting reading.

Its not appropriate after seven years of hard fought legal battles to be asked to meet someone in a coffeehouse. My situation arose because of inadequate fracture care and my complaints concerning my own care and the difficulties that arose. These complaints were justified and excused by trying to paint me as some kind of difficult person. There is/was no basis for this assessment. There were inappropriate assumptions that I would "understand" certain physicians and refer to certain physicians regardless of their expertise or patient wishes. As a woman physician, I've tried through many difficult and unfair circumstances to get along. This situation, because it involved my inability to obtain adequate and timely orthopedic care, was different.

I would appreciate your looking into this situation.

Sincerely,

Rita Kralik MD.

Rita Kralik, M.D.

Rita Kralik, M.D.
[redacted]

May 21, 1999

CONFIDENTIAL

Danielle Bickers
State Medical Board of Ohio
77 South High Street, 17th Floor
Columbus, Ohio 43266-0315

Re: Rita M. Kralik, M.D. v. Ohio State Medical Board

Dear Ms. Bickers:

There has been much confusion about my application for re-instatement of my medical license being complete. My last understanding was that it was, after several documents were re-submitted that had been lost or misplaced. Could you please check on this and send me a letter confirming that the application is complete or a list of documents that are missing at this point?

Thank you for what you can do.

Sincerely,

Rita Kralik, M.D.

OHIO STATE MEDICAL BOARD
MAY 26 [illegible]

---------- Forwarded by Webmaster/ASD/DAS/OHIO on 06/01/99 04:47 PM ----------

"Rita Kralik" [redacted] on 05/30/99 09:19:43 AM

To: webmaster
cc:

Subject: Information about M.D.s

To Webmaster:
Putting information about M.D.s in Ohio on the Governor's page of the web - when in many cases, as in mine, the information put out by the State Medical Board is fallacious - is wrong. In 1992 because I brought care deficiencies concerning my own care to the attention of the Ohio Medical Board, my own license was jeopardized. Governor Bob Taft has been asked to fairly look into this matter and hasn't. Until then please do not publish information about health care practitioners such as myself where the case is open and ruled unfair by the Ohio Court of Appeals. The AGs office in Ohio has engaged in unfair harassment of physicians with complaints about things that are going on. In 1992, I couldn't obtain simple fracture care in Ohio. But this isn't my problem. Before the Governor publishes my name on the web, the fairness of the information and the fact that the Ohio Court of Appeals doesn't believe the Medical Board in my case have to be looked into. That means May, 1999. Thank you.
Rita Kralik, M.D.

Get Free Email and Do More On The Web. Visit http://www.msn.com

Rita Kralik, M.D.
[redacted]

000097 JUN -8 99

June 1, 1999

CONFIDENTIAL

Governor Bob Taft
77 South High Street
Columbus, Ohio 43266-0315

Re: Rita M. Kralik, M.D. v. Ohio State Medical Board ('92-'99)

Dear Governor Taft:

Apparently, one of the excuses that the Ohio State Medical Board has used so as not to approve the reinstatement of my medical license is that my file is incomplete. Everything requested has been provided to the Medical Board for many years at this point, many documents two to three times. As I wrote you, my last communication was a phone call to meet someone at Arabica coffeehouse and discuss Carla O'Day, M.D.

My "fight" with the Medical Board arose because I complained about the lack of care and x-ray screening tests available to me in Ohio in 1992. The screening test I needed was a Bone Density test - which screens for osteoporosis. I had/have a strong family history of this and was just allowed to fracture three bones without this history being taken seriously by my male orthopedics. My fractures, which didn't heal well due to the bone condition, were treated cavalierly and barely. One wrist fracture had a cast put on, after four days of my trying to use the fractured wrist, without an x-ray to check the fracture alignment in the cast. That was "standard of care" in Ohio for women.

Had this Bone Density screening test been encouraged by the Medical Board, as mammography is for breast cancer, two of three fractures could have been prevented. Your wife, being thin, is also probably a woman who should get this simple screening test. Medicine for women in Ohio needs to come up to the level of other states. Further, because of my "fight" with the Medical Board I'm unable to obtain monitoring or treatment of the bone condition in Ohio – until I agree that the Medical Board was right. This is something that won't help any other woman patient in this State – including your wife and daughter. No physician will help me out because they don't want to lose their medical license.

Thank you for your attention to these matters.

Sincerely,

Rita Kralik M.D.

Rita Kralik, M.D.

Medical Board

Rita Kralik, M.D.
[redacted]

STATE MEDICAL BOARD OF OHIO 0 0 1 3 7 AUG 20 '99

August 18, 1999

1999 AUG 23 P 4: 10

CONFIDENTIAL

Governor Bob Taft
77 South High Street
Columbus, Ohio 43266-0315

Re: Rita M. Kralik, M.D. v. Ohio State Medical Board ('92-'99)

Dear Governor Taft:

If September is Women's Health Month, it's time that you looked into my case before the Ohio State Medical Board. It's a case involving gross injustice and stupidity with regards to women's health care.

I complained because I couldn't get adequate fracture care in Ohio in 1990, so my license had to be suspended. The orthopedics involved felt that they didn't have to do care or work-ups or know anything about why women fracture bones as compared with men. So I had to be made out as unable to do my job, when it was my physicians who didn't know how to do their job – didn't know how to care for a women patient who wasn't stupid.

If this happened to your daughter or your wife, you would do something about it. But it happened to a woman health care professional. The physicians were powerful and had political connections; money. The Medical Board members are political appointees.

I'm a reasonable and competent professional who has excelled in every other aspect of her life. It's time that you looked into this case in a professional manner with physicians appointed on the basis of excellence instead of political savy.

The screening test I needed was a Bone Density test - which screens for osteoporosis. It is a screening test encouraged in all other states. *Had Bone Density screening been encouraged by the Medical Board or Governor Voinovich, as mammography is for breast cancer, all of my three fractures could probably have been prevented.* My fight with the Medical Board would never have occurred, and I could have had a happy and productive life for the last seven years. Instead my life has been one of constant legal harassment by your Attorney General's Office and Members of a Medical Board which covers up for their friends. Medicine for women in Ohio needs to come up to the level of other states. Thank you for your attention to these matters.

Sincerely,

Rita Kralik MD

Rita Kralik, M.D.

1999 AUG 23 P 4: 09

12/22/99-

Rita Kralik, M.D.
[redacted]

December 15, 1999

State Medical Board of Ohio
77 South High Street, 17th Floor
Columbus, Ohio 43266-0315

To Whom It May Concern:

Could you please send me another application to take SPEX? Apparently though I paid for the test 3 years ago, the Federation of State Medical Boards was given the wrong address and the materials only showed up last month. The address to which they sent the materials was the address that I was at in 1992.

I've spoken to Debbie at 1-817-868-4025, who tells me that I must obtain another application from the Ohio Board.

Despite multiple letters and an attorney based in Columbus, the test materials (ticket for the exam) were sent to the office address next to Dr. [redacted] who caused the troubles for me. I had not been at the address that you gave to the Federation of State Medical Boards for four years when they tried to send the exam ticket there.

This was a totally unnecessary screw-up and error when you have always been kept apprised of my address and phone number. The Federation of Medical Boards didn't know what had gone wrong.

Please call Debbie, as to why the wrong address was given to the Federation and send another application. Please see copies of the attached, which have also been forwarded to Debbie.

Sincerely,

Rita Kralik, M.D.

Talbott

Rita Kralik, M.D.
[redacted]

000114 JAN 14 00

January 11, 2000

CONFIDENTIAL

Governor Bob Taft
77 South High Street
Columbus, Ohio 43266-0315

Re: Rita M. Kralik, M.D. v. Ohio State Medical Board ('92-'99)

Dear Governor Taft:

My case has been before the Medical Board for eight (8) years now because I complained about orthopedic care that nearly cost me my hands.

There was a missed diagnosis causing the bones to fracture. It had nothing to do with any psychological problem except that the orthopedics involved tried to get out of what happened by false accusations and fabrications. I get along very well with anyone in aboveboard circumstances.

What I would like to propose is a closed session of the Medical Board. Blood tests were omitted that should have been done. My fractures were unnecessary. Women's medical care is done on the average very poorly and inadequately in the state of Ohio.

The truth needs to come out to prevent this mistake from happening to other women. I was too ill to have done many of the things that I was accused of like asking an orthopedic out when I had two wrist fractures and severe bone pain.

The Medical Board has made a farce and mess out of what should have been a complaint that led to improvements in care. Your wife would be interested in the story because it could very well happen to her or your daughter. I may not have deserved a life but you might think differently about your wife and daughter. I'd like to invite your wife to the session where I speak with the Medical Board about what happened to me.

Sincerely,

Rita Kralik MD

Rita Kralik, M.D.

State Medical Board (no fwd, let)

Rita Kralik, M.D.
[redacted]

000072 FEB 17 8

CONFIDENTIAL

OHIO STATE MEDICAL BOARD
FEB 1 8 2000

Governor Bob Taft
77 South High Street
Columbus, Ohio 43266-0315

Re: Rita M. Kralik, M.D. v. Ohio State Medical Board ('92-'00)

Dear GovernorTaft:

I've written to you several times regarding the above case. In 1992, my medical license was suspended because I reported a situation of very inadequate orthopedic care that nearly cost me my hands. Casts were being put on whenever the orthopedics felt like it and angled inconsistently, x-rays were ordered or not ordered and screening tests were omitted.

To cover for what was going on and without investigating my complaints, I was accused of not "getting along" and having some kind of personality difficulty. There were no patient complaints, and I was not even allowed a complete set of blood work before it was alleged that my physical problems were "psychological." The blood work was finally ordered at [redacted] in New York City, and showed why I was fracturing bones at 36 years of age. There was an early hormone failure, not a psychiatric anything.

After eight years, the accusations against me have been proved false, but my license continues suspended under a pile of conditions that are impossible to fulfill. There is no medical insurance that will pay for "therapy" for a diagnosis which a leading expert in the United States has testified that I do not have. Experts paid by the Medical Board of Ohio fudged a Rorschach test and made up a diagnosis that doesn't exist to make out that I was a threat of some ridiculous bizarre sort. You want school children not to lie and cheat, yet there are different standards for the Attorney General's Office and the Medical Board. The Rorschach test to this day has no answers, but it was supposedly abnormal because the Medical Board wanted it to be "abnormal." They needed statistics.

Currently I'm supposed to take the SPEX test. My application has been in with the required monies for *four years now*. Apparently the Medical Board couldn't read my address on the printed application and sent the ticket to an address that they know I haven't been at for eight years. During this time, they have always had an address and phone number to contact me which they have used to drag me to Hearing, etc. Last spring, I was called by someone claiming to be a representative of the Board to meet her at Arabica coffeehouse in Mayfield Heights. Please see the attached letter to see the problem.

I'm happy to take the test to prove that my skills are up-to-date. However, I can't "sell my soul" to be able to get a ticket sent to the address on the application form that I've

filled out TWICE. You are the Governor and are now responsible for my licensure suspension without just cause, and my not being able to even take a standardized test to prove my medicine capabilities. You are also responsible for the physicians out there cutting off babies' toes because there are no "rules" when it comes to reviewing physicians. I've gone through two Hearings and met with the Medical Board, and there are serious problems with what is going on. There are no rules of evidence.

The evidence regarding what is going on with my trying to take SPEX is attached. My address of record hasn't been [redacted] for eight years now. Please see what you can do to get me a ticket to take a standardized test.

Sincerely,

OHIO STATE MEDICAL BOARD
FEB 1 8 2000

Rita Kralik, M.D.

State Medical Board of Ohio

77 S. High Street, 17th Floor • Columbus, Ohio 43266-0315 • 614/ 466-3934 • Website: www.state.oh.us/med/

OHIO STATE MEDICAL BOARD
FEB 18 2000

January 10,2000

Rita Kralik, M.D.
[redacted]

Dear Dr. Kralik:

This is in response to your letter of December 15, 1999 concerning the SPEX examination.

In checking our files I found that we received a check in the amount of $550.00 on August 22, 1996 for the SPEX examination. However, I have been informed by Debbie Cusson, SPEX Registration Assistant, that to date you have not taken the SPEX examination.

To help expedite your efforts in taking the SPEX examination, I am enclosing the current application for the computer based SPEX examination which must be completed and returned to the Federation with the appropriate fees. At the same time I will process a memo to refund the $550.00 previously submitted to our Board.

Please be advised that your address of record in our master file is [redacted] Please notify our office our your current address of record.

I trust that this information will be of assistance to you.

Very truly yours,

Sandra K. Caldwell

Sandra K. Caldwell
Administrative Officer

/skc
cc:Debbie Cusson
att

not for EIGHT YEARS now

Note: The work up that I needed is on the Internet. Ohio physicians CANT READ.
R Frolich

NEW DIMENSIONS IN OSTEOPOROSIS
A New Free CME Program
Click Here for more information

OHIO STATE MEDICAL BOARD
FEB 18 2000

Evaluation of the Patient With Newly Diagnosed Osteoporosis

Michael T. McDermott, MD

[New Dimensions in Osteoporosis 1(3):2-5, 1999. © 1999 Medical Information Services, Inc.]

http://www.medscape.com/MIS/osteoporosis/1999/v01.n03/ndio0103.mcde/ndio0103.mcde-01.html

CME Sponsorship

This program is sponsored by The Johns Hopkins University School of Medicine. Michele Bellantoni, MD, is course director. Dr. Bellantoni is Medical Director, Long-Term Care, at The Johns Hopkins Geriatrics Center; Medical Director of the Osteoporosis Center, The Johns Hopkins Bayview Medical Center; and Assistant Professor of Medicine in the University's Division of Geriatric Medicine and Gerontology.

The Johns Hopkins University School of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians.

The Johns Hopkins University School of Medicine designates this continuing medical education activity for a maximum of 1 credit hour in Category 1 of the Physician's Recognition Award of the American Medical Association. Each physician should claim only those hours of credit he/she actually spent in the educational activity.

This Continuing Medical Education activity was planned and produced in accordance with the Accreditation Council for Continuing Medical Education (ACCME) essentials as applied to continuing education enduring materials.

Program Audience

Endocrinologists, rheumatologists, primary care practitioners

Educational Objectives

Upon completion of this educational activity, physicians should be able to:

1. Distinguish between primary and secondary osteoporosis
2. Describe the routine evaluation of all patients with newly diagnosed osteoporosis
3. Identify laboratory tests to be considered when secondary osteoporosis is suspected
4. Describe the major risk factors for falls

Introduction

OHIO MEDICAL BOARD
MAR - 8 2000
000181 MAR-7 00

Rita Kralik, M.D.
[redacted]

February 29, 2000

Via Certified Mail
CONFIDENTIAL

Governor Bob Taft
77 South High Street
Columbus, Ohio 43266-0315

Re: Rita M. Kralik, M.D. v. Ohio State Medical Board ('92-'00)

Dear Governor Taft:

Please see the attached letter and documents, which I have forwarded to the Members of the Ohio State Medical Board.

At this time the cause of all my symptoms, which were the cause of volumes of inaccurate legal documents filled with hearsay, has been determined to be a missed metabolic endocrine diagnosis, which was left untreated during the past eight years due to the misinformation that the Ohio State Medical Board put out to justify their actions in my case. The problem is not a psychiatric or psychological one and never was, and the Medical Board acted on misinformation and without much intelligent consideration. A number of physicians, psychologists, office staffs and administrators lied to cover erorrs, omissions and some very unprofessional behavior. The Medical Board has known that they lied, but sought to punish me anyway for disagreeing.

You need to appoint Medical Board Members who know some medicine and psychiatry. You are requiring that I take SPEX, yet I wonder how many of the current Medical Board members could pass the test that they are requiring of me. I challenge all of them to take this test and pass. Certainly had any Board Member questioned some of the testimony in 1992, I would not have had my career destroyed.

However, at this time **I must ask that the State of Ohio cease making up my medical record for political purposes**. Even if the State of Ohio refuses to look into my case and return my medical license, **the State of Ohio needs to stop fabricating diagnoses that don't exist and that I don't have, altering test results and lying about behavior (when much of the time I wasn't even there) so that I can obtain appropriate care for what is now a serious bone condition**. I'm deeply disappointed in the role that the Governor's Office has played in my case. You wouldn't treat a dog or cat as I was treated as a patient. They get casts, x-rays and blood work.

Sincerely,

Rita Kralik MD.

Rita Kralik, M.D.

TAD

OHIO STATE MEDICAL BOARD
MAR - 6 2000

Rita Kralik, M.D.
[redacted]

February 29, 2000

Via Certified Mail

CONFIDENTIAL
Members of the Ohio State Medical Board
Ohio State Medical Board
77 South High Street, 17th Floor
Columbus, Ohio 43266-0315

Re: Rita M. Kralik, M.D. v. Ohio State Medical Board

Dear Members of the Medical Board:

Please see the attached recent bone density report. This study and other needed blood work were not ordered or checked before my medical license was suspended in 1992 for "not getting along;" a personality problem that was a physician-physician disagreement about my own medical care. Lies aside, this medical and orthopedic care was inadequate for function as a physician or even as a human being.

It has been determined that my fractures, symptoms and bone pain were due to a missed diagnosis of premature ovarian failure. This is nothing that any woman physician should have to be telling the State Medical Board in a normal state. An Ohio physician is willing to testify before the Board or write a letter to that effect, when you are ready to listen, to correct the errors and misinformation that you have published to the public of the State of Ohio, to three (3) other State Medical Boards and to the National Physician Data Bank as fact. You needed a bad physician and invented one.

It has been fairly obvious to everyone reading the Record, except yourselves, that certain physicians, psychologists, office staffs and administrators lied in my case to cover negligences, misjudgments, unprofessional behavior and stupidity. My disagreement with Dr. Carla Streepy-O'Day, or whatever she is calling herself these days, is that she has yet to tell the **truth**. Further, a complete set of blood work (which any average physician or medical student ought to be able to order) was never ordered before my license was taken on the basis of a "fudged" Rorschach test – a Rorschach test that to this day has no answers. As any medical student also knows, that test is about as reliable as a horoscope.

At this time, I much ask that you **refrain from any further misrepresentation to the public of Ohio or other states, so that I can obtain appropriate consultations and treatment of this now serious bone condition** – a bone condition which the Medical Board has been able to legally misrepresent for eight years now. I cannot get treatment (no insurance company will pay for it) for a diagnosis that I do not have, and have a right to the confidentiality of my medical records and the correct treatment of medical problems - which have nothing to do with my patient care - that I do have. Presently my bone condition is the result of eight (8) years of neglect o.k.'d by the Attorney General's Office and the Ohio State Medical Board. The role of two (2) Ohio Governors sanctioning this is just cruel.

OHIO STATE MEDICAL BOARD
MAR - 6 2000

 February 29, 2000

It is not an "adjustment reaction" to disagree and insist that routine care is provided for any medical, orthopedic, or surgical condition. The office staffs and physicians that I dealt with had many problems. It is pathetic that you sought to label a physician's efforts to obtain some semblance of orthopedic care, in the face of profound stupidity, unbelievable male chauvinism and ol' boys' club games, as such. My orthopedics didn't have to order bone density studies, blood work or even do casts as the Ohio State Medical Board let them practice whatever way they wanted and to fabricate what they didn't do. When I disagreed, I had to be "bizarre" because I was competent. These same physicians have fistfights and shouting matches in the O.R. and halls of [redacted] Hospital, yet I can't say "stop" without losing my medical license. Physicians disagree all the time, but if I disagree it is a matter for state discipline.

Attached also, please find a copy of a letter stating that for my mailing address you are using **an address that you know I haven't been at for eight (8) years now**. Please also find a copy of a letter that I wrote you in 1996, giving my address of record at that time for the purpose of mailing the SPEX materials. Conveniently, you only send mail that you don't want me to receive to the [redacted] Road address. Again, I'm happy to prove my skills and that I've kept up (against all odds), but the admission ticket has to be sent to the address on the application form. The Federation of State Medical Boards has been informed of what is going on. Four (4) years ago I paid for a test that I have yet to get an admission ticket for, which has been sent to the address on the application.

Please stop so that I can obtain care for my bone condition.

Sincerely,

Rita Kralik M.D.

Rita Kralik, M.D.

cc: Governor Bob Taft

6k

Rita Kralik, M.D.
[redacted]

000116 JUN-8

June 6, 2000

CONFIDENTIAL

OHIO MEDICAL BOARD
JUN 15 2000

Governor Bob Taft
77 South High Street
Columbus, Ohio 43266-0315

Re: Rita M. Kralik, M.D. v. Ohio State Medical Board ('92-'99)

Dear Governor Taft:

Please see the attached. I've now taken the SPEX test which the Medical Board required of me. During this test, I answered numerous questions pertaining to my own care problems; problems that neither my physicians nor Medical Board members apparently knew the answers to. For instance, two wrist fractures means osteoporosis. Median nerve compression means that one can't use one's fingers. Menopause means ovarian failure and there are certain symptoms and blood tests for this (as your wife knows). A patient's continued symptoms means that the initial work-up was inadequate. And finally that excessive personal intimacy in the physician-patient relationship **is the fault of the physician.**

I was not the physician in my care, I was the *patient* who came trustingly to orthopedic physicians who expected that I understand about them and their relationships with their wives. In the case of Dr. [redacted] I was invited to office parties, to view his collection of antique cars, to watch him at polo games and demonstrations, to go into practice with him, and to "understand him because his wife didn't". If a physician gets sexually aroused when I walk into their office with two broken wrists because I happened to be pretty, that's not my fault. Licensed male physicians should know how to handle their emotions under these circumstances and refer. (In the situation with Dr. [redacted] he refused to help me or furnish a copy of my medical records for a referral.) It is not the fault of the patient-physician, and reporting this common problem is not paranoia.

I'm asking you to end this nonsense and the pages of lies and fabrications by the State of Ohio to manufacture statistics about physicians; to feed the cottage industry of physician discipline. I reported the problems that I encountered because if I can't report problems then physicians and hospitals will do whatever they want to do. One of my wrist fractures remained unstabilized for three weeks in 1990 while my physicians played games; the ol' boys club. The outcome was not within the range of normal complications; the problems went on for two years. Please return my medical license so that I can get on with my life. Do I have to write your wife?

Sincerely,

Rita Kralik MD

Rita Kralik, M.D.

Rita Kralik, M.D.
[redacted]

STATE MEDICAL BOA
JUL - 7 2000

July 4, 2000

CONFIDENTIAL

Ray Bumgarner, Esq.
Anne Steinburg, M.D. or current President
Ohio State Medical Board
77 South High Street, 30th Floor
Columbus, Ohio 43266-0315

Re: Rita M. Kralik, M.D. v. Ohio State Medical Board

Dear Mr. Bumgarner, and Members of the Medical Board:

I have taken and passed SPEX, and I haven't been allowed to practice medicine for eight years now. This is a handicap that no one else would have to overcome. You continually place me at a disadvantage trying to prove a non-existent case. To continue to do this is almost impossible. Medicine is something that has to be practiced. I've got to be out there reading EKGs, x-rays, seeing patients with problems, reviewing lab studies. You know this. Yet you license physicians that aren't really interested in doing their job in any careful way.

I'd like to ask you to investigate the cause of the resignation of Dr. [redacted] from [redacted] Hospital in [redacted] Ohio. This is the physician that started the complaint against me for complaining about him. What happened at [redacted] Hospital is very similar to the problems that I experienced. There were many bad patient outcomes and interpersonal problems. He will not be re-appointed.

Regarding my going to Dr. [redacted] office, a point that you have never allowed me to make was that there was no way to talk with him privately. In one-on-one situations, Dr. [redacted] implied that I had a personal, sexual interest in him. His office also lied for him in this regard; they weren't impartial witnesses. I'm sorry that some of his patients had to hear of my anger towards him, but there was no other way to try to say "stop." Sometimes one has to say things openly with everyone to hear it, so that there is no misunderstanding. The false information that I had some kind of interest in a personal relationship with Dr. [redacted] was also given to [redacted] Hospital administration. Further, I had requested my medical records from his office multiple times for over a year and had lawyers do it unsuccessfully. Dr. [redacted] continued to expect me to send him patients and allow his patients the use of my office. Dr. [redacted] continued to expect that I could be "friends" with him. He gave the Medical Staff Office at [redacted] Hospital false information regarding my fracture care and problems. He refused work-up of my bone problem; bone density screening, etc. and told me to order my own x-rays of my fractures. No patient complained that day, I wonder why. Maybe they thought about their own problems when they went home.

STATE MEDICAL BOARD
JUL - 7 2000

There was just no way, on a colleague level, to deal with either Dr. [redacted] and Dr. [redacted] other than trying one last time by going to their offices. They refused to see that there was an underlying reason for the continued fracturing; they refused to believe the pain of estrogen deficiency. It was all psychological to them. There were rumors of "big things coming down" and some kind of campaign to cause me trouble. My mother and physician father also tried unsuccessfully to speak and deal with both men over a time period of two years. Both physicians misjudged the bone problem and the seriousness of the fracture complications. There is a problem with women's medical care in Ohio. Bone density screening needs to be ordered and used to prevent fractures. Most orthopedics in Ohio are afraid that this test will cause them to lose fracture monies and aren't interested in ordering it. Dr. [redacted] and Dr. [redacted] were two of those.

Sincerely,

Rita Kralik MD

Rita Kralik, M.D.

July 27, 2000

STATE MEDICAL BOARD
OF OHIO
2000 JUL 31 A 11: 44

Practice Plan
Rita M. Kralik, M.D.

It has been presented to the Ohio State Medical Board numerous times that I would like to return to training in another State. **For this I need my license cleared as soon as possible and restored without restrictions.** I plan to then resign my Ohio medical license. **I cannot agree with the inadequate type of medicine that is currently practiced towards women in the state of Ohio, nor the bizarre actions of the Medical Board as regards my case. I do not want to ever return to the practice of medicine in Ohio, and don't think that it would be a good idea given what has happened during the last 9 years. There is no physician in Ohio that I would want to work with at this time. It's a corrupt and immoral environment. It was a commonplace and accepted occurrence for the physicians that I worked with to have extra-marital affairs. I was expected to "fit in" and "go along."**

I have written to Governor Bob Taft, his wife, Mary Rose Oakar and to my Ohio State Representative, James P. Trakas, about the difficult conditions under which I practiced medicine prior to 1992, the problems with the political case that was manufactured against me and some of the statements of the Members of the Ohio Medical Board. When I last met with them in 1996 they insisted, in the presence of my lawyer [redacted] of [redacted], that I refer to the "right physicians" which included Dr. [redacted] of [redacted] Ohio. **Dr. [redacted] (and his office staff) had expected that I "understand him," expressed verbally to me that "Catholic girls were easy" and had illusions that I was interested in him romantically. Morally, I can't work with him as he is legally married with two children.** My Ohio State Representative and Mary Rose Oakar understand the problems with this scenario and others envisioned by the Medical Board. Should I need to, I will call and write every state representative in Ohio (and their wives).

Further, in 1992 my license to practice medicine was taken for false and fabricated psychological/psychiatric allegations/accusations that, as it turns out, I did not have and never have had. The Medical Board acted on misinformation and without due process. **It is now acknowledged by the State of Ohio Medical Board (see attached letter of Lauren Lubow) that I do not have this condition nor require therapy. The Ohio State Medical Board has trashed my professional and personal life for the last eight years and now wants to return my license under the conditions that I practice in Ohio as they want me to under a probation for two more years in a limited "supervised, structured environment in which your activities would be directly supervised by another physician approved by the Board," because they made a mistake and kept me from practicing medicine for a period in excess of two years. I don't think that I can morally or ethically comply with this order as written, nor is there a reason given that my practice should be so restricted and supervised except that the Medical Board wills it so. What is the reason for this condition?** There were no patient complaints, no malpractice suits settled in my name and I have always practiced an acknowledged high standard of medical care. I have kept current as evidenced by my CME and the fact that I can pass the SPEX test after eight years of being unable to work in my profession. I plan to return to training and re-take my Boards of Internal Medicine, **but not in Ohio**. Any physician approved by the State of Ohio Medical Board would be suspect by me and my legal counsel; they approved experts who lied and faked a Rorschach, my orthopedics who couldn't do casts, order screening x-rays or blood work, etc. **There is no standard of truth or medical care in Ohio medicine.**

Prior to 1992, I had no problems in the practice of medicine except those which were caused by colleagues that wanted me to refer to them inappropriately, wanted me to fulfill their personal needs or that couldn't deliver simple fracture/medical care. **Now the Medical Board**

wants me to practice the type of care that caused me disability, a prolonged recovery and the unnecessary loss of medical licensure. I would like the Medical Board to re-think their order in this and other regards. As the Medical Board falsely accused me, I would think that the Medical Board should be restricted, supervised and on probation. The Medical Board of Ohio made the mistake in my case and required me to prove my innocence at great expense. I can't practice under such a Medical Board for the fraud would only continue. There are no rules of evidence for the Ohio State Medical Board. What test, record, behavior or document will be edited, falsified or vanish next?

Thus, my plan is to return to fellowship training in another state as soon as my record is cleared. This would be under the supervision of physicians licensed by another state. There is no other option given what has happened to me over the course of the last nine years. Both my psychiatric experts, Dr. Gannon and Dr. Skodol, felt and expressed in testimony that I should not return to practice in the State of Ohio - probably ever given the conditions that exist in Ohio. Please review the record on this point. If it is possible I would like to volunteer to work with the Catholic Maryknoll Missions as soon as possible. However, for that activity I need an unrestricted cleared license.

Thank you for your consideration of this practice plan, which is consistent with Dr. Skodol's advice to me and his recommendations to the Medical Board in 1995-6. I have always obeyed the laws governing the practice of medicine in Ohio, but I can't comply with orders that are immoral, unethical or which unjustly punish me for the errors, mistakes and fraud of others.

Rita M. Kralik, M.D.

cc: Governor Bob Taft
Mrs. Robert Taft
Representative James P. Trakas

Rita Kralik, M.D.
[redacted]

STATE MEDICAL BOARD
OF OHIO

2000 JUL 31 A 11:44

July 28, 2000

Ms. Lauren Lubow
State Medical Board of Ohio
77 South High Street, 17th Floor
Columbus, Ohio 43255-0315

Re: Rita M. Kralik, M.D. v. Ohio State Medical Board ('92-'00)

Dear Ms. Lubow:

I'm in receipt of your letter of July 24, 2000.

Enclosed please find a completed License Restoration Resume form. **During 1992-1998, I worked for numerous temporary agencies in New York doing computer work. I was unable to work in medicine, or even return to graduate programs, because of the false public information provided by the State of Ohio that I had a psychological/psychiatric condition which prevented me from practicing medicine.** This evidence for this was fabricated and the Medical Board has now accepted the report of Dr. Skodol – who is a nationally respected expert on personality disorders. However, I can't do anything about not being able to work in medicine for a period in excess of two years (you haven't corresponded with me in four years) or provide more details other than I worked as much as I could between Hearings and evaluations for businesses using my computer knowledge and skills. For the last two years I've been taking graduate courses towards a Ph.D. in Biomedical Sciences at Kent State/ Northeast Ohio College of Medicine. My transcripts can be submitted. Volunteering for medical agencies was impossible because of the type of allegations and licensure suspension.

Enclosed please find an up-to-date CME list and a Practice Plan on a separate piece of paper. The Medical Board knows that Dr. Skodol advised that I not return to the practice of medicine in Ohio. I have asked repeatedly that my license be returned without restrictions, so that I can accept a fellowship training position in another state. **Hence, in light of the acceptance of Dr. Skodol's assessment and new information provided to the Medical Board that I never had a "pain syndrome," I respectfully request that the order of April 17, 1996 be reconsidered and re-worked.** I have written to Governor Bob Taft and spoken with my representative to the Ohio House of Representatives, James P. Trakas, to request this review and reconsideration. The State Medical Board falsely accused me and further probation, after eight years, does not make much sense. Further, because of the misinformation given to the public regarding a diagnosis that I did not have and therapy that I did not need, my ability to practice medicine credibly in Ohio ever again is long gone. No one can undo all the notices that were sent everywhere.

Regarding the discretion of the Medical Board to consider my **moral background** in accordance of the Text of Statute which you provided me, I ask that the Medical Board

ioral background of what they did to me. I was told to "get along" with my at any and all costs. My license to practice medicine and surgery in Ohio was because I couldn't do this morally or ethically. My personal life was destroyed endo that I had some romantic interest in Dr. [redacted] who was a married who aggressively sought out my practice association and personal interest – my attempts to limit his association. At this time I would like to volunteer for the knolls (a Catholic religious missionary order), but I need an unrestricted license and record cleared in the Data Bank. This is also part of my Practice Plan.

Dr. [redacted] retired several years ago. The State of California returned my license in 1999. Letters that [redacted] wrote to the Medical Board were never answered until now.

Sincerely,

Rita Kralik MD.

Rita Kralik, M.D.

cc: Governor Bob Taft
Representative James P. Trakas, Ohio House of Representatives

Rita Kralik, M.D.
[redacted]

STATE MEDICAL BOARD
OF OHIO

2000 AUG -2 P 5: 10

July 31, 2000

CONFIDENTIAL

Thomas A. Dilling
Executive Director
Ohio State Medical Board
77 South High Street, 17th Floor
Columbus, Ohio 43266-0315

Re: Rita M. Kralik, M.D. v. Ohio State Medical Board ('92-'00)

Dear Mr. Dilling:

I'm in receipt of Lauren Lubow's letter of 7/24/00, of which you have a copy. In this communication, it is finally admitted, **three and a half years after the acceptance of Dr. Skodol's assessment**, that I have no psychological/psychiatric impairment to the practice of medicine or need for therapy/counseling. **This was the reason for which my license to practice medicine was suspended in 1992 after proceedings that were unfair, biased and subsequently thrown out by the Court of Appeals of Ohio.** My California lawyer, [redacted] wrote to the Medical Board over a year ago and has finally been copied on this letter by way of a response.

Despite the **mistake of the Ohio State Medical Board** in suspending my medical license in 1992 on the basis of misinformation and false allegations based on hearsay and inadequate assessments, I have been made to re-apply for my Ohio State medical license and re-submit fees and a "practice plan" for two (2) more years of licensure probation without just cause. I have written Governor Bob Taft and my Ohio State Representative, James P. Trakas, that the Medical Board's Order of April 1996 is inconsistent with the acceptance of Dr. Skodol's assessment in January 1997. **The Order needs to be reworked in light of the assessment they accepted, and the fact that the mistake was theirs.** They accepted all manner of unproven and unlikely hearsay as fact and published it. **My license has been suspended for more that two years at the fault of the Medical Board.**

The Medical Board made a mistake and bad judgment, which cost me a career in 1992. **They sent this false diagnosis and upsetting Hearing Officer Reports to three other states (California, Rhode Island and Hawaii), which then all revoked my licenses.** Most of these reports were fabrications to prove a **political** case; there were no patient complaints or malpractice claims substantiated or settled in my name. **At the present time, there is no reason for probation and no reason not to restore my license to good standing immediately.** I have taken and passed the written test that the Medical Board requested – SPEX. **I will take, and pass if the test is fair, any other written, oral or proficiency test to demonstrate my skills and current competency. I have kept up**

with extended graduate study at Kent State University/Northeast Ohio College of Medicine towards a Ph. D. in Biomedical Sciences and CME course work beyond that required for licensure in any state. I was prohibited from working in medicine on the basis of the Medical Board's publishing of a false diagnosis as fact; a fact they voted to throw out in 1997. At that time, however, they omitted informing the other states and general public and did not act based on that vote or revise their previous Order.

In 1995, Dr. Skodol's assessment recommended immediate restitution of my medical license without the need for any probation or monitoring. My patient care was acknowledged better than most physicians in Ohio. The Medical Board has now waited five (5) more years so that they could reinstate my license with probation on their terms. Any supervising physician the Ohio State Medical Board would approve would be as suspect as their approved experts and other misjudgments. The Medical Board has complaints about 3,000 plus physicians who are allowed to practice without limitation, supervision or chart review. This has resulted in a substantial number of serious medical errors in Ohio, including those involved in my case. The Medical Board, its actions and approvals are political in Ohio.

The Medical Board's actions in suspending my medical license in 1992 were based on misinformation provided by Drs. [redacted] and [redacted] and the Board's experts. At this time, I have x-ray and laboratory evidence and expert opinion that both orthopedic physicians and the Board's experts misled and misinformed the Medical Board for self-serving reasons. My two wrist fractures could have been prevented and a serious bone condition diagnosed early, if after my toe fracture Dr. [redacted] had ordered a bone density screening test. **This inexpensive diagnostic test was clearly indicated for a patient with my risk factors and family history – which were what was confided to Dr. [redacted] The Ohio State Medical Board is aware that Dr. [redacted] lied or gave misleading and confusing information numerous times in testimony under oath. His medical records were bizarre, confusing and post-dated.**

Dr. [redacted] provided testimony that my toe and left wrist fracture occurred at the same time in March-April 1991. He didn't keep medical records on my care or kept records as he wanted to and edited them. There was never an original copy of his records requested, and he wasn't made to provide copies of x-rays when he said that he ordered them. **X-rays and office visits were virtual realities at times.** I have whatever x-rays were ordered and their reports in my possession. In fact, they don't agree with Dr. [redacted] testimony. In fact, my toe fracture occurred two (2) months earlier in January of 1991. There were two months in which a bone density work-up could have been done. The test was available in the [redacted] Medical Building. Dr. [redacted] also provided misleading testimony concerning office visits, x-rays and suggestive behavior that never occurred. I had only known of Dr. [redacted] for about a month when I started to fracture bones. During the time in question, I had two swollen wrists and a swollen right foot, yet the Medical Board accepted soap opera versions of behavior that was literally impossible. I looked pathetic, not seductive. **The quarterly review of my charts is not the problem. My charts have been without fault**

for my entire career except for a lost CBC, which was immediately re-ordered. This occurred at a time when I should have been in the hospital for care.

Dr. [redacted] neglected to consider that my bone pain could have been a manifestation of early hormonal failure (and **ordered complete blood work**) before letting a fracture collapse, recommending surgery and consultations for surgery, having me bruised up and removed from his office for a contrived reason (a reason that the Board accepted did not happen) or assessing in testimony to the Board that psychotherapy was needed for my continued bone pain of undetermined etiology (because there was missing diagnostic blood work). **Finally, the Medial Board should have required that it's psychiatric experts use diagnostic criteria to frame their diagnoses with a reasonable degree of certainty.** It's not an "adjustment reaction" to try to obtain an accurate medical diagnosis (blood work) and appropriate orthopedic care (cast). There were problems with the assessments and care of my orthopedic physicians; something that the Medical Board has been unwilling to admit for eight (8) years while blaming me for objecting. No physician would have done less than I did, most would have done more to try to save themselves and their career.

It is doubtful whether the Ohio State House of Representatives or a court of law would at this time excuse Drs. [redacted] and the Ohio State Medical Board for destroying a medical career for eight (8) years based on false accusations which have now been disproved at tremendous cost, fairly obvious misinformation and insufficient hearsay evidence. Some measure of credibility of witness testimony, diagnostic validity and rules of evidence should have been required before the extreme step of suspending my Ohio medical license indefinitely and destroying my livelihood eight (8) years ago.

My Ohio medical license should have been restored to good standing without probation four (4) years ago. At this time, I am requesting that my license to practice medicine be restored to good standing as soon as possible and my record cleared in Columbus and in the Data Bank, so that I can accept a fellowship training position in another state. What happened was the fault of procedural problems and lack of due process by the Ohio State Medical Board in 1992. It was a tragedy and a loss of a career.

Sincerely,

Rita Kralik, M.D.

Enclosure
cc: Governor Bob Taft

THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF	*
	*
RITA MARIE KRALIK, M.D.	*

SEALED MEDICAL RECORDS PERTAINING TO
FINDINGS, ORDER AND JOURNAL ENTRY

In order to protect patient confidentiality, the medical record in this matter has been placed under seal as Exhibit 6.

Rita Kralik, M.D.
[redacted]

August 16, 2000

Ms. Lauren Lubow
State Medical Board of Ohio
77 South High Street, 17th Floor
Columbus, Ohio 43255-0315

Re: Rita M. Kralik, M.D. v. Ohio State Medical Board ('92-'00)

Dear Ms. Lubow:

Please send over to James P. Trakas, my Ohio House Representative, a copy of the following documents:

(1) A copy of *Dr.* [redacted] *medical records in my case*; the ones where for all my orthopedic visits I'm walking in *without appointments* (since he shared his office with *three plus other physicians*, how would I know he was there unless he told me or gave me a time and appointment – his hours changed weekly?), the ones where he mentions a number of *virtual x-rays that have no reports* (no one asks him to produce the x-rays or actual radiologist reports), the ones that talk about his making sure that I never practice medicine again in Ohio but he forgets to mention the *carpal tunnel syndrome* that his unusual casting practices caused; where the dates are all mixed up and where when he sees me walking with hand weights as per prescription he then talks about seeing *"pink bombs"*; a copy of all his phone calls and submissions of my behavior to the Medical Board (even when I'm in California I'm supposedly turning lights on at his house); a current copy of the number of his malpractice suits; a copy of his certification in Hand Surgery (needed to handle these type of fractures nowadays);

(2) A copy of the evaluation of the Rorschach test that was administered by the Ohio Board expert; the Rorschach where the *"answers"* don't exist – you know the one; the Rorschach where I walked in the room and was whatever you wanted me to be as the Ohio State Medical Board doesn't have to document "answers" to tests [Please send him a description of this test and a current opinion on just how reliable this single test is for making a psychiatric diagnosis in 30 minutes.];

(3) A copy of Dr. Sokolov's Report where I'm unable to make "eye contact" that is "satisfactory"; where he gives a diagnosis that doesn't exist in the textbooks or DSM – the diagnosis that even an inept Medical Board couldn't buy, but kept *paying* for to justify my licensure suspension;

(4) A copy of the last Hearing Officer's Report; where Carla O'Day M.D. talks of these physicians coming to report about me but forgets the *names*; the report where I'm this horrible *threat* to patients because I disagree with bogus fracture care; where I go around [redacted] Hospital talking to ward secretaries and food service people about Dr. [redacted] – when I'm not there; where I'm supposed to buy all these operations for my fractured wrist malunion that wouldn't have been needed if simple casts and stabilization had been done; where the colleagues I'm supposed to get along with are making a mess of my orthopedic care and I'm trying to save my hands so that I can work; where it forgets to mention that the operations I'm crazy not to get don't have any long-term benefit or much chance of making the situation anything but worse; where I'm supposed to get therapy for a "pain syndrome" when one of the country's leading psychiatric experts says "no therapy needed" and funny it turns out that I don't have a pain syndrome anyways when the medical facts turn up; where I'm trying to re-break my wrists in Dr. [redacted] office but just tell me *how is that done anyway?*;

(5) A copy of Dr. Skodol's Report which you accepted in January, 1997; the one you refuse to act on and which makes "moot," as *subsequent action*, the Board's Order of April, 1996 – the Order you keep trying to *bring back*;

(6) A copy of the letter that was submitted by me from the pain expert at [redacted] Medical Center detailing that I suddenly don't have a "pain syndrome" when a few more facts are known;

(7) An explanation of why you never answered my or the attorney's letters for three and a half years, sent the SPEX ticket to an address where you knew that I wasn't at for five years; an explanation of why you can't dismiss this horrible case and end the insanity; an explanation why you would go after a physician with no patient complaints who practiced a high standard of medical care and want to "limit" and "restrict" my practice [It seems at last count that you have over 3,000 unmonitored and unrestricted physicians with *multiple* patient complaints.] ;

Basically what seems to have happened above was a "witch hunt" by the Ohio Medical Board; looking for a physician that they could use as a statistic. I didn't have the criteria for the diagnostic terms that were being "accepted" by the Medical Board – *a Medical Board that didn't know any psychiatry* – a Board that didn't know that before you say that a physician has a "personality disorder" you have to have a number of *diagnostic criteria*. But, no matter, I'm supposed to somehow get the money to debunk this or lose a career because the Ohio Board has endless money to fabricate and endless time to question experts ***about a physician's dating history and why she isn't married*** (not a requirement for a medical license). Meanwhile, Dr. O'Day and Dr. [redacted] (Dr. [redacted] neighbor by the way) just arranged things, and no one questioned what was going on in 1992. Dr. [redacted] had to be protected. Dr. O'Day was on the Staff of [redacted] Hospital (where the trouble

started) and subsequently was appointed Director of the Emergency Room there – a position requiring the recommendations of both Dr. [redacted] and Dr. [redacted] It was all very convenient and very arrangeable as Dr. [redacted] had threatened me and my father. Please give Representative Trakas an estimate of Dr. O'Day's salary as Director of the Emergency Room at [redacted] Hospital.;

Also, please include for Representative Trakas, who doesn't seem to know, a C.V. of just *who* Mrs. [redacted] is; *the Mrs.* [redacted] that the Medical Board and A.G. couldn't stop talking about when I met with the Medical Board in April 1996. Patient care or that I was a good physician wasn't the issue. *The* Mrs. [redacted] whose husband tries to do care that he isn't qualified to do, whose husband wants female colleagues to *"understand"* him. [By the way, the reason that I mentioned Mrs. [redacted] in my letters to Dr. [redacted] was to remind him that he had a wife; not that I was jealous. He needed reminding of that *fact* and that certain personal favors and excessive personal attention (not fracture care) were not o.k. Phone calls and attempts to see him in his office didn't work for orthopedic care or patient problems. *He wasn't there.*]

Please enlighten Representative Trakas about just what you do at the Ohio State Medical Board. Maybe you should ask him why he isn't married, since he and the other representatives o.k.'d that I be harassed to death on that point?

Sincerely,

Rita Kralik, M.D.

cc: Representative James P. Trakas, Ohio House of Representatives

Rita Kralik, M.D.
[redacted]

000105 AUG 30 00

August 25, 2000

CONFIDENTIAL
Governor Bob Taft
77 South High Street
Columbus, Ohio 43266-0315

Re: Rita M. Kralik, M.D. v. Ohio State Medical Board ('92-00)

Dear Governor Taft:

Please see the attached documents. I was falsely accused of ***dementia***, a personality disorder and all manner of other insanity.

I'm going to have to tell the Financial Aid Office at Kent State University that there is corruption at the Ohio State Medical Board and my license is continued suspended for disagreeing about my own orthopedic care, for refusing to do referrals and personal favors for a male physician (the patients mentioned in the Hearing Officer's Report refused), for refusing to go along with surgeries that had little to no chance of doing anything except making a worse mess, etc. Maybe you'll listen to the Financial Aid Office at one of your State Universities. You won't listen to me, yet listen to Medical Board Members with much less training, education and abilities. You surround yourself with stupid Republican fools. Meanwhile, I can't make a living as a physician. Maybe the young kids working for Representative Trakas should hear my story at the Cleveland Republican Headquarters. It would enlighten them about bad government.

There seems to be a problem at the Medical Board, as well as at the Ohio Dental Board. Several ounces of wine in one small wine glass at a medical meeting was for me an accusation by Dr. [redacted] of "mixing alcohol and pills." There was no other wine, or any hard liquor, consumed by me until my license was suspended. Yet one evening in November 1991 I watched Dr. [redacted] who testified against me, consume **most of a whole bottle of wine** plus at a drug reps expense and **drive home**. At the monthly [redacted] Medical Staff meetings, *whole liquor closets* were required and *the physicians often went back on the wards*. I tried one glass of wine **for pain** after five days of nerve compression (*on a Saturday evening at a hotel*). Dr. [redacted] refused to believe or check his casting; refused to do an x-ray though he wrote on the notes that he ordered one (no one checked to see if an x-ray had ever existed or what the x-ray showed). I tried a small amount of light beer late one night for severe pain and stopped myself realizing what I was doing. *Dr. [redacted] refused to believe that he had caused carpal tunnel syndrome; that a little wine or light beer – which usually put me to sleep – had no effect.* For five days and most of five nights I endured loss of sensation, and loss of ability to move my thumb, index and middle fingers and Dr. [redacted] left me saying that I had some psych problem. The cast was finally removed by another physician who refused to recast; get involved. Then I endured two more weeks of a flip-flopping fracture while the guys watched. That one glass of

wine and small amount of light beer tried in pain late at night at home, became a reason that my license should be taken for the accusation of "mixing;" this and other nonsense is fact in Ohio?

Please investigate Dr. [redacted], former President of OSMA, who drank heavily and frequently. Please investigate the numerous staff physicians at [redacted] Hospital who drink regularly and heavily. After all, if one glass of wine is the end for me then practically no one should be practicing medicine in Ohio.

Even though the Medical Board accepted the assessment of a world class expert on personality disorders, I'm supposed to practice in a restricted, limited and supervised environment and endure **probation** for Ohio's mistake. That was not the assessment which the Medical Board accepted in January, 1997. My license is still suspended pending my completing and re-completing an application that I should never have had to re-submit. It was your mistake, not mine. And, I'm the one who has a MENSA I.Q. and gets straight "A's" in graduate school – not some fool of a physician that the Medical Board would approve.

Before I comply with any orders of the Medical Board, I would like to request that YOU and the Members of your appointed Medical Board, including Lauren Lubow, undergo psychological and psychiatric evaluations, testing and assessment – including I.Q. tests by an independent expert in another state. There seems to be a problem in thinking and delusions of events that never occurred. I can no longer agree to comply with this fraud and corruption. One glass of wine and a little light beer is not a crime. I had a birthday, Thanksgiving and Christmas holidays during the time of accusation. I don't know many people who don't have a small drink during the holidays. That is not a reason for licensure suspension. The pain pills would never have needed to be prescribed with standard orthopedic fracture care. I don't like to take pain pills and they didn't work.

Please return my license as soon as possible so that I can accept a training position in another state. I don't think that Kent State is going to think that Representative Trakas is doing his job. The Medical Board reflects on you. You allowed piles of lies to become facts. That's what's called CORRUPTION.

Until Lauren Lubow presents to me her evaluation, her tests and her psychological assessment, I can't comply with any letter that she writes. As a trained physician, something is wrong. **I've been evaluated, get yours. Maybe Representative Trakas could use one. You're all crazy.**

Sincerely,

Rita Kralik MD

Rita Kralik, M.D.

cc: Representative James Trakas

P.S. Maybe I should show up at the Welfare Dept. & talk about corruption?

THE AMERICAN BOARD OF INTERNAL MEDICINE

INCORPORATED 1916

ATTESTS THAT

Rita Marie Kralik

HAS MET THE REQUIREMENTS OF THIS BOARD AND IS HEREBY

DESIGNATED A DIPLOMATE CERTIFIED IN

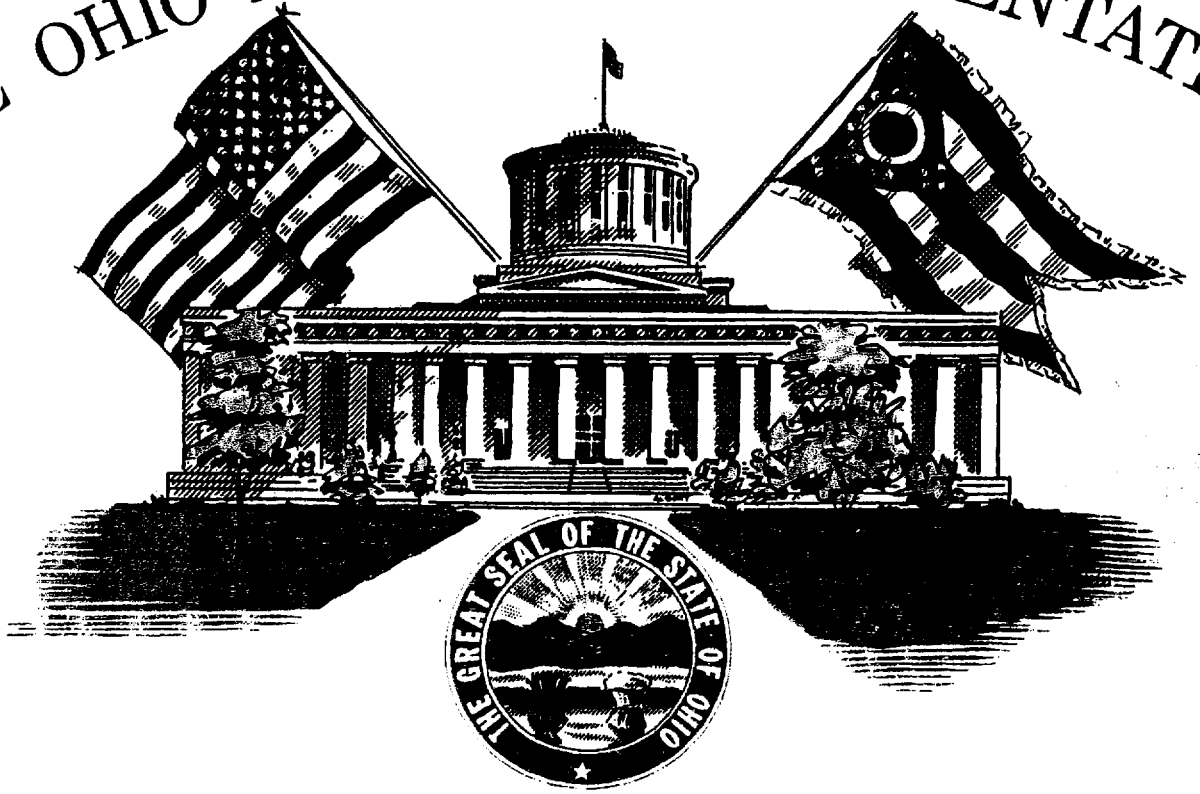
THE SPECIALTY OF

INTERNAL MEDICINE

099820

SEPTEMBER 12, 1984

THE OHIO HOUSE OF REPRESENTATIVES



REPRESENTATIVE JAMES P. TRAKAS
HOUSE DISTRICT #15

On behalf of the members of the House of Representatives of the 123rd General Assembly of Ohio, we are pleased to congratulate

RITA M. KRALIK

on being named to the dean's list at Kent State University.

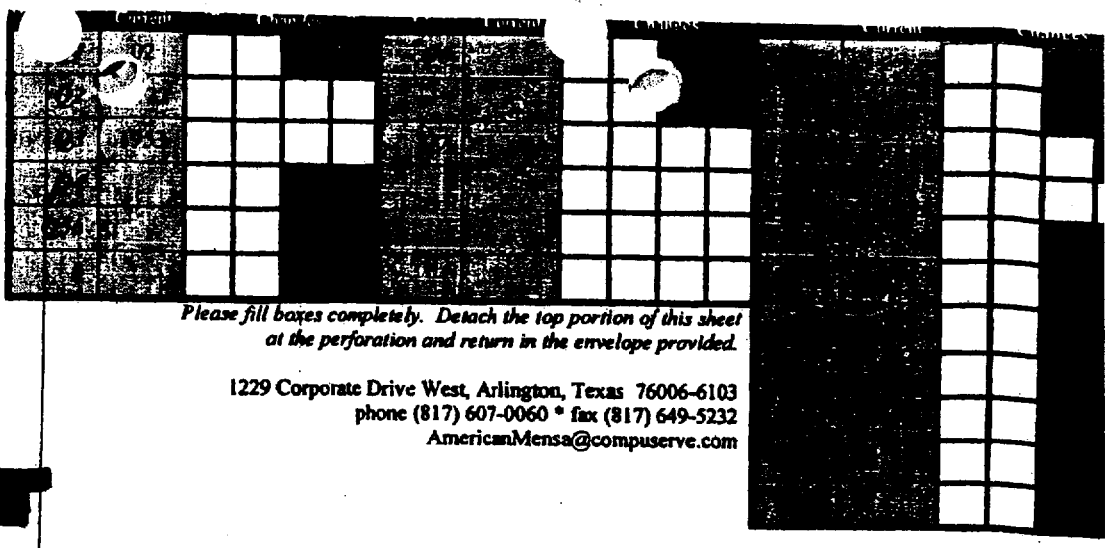
An intelligent individual, serious, diligent, and painstaking in all your endeavors, you have amply demonstrated your ability to excel in academic pursuits and to meet challenges with confidence and enthusiasm.

You can be justifiably proud of your outstanding achievement, as it reflects your sincere desire to fully develop your talents so that you might fulfill your goals in the future. This, coupled with your maturity and initiative, shows your potential to become one of tomorrow's leaders.

Thus, with genuine pleasure, we commend you on your superb scholastic performance and wish you continued success.

James P. Trakas

JO ANN DAVIDSON
SPEAKER OF THE OHIO
HOUSE OF REPRESENTATIVES



January 3, 2000

Please fill boxes completely. Detach the top portion of this sheet at the perforation and return in the envelope provided.

1229 Corporate Drive West, Arlington, Texas 76006-6103
phone (817) 607-0060 * fax (817) 649-5232
AmericanMensa@compuserve.com

1144101
RITA KRALIK
[redacted]

Rita Kralik,

On behalf of the National Office of American Mensa, it is with great pleasure that I thank you for renewing your Mensa membership.

Attached you will find your new membership card. Located at the top of this letter is your current Personal Data Questionnaire (PDQ) information as it appears in your membership record. Please take a moment to review both the PDQ information and your membership card to make sure that both are correct.

American Mensa has recently published the first membership register since 1992, which is available for sale by calling the Mensa Boutique at 1-800-MENSA-4-U. Your information, as indicated above, will be included in future editions of the register based on your response to question 12. Please review this information carefully to insure its accuracy.

To make changes to your PDQ information, simply indicate those changes at the top of this page using the enclosed PDQ response listings as a guide. After making the appropriate changes, detach the top portion of this sheet at the perforation and return it in the envelope provided and your membership record will be updated accordingly.

Your membership is tangible evidence of your commitment to all that American Mensa has to offer you at the national and local group levels. We are here to assist during your membership and look forward to serving you.

Enjoy the opportunities and benefits your American Mensa membership has to offer. You are part of a diverse and prestigious organization. Carry your card with pride!

Best Regards,

Pamela L. Donahoo

Pamela L. Donahoo, CAE
Executive Director

[redacted]

Membership Card

Rita Kralik
1144101

Valid Thru
3/31/2001

The High IQ Society

Renewal

7 - SECURITY - YOU [illegible] NOT UPDATE ON THIS SCREE[illegible]
GRADE DISPLAY GNS A NDGD NONE KRALIK, RITA M
OD
Screen: ___ SID: [redacted] Course: _____ Term: 00S

Spring 2000		Grade		Earn Hrs	Qual Hrs	Qual Points
ST: IMAGING IN CELL BIOLOGY	BMS -60295-003	A		4.00	4.00	16.00
BIOENERGETICS	BSCI-50142-001	A		3.00	3.00	12.00
IMMUNOLOGY	BSCI-50174-001	A		2.00	2.00	8.00
ELEM PROBAB&STATISTICS	MATH-10041-002	A	*	3.00	3.00	12.00
APPLIED MUSIC-HARP	MUS -36911-001	A	*	2.00	2.00	8.00
			*	Excluded from Stats		
	Term GPA - 4.000			9.00	9.00	36.00
	Cumulative GPA thru 00M - 3.696			23.00	23.00	85.00

Transfer Hours - 0.00
Total Hours - 23.00

Rita Kralik, M.D.
[redacted]

0001 AUG 29 00

August 26, 2000

CONFIDENTIAL
Governor Bob Taft
77 South High Street
Columbus, Ohio 43266-0315

Re: Rita M. Kralik, M.D. v. Ohio State Medical Board ('92-00)

Dear Governor Taft:

I complained in good faith about another physician after six months of fracture complications, being unable to obtain my own medical records and being harassed to send Dr. [redacted] patients. His patients were sent to wait in my office without any asking or explanation, while his office went to lunch. My license to practice medicine in Ohio was suspended.

Had someone complained about Dr. [redacted] practices prior to my showing up outside his window and being noticed by him; I would have never worked with him or let him try to help me with fractures. He carelessly handled three (3) fractures then refused to refer to a hand or foot surgeon. Dr. [redacted] told other orthopedics not to care for me and had a psychologist write an opinion that because I didn't like his care, I didn't deserve care. He told me he would keep me from ever practicing medicine again in Ohio.

[redacted] Hospital administration had looked the other way for years. [redacted] Hospital had a long list of his bad orthopedic results, which they ignored except to tell me that he would not be appointed back on the Staff. Dr. [redacted] resigned. At the [redacted] as a resident, he told other residents that he had "married well" and "didn't have to work." They didn't offer him a staff position. Possibly at [redacted] or elsewhere, he accumulated a list of infections; a high infection rate. One of the patients mentioned in my Hearing Report, who I wouldn't refer back to Dr. [redacted] as she wouldn't go, was a victim of this high infection rate. He should have been monitored long before I innocently showed up. There has to be a Peer Review way to deal with this kind of thing instead of handing me a Peer Review for a lost CBC result – which was immediately re-ordered. Dr. [redacted] never immediately redid anything. And, at [redacted] Hospital, I personally reviewed a chart where for a whole hospital admission a CBC was never ordered and the patient received blood. It depended on *who* the physician was. Dr. [redacted] labs repeatedly fell off his chart, and when I worked with him I reordered many of them. He was never Peer Reviewed; Dr. [redacted] was his neighbor.

There are many problems in medical care today. Why take my license for pointing out a problem that should have been handled by *watching/monitoring/supervision of Dr.* [redacted] *results* years before my fractures? I was merely pointing out the obvious. I tried very hard to get along with my orthopedics Dr. [redacted] and Dr. [redacted] But that "getting along" had a price tag that I couldn't pay.

My state representative – my Voice in the House - doesn't know what hospital or patient charts are. Mine were fabricated when they finally showed up; typed and post-dated. **I think as the Chief Republican in the State of Ohio, you should enlighten him.** Without question, my own falsified medical records were used to take my license. X-rays were never checked. Virtual office visits occurred with me elsewhere – even in another state in Dr.[redacted] records.

Please investigate Dr. [redacted] In the months I worked with him I saw numerous questionable results that [redacted] powers-that-be covered up. After he set my second fracture in a ridiculous cast after watching me *try to use a fractured wrist for four days*, everything made sense. It was a guy's locker room cover up. They allowed him to goof at [redacted] to create surgeries; the orthopedic food chain.

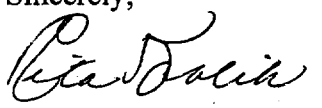
There was the patient that he had me – as the newcomer on the block - clear for bilateral knee replacements. I wrote him a letter about that which he didn't show the Medical Board. I went to watch that surgery and as I left the O.R. he cut through her popliteal artery (the main artery to the lower leg); a virtually unheard of complication. He was listening to loud Rap music at the time. Then there was the patient who went in for back surgery and who couldn't urinate or defecate afterwards. On that particular patient he wanted me to find an endocrine problem for him; to cover things up. I couldn't. There was a laundry list that I couldn't ignore after what he did to me. They knew at [redacted] and let me be just another victim to get rid of the competition.

You really have enough to investigate at the Medical Board without fabrication. At [redacted] Hospital there was **the vascular surgeon who slept with two different nurses on alternate nights until he got one of them pregnant**. Morally speaking, Lauren Lubow threatens that the Board won't give my license back because I say "No" to this kind of thing. Then there were the numerous physicians with a wife at home and someone else on the side – just like the politicians. Dr.[redacted] thought that "Catholic girls were easy." How many had he slept with? But I'm the moral problem because it's too hard for me to work in this kind of atmosphere? Then there was Dr.[redacted] and others who just drank heavily. But Dr.[redacted] got to say that I was "unstable" because I couldn't work with an uncasted/unstabilized fracture.

Please return my license and solve the problems in Ohio in some other way. **My representative needs to attend a session of the Ohio Board where he gets to meet the cast of characters who look like they're all "mood stabilized."** Members of the Medical Board need to be appointed on merit and regardless of party connections.

At this time I can't comply with your Orders in my case, which are based on well-known fraud. The Medical Board needs to be investigated. You need to be investigated for appointing them.

Sincerely,



Rita Kralik, M.D.

Rita Kralik, M.D.
[redacted]

STATE BOARD
SEP 20 2000

Sunday, September 17, 2000

CONFIDENTIAL

Governor Bob Taft
77 South High Street
Columbus, Ohio 43266-0315

Re: Rita M. Kralik, M.D. v. Ohio State Medical Board ('92-'00)

Dear GovernorTaft:

I received the last letter from Lauren Lubow of which you have a copy. Please try to resolve my case favorably so that I can return to training in another state as soon as possible with my record cleared. I don't think that this is what Lauren Lubow has in mind and I've written Representative Trakas again and copied you. My fitness to resume practice is excellent, except that I disagree with what has gone on and how to resolve it. That I have to do as my record deserves and needs to be cleared and my license fully restored without conditions or probation. There is no reason for probation, except that the Board is liable for a misjudgment. If my record is corrected and my licenses restored, I will agree to no further legal action. That should end their case.

Despite all the misuse of psychiatric terms, misinformation and inclusion of comments on every aspect of my life and personality, in simple terms the case is the following:

Even if I forgave Dr. [redacted] I had to report what he (and others) were doing to patients including me and Dr. [redacted] wasn't much better in trying to cover it all up and then refusing to look into the continued bone pains. Medical/orthopedic care in Ohio (and other places) has gotten very sloppy and there are lots of medical and diagnostic errors – all much in the lay press lately. Dr. [redacted] wasn't very nice personally or professionally and he expected things that are not usually expected of colleagues. There were problems that I asked that he resolve and he refused. These problems included his refusal to copy me on my own medical records, re-endorsing a check that I gave him for professional services to a furniture store and a personal romantic interest that he imagined I had in him and made up conversations about – among other things. Today, he and Dr. [redacted] would be in violation of the ***Bone Mass Measurement Act.*** A Bone Mass Measurement Act isn't a colleague "go along" forgiveness thing. We are all supposed to be physicians and be up-to-date on current diagnostic and treatment modalities.

But orthopedic-wise: basically, I was allowed to just keep fracturing bones with little real treatment and essentially no work-up in Ohio as to why I was fracturing bones easily at 36-years old. I broke a toe hitting an *empty* cardboard box, broke a wrist when my shoulder hit the ground in a very broken fall; not a hard fall. When a patient breaks bones

by *transmitted force*, it's pathological of something seriously wrong. Then when I finally got a bone density screening test at the [redacted] which was very abnormal in 1991, no one would even do the complete blood work as to why it was abnormal before my Ohio license was suspended for trying to save myself; disagreeing that I needed care and more work-up before any surgeries. I ordered part of the blood work myself, but couldn't finish things after my license was suspended.

My Ohio orthopedics apparently didn't do bone mineral densities because they wanted to treat fractures – not prevent them. That would have been o.k. if I had been seventy or eighty-years old, but I was 36. Then they wanted to do surgeries that with a minimum of orthopedic care were preventable and essentially never done for the fracture type that I had. All the complications that I experienced usually occur only in a small percentage (1-5%) of complicated fractures. Mine were serious, unlike Dr. [redacted] misassessment, but not complicated fractures to start. All the tendon complications are *rare* with an initially non-displaced fracture. Dr. [redacted] seems to have a lot of rare complications, and Dr. [redacted] could have treated the fracture collapse more aggressively and ordered a complete work-up.

Lauren Lubow and the Medical Board have made a case out of a non-case; a problem of their allowing things to go on which shouldn't be going on. Bone density screening is now a law – ***The Bone Mass Measurement Act*** - and you have to work-up why the bone density is abnormal or it's malpractice – except in Ohio apparently. The list of recommended blood work (the *laboratory evaluation* – not psychiatric) is attached and is available on the Internet. This laboratory evaluation was never done before I was ordered to a psychiatric/psychological evaluation with Drs. [redacted] and [redacted] by Dr. Carla O'Day. Apparently, the members of the Ohio State Medical Board knew next to nothing about osteoporosis, and that includes Carla O'Day, M.D.

You would have insisted as Governor that your wife got a bone density screening test (BMD) and complete work-up so that she didn't continue to just fracture bones. Then with proper care she would have never had the complications and recovery that I did. **I'm asking to be able to obtain the treatment that you would have gotten for your wife, without being penalized for reporting that it doesn't/didn't exist for even women physicians in Ohio.** Further, you would never have allowed that your wife lose her professional licenses and personal life over this point – what you've done to me. That's not even mentioning all the needless physical pain and suffering that goes with multiple fractures, which were allowed to heal in less than optimal alignment. All my fractures are malunions – something that makes my orthopedics fit to practice medicine?

I'm not against men and I had wanted to get married, but I had years of fracture recovery and haven't been able to work in my chosen profession for eight going on nine years now. In that setting, all comments on my sexual life or lack of it in my case are moot and really *inappropriate* for a Medical Board, State House of Representatives or Governor's office to be publishing. I don't think that it was even appropriate for Dr. Skodol to include in his report, but there was so much misplaced interest in my sexual life/interests and why I wasn't married at 36??? Basically, I was very sick with three

fractures that didn't heal for a long time and in that setting most patients are first and foremost concerned with getting well and making a living - *surviving*. You've all been grossly unprofessional and your minds are on the wrong things for governing Ohio. You all really owe me an apology on that score. Your minds are in the "gutter" so-to-speak, and that includes Lauren Lubow and the legal department. Instead of studying all the men I've ever dated, they should be up on the Bone Mass Measurement Act and making sure that physicians are in compliance with it. Instead they defend physicians that have no idea what a BMD is.

My license was taken on the basis of false and untrue allegations/accusations/fabrications without due process and using misinformation provided by the health care professionals responsible for the awful care and/or attempted justification of it – the case of Dr. [redacted] Dr. [redacted] was the psychologist that I went to help for early on; to try to avert the crisis. She falsely testified that she treated me for depression and anxiety. I did not have the criteria for depression and did not agree to treatment (there was no informed consent, signed or otherwise). I got up every day and did the best I could with a mess. My insomnia was related to the fracture malunions (common with wrist fractures) and the hormone failure (discovered after my license was suspended and my relationship with Dr. [redacted] ended). I was anxious only about my fracture situation and the concern that I was able at all times to do my job. That concern is not pathological anxiety and it required no treatment. I paid her each visit and the insurance company was never billed because "Dr. [redacted] Dr. [redacted] fracture care mess" was not a treatable or reimbursable diagnosis. Dr. Andrew Skodol correctly testified that, regardless of the confusion, things had never interfered with my care of patients; I did my job at all times. He was, however, misinformed by Dr. [redacted] who then tried calling my parents' home when I returned to Ohio in 1998. I did not return her calls and asked her to stop - given her testimony. Her treatments consisted of a recital of the latest episode in the fracture care saga and a relaxation tape, which I can provide to the Medical Board.

My full license to practice medicine should have been restored three (3) years ago. There's no reason for my probation, now or ever. This case wasn't my mistake. It wasn't my fitness that was the problem. Lauren Lubow seems to think things are o.k. to do to a woman physician that she would never want done to herself - if she were the patient. She has no compassion, little real maturity and no common sense. She's bought testimony that she would tell her own child to question as to veracity, and acted on it.

As Governor you've allowed an inappropriate and basically pretty sensational and sleazy proceedings in my regards in including off-the-point comments on sexual interest, etc. as a consideration in my "fitness" to practice medicine or resume practice. I was a multiple fracture patient who was not very adequately orthopedically or medically treated for years. I was mostly interested in getting up, being able to care for myself, my patients and in getting better. In that setting, you, my physicians and the State of Ohio took advantage of me. This was ethically, professionally and administratively wrong. Most ill patients aren't much concerned about their sex lives or why they aren't married. It takes

law usually respect that lack of interest as appropriate given the circumstances – but not in Ohio.

Thank you for your attention to the above matters. I would like to resolve my case soon so that I can accept a training position in Rhode Island and/or attend a refresher course for physicians who have been out of practice in California. Under the current law, I had the criteria for bone mineral testing and a complete work-up and still have those criteria today. This was never done and I appropriately objected. The strength and tenacity of my objection was because my livelihood depended on being functional to practice medicine. It was not an "adjustment reaction" retrospectively, and it wouldn't be for your wife.

Sincerely,

Rita Kralik, M.D.

Enc: Information on Bone Mass Measurement Act and the laboratory work up

cc: Representative James Trakas
Lauren Lubow

STATE MEDICAL BOARD
SEP 20 2000

September 17, 2000

CONFIDENTIAL(w/enc.)
Representative James P. Trakas
c/o Republican Headquarters
526 Superior Avenue East, Suite #1
Cleveland, Ohio 44114

CONFIDENTIAL(w/enc.)
Ms. Lauren Lubow
State Medical Board of Ohio
77 South High Street, 17th Floor
Columbus, Ohio 43266-0315

Rita Kralik, M.D.
[redacted]

September 20, 2000

001438 SEP 28

CONFIDENTIAL

Governor Bob Taft
77 South High Street
Columbus, Ohio 43266-0315

Re: Rita M. Kralik, M.D. v. Ohio State Medical Board ('92-'00)

Dear GovernorTaft:

I'm writing again to beg you to please free up my license to practice medicine. There was no reason for the suspension and no reason for this continued disagreement. I had a premature hormone failure, which was missed resulting in a serious low bone density condition that led to three significant fractures. My orthopedic care was terrible due to the attitudes allowed by State Medical Board of Ohio. I did not have a personality disorder nor depression; a lot of my caregivers lied to cover the mess up. There shouldn't have been any fractures. I should have been able to go to a physician, give a history, get screening tests, etc. Care has declined in Ohio. I want to return to training in another state where the care is better for women physicians. I want my confidentiality of medical care back (the same confidentiality that you want) and an end to what has happened. I was a dedicated physician with a loving and kind, if naïve, personality. The State of Ohio has been the loser in the loss of a physician's services for eight years. Lauren Lubow and Mr. Dilling are not appropriate for this situation. The mistake is yours in the choice of a Medical Board that would do this.

Physicians should be learning from my case and I need to be out there helping; reminding them that illness can occur at all ages and in all guises. Other women in Ohio are having my problem mistreated and misdiagnosed. The Gyn helping me out, who I've known since high school by the way, is willing to write a letter or come down and speak to a very stupid Medical Board about what was missed. Importantly, the problem I had needs to be recognized for what it really is, the appropriate blood work needs to be ordered and hormone replacement before the bone density declines to the critical point where mine is at right now.

This is really your problem and was Governor Voinovich's problem. I would have made a good Medical Board Member, but I will never get there because of what you have done to my career. Instead you appoint physicians who never really took their medicine seriously, Carla O'Day, M.D. During medical school one knows the physicians who are really interested in their patients, in making decisions that are the right ones with compassion and study of a situation, with genuine goodwill for patients and colleagues.

I shouldn't have to be contacting The Plain Dealer and my State Representative, James Trakas, is trying but even his office can't deal with the Lauren Lubows and the Mr.

Dillings. My record is full of lies, breaches of patient confidentiality and misdiagnoses to cover for orthopedics who were bad; not setting fractures in optimal alignment – they were set for a dog.

Please end this case. There was no evidence that during a difficult time I did anything but do my physician job near perfectly. I have no impairment to the practice of medicine. I am a better physician that most that you have out there and have kept up. I would do a limited office, hospital or health service practice until I returned to training. You're wasting my life and there are a lot of places outside Ohio that need physicians. My case isn't about protecting patients, it's about protecting the State of Ohio from liability for making a mistake. Dr. Skodol couldn't say that because in testimony he was stopped. He couldn't say that my health care providers were lying but interestingly, even when described as incoherent or dysfunctional, I was doing my job better than my accusers; Dr. [redacted], Dr. [redacted], Dr. [redacted], Dr. [redacted], Dr. Carla O'Day.

Up until now, you haven't been doing your job as you would want me to do mine. Please resolve my situation fairly. I'm not the one who needs probation or monitoring. I shouldn't have had to re-apply or re-submit fees; paying the State of Ohio to make mistakes. Basically, what's gone on is fraud. I couldn't do this to a patient; ruin their personal life and destroy their job based on a disproved allegation.

Sincerely,

Rita Kralik M.D.
[redacted]

September 27, 2000

CONFIDENTIAL

Thomas A. Dilling
Executive Director
Ohio State Medical Board
77 South High Street, 17th Floor
Columbus, Ohio 43266-0315

Re: Rita M. Kralik, M.D. v. Ohio State Medical Board ('92-'00)

Dear Mr. Dilling:

I don't know if you are a lawyer, and perhaps you will not understand what I'm trying to say because you are not a physician. However, you can always pick up the phone and give me a call instead of whatever it is that you do at the Medical Board. As a physician, I had to pick up the phone.

Enclosed please find brochures for the PACE program. The Medical Board of California accepts successful completion of the three parts of this program along with SPEX as proof of ability to resume unrestricted practice of medicine. This should satisfy the Ohio State Medical Board of my abilities to resume full practice of medicine in the interim before I start a fellowship program. This is the program used to update physicians in the State of California after a gap in practice.

Further, as you have now accepted the assessment of Dr. Skodol and his findings that I have/had no impairment to the practice of medicine and during a difficult time of adjustment to fracture complications did my job almost perfectly, I must request that the State of Ohio start to reimburse me for all this "rehabilitation" along with Dr. Skodol's fees. This should come to approximately $50,000, and I can supply an itemized list. The "discipline" should be "on the Board" so-to-speak. This wasn't my mistake.

The fractures, the period of fracture complications and the last eight years and a half were unnecessary. Lauren Lubow hadn't answered my letters or those of my attorney for three years.

Bone density screening is now a "management act." The fracture complications that I experienced, occur only rarely but, are virtually guaranteed

if the fracture is left unstabilized and unreduced. Dr. [redacted] lied in my medical records and was never required to produce x-ray reports or patient appointment books.

What went wrong was very simple; Dr. [redacted] put casts on whenever . . . and didn't take confirmation x-rays for fracture alignment – or at least not for a week or two. My two fractures were the same fracture, yet he angled both differently by quite a number of degrees. No orthopedic has been able to explain. Then he didn't do bone density screenings or pick up the phone either. By the time he checked the x-ray, there was "nothing to do." Meanwhile, with all these fractures his office staff wanted me to supply them with samples for personal needs, sign drug rep requisitions so that their office could get samples (Dr. [redacted] was never there), babysit their patients while they just took off for lunch, etc. I know of no physician required to do this for any other physician's office staff in any state, except me.

Besides the above, Dr. Carla O'Day told people unofficially that she didn't believe Dr. [redacted] but that she had a "political problem." The State of Ohio is liable for her bizarre way of handling a "political" problem with my licensure suspension, despite her knowing that Dr. [redacted] was misinforming her.

The testimony of Dr. [redacted] was also never checked. She supposedly treated me for a depression that I didn't have the clinical criteria for; the insomnia was related to fracture swelling at night and hormone failure – as were the night sweats. She misinformed my expert Dr. Andrew Skodol. Her misinformation led to the real problem being missed and a bone disorder being left untreated for years. I was being threatened and there wasn't a treatment for that; I was appropriately saddened and concerned.

As far as my being incoherent and dysfunctional, I conducted my practice without a patient complaint and paid Dr [redacted] at every visit. She never informed me that my [redacted] problems were interfering with my practice or attention to patients. There was a physical limitation only; as to how much time I could work without pain. Yet regarding her being functional, I showed up in her office with bruises up both arms from Dr. [redacted] staff and she did nothing except to tell me that I was "set up." She was non-functional at that point. She was contacted to help me with the difficult physician relationships that were going on and she made things worse.

As far as my reporting Dr. [redacted] To set the record straight, Dr. [redacted] agreed with my reporting Dr. [redacted] because he was unable to step back and even **refer** my case for timely care by someone else less personally involved. He was mad and I had to suffer. Yet that's not what patient care is about. All patients are difficult; it goes with the job description. He was the one dysfunctional; read his record of my care.

Dr.[redacted] was personally involved in my case; as some kind of point he had to prove or score; like in a polo game. He attempted hand orthopedic care that was beyond his training/expertise, told other physicians not to care for me, and was "uncomfortable" yet actively sought out my association in practice up until the time of my suspension. Even now everyone wants me to just "get along" with someone who can't professionally handle his personal needs. Dr. [redacted] behaved immaturely causing great patient suffering. Though his errors would have been Peer Reviews for me, nothing was done about his omissions in my care. The poor outcomes were to be expected. I was told to walk on a fractured toe and use a fractured wrist without a cast while I supplied the splint for a sprain.

Thus as the confusion clears, I would like to request that you accept the PACE program as enough evidence of my continued clinical skills to return to practice. I would also like to request that you reimburse me for SPEX, for the re-application, for PACE and for my expert legal fees incurred. And, as things were manipulated, I would like the Medical Board to investigate my case and clear the record in Columbus and in the Data Bank. I am not and never was an impaired physician and I violated no state laws.

Dr. O'Day allowed a licensure suspension for a "political" problem. The Board's experts lied, manipulated a Rorschach psychological test that has no answers and invented a diagnosis that didn't exist. Even the densest of intellects, the lowest of I.Q.s, would add this up that I was framed; set-up. Nothing was even remotely due process. There was nothing fair about anything. If I had one glass of sips of wine, I was "mixing" and Dr.[redacted] didn't have to care for me. At the time I had a few sips of wine, it was *after* three fractures and five days of unremitting carpal tunnel pain because a cast was misapplied. That I didn't do worse in frustration is a miracle.

No one could have satisfied the criteria that were used against me; everyone has disagreed with more that a couple physicians during their respective physician lifetimes – or more than a couple politicians in their running for office careers. Medicine is about disagreements. **I'm the only physician I know who is not allowed to disagree with Dr.**[redacted]

Thus, I would like the Medical Board to investigate what went wrong in my case and to clear the Record and the Data Bank so that I can obtain a job in my profession after almost nine years.

Practice plan: For a limited time, I will return to the practice of medicine until I return to training – hopefully in June 2001. You will allow me to work out of my father's office - as this condition was purely out of jealousy. You will be able to contact the Program Director and obtain verification of my doing

as well as I always do, but they will not be required to send you reports.

My physician friend in Rhode Island, [redacted] M.D. (Past President of the Rhode Island Medical Society) has read the last Hearing Officer's Report. He was saddened and shocked that this kind of thing would be allowed to go on anywhere. No physician wants what happened to me to happen to any other physician ever again. Anyone who hires me will have the gist of what went on, but they won't want to hear about Dr. [redacted] or the Ohio Medical Board and the total misuse of the Medical Board system for political and personal favors that went on.

Maybe I'll volunteer for the foreign missions, an Indian reservation or Doctors Without Borders. No matter, you can be assured that no patient will get less than the best of care. This you always knew. End of practice plan.

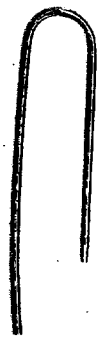
The Ohio State Medical Board needs to reimburse me, clear the slate and allow me to resume my life. There was never a threat to patients. My own care was more negligent that any care I've ever seen and nothing was done about "disciple" for those involved. Forgiveness means that someone apologizes and tries to right the wrong. No one has asked for forgiveness, so don't blame me for not forgiving. What happened was wrong and it wasn't a "colleague thing." Finally, medical license suspension needs to be something that is done for a proven case and for serious reasons.

Your attention to the above is appreciated. Now you can "show me the money" as soon as possible.

Sincerely,

Rita Kralik, M.D.

cc: Representative James Trakas
Governor Bob Taft



Rita Kralik, M.D.
[redacted]

September 29, 2000

CONFIDENTIAL

Thomas A. Dilling
Executive Director
Ohio State Medical Board
77 South High Street, 17th Floor
Columbus, Ohio 43266-0315

Re: Rita M. Kralik, M.D. v. Ohio State Medical Board ('92-'00)

Dear Mr. Dilling:

Let me make a few points very simple for the layperson regarding my case. It would be easier to do this on the telephone or in person. But faced with the Medical Board's attitude, I'm writing out some awful facts that should have been **confidential** and should have been acted upon years ago.

First, you really should return my full license to practice medicine immediately, as it should have been legally returned in 1997. I've never practiced beyond my abilities and have kept up. I certainly can see sore throats and bronchitis, etc. at this point; simple office and straightforward hospital cases. As regards specialist problems, I've always referred and wouldn't attempt these until I returned to training – hopefully in 2001. Unlike every other case before the Medical Board, there were no patient complaints in my case. It was a physician-physician disagreement. The established male physician had to be right though he was dead wrong. I'm lucky to have my hands today, but I could not save my career.

My medical care was not the problem for discipline, it was that I reported another physician and that orthopedic care had deteriorated in Ohio. The physician in question, I attempted to deal with – with three significant fractures - for months. The problem was that you wouldn't discipline your friends – the "right" physicians. There was nowhere for me to go to get help with the problems that I encountered. Schools, businesses, law firms, The Plain Dealer, etc. are required to have an "office" to deal with these types of problems, but not the medical profession/Ohio State Medical Board. Physician-physician problems, or male-female gender problems, need to be handled through a special office and before someone gets hurt. I have three fracture malunions and had my arms beaten up in a physician's office to try to make out that I was hysterical. A scene was created in Dr. Keith's office when I tried to get help for ongoing bone pain and nerve problems that his care at least contributed to.

Second, **the confusion in my case, which involved misdiagnoses and mistreatment of a multiple fracture syndrome, was the fault of the Ohio State Medical Board.** They accepted false and misleading testimony without questioning or

documentation and they circulated the false assessment that I exaggerated bone pain. **Dr. Skodol was provided with misinformation.** The bone pain was due to an ongoing metabolic bone problem. No one in Ohio knew to order the correct blood work, which was finally ordered at [redacted] in New York City. These tests were available in every medical building lab facility however. This is the fault of the Medical Board, and a nightmare that every physician hopes and prays never happens to them. And it wouldn't have happened to me had the Medical Board done it's job in Ohio. Three other state licenses were taken on the basis of the misinformation.

My license was taken under false accusations and under the most questionable of circumstances and expert testimony. The State Court of Appeals threw the case back to the Medical Board in 1994. The problem is at the Medical Board level; that there are no rules of evidence or legal procedure and you have unlimited funds to falsely accuse innocent physicians.

Third, my fractures, at least two, were most likely preventable had a **bone density screening test** (BMD test) been ordered by Dr. [redacted] in 1990. It was readily available in Hillcrest Medical Building. Dr. [redacted] provided misinformation to the Medical Board that the toe fracture and wrist fracture were "treated" by him in April 1990. In fact, and I have the x-rays and reports to prove this, the toe fracture occurred in January 1990, which would have allowed Dr. [redacted] **2-3 months to order some tests when the toe fracture didn't heal.** The x-ray he mentions in April was the one I ordered, and it showed that from January to April, 1990 the toe fracture had never healed. Because you are not a physician, he got away with his testimony. **When a fracture doesn't heal for months that is a significant sign that there is a metabolic bone problem preventing healing – in my case the hormone deficiency. He never had to explain all the discrepancies in his account of what happened and no one asked. My experts weren't allowed to elaborate when questioned or to speak with Dr. [redacted] and evaluate him.**

Then, if Dr. [redacted] hadn't ordered this test, Dr. [redacted] should have – if Ohio physicians were encouraged or required to do this. Instead, because of poor attitudes in Ohio towards women's medical care I had to go to the [redacted] for a work-up. Both my orthopedics made light of my fractures saying that I was "unlucky." This was negligent of them both. I was just a woman, but it was 1990.

Fourth, to continue the comedy of errors in the administrative board, **there was no reason that the Medical Board did not consider my case carefully before suspending my license in 1992.** At that time, I had a known low bone density, which wasn't getting any better for some reason and continued bone pain. Because the Medical Board is not made up of all medical members, no one seemed to question the gaps in the care and work-up. A complete set of endocrine blood work (the common tests) were never ordered, though indicated. Blood work isn't being ordered in Ohio. My bone problem was then left untreated and misdiagnosed for another 5-6 years. No one wants to contradict a Medical Board, no matter how wrong they are.

Fifth, the Medical Board just allowed Dr. [redacted] to cast types of fractures that are highly recommended be casted, immobilized or stabilized within 24-48 hours, **days** later. In the case of my second wrist fracture, for no good reason, the fracture was **left unstabilized for 4 days**. Dr. [redacted] office staff was not medically trained, and they can be excused their crude behavior on the grounds of ignorance. They did not know how much pain I was in; trying to work with an unstabilized wrist fracture for days, and then most of three weeks. They thought it was funny and putting me in my place. They joked, smoked their cigarettes, went to lunch and were generally unhelpful.

However, Dr. [redacted] was a licensed orthopedic and aware of the consequences of his omission – which he buried in all manner of inappropriate medical record comments. The State Medical Board of Ohio allowed his behavior. Other orthopedics that I contacted at the time thought the fracture wasn't serious, or Dr. [redacted] had told them to refuse to help me because I didn't like his care. Thus, no one rushed to intervene and I worked with a flip-flopping fracture for most of three weeks minus the four days where the fracture was casted with a nerve compressed. **This is thus the fault of the Medical Board.** My medical records would have been Peer Reviewed had they been as Dr. [redacted] were in my case. The Medical Board looked the other way. My medical records should have been confidential and remained so throughout the investigation. Instead, false and misleading personal medical records of mine are in public records. You would do this to no other physician or layperson.

Sixth, **Dr. [redacted] was allowed to cast and manipulate fractures without having to check an x-ray film within any reasonable period of time**. It is standard orthopedic practice to obtain an x-ray to check the position and alignment of the fracture fragments in the cast **within a day or so**, usually within an hour or so. Dr. [redacted] checked this on my first two fractures after a week – still not a good situation, but not grossly negligent barely. For the toe fracture he told me to order my own x-ray and he would check it. For the second wrist fracture, he ordered an x-ray for **two weeks later despite immediate pain,** numbness and trouble moving the first three fingers of my right (dominant) hand. Once he made the mistake, he persisted and provided false testimony of an office visit where I walked in and got an x-ray.

Dr. [redacted] never checked an x-ray for 14 days after casting a significant fracture. Both his office staff and he lied; inventing care. In fact, Dr. [redacted] wasn't available for 14 days after the initial casting. He was around, but didn't want to see me after Dr. [redacted] removed the cast for median nerve compression. The Medical Board accepted Dr. [redacted] testimony without requiring that he produce his patient appointment books or the x-ray that would have been taken on November 12 or 13th – in time for referral and re-manipulation and re-casting of the fracture. Finally, **the fracture could have been "saved" if he was even required to refer in an appropriate and timely fashion.** Instead, he told physicians not to care of me, not understanding that I had a significant bone problem and a significant fracture. This is the fault of the Medical Board. My suffering was unnecessary. I had a problem that even the [redacted] missed initially, but they took it seriously.

Please return my license and correct the legal record. If you have questions, you can always call. You made my confidential medical records the case. My treatment was standard casting and work-up for metabolic bone problems. The work-up is on the Internet, but Ohio physicians and the Ohio State Medical Board can't even do care or properly review a case when all the answers are out there. I know you can read my personal letters and have diagnosed and dissected them for eight-almost-nine years without proving your case. However, can you read anything else? And, if you had an office for harassment, etc. I would have been able to go there instead of writing letters to Dr. [redacted] that I wasn't interested . . . The Board probably has such an office for their employees, but not for physicians.

Thank you for your attention to this matter. The points are:

(1) My license needs to be returned without restrictions as soon as possible and my record cleared;

(2) The confusion in my case was at least partially the fault of lack of any legal due process at the administrative level of the Ohio State Medical Board;

(3) My fractures were preventable with Bone Density Screening; I had a condition easily diagnosable and treatable with hormone replacement;

(4) There was no reason that the Medical Board did not carefully weigh the evidence before proceeding with the extreme step of suspending my license to practice medicine in 1990. This is especially sad as the Board has now, eight years later, accepted the assessment of Dr. Skodol that I did not have an impairment to the practice of medicine.;

(5) The Medical Board allowed Dr. [redacted] to leave fractures for **days** without definitive care though this is not standard of care in the Cleveland area. One is required to stabilize/immobilize fractures within so many **hours. My medical record from Dr.** [redacted] **office is unprofessional and inadequate**;

(6) The Medical Board allowed Dr. [redacted] to order confirmatory x-rays on casted fractures weeks later, even though this is not standard of care in the Cleveland area in Ohio. The Medical Board allowed Dr. [redacted] to not **refer** cases in a timely and appropriate fashion. The case was beyond general orthopedics, he was frustrated and acting immaturely, but the Medical Board is not supposed to allow this. Physicians are required to refer and transfer medical records;

(7) Please treat me as a human being with the right to a professional and personal life, the right to adequate and timely medical care so that I can function as a physician and the right to due process and a resolution of this case before another ten years. You wouldn't be allowed to do this to a dog; the Animal Protection Agency would be after you.

Thank you in advance for considering my case as you would want your own case considered.

Sincerely,

Rita Kralik, M.D.

cc: Governor Bob Taft
Representative James P. Trakas
Medical Editor – The Plain Dealer

Rita Kralik, M.D.
[redacted]

October 1, 2000

CONFIDENTIAL

Thomas A. Dilling
Executive Director
Ohio State Medical Board
77 South High Street, 17th Floor
Columbus, Ohio 43266-0315

Re: Rita M. Kralik, M.D. v. Ohio State Medical Board ('92-'00)

Dear Mr. Dilling:

I'd be willing to come to Columbus to meet with you regarding how to resolve my case.

It is not possible for me to be complying with an order that the Board's acceptance of Dr. Skodol's report made essentially moot. Further, I can't go around making jobs and training opportunities read about Dr.[redacted] who couldn't put a cast on a fracture for four (4) days, couldn't take an x-ray of that fracture for two (2) weeks and couldn't even pick up the phone to refer so that the fracture mess got seen as soon as possible by either The Cleveland Clinic or University Hospitals. Dr.[redacted] told them not to take care of me, which was unethical given that the problem was not a general orthopedic one as it turned out.

The jobs and fellowships would think that they don't want to have to deal with such a crazy Medical Board. My physician friend in Rhode Island has read the last Hearing Officer's Report. He thinks that the Ohio State Medical Board is corrupt and that your tactics are almost like Russia; trying to prove someone crazy so that you don't have to solve the problems of women's care being different from men's medical care. He is a Past-President of the Rhode Island Medical Society and has never read such a case or such rather obvious lies. If you cleared my record, he will put me in line for a fellowship in Hematology/Oncology. He knows that I would always do my job, and that I wouldn't try to do anything that I hadn't done in awhile without coming to him. No physician is skilled in everything. Look at my care and these were practicing licensed physicians or psychologists who erred in that they couldn't order some laboratory blood work or pick up the telephone and get some colleague help in something besides psychiatry.

I'm ready to return to practice and I can get a job saying that a mistake and a misunderstanding occurred. The jobs will all watch me carefully for a couple months and then I plan to return to training. A lot of women physicians take some years off for a family, a lot of foreign physicians have jobs after years of persecution/war or other

problems in their respective countries, a lot of physicians have a serious illness and long recovery without their licenses being taken, without monitoring and practice restrictions. I didn't use my medical license in any wrongful way during my long and difficult recovery. A lot of physicians see a psychologist or psychiatrist for marriage problems, job problems, children problems, etc. I saw a clinical psychologist for 20-some visits or phone calls because of some difficult colleague interactions. She didn't have the blood work or the whole story and made things worse because she needed her hospital privileges at [redacted] Dr. [redacted] had already taken mine for not "going along" with the version of my fracture care that he wanted me to tell.

All these physicians who have been out for years or months just keep their CME up-to-date and go to courses for updating their skills. They just don't do things that they haven't done for awhile until they take a course in that. I can certainly work in a Student Health Service or see office patients. As far as monitoring me – I'm not the one who was dysfunctional in my case.

Let's get going so that I can do some good with the rest of my life. I'm willing to sit down and try to talk with you. The State Medical Board of Ohio made a serious mistake. The problem is dealing with it in a professional manner; something that Dr. [redacted] didn't do and that was why I had to report him. My medical records became a pile of lies.

Please start to deal with what happened in a professional manner.

Sincerely,

Rita Kralik, M.D.

Enclosure
cc: Governor Bob Taft

cc: Mr Thomas Dilling

Rita Kralik, M.D.
[redacted]

October 2, 2000

CONFIDENTIAL

Mrs. Robert Taft
77 South High Street
Columbus, Ohio 43266-0315

Re: Rita M. Kralik, M.D. v. Ohio State Medical Board ('92-'00)

Dear Mrs. Taft:

Your husband still refuses to end my case with the Medical Board.

Currently, I'm supposed to walk around and let prospective jobs read how I've "sinned" in disagreeing with my orthopedics about my own care in 1990. Yet, I would not be able to do what was done to me, without being sued for negligence. As a physician, I'm not supposed to sue other physicians and yet I'm not able to obtain care to function in Ohio. For disagreeing and not getting along, I've had my license to practice medicine suspended for eight years. The State of Ohio has to guarantee that woman physicians will be able to obtain at least the care that everyone else would want. The care that I have to provide patients. Administrators, woman lawyers in Columbus and office staffs didn't care as long as they weren't me. You don't care as you have gotten care and it wasn't your license.

Who did I disagree with? And who is Mrs. [redacted] that everyone seems to be bought by? Is she a friend of yours, as Carla O'Day M.D. was a friend of Mrs. [redacted]? Is pillow talk destroying my life and career? Will Mrs. [redacted] not be satisfied unless I'm in a convent so that I can't tempt her husband's urges? He was immature and I tried to reason with him in letters as he wouldn't discuss things or answer the phone. The hospital medical staff office he controlled. There was nowhere to go.

Physicians are supposed to be aware of their feelings towards patients and in control of them or to refer appropriately. Where was Dr. [redacted] when this was discussed in medical school? Where was Dr. Carla O'Day when ethics were discussed? She excused herself from my case when the suspension was a "done deal." Dr. Carla O'Day has had a very messy divorce and very many more interpersonal problems than myself. Yet, I had to be the statistic to make work for a Medical Board out-of-control? Why? **Dr. Carla O'Day has many more sins than myself, has sought counseling for her marital problems, has disagreed with countless men including her former magistrate husband. What am I supposed to tell jobs, hospitals and training programs? It was my turn to get . . . ?**

The first orthopedic, Dr. [redacted] I will have to tell prospective hospitals and jobs did the following which I, tried to protest and stop but, was unable to. Dr. [redacted] could threaten anyone that he wanted and get their medical license suspended. Things were that corrupt.

First, he started calling me and sending me patients **after seeing me out a window**. Second, when I went to him for help and to discuss referrals for my fractures, he insisted on providing the care that wasn't care. Dr. [redacted] didn't keep very many office notes, he let me walk around on a fractured toe and told me to use a fractured wrist. He told me that this was something that he would only do to me as I could keep the fracture in-line somehow??? I don't understand to this day where his head was at. Then he told other orthopedics at [redacted] etc., not to care for me. **I was "seductive" and this was my fault?** I supposedly asked Dr. [redacted] out ice skating with several fractures yet was never alone with him, never touched him and where was I going to skate with a married male colleague who couldn't skate (and neither could his wife as I asked). **The insane Ohio State Medical Board bought this line.** An abnormal physician-patient relationship is almost always the fault of the personal needs of the physician – **Dr. [redacted] in my case.** I took SPEX where this was a question on the test. Dr. [redacted] doesn't have to take SPEX.

Dr. [redacted] didn't do work-ups and didn't do bone density screening. He did x-rays when he felt like it. The rest of the time, I was to order my own x-ray. I used samples as Dr. [redacted] thought I had them available; he was too lazy to write prescriptions or do casts or provide splints. I provided my own splint for the second wrist fracture. And, for the second wrist fracture, he let the fracture swell for four (4) days, finally put it in a cast and wouldn't take an x-ray. A nerve was compressed with the casting and he wouldn't believe another physician - me. Another orthopedic removed the cast and no one would then care for me. My serious wrist fracture was left to collapse for the next two weeks while everyone looked on. I had disagreed with an established physician and had to pay the price. I then paid for eight years.

For those two weeks from hell, I didn't know what to do. **I worked with a fracture that was moving and collapsing all the time, because the State of Ohio says that Dr. [redacted] can refuse to care for what mess he makes whenever he wants and for whatever reason.** Abandonment is o.k. for another physician. Yet it's very difficult to cast one's own fractures or **write for x-rays with a broken right wrist when one is right-handed.** It was easier when it was my left wrist. My left wrist was still swollen and my right wrist broken and Dr. [redacted] office was blowing cigarette smoke in my face. Yet I'm to be blamed with the Scarlet Letter of the Medical Board's Order; I'm to be disciplined. This office staff had no medical training, they were cheap labor.

Then Dr. [redacted] took the one check that I had given him for professional services and re-endorsed it to a Chagrin Falls furniture store. He required that I do personal favors for his office staff and wanted personal favors from me; wanted me to fudge some records so that things looked like a patient had some other problem for not having bowel or bladder control after one of his back operations. This patient had problems resulting from her surgery.

Then I was supposed to get his office staff **free samples** for themselves and their family members; **hypertension meds for Nancy's husband. This same Nancy testified against me; corroborated an office visit that didn't occur and that I walked in without appointments when my name was in her appointment books and "bothered" her for what she requested that I do as a "get along" thing.** I was supposed to just let Dr. [redacted] use the office that I shared with my father for his patients to wait in when he chose. I was supposed to sign for samples for his office, as he was never there to sign for them. I got his office forms for autologous blood donation for hip and knee replacement patients; they were too lazy. I gave his office a stethoscope to accurately check patient blood pressures – Dr. [redacted] was too cheap. What else could I have done, and **why did I have to go this far?**

Regarding Dr. [redacted] himself, I was supposed to "understand him." "Catholic girls were easy" or supposed to be. **I was invited to office parties, invited to go into practice with him (without him even looking at a C.V.; he got into my records in the [redacted] Medical Staff Office somehow), was supposed to get the wall between our offices torn down. Dr. [redacted] had his wife call my mother to be a sponsor for a polo demonstration that was supposed to benefit a Republican candidate.** My mother gave his wife $100 and attended the demonstration, but I did not. My mother was trying to assess the situation and "get along." With a sudden acquaintance, Dr. [redacted] wanted money, office space and personal attention. It was exhausting, and I started and continued breaking bones. My mother was never allowed to testify about all of Dr. [redacted] phone calls and interest in me which she as a mother observed and was concerned about. **She wanted her daughter happily married – as you do. She wanted her daughter to have a life. Yet only your daughter can have a life, my mother's daughter cannot. I'm your husband's statistic.**

Despite all his interest, Dr. [redacted] then had no interest in my fractures, but refused to refer. **I ended up at the [redacted] after [redacted] Hospitals couldn't do much with the mess when I finally got there or wasn't interested in doing much. And, there was something to be done, but no orthopedic in Ohio wanted to do it or had to. There is an awful attitude toward's women's medicine in Ohio. Let them suffer and go for the money . . .**

The [redacted] orthopedic that I disagreed with, Dr. [redacted] wanted all manner of personal understanding also; as to how he couldn't make a mess better, **his relationship with his wife was suffering**, etc.,. I was to get "therapy" so that I didn't sue him and operations were recommended that had little chance of making anything better and every chance of making things worse. Dr. [redacted] casted the serious collapsed fracture for only **three weeks** and told me to just not do handstands – actually he had a medical student tell me that. Dr. [redacted] missed that I couldn't move my right thumb and that the tendon was in serious trouble. He also didn't do bone density screening, take medical histories or do work-ups, but he learned from my case?

Then my license is suspended because I dared to say something about this mess – which isn't a reason in law for taking a medical license. I'm "unstable" or "depressed" because I refuse operations that are ridiculous and have no long-term benefit. Maybe my fractures were supposed to collapse because these surgeries are a lot more reimbursable?

Big money. I'm described as hysterical, unstable, dysfunctional, depressed, etc., yet I get up every day and care for my patients and pay my bills. My being hysterical, unstable, dysfunctional, depressed is only at certain convenient locations and at certain times and with certain physicians who goofed. During this time I was not happy with what was going on, but I had no impairment in my practice and no general depression. Like everyone, there were parts of my life that were bad but I got up every day and without medication or any real psychotherapy lived for the good. I have a strong Catholic faith and that kept me going; something that none of my physicians, psychologists or psychiatrists understood. I had faith and still have faith, but I tried to stop what was getting me down.

Please note.

Now, I can't go around saying read this nonsense about how I tried to save myself and lost. Every job or hospital will require me to give the care that I couldn't get. They do not want to hear about Dr. [redacted] personal habits (checks, need for personal understanding, his thing about Catholic girls, etc.) or Dr. [redacted] inability to re-manipulate a fracture and do a work-up (he was a University Orthopedic physician; an academic orthopedic for heaven's sake). They don't want to hear about a corrupt Medical Board that has nothing better to do than go after the victim.

The points are:

(1) My fractures/orthopedic care as a woman physician needs to be as good as what everyone else gets. If I can't sue, then if I report the mess, I should not be penalized. **I want the care that you as a Governor's wife can get. I'm at least worth that;**

(2) Ohio physicians have to do **bone density screening** like the rest of the United States. Bone density screening (and blood work) would have prevented my fractures;

(3) Ohio physicians have to do laboratory blood work and medical histories. **Turns out that I had the same problem as my mother who went through menopause at 38. My mother fractured her first hip at 46 years of age. I was headed the same way, but finally am on hormone replacement though I lost a medical license trying to insist that something was wrong and my bone density is a mess for 5-6 years of lack of appropriate treatment.**

(4) The Ohio State Medical Board provided misinformation to the general public and my colleague physicians. I needed "therapy" to go along with the latest male nonsense. If I did everything a male physician colleague said, I'd have several diseases by now. They get away with what they can; this isn't a Catholic world. **The Ohio State Medical Board needs to correct this misinformation as soon as possible, so that I can obtain appropriate medical care in Ohio for as long as I have to stay in Ohio to resolve this mess. This case has gone on since May 1992.**

(5) **I need my license to practice medicine restored without probation or discipline.** If the Ohio Medical Board doesn't want to investigate the problems that I brought to their attention, then that is their problem. I have to be able to get orthopedic care to function that compares with New York, etc. If a Medical Board makes a mistake and acts on hearsay or misinformation, that is not my problem.

(6) I can't go around with the documents you have given me. The State of Ohio could then go after me for falsifying medical records, going along with skimming monies from medical practices, clearing patients for surgeries of Dr. [redacted] that didn't exist (for Mrs. [redacted] he wanted to do an unindicated forearm "exploration" for a compressed nerve at her wrist), etc,. So I'm damned if I do and damned if I don't, and punished in the interim. If I agree to what the State of Ohio has fabricated, I'm falsifying my own personal medical records for starters not to mention what else you might twist.

Thus, you are asking me to do the impossible, agree with the impossible and get along in a way that you wouldn't ask of your daughter. Why?

Please let me have my life back before it is too late. I'm begging you. And, please stop asking me to do things which are illegal. Every physician has to do things the "right" way. Please let me have the life that you want for your daughter and the medical care that you want for yourself. **Maybe your husband is just as immature as Dr. [redacted]? Mr. Dilling certainly seems to be so. That any man in governmental authority would go along with what has been done to me, and for as long as this has gone on, is a sign of some deep psychological problem.**

Sincerely,

copy

Rita Kralik M.D.

cc: Governor Bob Taft (for whatever good it will do)
Mr. Thomas Dilling (for whatever good it will do)

cc: Thomas Dilling

Rita Kralik M.D.
[redacted]

October 6, 2000

Letters to the Editor
The Plain Dealer
1801 Superior Avenue
Cleveland, Ohio 44114

Dear Editor:

I'm a Board Certified Internist who is writing you because of problems with the State Medical Board of Ohio that occurred when I complained about problems with my own orthopedic care. These were problems that I *personally* experienced in 1990-1992. There were no patient complaints, and I was in violation of no laws. I could not even obtain copies of my own medical records from one of the orthopedics. He had friends on the very political medical board in Ohio and even if he had goofed, I was supposed to just forgive him – medical records weren't needed when dealing with another physician.

There were actually several orthopedics involved from the community and academic settings in the Cleveland area. All the Advanced Care, Advanced Caring paid advertisements meant nothing in practice. All physicians wanted forgiveness for care that led to three fracture malunions, all had just let it happen; I ended up at the [redacted] with notes in my medical record chart like "making good progress" and no medical history. I needed care to function as I was a physician, and I got care to retire. It wasn't a mistake, it was the *standard of care that the State Medical Board* allowed, complications and errors included. So I complained. I endured a long and difficult recovery from fractures which were very straightforward fractures to start. All fractures, and certainly two of them, were possibly preventable had a Bone Density Screening test been ordered. I had an easily treatable metabolic bone problem. Women's medical care is positively medieval in Ohio, despite The Plain Dealer and all the Medical Editors in Ohio. Bone density screening is everywhere, but doesn't happen in Ohio.

Quality of care in Ohio had declined to where my wrist fractures were casted when the spirit of medicine moved my orthopedics and x-rays to confirm the position of the fractures in the casts were checked weeks later. Money only motivated the *not doing anything for days approach.* If surgery was necessary, and it was later recommended with multiple approaches and in vivid details, then there was a sudden flurry of interest (in the money). When I finally intervened to save my hand function from male orthopedic iatrogenic complications, I was made out as the cliché hysterical, dysfunctional and every d-word female. Yet, I continued to provide near perfect medical care for my patients (better than my practicing orthopedics), to get up every day with my *cup of coffee* and to pay my

bills.

To make a nasty story short, I was framed as a physician unable to do her job because of a mental impairment. To translate the psychiatric mumbo-jumbo, I didn't agree with my fracture care. My license to practice medicine was suspended in 1992 for this fictional diagnosis and this fabricated case. It remains suspended to this date, despite the State Medical Board voting to accept in 1997 that I had no impairment to the practice of medicine, needed no therapy and during a period of difficult fracture care and recovery did my job almost perfectly even though I was not happy with what was going on. I had to pay to re-apply, re-submit an application and take SPEX. I'm a continual fund of monies and a make work job for the Ohio State Medical Board. Yet there are about 3,000 physicians out there with patients complaints . . . I'm an easy target and vulnerable as a single Catholic woman physician. After all, as one of the orthopedics told me "Catholic girls were easy."

The Ohio State Medical Board has its own rules of procedure, no legally binding rules of evidence and is a self-serving administrative body. The Board needed to blame the dysfunctional orthopedic care that I got on me, and they needed statistics of "bad" physicians to put before the public of Ohio. Dr. Carla O'Day had a "political" problem, and I was expendable to her administrative career. I wasn't getting along *only* in regards to my own orthopedic care, which I have the right to informed consent regarding. I didn't consent to the care I received, but I got it anyway. The reason: to not get along with an established male physician is a psychiatric impairment for a woman physician in the State of Ohio.

Carla O'Day M.D., someone who had gone to Case Western Reserve Medical School a year ahead of me, orchestrated the case. She's allowed to disagree with male physicians and magistrates in the State of Ohio, but I can't without losing my license. The Rorschach test I was ordered to take to this day has no answers; it was fudged and made to look abnormal. This unreliable psychological test was the only test required before my license was suspended as I was a danger to patients. Well, the danger to me as a patient, was my orthopedics and they were never tested. And the Rorschach test is billed as a test which discloses more about the person evaluating the test than the person taking it. This psychologist is at large in the State of Ohio. I have a MENSA I.Q. on good days and have taken every psychological test on record and come out in the normal range with points to spare.

Thus, to not get along and agree with an established male physician is a psychiatric impairment for a woman physician in the State of Ohio. As I didn't want to "understand" my orthopedics, refer them patients and cover up what had happened, my license to practice medicine was suspended for a personality problem – a personality problem that I didn't have, but that they could just make me have like in Russia. I needed "therapy" to get along with my borderline

negligent orthopedics, their office staffs that lacked any but on-the-job training in medical terminology or in the care of patients and to get along with the [redacted] Hospital Administrator under whose watchful eyes care was literally going to the dogs. Translation: even East Side dogs in New York City who break bones get better orthopedic care, but at least the dog can't be held responsible because of a DSM diagnosis. What did I go to Medical School for or endure four years of post-graduate training and years of graduate school for – to "get along" with high school diplomas, in-the-money administrators and orthopedics that don't do casts or bone density screening?

The last eight going on nine years of my medical career have been spent in an unnecessary legal battle with a State Administrative Board that is out-of-control. The State Medical Board of Ohio has tried to dictate what I'm allowed in terms of personal medical care, that I should be married and that I get along with every request of an established male physician in Ohio. The State of Ohio has published my *confidential* medical records with all manner of innuendo, discussed my dating history for pages in public record, fabricated office visits, therapy that never happened and bogus x-ray and test results and decreed that this is o.k. to do to *me*. Elected officials endorsed by The Plain Dealer including Republican Governors times two, Representative James Trakas and all my so-called medical colleagues have watched on the sidelines while regulation by a Medical Board turned into a witch hunt – with me as the witch. Even with good reason, I was not supposed to complain about another physician. Further there was nowhere to go with a physician-physician problem, which is a violation of Federal Law as it pertains to male physician-female physician problems.

Much of my problem was a male-female interaction problem, and yet there was no regulatory Office to intervene before I was the patient who got hurt and the physician who lost her license. Federal law for years has required that businesses (and medicine is not a business these days?) have a place to go when you are in the difficult situation of being required to do personal favors and comply with unusual job requirements. The medical professional schools, residencies and hospitals in the State of Ohio are all somehow exempt from viewing any interactional problems as harassment problems or medicine as a business.

I nearly lost my hand function, and I lost my career. I don't have a psychiatric problem or need therapy and the Ohio State Medical Board has finally admitted that. However, my license remains suspended and they want me to practice in a limited, supervised and monitored setting under the control of a physician who they approve (as they approved my orthopedics) so that the State Medical Board can ensure that I refer to the "right" physicians. There is no reason for such probation except that having failed to prove their case for eight-going-on-nine years, the Board wants to continue to obtain all manner of personal, professional and confidential medical record information on me to continue to try to prove their case. Now this is definitely harassment, *if* certain

male physicians wanting me to go along with their personal needs wasn't. And none of this is in the interest of the patients in the State of Ohio; it is protecting certain physicians, administrators and politicians from lawsuit. These certain physicians, administrators and politicians need to begin to accept personal responsibility for their decisions instead of relying on the State to foot the bill.

I think that The Plain Dealer in endorsing candidates and parties falls short in not endorsing policies, the discussion of serious problems in state government, such as *what is really going on at the State Medical Board,* and the solution of those problems. There are a lot more serious problems than those listed on the current postcard "to do" lists of the candidates seeking election or re-election. Currently, the Ohio State Medical Board consists of Members who are politically appointed. This is a major problem in the workings of this Board, not to mention the lack of due process and lack of rules of evidence. For example, the Board accepted as fact that I was asking an orthopedic out ice skating with two wrist fractures and a toe fracture. The orthopedic couldn't skate, asked me about rinks ostensibly for his children, but lied about this anyway. I was unable to skate due to a multiple fracture syndrome, but that didn't stop the Medical Board from adding this to my list of sins. And this is about patient care??? I was "seductive" and couldn't even comb my hair, I was just "walking in" for office visits where my name was in the appointment book?

Well, the State of Ohio has been the loser in this battle; paying to go after me for a problem that I didn't have and didn't need therapy for and paying for not having the services of a physician that taxpayer monies had helped educate.

I somehow think that this was unnecessary with better government; a Medical Board appointed with State Legislature approval rather than by Gubernatorial whim and with some editorial concern by endorsing entities like The Plain Dealer for newsworthy issues of substance such as the State Medical Board. Who is Mr. Thomas A. Dilling by the way?

My case was fraudulent to start, but it cost myself and my family thousands of dollars to fight and the State Medical Board wants to still say that fraud is o.k. if *they* have the money to do it. I'm not supposed to sue the State Medial Board or my colleagues and I don't want to. However, there are damages at this time and a life and a career has been destroyed for political purposes, and the taxpayers, myself and my family are the ones paying the bills. The State of Ohio will not even agree to end this ridiculous case in a no-fault way with the return of my privileges and a clearance of my record. I have contacted my endorsed State Representative and the Medical Editor for The Plain Dealer. The State of Ohio wants my blood for years to come so-to-speak. I'm good copy.

Please do what you can to discuss issues and problems before things happen like what happened to me. Please endorse candidates that will do

something besides change fourth grade tests and provide $750 credit for drugs for some qualifying patients.

I need my life back. Further, as a Mensan, a member of the 2% solution club, I challenge The Plain Dealer and all its endorsed candidates to do better for women and women physicians in the State of Ohio in this new millenium.

I shouldn't have to write the Governor, The Plain Dealer, my State Representative, etc. This is the year 2000 going-on 2001.

Sincerely,

Copy

Rita Kralik, M.D.

10-10-00

c. Dilling:

Please return my license. You have accepted that I had no impairment. I did not have depression; there was a missed diagnosis of a premature hormone failure causing a low bone density and fractures. As a result, I didn't feel well & the fractures didn't heal. The State of Ohio allowed this kind of care. Had more BLOOD WORK been done before suspending my license, the mess would have been avoided.*

Dr. [redacted] took a check of mine & used it for furniture. Dr. [redacted] had me beaten up in his office instead of doing more tests. These are physicians that need monitoring.

Please return ASAP

Thank you.

Rita Kralik M.D.

STATE MEDICAL BOARD OF OHIO

Identification Number 050161

DOCTOR OF MEDICINE

Be it known that

RITA MARIE KRALIK

[redacted]

12/31/90

Expiration Date

has met the requirements of the law, is duly registered and is entitled to practice in the State of Ohio until the expiration date.

Audit Number 026135

State Medical Board of Ohio

* The Medical Board was negligent and due process was not allowed. BLOOD WORK was omitted in my care.

Reactivate:

CONTROLLED SUBSTANCES REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON, D.C. 20537

REGISTRANT NUMBER	EXPIRATION DATE	FEE PAID
[redacted]	12-31-90	100.00
SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3,3N,4,5	PRACTITIONER	12-07-87

KRALIK, RITA M MD

[redacted]

44040

BUSINESS ACTIVITY

R) you would do this to your wife, daughter or a dog.

Rita Kralik, M.D.
[redacted]

October 13, 2000

CONFIDENTIAL

Thomas A. Dilling
Executive Director
Ohio State Medical Board
77 South High Street, 17th Floor
Columbus, Ohio 43266-0315

Re: Rita M. Kralik, M.D. v. Ohio State Medical Board ('92-'00)

Dear Mr. Dilling:

Enclosed please find the syllabus from a CME on Pain Management that William J. Schmidt, JD talked at this week in Cleveland. **I'd like to complain that he is going around telling physicians, nurses and pharmacists to do what wasn't done in my case.** And he's probably been involved in my case, but lets his "friends" get away with things and helped ruin my life if he's been at the Medical Board as many years as he says. It's who you are in Ohio.

Physicians, etc. are supposed to keep medical records that are accurate, contain medical histories and to prescribe pain medication only after allowing the patient *prevailing* standard of care; not minimal.

Prevailing standard of care in Cleveland is to CAST wrist fractures (distal radial fractures) with proper reduction within 24 hours and to do a confirmatory x-ray immediately afterwards – not after symptoms of carpal tunnel syndrome for two weeks or even a week later. And, you don't let these fractures sit or swell as that **guarantees** a prolonged recovery; a patient management point that is probably an Orthopedic Board question. Yet that is what Dr. [redacted] did for my right wrist fracture; let it sit and swell for four days in a wrist splint for a sprain that I had to supply. The left wrist fracture he casted, but without any reduction of displacement. Prevailing standard of care?

Serious wrist fractures are also, in the Cleveland area, seen and handled by hand orthopedics/specialists – which Dr. [redacted] was not and he refused to consult with one or refer. Dr. [redacted] of [redacted] Hospital told them not to care for me and refused to call the [redacted] Clinic or University Hospitals. Dr. [redacted], then Secretary of the American Society for Surgery of the Hand, classified my wrist fractures as "serious." This document is in the Records of two Hearings.

In my case the Medical Board allowed that **no Ohio physician, psychiatrist or psychologist, Medical Board expert or Member took a medical history**. That history would have revealed that my mother had the same hormone failure that I did, at the same age of 36-38,

with the same symptoms – which were not depression, being dysfunctional, being incoherent, but did entail persistent bone pains and a lot of physician misassessment. This premature hormonal failure resulted in my mother breaking a wrist, distal humerus and then a hip before the age of 46 years of age. She has since broken the other hip, a toe and her proximal humerus.

Currently, I have an **eight times greater risk of fracturing my hip,** because I was left without adequate hormone replacement for the 6 years of legal battle where the Medical Board provided false and misleading information to three other state Medical Boards and other physicians in Ohio who might have treated me correctly. My bone condition is currently being treated correctly by a practicing physician in Ohio. This woman physician has volunteered to discuss what really happened with the Ohio Medical Board. **The Medical Board, including yourself and William J. Schmidt, JD, has refused to listen.** You made the same mistake that you are penalizing everyone else for making; a mistake which you covered up by taking my license. There was no complete medical (**not psychiatric or dating**) history. **My case had nothing whatsoever to do with disagreeing with the handful of people that I had to disagree with in my life.** It was a disgrace of twisted misinformation to make a case that can't be made.

I didn't want or need to experience a multiple fracture syndrome. I certainly didn't want pain medication; codeine makes me sick to my stomach and as Dr. [redacted] pointed out Darvocet does nothing for pain – but does produce a lot of euphoria and dysphoria. My orthopedics didn't care. See attached copy of Dr. [redacted] last prescription – given to me one year after the last fracture. I took myself to the [redacted] again in lieu of getting it filled. It was obvious at that time that this medication did nothing whatsoever for my pain.

Dr. [redacted], Dr. [redacted] and Dr. [redacted] also testified that they provided therapies that they did not. The Medical Board never checked into things – like they are going around saying they do. If Dr. [redacted] saw me in his office and did an x-ray, where is the report and what was the physical exam that day which should have noted obvious carpal tunnel syndrome? It doesn't exist. If I walked in without an appointment, why did I see my name on his appointment book? How did I know when to come when his hours changed weekly or sometimes daily; if there was a polo match or he wanted to check out a horse to buy? If Dr. [redacted] of University Hospitals and [redacted] General Hospital, wrote that I was "making good progress," why was I at the [redacted] that day in his chart. Finally, if Dr. [redacted] provided "psychotherapy" and I consented to it, **what day was that**? That day isn't mentioned in her records, yet "Document consent in the patient record" is a Schmidt slide. Taking care of a physician shouldn't have had to involve fabrication. For example, Dr. [redacted] says that he treated a toe fracture in April that occurred in January 1990– when did he dictate those records and was he oriented times three at the time? Why did I have to keep ordering my own x-rays on my fractures?

The correct diagnosis would have been made years earlier if everyone hadn't goofed and lied. There was no psychotherapy and little fracture therapy; certainly not prevailing standard of care. I was seriously coherent and the pain was very real. Dr. [redacted] believed my pain until she changed her testimony under pressure. Why was she allowed to keep changing her

testimony? My lawyers couldn't believe everyone testifying what the Medical Board wanted them to and not what happened. My lawyers couldn't believe anyone and thought that Dr. [redacted] medical records were psychotic.

In truth, I consented to no therapies with the psychologist Dr. [redacted] on no day and at no visit. I was informed that "psychotherapy" had no benefit for fracture malunion pain. I was supposed to have continued indefinitely with physical therapy that no one would write for or follow. Dr. [redacted] wanted to do surgery on my wrist before checking an MRI. I got someone else to order the MRI which showed that the surgery Dr. [redacted] planned wasn't indicated. The care was a comedy of errors and misinformation.

My father spoke on the phone with Dr. [redacted] and asked if Dr. [redacted] had reviewed the MRI. Dr. [redacted] said "No." Dr. [redacted] told my father that I was writing him letters – couldn't work, continued pain. My father asked Dr. [redacted] what was wrong with my hand and Dr. [redacted] had no answer. My father was not allowed to testify about the numerous times he tried unsuccessfully to reason with my orthopedics. My father couldn't get the orthopedics to even review the x-rays and give him a report. My father told Dr. [redacted] to talk to the [redacted]. Dr. [redacted] refused. Dr. [redacted] knows my father and that he is a dedicated and truthful physician. My father had to prescribe the anti-inflammatory medication that my orthopedics didn't have time to write for. Too busy modifying medical records and trying to cover up.

Dr. [redacted] was supposed to contact Dr. [redacted] about what was really going on with my wrist fracture and pain and never managed to make contact with him. During the whole twenty-one or two visits/phone calls that I had with her (not what she says), no one knew what was really going on and the plan changed weekly. All kinds of different surgeries were recommended, all my hand tendons were inflammed on bone scan and two nerves in my right wrist were in trouble at different times. She told me that perhaps biofeedback would help, but that she didn't do that therapy. She provided different advice than what she testified to when she thought that Dr. [redacted] had the power to suspend her privileges at [redacted] as he had done mine.

The **Pain Mechanism** (see the slides that William Schmidt is currently using) was never determined in my case before my license to practice medicine was suspended. Complete blood work wasn't even ordered. Physical examinations were omitted; I had bruises over both arms after Dr. [redacted] office went at me. If I was trying to break my wrists, as alleged, why were the bruises nowhere near my wrists? Dr. [redacted] handed my office manager a prescription for Tylenol #3 for me, instead of re-applying a cast with less angulation on my right wrist. He was too lazy and never even **examined** the wrist during my last visit with him. He saw me in the hallway and his waiting room – in front of waiting patients. Dr. [redacted] provided a prescription for Darvocet, one year after the last fracture for continued pain without looking further. I eventually protested, as any patient would have done, and my license to practice medicine was taken eight and a half years ago.

Please start to apply your rules to my case. If a Rorschach was done, where are the answers? **This documentation is required in forty-nine other states.** That this test was so badly fudged was one of the many points that the [redacted] Therapy Group made in testimony in my favor before the California Board. [The California action was based solely on my license being suspended in Ohio for disagreeing about my own care. If Ohio could get away with making statistics by breaking the "rules," California could also – easy belt notch for an up-and-coming Attorney General who is making his career. Yet Courts of Appeals in both states have ruled in my favor and canceled the license suspensions. The problem being that the Courts of Appeal can't figure out all the lies and that is supposedly the job of the Medical Boards that aren't supposed to be so corrupt. The cases were sent back to the Medical Boards to lie again, re-suspend again, round and round in an unending legal battle of who has more power.] There was obvious mishandling of the case in Ohio and bias. The [redacted] Therapy Group couldn't hire a staff psychologist/psychiatrist that did that kind of evaluation; it was negligence in California.

Thus, stop going around telling the general physician, pharmacist and nurse public in Ohio that you are fair and follow "rules" with numbers. My case would have never gotten to the medical license suspension point if you had followed the "rules"; the evidence was so obviously "bogus" as your kids would say. Certainly I can't follow a Medical Board's Order when that Medical Board broke all the "rules" to make an obviously political, unfair case. My lawyers can't say anything, my experts were provided falsified information and couldn't really say anything in testimony (they were stopped everytime they started to mention [redacted], [redacted], [redacted], etc.).

Other rules that were broken (does the Medical Board follow *any* of their own "rules"?):

(1) There was no Individualized Treatment Plan (Orthopedic or Pain Management);

(2) The Evaluation by Specialist done by [redacted] M.D. wasn't taken seriously; my physician father had to write the prescription for physical therapy;

(3) Adverse drug reactions to codeine and Darvocet weren't noted.

(4) Finally, my license was taken for something I didn't have; I was in violation of no rule.

Please start to follow your own rules and re-evaluate my case in light of those rules. In truth, there isn't a case and my license never should never have been suspended. I tried very hard to do the right thing and was penalized for asking for the right therapy, work-up, history and complaining in multiple letters that I couldn't take pain meds or function with what was going on.

The pain mechanism was finally found in New York City after the second Hearing when I showed up on a semi-urgent basis at [redacted] Hospital in New York City – sick. Does anyone care? No.

Please end my case, return my license to practice medicine without conditions (my physicians and the Medical Board need some conditional monitoring) and allow me the life that you all have and allow yourselves. That means Dr. [redacted] also, who has known that much of the Board's case was fictional and unjust for years – not everything, but enough to have made a difference years ago. Dr. [redacted] has done nothing and said nothing for eight going on nine years as have many others that knew me and my family and what really happened. I was a personality disorder that went to Dr. [redacted] wedding and wished him well. It's just so sad that everyone looked the other way and broke the "rules" so that I couldn't have a wedding and invite Dr. [redacted] Dr. [redacted] wouldn't allow me to get married or have a professional life. You can bet that Dr. [redacted] wouldn't have allowed the care that I got to be done to his wife or children, and he certainly would have seen that her nursing license wasn't threatened if she disagreed (which she often does with good reason).

During my case in between the Hearings and legal manipulations, Dr. [redacted] attended my sister's wedding in Seattle, knew that things were bizarre and let his own career prosper by going along. Dr. [redacted] has been an Advisor to the Medical Board for years. His own wife would have been on the phone to me and my sister, had I done this to him. Dr. [redacted] own very outspoken wife would have insisted that I do something years ago to set *his* record straight. Dr. [redacted] knew that I wasn't any "personality" problem, that I had wanted to get married and have children – something that I can't do at this time. The hormone that failed was estrogen; I had premature ovarian failure and it was malpractice to leave me at the age of 36 and 38 without blood work, hormone replacement or care and tell me to get "psychotherapy," "get along" and that my pain was a "pain syndrome." My experts, Dr. Skodol and [redacted], now know that they were ***badly*** lied to.

Dr. [redacted] makes jokes in his talks about addicts lying badly to him. Well, I've had Medical Boards and physician colleagues lie to me for eight going on nine years, and these lies were "pathological." Addicts are sick, these physicians and the Ohio State Medical Board were professionals in positions of trust and authority. These lies were much more sad and serious than addicts losing pain medication down a toilet or having their dogs chew the bottles. If the addicts are felons, what were my colleagues and the Medical Board?

I was a statistic for the Medical Board, a "political" problem. I was the patient and physician who couldn't get appropriate care. No one cared that my license and career were ruined unjustly and unfairly as long as it wasn't them and they could have a life and career. Don't ask, don't tell, don't care. Just keep on lecturing with those slides and allowing the Medical Board to break their own "rules."

Sincerely,

Rita Kralik, M.D.

cc: William J. Schmidt, JD
[redacted] M.D.
Governor Bob Taft

Rita Kralik, M.D.
[redacted]

October 15, 2000

CONFIDENTIAL

Thomas A. Dilling
Executive Director
Ohio State Medical Board
77 South High Street, 17th Floor
Columbus, Ohio 43266-0315

Re: Rita M. Kralik, M.D. v. Ohio State Medical Board ('92-'00)

Dear Mr. Dilling:

The following is to complain about Dr. [redacted] who testified falsely in my case. She did not provide "therapy" other than to try very dysfunctionally to help with a political situation. She did not report that I showed up in her office with serious bruises over both elbows and upper arms from Dr. [redacted] office staff. She told me that I was "set up."

Everyone knew that I was "set up" except the Medical Board who has kept insisting for eight going on nine years that I was "wrong" to not want to "go along" with a physician who "skims" money from his practice; takes checks directly to furniture stores. Others at [redacted] knew that he did this, and that there was something wrong with a lot of things that he did. It apparently was common fact – what I didn't know. I can't follow the Order of a Medical Board that is so "stupid." I didn't know when he came after me that he was a horror in orthopedics, but I know now that Dr. [redacted] is "bad news." Dr. [redacted] is just a liar. That you allow this to go on and have punished me is a street smarts of zero. **The lies of drug addicts are obvious in comparison to these polished liars, but that doesn't excuse a Medical Board that is going around Ohio telling other physicians how to know when someone is lying. The physician is responsible for being "taken" if they wrongly prescribe pain meds, and the Medical Board is responsible for being "taken" in my case. My pain meds were totally unnecessary – there were bone density screening tests and blood tests; tests to determine the pain mechanism.**

I visited with Dr. [redacted] beginning **after** Dr. [redacted] botched the second wrist fracture and started circulating false reports at [redacted] Hospital. Dr. [redacted] refused to send my records and provided misinformation to any orthopedics who might have helped me out and prevented some of the complications. **Dr. [redacted] threatened both myself and my family, that he would see to it that I never practiced medicine again if I complained about him.** Dr. [redacted] had two staff physicians at [redacted] Hospital – Dr. [redacted] and Dr. [redacted] call me and repeat the threat; that things would happen. There was every reason to take these threats seriously, my fractures weren't healing and there was misinformation

everywhere. Dr. [redacted] made up office visits, x-rays and x-ray reports of "simple" fractures. There was good reason for being "anxious" about this situation. The Medical Board allows Dr. [redacted] to fabricate and change records; something that everyone else is punished for. But, it's somehow twisted that I'm the problem when I don't want medical records like this.

Dr. [redacted] agreed that I report Dr. [redacted] and that he was "pathological." My twenty sessions were not "therapy," nor did I agree to therapy as **no one knew what was wrong**; why I kept fracturing bones and having pain. There were so many false reports of everything that it was difficult to concentrate on the medical issues. Several of the sessions were just to keep her up-to-date so that she could try to talk with Dr. [redacted] Dr. [redacted] - was wanting to do all kinds of surgeries, refusing to review x-rays, saying that I was keeping him from spending good quality time with his wife (?) and complaining that I got consultations from his "competition." Dr. [redacted] felt threatened, and said all kinds of bizarre things during my office visits with him. My mother tried to talk with Dr. [redacted] after waiting for a long time in his office, and was very upset with some of the things he said. Dr. [redacted] had no reason for the pain and continued problems, but wanted me to get "therapy" so that I didn't "sue him." The results were that bad. Dr. [redacted] couldn't fix what Dr. [redacted] had made a mess out of and didn't know why the fractures collapsed and the pain continued. Instead of calmly and objectively looking into the situation as a professional, he started to cover up and confuse the situation. He was hysterical and dysfunctional at times, not to mention "incoherent" when he brought in the mention of his wife and his having good "relations" at home. I had nothing whatsoever to do with his family situation.

I was not "dysfunctional," "incoherent" or any other than I was the rest of those days that I saw Dr. [redacted] Dr. [redacted] gave no specific examples of how I was those horrible words. However, the Medical Board that would make every pain medication requester a "felon," questioned no further. [And, pain is a "disease" in the new way of thinking currently being taught at medical schools in Ohio – maybe the Medical Board should attend a Pharmacology class at a medical school.]

Visiting with Dr. [redacted] I came on time, discussed the mess and left paying her by check. I drove home afterwards or returned to work without anyone ever commenting that I had any problems functioning. I was so "dysfunctional" that Dr. [redacted] sent patients to my office for me to watch and continued to request that I sent him patients.

Dr. [redacted] did seem at times not to understand the orthopedics and was definitely under pressure to lie. She also didn't take a medical history and didn't review any blood work or x-rays. She didn't know what was missing or being lied about. However, that doesn't excuse her lies and assessment, without complete medical work-up, that I exaggerated the pain. It turned out years down the line to be real and she was negligent. I suffered for years with pain because my license was suspended and my credibility gone. She shouldn't be lying. She started calling my parent's home when I

returned to Cleveland and had some idea about continuing a relationship after she testified falsely and helped ruined my career.

It is not possible to suddenly be dysfunctional and incoherent for forty-some minutes of several days and be completely functional and coherent for the other twenty-three hours plus of every other day for thirty-some years. I was not under any pain medication during the visits, but was under stress and threats. Dr. [redacted] lied and was pressured to lie by the lawyer for [redacted] Hospital. The last session that I had with her was spent talking to the lawyer – not in therapy for me – and trying to straighten out why I was getting beaten up and suspended from [redacted] and what she should say. I paid for "therapy" for [redacted] Hospital at that visit, and to be "sold out."

There were not twenty-five visits unless she counts a phone call or two. She never had to provide dates. It was more like twenty. One visit was to explain what happened at the [redacted] in person for $100/hour. It was a horrible mistrust and hers were horrible lies and a violation of medical confidentiality.

My license needs to be returned. I had a horrible experience and shouldn't have had to fracture three bones because physicians in Ohio don't know how to order blood work for females; hormone studies. Dr. [redacted] should apologize for what she did; she's allowed herself a family, children and a career.

I need [redacted] to correct her testimony that led to my bone condition begin mistreated for years. If you are going around the state saying that physicians have to take histories and do prevailing standard of care before pain meds, then my case should be dismissed. None of the members of the Ohio State Medical Board knew how to take a medical history either. Start fixing the problem by having due process and following your own rules. Learn how to take a history and how to question liars. Don't expect me to take punishment for these characters. I tried very hard to do the right things.

I've talked with priests, and I can't go along with what you would have me do - just as I couldn't go along with what Dr. [redacted] and Dr. [redacted] would have me do. And, punishing me is not going to solve your problem, and I can't lie to have a medical license. It's time that everyone told the truth and that physicians learned how to handle mistakes properly – another statewide conference?

Sincerely,

Rita Kralik, M.D.

FOR DEPOSIT ONLY
TREASURER, STATE
003934
OHIO MEDICAL BOARD

Rita Kralik, M.D.
[redacted]

October 18, 2000

CONFIDENTIAL

Thomas A. Dilling
Executive Director
Ohio State Medical Board
77 South High Street, 17th Floor
Columbus, Ohio 43266-0315

Re: Rita M. Kralik, M.D. v. Ohio State Medical Board ('92-'00)

Dear Mr. Dilling:

As a professional, I think that you should be able to sit down with a physician and discuss what really happened and how to solve the above problem. This is what I would have to do with any patient. Any time that you are ready, I will be happy to sit down with you in Columbus.

I did not violate any rules and do not have any impairment to the practice of medicine. I did not have depression, nor get "psychotherapy" for it in twenty visits with a Dr. [redacted]. **She misinformed you to cover for the real cause of my seeing her.** She needed her hospital privileges. Nor did I have a "pain syndrome." Both my experts were misinformed and provided with piles of falsified or inconsistent testimony. I had an early endocrine failure, which should have been easily treated with hormone replacement. This should have been a confidential medical record, as this kind of problem is not an impairment.

The problem was that the diagnosis was missed and my bones were seriously weakened with the problem leading to fractures and bone pain that should never have occurred. In cities like New York this problem is rarely missed as women have access to much better medical care and a more enlightened physician population; more attuned to women's medicine. Indeed the diagnosis was finally made in New York City at [redacted] I don't feel that I should have to suffer any more for the errors and misinformation that was provided to the Medical Board, and that the Medical Board in turn provided to other states and the general public in violation of all medical confidentiality laws, understandings or ethics.

As a physician, I have to be able to obtain adequate and timely medical care in order to function appropriately and safely in the practice of medicine. That means casts, blood work, screening tests and the follow-up of these modalities of therapy, screening or diagnosis. Appropriate medical testing needs to be done before the ascribing of symptoms

to some psychiatric problem. In Ohio, the public was misinformed that I had something which you now admit that I didn't. This misinformation has gone on for eight years because while you have finally admitted to me that I don't have what you accused me of, you have not informed the general public of your mistake. This needs to be done and soon. Eventually there will come a lawyer that will find my case a "rainmaker."

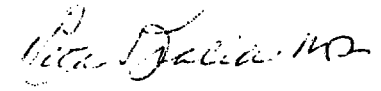
As a physician, I have to be able to count on some fairness in Peer Review, some due process at the Medical Board level and some right to a personal and professional life.

Whenever you are ready, I'm happy to try to end this fairly. It's inappropriate to expect that I'll work with a physician who abuses all rules of medical confidentiality, has a record of bad outcomes and takes checks for professional services and endorses them to furniture stores. Dr. [redacted] had, and has, a lot of very real problems - which his friends at the Medical Board cover up. Dr. [redacted] didn't want to accept that the continued problems were due to a missed diagnosis, or be honest that leaving my right wrist fracture unstabilized for three weeks directly led to the serious complications. **Complications do occur with wrist fractures, but not with the frequency and multiplicity that I experienced.** Something went wrong with the care, and both wrist fractures are in problematic alignments which didn't need to happen with timely hand orthopedic consultation. Finally, both orthopedic physicians knew retrospectively that they should have never let a patient just continue to fracture bones without some work-up. So they tried to cover it up. It was a no-brainer that they goofed. My parents and I are not retrospectively stupid.

The State Medical Board of Ohio needs to encourage better care for women and a fair assessment of the problems that exist and that need to be solved. I can't stay in Ohio to practice because I can't get good medical or orthopedic care. It's that simple. And, after all the unfairness, I need a chance at a fresh start. I have an offer to return to fellowship training in another state. It is not I who needs the monitoring. As a patient with complications of care, I had a right to the access of the physicians directly responsible for the care and problems. I can't just "run away" when there's a bad patient outcome that I was directly responsible for. That's what my orthopedics did; it was suddenly a crime to ask questions and get some answers and my visiting their office was a reason for licensure suspension? What would you do if it were you? Who's responsible, the Medical Board?

My situation is solvable within the next month. It's not a legal question for your legal department; you violated every rule, every confidentiality provision, every concept of fairness and due process. Give my license back and my parents and I will work through the issues. It can be no-fault, but it is not my fault.

Sincerely,



Rita Kralik, M.D.

Rita Kralik M.D.
[redacted]

NOV - 2 2000

October 28, 2000

CONFIDENTIAL

Thomas A. Dilling
Executive Director
Ohio State Medical Board
77 South High Street, 17th Floor
Columbus, Ohio 43266-0315

Re: Rita M. Kralik, M.D. v. Ohio State Medical Board ('92-'00)

Dear Mr. Dilling:

Please return my license. It's been eight years and I've kept up more than your average Ohio physician.

Despite my being out of medicine, I would never behave to a patient or colleague as was done to me; I know to be kind to patients, to order screening tests and to check x-rays after casting.

The woman lawyers that made fun of my not feeling well, in your Legal Department, are also beyond my comprehension. I endured difficult times coming through medicine so that things would be easier for them and other women. They trashed me as to even getting blood work or being able to come to a physician's office and get care. Why didn't I keep going to yet another physician? I had serious fractures, but that wasn't enough. They all get prevailing standard of care. But, I couldn't. And as to walking in another physician's office, well, the rule is that unless there is some problem a physician is allowed to walk in another physician's office. They do it everyday and all day and they all have licenses. Lawyers do the same thing. It's part of professional courtesy. I refuse to listen to any more *rot* on that issue. I had serious pain and serious complications of a missed diagnosis.

I'm better than what you have out there and better than the physicians who stood in judgement on me. You take histories when you want to, use charts when you want to and discipline physicians for reasons that don't exist. This you say at your meetings. When a Medical Board member decides to do a study to see if he/she can take care of patients without charts, they just do it. Yet every other physician would be required to come up with the charts and to explain why on such-and-such-a-day they saw patients without them.

Perhaps you are waiting until I fracture that hip or my spine has a fracture. At that time you will definitely be liable, as the Medical Board is on record that I exaggerated my pain and that I didn't deserve care. This was without a complete panel of blood work or any in depth investigation as to a pain mechanism. I was supposed to get counseling, etc., because you are all insane - literally.

Please stop the behavior that has gone on for eight years. Your children couldn't be proud of this, even if you manage to stomach it. And, eventually the truth is coming out. Eventually the physicians that lied won't be able to back up what they said so many years ago.

I have difficulty understanding how any human being could do to me what you have done. There are laws about a right to work and a safe and unharassed work environment, laws about disability (which I had only because no one would cast fractures or do bone density screening) and laws about lying under oath. This is not to mention your own laws about pain medications, prevailing standards of care and finding the pain mechanism.

Eventually all these letters are going to come out in court; that I asked for so many years for an end to this awful behavior, that I insisted for so many years that my pain was real and nothing was done, etc. How ridiculous do you all want to look? Communist Russia is about what this case is like. Dr. [redacted] had some kind of psychiatric training in methods that are used there.

Again, I think that you all need some kind of psychiatric testing.

Sincerely,

Rita Kralik M.D.

Rita Kralik, M.D.

cc: Representative James P. Trakas
Governor Bob Taft
William J. Schmidt, JD

NOV - 2 2000

STATE MEDICAL BOARD OF OHIO

Identification Number

DOCTOR OF MEDICINE 050161

Be it known that

RITA MARIE KRALIK

[redacted]

12/31/90

Expiration Date

has met the requirements of the law, is duly registered and is entitled to practice in the State of Ohio until the expiration date.

Audit Number 026135 *State Medical Board of Ohio*

CONTROLLED SUBSTANCES REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

[redacted]	12-31-90	$60.00
SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3,3N,4,5	PRACTITIONER	12-07-87

KRALIK, RITA M MD
[redacted]

44040

LOCATION, OR BUSINESS ACTIVITY

Rita Kralik, M.D.
[redacted]

STATE MEDICAL BOARD
2000 NOV 14 A 8:40

November 11, 2000

CONFIDENTIAL

Thomas A. Dilling
Executive Director
Ohio State Medical Board
77 South High Street, 17th Floor
Columbus, Ohio 43266-0315

Re: Rita M. Kralik, M.D. v. Ohio State Medical Board ('92-'00)

Dear Mr. Dilling:

Please see the attached letter, which you are copied on, that was sent to Representative Trakas.

Sincerely,

Rita Kralik MD.

Rita Kralik, M.D.

Enclosure

Rita Kralik, M.D.
[redacted]

STATE MEDICAL BOARD
2000 NOV 15 A 8:40

November 11, 2000

CONFIDENTIAL
Representative James P. Trakas
77 South High Street
Columbus, Ohio 43266

Re: Rita M. Kralik, M.D. v. Ohio State Medical Board ('92-'00)

Dear Representative Trakas:

Congratulations on continuing in your job. I voted Republican because of the pro-life issue; I voted pro-life to give others the chance that Ohio destroyed for me.

Please try to work towards a resolution to my above case. For eight-and-a-half years now I have lived with misinformation, lies in the public domain and publication of my confidential medical records. Ohio neither wants nor needs me as a physician provider.

The Medical Board has admitted that I had/have no psychiatric impairment. This was the reason and Rule under which they took my license in 1992. Further, votes, test results and personal letters were manipulated and misquoted/misinterpreted to obtain this outcome. Hearsay behavior, conversations and office visits were fabricated. The State of California recorded in their Court of Appeals decision that there were serious irregularities in Ohio.

I would like to move on with my life in another state. I ask that my record be cleared, my name removed from the Data Bank and my licenses and credentials (DEA, etc.) in three other states restored. In return, I will sign that I will not sue or seek damages from any of the physicians, administrators, politicians, lawyers or case workers involved. However, this must be a no-fault mistake, and the record expunged (because of confidential medical records).

Dr. [redacted] Dr. [redacted] Dr. [redacted] Dr. Carla Streepy-O'Day, Dr. [redacted] and the rest of the Medical Board's experts and Members were not qualified to misdiagnose a *fracture* syndrome as a personality problem. As a direct result, the correct medical care and further diagnostic work-up did not occur. At this point, I now have a serious bone condition because of the false misleading testimony and the Medical Board members that kept this legal mess going for years.

Please try to work towards a resolution to this case. Thank you for whatever you can do.

Sincerely,

copy

Rita Kralik, M.D.
cc: Mr. Dilling
Governor Bob Taft

Rita Kralik M.D.
[redacted]

November 30, 2000

CONFIDENTIAL

Thomas A. Dilling
Executive Director
Ohio State Medical Board
77 South High Street, 17th Floor
Columbus, Ohio 43266-0315

Re: Rita M. Kralik, M.D. v. Ohio State Medical Board ('92-'00)

Dear Mr. Dilling:

Again, I would like to complain about Dr. [redacted] psychologist on staff at [redacted] Hospital [redacted] Ohio), who provided false information to the Medical Board in 1992 and 1995-1996 concerning about *twenty* consultation visits that I paid her for. She provided false information that led to a further deterioration in a bone condition, which was due to a premature hormone failure as it turned out. Because she implied that I exaggerated the pain and that it was psychological, no further work-up was done at the time and my medical license was suspended for a mental impairment – which I did not have. She implied that I was "dysfunctional" when I tried to bring to her attention the things that were going on which I could not go along with or the care that was just not adequate for a physician's function.

Dr. [redacted], then Dr. [redacted] told me that she would try to help with the stress and colleague misunderstandings. Instead, she made things worse and implied that she treated me for bone pain. She defrauded me of monies which would never have had to be spent had some blood work been ordered in a timely fashion; a complete medical/endocrine work-up. She never spoke with the orthopedics, as she was asked to and given permission to, and she never obtained my permission to treat me for anything.

Sincerely,

Rita Kralik, M.D.

cc: Mr. Dilling

Rita Kralik, M.D.
[redacted]

November 30, 2000

CONFIDENTIAL

Governor Bob Taft
77 South High Street
Columbus, Ohio 43266-0315

Re: Rita M. Kralik, M.D. v. Ohio State Medical Board ('92-'00)

Dear GovernorTaft:

I would like to resolve the above case and leave Ohio for further Fellowship training - where I would be monitored until I finished. This requires medical license restoration, Data Bank clearance and full restitution of my privileges; an X in a box on a simple Short Form that Mr. Dilling knows all about. Fellowship training will have me put through an Orientation where all my skills will be checked and certified again. However, I need the clearance to get the job. The training program will take care of the situation from then on; recommending me to practice, etc. They will know that there were disagreements, which would not have occurred in other states, which caused problems in my life.

Walking around with your Order and the last Hearing Officer's Report, and I've had a physician friend director of a program in another state review it, they think that the Ohio Board is crazy; certifiable. The way the Report is written is bizarre; thoughts all over the place that don't have any relation to patient care, e.g. obsessive references to Mrs. [redacted] Dr. [redacted] statements indicate sexual fantasies that he shouldn't be thinking, bizarre record keeping and statements about conversations that no one could remember accurately - lying. They also think that the present Administration in Ohio – including the Governor and my State Representative, etc. – are corrupt as manifested by the handling of this case.

I have documented hundreds (close to 1,000) of hours of CME since 1992, retaken several of the medical school Basic Sciences Courses – Neuroanatomy, Molecular Pathology, Pharmacology and Microbiology at [redacted] College of Medicine and have taken and passed SPEX. I think that I have demonstrated to the maximum degree that I have kept up and am able (was able) to resume the practice of Internal Medicine. *There was no reason that my license should have been suspended except lies, exaggerations, fabrications and misinformation that any child would have questioned. Most adults learn circumspection and to weigh statements for accuracy before acting.*

There is no practicing physician in Ohio, who I know, who has done this much to keep up on new developments. **Years of monitoring are not indicated except for a fishing expedition - the Dilling maneuver.** (The Medical Board has never proved their case.) I was not the physician or administrator who made the mistakes, the misassessments and the misjudgments in my case. Perhaps those physicians and Medical Board Members should be slated for some reviews and tests to demonstrate continued competence. **You appoint them and give them**

broad powers to take licenses without proof of their accusations. That was something that in years past Medical Boards could not do. Additionally, you have *non-medical males* as the Director and Assistant Director of the Medical Board. It is difficult as a non-M.D. to know what to legislate and what to allow. I wouldn't even attempt the position of policy-maker for a group of lawyers – a position which you delegate to Mr. Dilling for a state of physicians. Disagreements happen between physicians. Mine got out of hand as there was an adverse orthopedic outcome, but it should have been handled in a different manner by the Board. Many States have a remedial non-punitive channel for such problems.

In 1992, the Ohio State Medical Board suspended my license for a presumptive diagnosis of mental impairment that I do/did not have. I have a MENSA I.Q., graduated from a top ranked U.S. medical school and did my job almost perfectly. There were false accusations to cover for negligences in practice going on in Ohio and so that certain physicians/psychologists wouldn't be sued. Care should never get to that point between physicians; consultation should have been requested before psychiatric evaluations. The complete blood work for a fracture syndrome was never done until 1997-8.

To summarize again for the **learning impaired**, the acceptance of the report of Dr. Skodol in 1997, contradicted the Board's own Finding of Fact and Order in 1996. The Report of Dr. Skodol clearly stated that I did not and had not had any impairment to the practice of medicine; had no reason for therapy or monitoring. It recommended the immediate restitution of my license in 1996. **This Report was limited and marred by the false testimony of Dr. [redacted] that she had treated me for a "depression" and that I had consented to treatment for this.** In fact, I had symptoms of an endocrine failure that was misinterpreted by her and I did not consent to any therapy as ***no one knew* what was going on (until 1997-8). She had difficulties in her personal life at the time, which may have contributed to her misunderstanding and misperceptions of things.*** She was consulted for the difficulties my orthopedics caused and threats that my license would be suspended if I did not "go along." Threatening another physician is not a normal situation, and I had consulted her for these physician problems. Dr. [redacted] verbally threatened both myself and my father about what **he could do to me**. It still is unclear to me why any physician has this much power.

Second, the Report was misleading in that Dr. Skodol did not at that time have the results of some blood work and x-rays that clearly pointed to an easily treatable early hormone failure as the cause of the bone pain. The bone density worsened significantly between 1992 and 1998. This was a very real source of the bone pain, which has improved on hormone replacement. There was no "pain syndrome" and the Board has a letter from [redacted] in New York City to that effect. Again, some of the problem with my case is that it involves medical care at a consultant level, not even primary care knowledge, and the Board's members are somewhat limited in their credentials to understand the problem. **Again, this is your fault as to who you empower at the Medical Board; there are no checks and balances; no way to handle a mistake except to try to lie and find some other fault. You need a mechanism for mistakes if you take licenses on hearsay without patient complaints. You empowered a Medical Board to go into my confidential medical records, which they did not understand, publicized and interpreted falsely. This was wrong. These files need to be sealed.**

The Order of April 17, 1996 needs to be reconsidered and reviewed especially in light of the new evidence that the Medical Board has. **Having the Legal Department that falsified a**

* She was a single mother living with a guy and perhaps thought I was her "ticket" regarding privileges" referrals at [redacted] She made judgments without information

Rorschach test and accepted all manner of hearsay as evidence review the situation, is a bit worrisome. No Department will say they made a mistake. This Legal Department made some of the biggest mistakes in the case; going after an innocent person to make statistics, jobs for themselves and notches on their belts. They were promoting their careers. Even the Appeals Courts Judges at the Hearing I attended had difficulty listening to one of them. They asked her about her marriage to stop her obnoxious harangue in a time limited situation. The Ohio Medical Board Legal Department doesn't follow any known legal rules except those that they chose to. The Medical Board breaks every rule that they make for physicians.

Please do whatever you can to bring some fair resolution to what has gone on for the last eight going-on-nine years. I've been punished enough (for trying to save myself), and this case has nothing to do with patient care. It was a physician-physician disagreement. I can't comply with an Order based on fraud as I was not the physician who made the mistakes. I tried to stop the mistakes and my license was taken for objecting. The objecting was made into hysteria, etc.

Taking licenses so you can make Orders to rehabilitate physicians who don't need rehabilitation and make work for the cottage industry of the Medical Board is not legal. You made a fraudulent case so that you could make work for the Board, rehabilitating with ridiculous conditions – so that something can be found fault with. Try reading some of your Orders or Findings. I can't go along with this as the fraud would never end. Come up with the Rorschach answers, the [redacted] x-rays and physical exams (if I was walking in without appointments), the "therapy" that Dr. [redacted] did for something that I didn't have and which wasn't billable, etc. The insomnia was fracture pain and the anxiety the same that any physician would have had in similar circumstances. There has to be some other criteria for "dysfunctional" than having trouble with Drs. [redacted], [redacted], [redacted] O'Day, etc. All of them have a number of malpractice suits on record.

In my case your Board accepted physician/psychologist records that have no exam or x-ray findings, no answers, no examples to justify "dysfunctional," and dates all over the place. Yet you went through all my medical charts several times over and required dates, physical exams, lab test results (the lost CBC was nothing compared to a missing work-up), assessments and patient care plans.

Free up my license and clear the record (of something that I never had and don't have). I can guarantee that I will get a training position where I will be monitored, re-oriented and rehabilitated and be able to make a living. The Ohio Board can call and check with this program for a limited period of time. Thereafter, the Ohio Board must cease all further harassment dealing with the nonsense that occurred 1990-92. Otherwise, the State of Ohio is really monetarily responsible for the "rehabilitation."

Thank you for your consideration of the above.

Sincerely,

Rita Kralik, M.D.

Rita Kralik, M.D.
[redacted]

STATE MEDICAL BOARD
2000 DEC 20 A 11:49

December 20, 2000

CONFIDENTIAL

Thomas A. Dilling
Executive Director
Ohio State Medical Board
77 South High Street, 17th Floor
Columbus, Ohio 43266-0315

Re: Rita M. Kralik, M.D. v. Ohio State Medical Board ('92-'00)

Dear Mr. Dilling:

Enclosed please find a copy of the communication that was received from the National Practioner Data Bank.

I'm not sure what it means. If I'm cleared then **I need my Ohio license and DEA restored** so that I can get on with my life.

Attached please find the acceptance letter from the program at [redacted] If my license is restored fully, then I can possibly work part-time (student health, nursing homes) using my internist skills (colds, bronchitis, urinary tract infections, etc.) until I'm accepted into a training program. **There are a lot of simple care things that I can still do. However, I need my licenses free and clear to get an acceptance offer from a fellowship training program, e.g. Hematology-Oncology.** My physician friend in Rhode Island has been sent the communication from the NPDB. My Rhode Island license was also involved in this mess.

My CME is up-to-date and there are many practitioners who take years off and then return to working without penalty. Foreign physicians take your tests and go to work even though many were off for years for one reason or another before coming to this country. The jobs make accommodations to have someone help you out for awhile. They'll certainly do for me what they do for all the foreign medical graduates. The fellowship program will recommend me to practice jobs.

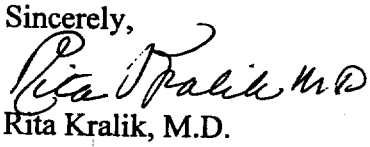
There is no reason to not restore my license fully; I was not the one responsible for the mistakes. I have no patient complaints and have never misused a drug license. I used samples as any other physician when I had pain. I took huge amounts of time off so that no patient would see me at less than my best. **The missed diagnosis of low bone density, etc. was however, costly – as it would have been for anyone – politician or physician.** There was a lot of misinformation to discredit me because I knew that mistakes were made, many of them

unnecessary. No one likes to fracture three bones and lose four medical licenses. That's not good care.

Given what has occurred during the last almost ten years, it is not a great idea to be sending representatives of the Ohio State Medical Board to knock at my parent's residence (home) without calling or notice. My physician father's office address and phone number is in the phone book and at the Medical Board. This is the address to which the attached communication was sent. **You would penalize me for doing likewise.** I called before I visited with Representative Trakas. One of the things you didn't understand was that until the last, Dr. [redacted] his staff and his patients were just walking in the office that I shared with my father. Even the AMA recognizes that certain practice situations need to be gotten out of for one reason or another. I was not interested in Dr. [redacted] and not interested in working with him after the initial experience. There was no formal agreement of my practicing with him. His wife had things published about me that were not true. He used me as gossip material at [redacted] Hospital.

If the communication from the NPDA is for real then it's a miracle and I thank you for it. Please finish the miracle.

Sincerely,



Rita Kralik, M.D.

cc: Governor Bob Taft
Representative James Trakas

[redacted] UNIVERSITY

Graduate School of Arts and Sciences
Office of the Dean

December 5, 2000

Ms. Rita Marie Kralik
[redacted]

Dear Ms. Kralik:

Upon the recommendation of the Admissions Committee, I am pleased to approve your admission to the M.S. in Biochemistry and Molecular Biology program, effective with the 2001 Spring Semester.

A $500 nonrefundable deposit is required in order to ensure your place in the program. This deposit will be applied to your tuition upon matriculation. Your deposit and the enclosed Confirmation Form must be submitted to [redacted] University, Office of Graduate Admissions, c/o Mr. [redacted] - Enrollment Confirmation, [redacted] by **December 20, 2000.**

If there are any specific departmental or programmatic conditions of admission, you will be notified by separate letter.

Please contact your department for information about registration for the 2001 Spring Semester.

Congratulations and best wishes on your admission. We look forward to working with you in the fulfillment of your educational and professional objectives.

Sincerely,

[redacted]
Dean

P/S: 0114549

[redacted]

Rita Kralik, M.D.
[redacted]

STATE MEDICAL BOARD
JAN - 3 2001

January 1, 2001

Thomas A. Dilling, Executive Director
Ohio State Medical Board
77 South High Street, 17th Floor
Columbus, Ohio 43266-0315

Dear Mr. Dilling,

I appreciate your recent letter and offer to meet January 5th. I will be unavailable on that date and in the near future as I am enrolled in a graduate medical program.

Since my license was suspended I have kept up continuing education and remained a member of the American College of Physicians. I attended classes in New York at the [redacted] and did extensive illustrating in human anatomy. The [redacted] has a prestigious history being the Alma Mater of Frank Neter, M.D. noted medical illustrator. For the past two years I have attended [redacted] and retaken core curriculum courses in Microbiology, Pharmacology, Medical Biochemistry and Neuroanatomy at the medical school.

It is my hope and plan to apply for a Residency/Fellowship program when my present graduate work is complete. In this capacity my work will be observed, monitored and all my clinical skills assessed. To accomplish this I will need a medical license in good standing.

Previous to my suspension I worked successfully as a practicing physician for 10 years. Patients and staff physicians were interviewed concerning my professional conduct and work. Every doctor has to deal with the fact that he or she cannot always be "all things to all." There have been misunderstandings in the past but I hope to leave them there and continue with the work I love.

I have every hope that the Board will consider my efforts these past years and restore my ability to function as a professional physician.

Respectfully,

Rita J Kralik M.D.

Rita Kralik, M.D.

MR. Dilling:

If you are really serious about setting up a meeting, you can reach me on my cell phone like a grown professional person.

[redacted]

(my mother does it all the time)

This is not something that you can just take to the Board; the record has to be corrected. I functioned perfectly as a physician except that I couldn't get back to the hospital to check that a CBC was lost - I had severe pain from a fracture being re-casted after it was left to collapse for TWO WEEKS. Dr [redacted] was out-of-it for TWO WEEKS, and his friends covered up. To protect other patients, I had to report him: there was fault and therefore I had to be crazy.

Dr [redacted] covered up because her staff privileges were at stake, as mine were.

This needs to stop. [redacted] is a vivid liar, but that doesn't justify a Board publishing more lies without verification, or nine (9) years of what the Medical Board did.

Rita Kralik, M.D.
[redacted]

January 16, 2001

Thomas A. Dilling
Executive Director
Ohio State Medical Board
77 South High Street, 17th Floor
Columbus, Ohio 43266-0315

Dear Mr. Dilling:

Again, I appreciate your recent letter and the offer to meet in Columbus on January 5th. It is unfortunate that you were unable to reach me on the phone to discuss this date before setting it up. It would also be appropriate that I know something about who you are; your C.V. After all, you have my confidential medical records albeit with a lot of errors.

Regarding meeting with you, at this time I have no Ohio medical license and my Physician Data Bank Record is cleared. Thus, there is no reason for me to show up in Columbus *unless* I have a valid Ohio medical license. Otherwise, it would be a meeting based on an understanding and you could say whatever you wanted when I showed up (including that I just walked in, like Dr. [redacted] who then just got rid of his office appointment books). Unless I have a current Ohio medical license, you have no authority to ask me to come to Columbus, and more importantly I have no legal required reason to be there.

Your "complex" case is/was based on misrepresentations (including about my previous visits to Columbus), that you have in part now acknowledged to be untrue. Despite all these admissions, my Ohio medical license has yet to be reinstated after almost nine years. You have continued the suspension, although for four years now you have accepted that I am not - and was not - in violation of any Rule. Thus, you are apparently still looking for a reason to justify the destruction of a career and a personal life. And, I would play into this continuing search, if I showed up in Columbus without a license that should have been returned after the first Hearing.

Further, under current law, the Medical Board was supposed to clear my Data Bank record after seven years. It took eight and a half, because you break any law that you want to. I can't deal with that kind of arrangement, and no lawyer can. The Ohio State Medical Board just didn't answer the letters of the last lawyer that I had – some two years ago now. So it takes more than a week to find a lawyer and you may have to meet with myself and my parents – or myself and my brother lawyer. Is that acceptable?

Thus, in order not to create more misrepresentations, if you want to meet with me in Columbus, my Ohio medical license and DEA needs to be restored. The meeting must be confidential, not a matter of public record, and not involve the participation of experts on your side. [redacted] from Representative Trakas's office needs to be around for part of the meeting. I've asked for an investigation into the handling of my case and she got the gist of what was going on immediately; competition, fooling around and then I had to be crazy because I wasn't incompetent or unbelievable. The Medical Board is the only group of people that don't seem to see through the complex history and case.

My parents have not read all the bizarre and gross (sexual innuendo-wise) testimony of Drs. [redacted] and [redacted] as they still have to function in that medical environment (and they are in their seventies). They both did try unsuccessfully to talk with Drs. [redacted] and [redacted] however.

An additional problem that has to be resolved is an article that Mrs. [redacted] had printed in the Sun Press in 1992. Mrs. [redacted] did not know all the facts except what her husband relayed to her. My family is asking that, as part of any settlement, Mrs. [redacted] has a retraction printed in the Sun Press the same way that she had the original article printed.

My spring break from [redacted] is the week of **March 5-9** and I can meet with you at that time in Columbus – it may take more than one meeting that week. My parents have my authority to confirm a meeting in my absence, if my Ohio medical license is received in the mail. Otherwise, my next free time is after May 17th. The damages though accrue daily in the loss of a practicing physician's income.

Sincerely,

Rita Kralik, M.D.

cc: Governor Taft
Representative James Trakas

Rita Kralik, M.D.
[redacted]

OHIO STATE MEDICAL BOARD
FEB 12 2001

February 5, 2001

Thomas A. Dilling
Executive Director
Ohio State Medical Board
77 South High Street, 17th Floor
Columbus, Ohio 43266-0315

Dear Mr. Dilling:

Again, I would like to resolve my case with the Medical Board so that I can accept a training position as soon as possible. You have accepted that I have no impairment.

The two Findings of Fact are filled with "factual" statements that you can never prove; my fracture care had many real problems. Many of Dr. [redacted] x-rays (office visits) don't exist and his statements and accusations you have already admitted as false. Dr. [redacted] alleged "treatments" for something that I did not have will never stand up in any civil court. Yes, I was not happy about my fracture care and the behavior of my Ohio orthopedics, but that does not make a diagnosis of "depression" nor make someone not functional. Dr. [redacted] omissions and misstatements were self-serving; before you operate on someone you should have an operation that will produce some benefit. That you allowed Dr. Carla O'Day to order a medical school classmate to a psychiatric assessment was just extremely poor judgment. Finally, the experts contracted by the Medical Board couldn't produce their "evidence" for even the *Ohio* Court of Appeals, and the last expert made up a diagnosis that doesn't *exist*. I've tried for excellence in my career (Georgetown, etc.), and this is just such *depressingly* ugly stuff.

There were unfortunately reasons that I had to disagree with my orthopedics, and I could not be all the "roles" that Dr. [redacted] wanted me to be to satisfy his *personal* needs. The list goes on and on of professional behaviors, due process and Rules that the Medical Board just disregarded to make my case. The lawyers don't want to even be in a room with you or a Member of the Ohio Medical Board.

The return of my Ohio medical license should not require another trip to Columbus by me to straighten out what I would never imagine doing to another physician or patient.

Sincerely,

Rita Kralik MD

Rita Kralik, M.D.

cc: Governor Taft

Note: It would be nice if you were honest with me who you are?

cc: Mr Dilling

Rita Kralik, M.D.
[redacted]

February 10, 2001

OHIO STATE MEDICAL BOARD

FEB 14 2001

CONFIDENTIAL
Representative James P. Trakas
77 South High Street
Columbus, Ohio 43266-0315

Re: Rita M. Kralik, M.D. v. Ohio State Medical Board ('92-'01)

Dear Representative Trakas:

This is to ask you again to please obtain a copy of the internal documents in my case. There seems to be no end in sight as the Medical Board is still unwilling to **admit** that the "facts" they used to make my case were either fabricated, exaggerated or untrue. Your office has the power to subpoena, if necessary, these documents and to end this mess.

The only offer in the last two years was to meet with Mr. Dilling on January 5, 2001. Again, it is just assumed that I'm to pay for all this traveling to Columbus and legal fees to straighten out a mistake that the Medical Board made. This case should have ended without further penalty to me years ago; **without further visits to Columbus**.

Regarding that I've been out of practice, the residency or fellowship programs that I've contacted have no problem with this. But, the time is close for me to start in July, 2001. Radiology doesn't require any clinical skills.

The difficulty meeting with Mr. Dilling is that in the current environment *anything* that I do or say, until there is a signed legal release and no-fault statement, is construed as a reason for delays, excuses and further meetings, etc. Mr. Dilling also seems to have no formal medical training or education. My case is complex because there were medical problems *mis*portrayed as a problem with not "getting along" with colleagues, their office staff or an administrator. No one likes to disagree, but there were problems missed and care that did not occur. Like any patient, I wanted the correct care and diagnosis and can't be doing personal things for the physician.

The Medical Board seems to be still looking for a reason to justify their mistake. After about a decade now, there is just no feeling or impression that the Medical Board is looking or willing to end this endless investigation.

Thank you for what you can do.

Sincerely,

Rita Kralik, M.D.
cc: Mr. Dilling
Governor Bob Taft

Mr. Dilling:
Don't you have a son/daughter that would want a recommendation to [redacted] or a woman MD to talk with a daughter saying it's a good field for women with fair opportunities? Was Dr. [redacted] misbehavior worth all this loss to Ohio, to my life, to medicine? You have no knowledge of the medicine involved (esp the PSYCH).
Rita Kralik M.D.

THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF	*
	*
RITA MARIE KRALIK, M.D.	*

SEALED MEDICAL RECORDS PERTAINING TO FINDINGS, ORDER AND JOURNAL ENTRY

In order to protect patient confidentiality, the medical record in this matter has been placed under seal as Exhibit 7.

Rita Kralik, M.D.
[redacted]

OHIO STATE MEDICAL BOARD
JUN 1 2001

February 19, 2001

Mary Rose Oakar
77 South High Street
11th Floor
Columbus, Ohio 43266-0603

Dear Representative Oakar:

This is to ask you as a woman representative, to look into my case with the State Medical Board of Ohio – which has gone on since 1992.

I need to ask you to obtain and review the internal documents in the case and to make them available to me (or send them to [redacted]. There were many breaches of due process and rules that just got rewritten to make the case. The case began with a complaint on my part after I fractured three bones with little work-up and little in the way of standard care. A complete set of blood work - which would have revealed the etiology of the metabolic bone problem - was never ordered before my license was suspended for not "getting along." Answers to a Rorschach test have never been found. When the test was repeated it was completely normal. My bone condition was left untreated and neglected until 1997, and still is misrepresented in public documents.

Recently in December, an Investigator from the State Medical Board just showed up at my parents' residence in [redacted] Ohio claiming to want to talk with my father about a patient who had died four years ago. This investigator never followed up with a visit to my father's office. This is highly unusual procedure. My Data Bank record was required by law to have been cleared in June 1999, and was only recently cleared in 10/2000. All kinds of rules were broken on the part of the Medical Board, and continue to be.

Anything you can do is greatly appreciated. Attempts to end this mess for years have been stalemated and rerouted by the Medical Board.

Sincerely,

Rita Kralik

Rita Kralik M.D.

cc: [redacted]

3-12-

Mr. Dilling:

You are going to get as "taken" as I was. Imagine, the Ohio State Medical Board insisting that I refer to Dr. [redacted] when he left my R wrist fracture uncasted for most of 3 weeks and took the one check I gave him for professional services to a [illegible] furniture store and had it cashed for home furnishings. Then Dr. [redacted] says I'm "unstable" for not having surgeries that have no benefit except for the surgeon's pocketbook. Then the fractures never needed to occur if a bone density screening test had been done with some blood tests. FRAUD. 5 letters.

Then you suspend my medical license for nine years and count phone calls without listening to the messages. A lot of "thens"...

I need a release and my brother attorneys will review it. Then, I can meet with you. My case is not a "get rich quick" case. What I want is all my credentials back +

Rita Kralik, M.D.
7093 C[redacted]

March 14, 2001

CONFIDENTIAL

Governor Bob Taft
77 South High Street
Columbus, Ohio 43266-0315

Re: Rita M. Kralik, M.D. v. Ohio State Medical Board ('92-'01)

Dear Governor Taft:

Regarding the above case, Mr. Dilling through Ms. Lori Gilbert is now admitting that there is "corruption" at the Medical Board and that my case might be used to expose the corruption.

My case has gone on for almost nine years now and there is no case. The fraud on top of the corruption is that there is no way to throw a case out of the Medical Board after damages of nine years; loss of a medical license and a life.

After three evaluations and two Hearings, the worst that has been said was that I had an "adjustment reaction" to inadequate or just plain bad orthopedic care and a "pain syndrome." In truth, I had neither an "adjustment reaction" nor a "pain sydrome." The pain was very real and the symptom of a missed underlying endocrine bone problem. The care was a joke. Thus, I had "nothing;" **problems obtaining inadequate care and a couple of orthopedics who wanted out of the negligences by inventing that if I disagreed with what they had done, then I had a "colleague problem" and a "personality" problem.** It's sort of like saying you have a psychiatric problem because you disagree with former President Clinton – who is a political colleague.

As a physician, I have to be able to disagree and disagree effectively. **If all malpractice can be reduced to a psychiatric disorder on the part of the victim for not being able to "adjust," disagreeing and not getting along, then malpractice can be thrown out of the courts or the victim can pay as in my case.**

I assume that you will be taking "full responsibility" for the problems and the corruption as you appointed the Members of the Medical Board including Mr. Dilling. It also might be appropriate to get my permission before using my case, and to void the case before releasing yet more lies and misinformation and ordering more evaluations based on those lies and misinformation. For three evaluations now, experts have read and re-read all manner of fabrications at my expense.

Mr. Dilling is a 38-year-old attorney and Ms. Gilbert is probably younger. Neither are equiped by education or experience to deal with a case that involves nine years of corruption.

Please address the corruption at the State Medical Board and return my medical license. I would like to accept a training position in another state – which will "rehabilitate" me.

Thank you for your belated attention to this matter. **Please inform Ms. Gilbert that if it had been her license, I'm sure she would call as many times a day as necessary to straighten things out. The psychiatric expert in 1995-6, told the Medical Board to resolve the case, hopefully in my favor ASAP. Dr. Skodol told the Medical Board that I needed a life to "get over" things.**

Sincerely,

copy

Rita Kralik, M.D.

cc: Mr. Tom Dilling

Rita Kralik, M.D.
[redacted]

Governor Bob Taft
77 South High Street, 30th Floor
Columbus, Ohio 43215-6117

April 16, 2001

000277 APR 19
OHIO STATE MEDICAL BOARD
APR 23 2001

Dear Governor Taft:

This letter is to ask you once again to intervene in my case before the Medical Board. Almost nine years ago, I was falsely accused of a personality problem because I dared to disagree with my orthopedic care providers and report one of them for neglecting basic fracture care and basic physician behavior as to referrals and physician courtesy. The consequences were that *my* license to practice medicine was suspended in Ohio in 1992.

I have tried to talk with Mr. Dilling and finally got ahold of him after literally almost a hundred phone calls and messages. He behaves as did the orthopedics as to the courtesy of returning a woman physician's phone calls. He has only his side and is 38-years old.

Mr. Dilling verbally just had every reason why I could have gone around or done something different or known how to handle the "boys being boys" - with two wrist fractures, one of them uncasted. Mr. Dilling admitted finally that the "boys were being boys." But, **the "boys" were licensed physicians.** Mr. Dilling also thought nothing of the lost nine years of my life; I was "still young." Well, I haven't been able to earn a physician's salary for those nine years (during which he has been handsomely paid by the State of Ohio) and that is a loss of over $1 Million in income, benefits, etc. My child-bearing years were over years ago.

In the years since the suspension, my disagreements have been proved legitimate; I had a metabolic bone problem that should have been properly diagnosed and assessed - **with blood work and endocrine consultations** - not psychiatric. All my fractures were easily preventable.

The Board that you have appointed is not even representative of the average American medical school graduate. **Mr. Dilling has no medical training**, yet Mr. Dilling is telling me how to do medicine and what I have, etc. Then there's the Board Member with no medical or legal education. They have my confidential medical records and no medical training.

The case against me needs to be dismissed and the public record expunged. I disagreed because I had to. I reported immature and unprofessional behavior that, as a *patient and colleague*, I could not deal with only after many attempts to get help at a local level. The Medical Board had no other channels in place for inter-professional problems as do many other States where there is a non-punitive, non-public, correctional channel.

Sincerely,

Rita Kralik, M.D.
cc: Mr. Dilling

Lori Gilbert June 26

Dr Steinberg:

These are from Georgetown. [redacted] had me "baby sitting" his patients and expected referrals for [illegible] membership. There were a lot of violations of these principles and he initiated discussion of the problems during [illegible] meeting.

I [illegible] complaints about [illegible] colleagues [illegible] lose [illegible] lack of communication [illegible] CONFIDENTIAL side and [illegible]

OHIO STATE MEDICAL BOARD
JUN 2 9 2001

DRAFT STANDARDS FOR THE TEACHER/LEARNER RELATIONSHIP

presented to the Georgetown School of Medicine community for review, discussion, and feedback by The Office of the Dean of Academic Affairs

PLEASE NOTE:

The Standards will be presented and discussed at an open forum at Noon, on Wednesday, April 4th, in GA24 Preclinical Sciences Building as one of several activities devoted to the theme of *Professionalism in Medicine*

If you wish to offer written feedback, please take a copy, mark it up, and return it to the Office of the Dean of Academic Affairs, NW106 Med-Dent

Rita Kralik, M.D.
[redacted]

OHIO STATE MEDICAL BOARD
JUL 03 2001

June 30, 2001

CONFIDENTIAL
Anita Steinberg, D.O.
Ohio State Medical Board
77 South High Street, 17th Floor
Columbus, Ohio 43266-0315

Re: Rita M. Kralik, M.D. v. Ohio State Medical Board ('92-'01)

Dear Dr. Steinberg (or however you spell it):

I did read *IceBound*. What I was struck about was that you could understand how the woman physician could have trouble with her physician husband lying, isolating her and being obsessed with her, and not understand the similar problems that I had with Dr. [redacted] once I consulted with him for a toe fracture. The problem wasn't me as you continue to assert and never was. Dr. [redacted] solated me from any meaningful consultation or help.

If you want to know more about what the problem was, I will allow Dr. [redacted] to discuss what you need to know to reinstate my medical license without limitations or discipline. But I don't want to hear you say the things that you said to me on May 23 ever again, and I do resent the bizarre and untrue characterizations that you voted to accept in 1996. They were no nearer to the truth than your statements last month and the whole was unprofessional. Physicians are supposed to base their judgments on the truth and the whole medical record; not the part you included in your "independent" investigation - which I didn't give you.

The problem was orthopedics that let me just fracture bones which didn't heal without considering or being interested in doing a work-up. The problem was that Drs. [redacted], [redacted], [redacted], [redacted] and [redacted] then painted a picture for the [redacted] and the [redacted] Clinic that I exaggerated my pain and had a psychiatric problem, because I disagreed and thought that something else was wrong. Information was withheld and/or not communicated in a physicianly professional manner. The [redacted] had a tendon to save and no records from Drs. [redacted] or [redacted] The [redacted] told me to return for further tests at the same time that the Ohio State Medical Board took my medical license saying I should get treatment for a personality disorder – which I didn't have. A diagnosis of hormonal failure was then missed from 1992-1997, and I'm the one who needs discipline? When I was seen at the [redacted] Clinic for the second time, I hid the bruises from Dr. [redacted] office because my license was in jeopardy and my hospital privileges at [redacted] suspended. How could the [redacted] Clinic get to the truth? No one wanted them to. I was being beaten up in offices for saying I had pain.

You voted on an incomplete record in 1996 as far as an adequate medical work-up and asked no questions about did I ever get the complete metabolic bone work-up. Your concern in 1996 was Mrs. [redacted] You still think that I merit discipline because I tried like any other patient-physician would have to get to the truth about what was wrong with me. The problem is you.

Sincerely,

Rita Kralik MD.

PS. Where are the ANSWERS to the Rorschach test which is UNACCEPTABLE in 40 states

Rita Kralik, M.D.
[redacted]

July 5, 2001

North American Menopause Society
5900 Landerbrook Drive
Suite 195
Mayfield Heights, OH 44124
same as [redacted] Hospital

Anita Steinberg, D.O.
Ohio State Medical Board
77 South High Street, 17th Floor
Columbus, Ohio 43266-0315

OHIO STATE MEDICAL BOARD
JUL 10 2001

Dear Dr. Steinberg:

Please read the attached Net "bestseller." The reason that I keep calling and writing and disagreeing is that the OSMB took my license for symptoms of perimenopause – a word that until recently has been poorly understood and virtually ignored and which neither the OSMB nor my Ohio physicians knew anything about. They didn't even know the rudiments that pharmacists need to know to provide pharmacology education to patients. And, for nine years I've been punished for complaining about the problem.

There were blood tests that should have been done, clinical evaluations that were missing everything except my not "getting along" behavior, and management and treatment options that would have prevented much of the bone deterioration and the symptoms that I had to live through because I was discredited, exaggerating and had a "pain syndrome." I didn't cause Dr. [redacted] and Dr. [redacted] (University Hospitals) to not do their job. I reacted to the lack of care, physician understanding, male stupidity and crude outlook on women's medicine. That attitude extended to not helping me get consultation at the [redacted] Clinic and the [redacted] Clinic; not providing information that would have helped the correct diagnosis to be made years ago. That's simple physician behavior 101.

The misinformation provided to the [redacted] Clinic and the [redacted] Clinic to cover for the omissions and the bad fracture outcomes and complications were the reason the diagnosis was missed by everyone prior to 1992. My license was suspended for an "independent" investigation by the Ohio State Medical Board, which didn't even include a complete set of blood work; the physiology and endocrinology of the perimenopause. I had to be psychiatrically diagnosable, because no one knew the correct tests to order.

The misinformation provided to my experts, and the piles of nonsense testimony they had to "weed" through, kept them from getting to the truth fast enough. My experts and the [redacted] Clinic now know what was missed.

This is not something that I should be disciplined for. The letters that you interpreted as "me" being the problem were no more than a woman physician complaining about the abuses that were allowed at the time. Some of these abuses and poor attitudes continued in the orthopedic care that I received in 1992 – a time when things should have been better. Most states now have codes of professional behavior for physicians.

Sincerely,

Rita Kralik MD.

Rita Kralik, M.D.

Note: Once Dr. [redacted] had been overly personal to me & let the fractures occur without W/u or much care, he told everyone with Carla O'Day's approval that it was a [illegible]

Please read. The North American Menopause Society is in Cleveland, OH so there was little excuse for my orthopedics, OBGYN, Gen & Lori Gilbert. The problem isn't me please correct nine years of horrible mistake.

Advertisement

have
a field day
ibreathe.com™

NOTE: To view the article with Web enhancements, go to:
http://www.medscape.com/APhA/JAPhA/2000/v40.n06/jap4006.05.frac/jap4006.05.frac-01.html

Women's Health Care During the Perimenopause

Edyta J. Frackiewicz, Neal R. Cutler

[J Am Pharm Assoc 40(6):800-811, 2000. © 2000 American Pharmaceutical Association, Inc.]

Abstract

Objective: To review the perimenopause, its associated symptoms, and current management options.
Data Sources: Published articles identified through MEDLINE (1966-2000) using the search terms *perimenopause* and *treatment.* Additional articles and books were identified from the bibliographies of the retrieved articles.
Data Synthesis: The perimenopause is the transition period from normal ovulatory cycles to menopause. It is associated with erratic fluctuations in reproductive hormone levels, often leading to irregular menstrual cycles, vasomotor symptoms, changes in mood or cognition, and sexual dysfunction. The perimenopause is an ideal time to evaluate a woman's health risks for such common chronic midlife conditions as heart disease, osteoporosis, and some cancers, and to initiate appropriate preventive health measures. Low-dose oral contraceptives and other hormonal therapies are often effective in managing perimenopausal symptoms.
Conclusion: The transition to menopause is an important time in the female life span that is associated with varied physical and psychological symptoms. Pharmacists should be prepared to provide education about the perimenopause and counsel women on the benefits and risks of various pharmacologic and nonpharmacologic treatments that can ease their passage through this often difficult transition. Pharmacists also are well-positioned to educate and encourage perimenopausal women to initiate lifestyle changes that can enhance their health for the rest of their lives.

Introduction

In recent years, the menopause has been the topic of numerous publications in both the clinical literature and lay media. However, far less information has been available on the perimenopause, the years of transition that precede the menopause.[1] During this transition, erratic fluctuations in female reproductive hormones can lead to an array of physical and psychological symptoms. Until recently, however, this important time in the female life span has been poorly understood and virtually ignored, both in the scientific literature and by many clinicians.

The perimenopause, which has been aptly called "the next frontier in women's health," is an important concern for a large and growing population of American women.[1] With the aging of the baby boom generation, 21 million women in the United States are projected to enter menopause in the next decade.

Med Bd

Rita Kralik, M.D.
[redacted]

JUL 24 2001

000212 JUL 23

July 19, 2001

CONFIDENTIAL
Governor Bob Taft
77 South High Street
Columbus, Ohio 43266-0315

Re: Rita M. Kralik, M.D. v. Ohio State Medical Board ('92-'01)

Dear GovernorTaft:

Regarding the above, on May 23, 2001, I met with Lori Gilbert, Dr. Anita Steinberg, Representative James Trakas and his aide [redacted]

The Medical Board proffered a "Consent Agreement" whereby I would accept discipline but **not know what I did**; the Original Complaint and the so-termed "independent" investigation of the Medical Board would be and remain "confidential." Myself, an attorney Mr. [redacted] and Representative James Trakas asked, "What did she [I] do?" The answer is "confidential." I can't agree to sign for "discipline" – punishment and no jobs – on that basis.

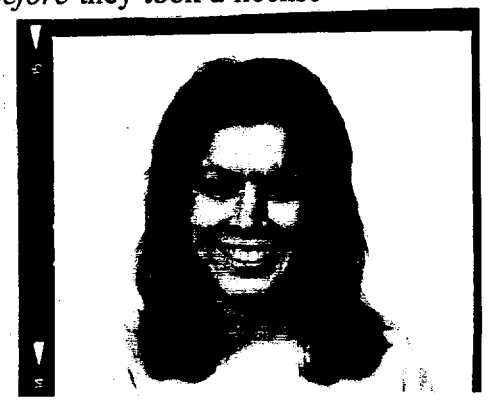
Now, **I don't know how corrupt you are**, but I can't accept discipline for "confidential." **Medical licenses are supposed to be suspended for breaking some Rule.** What they took my license for did not bear up under scrutiny; I didn't have the problem that I was accused of. My attorney put the *second* appeal in three days late and though the Medical Board has been *years* late, they didn't allow the Second Appeal. The case though is *fraud,* unless there is "something" in the complaint and investigation that we don't know of. It should have been dismissed, but for the constant legal battle that hasn't amounted to my breaking any Rule. There aren't any patient complaints.

Please dismiss this case or come up with the "confidential." Would you accept discipline not knowing what you did wrong? The Medical Board may not like me, but I'm a very good physician and part of that is that I don't always agree with stupidity.

Please free up my license or come up with something that broke a Rule. I can't get a job telling them that the Ohio Medical Board suspended my license for nine years for "*confidential.*" Please appoint physicians to the Medical Board that have some maturity, independence, judgment and know their medicine. Mr. Dilling is a 38-yr old lawyer who lacks the maturity and medical know-how to understand what happened in my case; they accused me of something that I didn't have and took my license on *provisional* hearsay and misinformation. In days before Taft and Voinovich, the Board had to prove something *before* they took a license and ruined a life. Please stop this harassment.

Sincerely,

Rita Kralik, M.D.



7/2

· 1I
The problem isn't me. Your "independent" investigation was a Rorschach without answers and not even a complete medical file on me. It was a hoax & fraud & you're not protecting patients.
Rita Kralik MD.

HARVARD MEDICAL SCHOOL

DEPARTMENT OF CONTINUING EDUCATION

BOSTON, MASSACHUSETTS

THIS IS TO CERTIFY THAT

Rita M. Kralik

was enrolled in the Department of Continuing Education of Harvard Medical School for the course entitled

Internal Medicine 2001

June 11-16, 2001

Harvard Medical School is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. Harvard Medical School takes responsibility for the content, quality and scientific integrity of this CME activity.

Harvard Medical School designates this educational activity for a maximum of **52.00** *hours in category 1 credit towards the AMA Physician's Recognition Award. Each physician should claim only those hours of credit that he/she actually spent in the educational activity.*

Faculty Dean For Continuing Education

JUL 05 2001

Rita Kralik, M.D.
[redacted]

JUL 30 2001

July 26, 2001

CONFIDENTIAL
Governor Bob Taft
77 South High Street
Columbus, Ohio 43266-0315

Re: Rita M. Kralik, M.D. v. Ohio State Medical Board ('92-'01, '02, '03, ???)

Dear GovernorTaft:

I don't like to keep talking to your Deputy Director (of what???), Mr. [redacted] about my medical history and care. I don't like to talk to your self-appointed President of the Ohio State Medical Board, Mr. Dilling. Mr. Dilling is a cowboy of a lawyer and rather crude, immature and unknowledgeable about medicine.

Enclosed please find a copy of my recent grades at Georgetown. If I had had just a little less sadness and didn't have to keep calling the Ohio State Medical Board about all the lies, I could probably have easily gotten an A instead of a B+ in Signal Transduction. **I need my credentials back in good order and deserve them so that I can have a life and work a day without having to debunk lies.**

In 1990-92, I was mistreated as a patient; had a complicated problem and a fracture syndrome. The **reason for the fractures was missed because of stupidity**; that Ohio physicians and orthopedics (and Medical Board Members) are not some of the best and the brightest. The diagnosis had to be made in New York City at [redacted] I 've had to get psychiatrists on both coasts to support my innocence and mental stability. **Now if this situation and medical problem isn't seen for what it is – if someone doesn't learn from the mistakes made in my care and that the problem wasn't psychological – more women will suffer from the stupidity of Ohio doctors.**

You went to the [redacted] Clinic for your surgery and you were allowed to disagree and choose and maintain confidentiality of your records. This is not something allowed women patients in Ohio. **You are the Governor, appoint the Medical Board Members and you have the ability to read my case and to do something about it. If you sit in on my next meeting with the Medical Board things will go much differently. Time involved: one-two hours.**

I'm proposing a meeting with the same group that met on May 23 (James Trakas, my lawyer, Cindy, Dr. Steinberg and Lori Gilbert) *with your presence*, before I return to Georgetown (first two weeks of August). With you present, things might get solved. I'm not accepting discipline, I'm accepting the truth and my license returned, case dismissed.

Sincerely,

Rita Kralik, M.D.

Rita Kralik, M.D.

✓ MR. Dilling – Dr Steinberg needs to read (= study) about premature ovarian failure, osteoporosis and symptoms / treatment of perimenopause before the meeting as well as diagnosis criteria for depression / personality disorder

Rita Kralik, M.D.
[redacted]

Please leave your cell phone out of the room. I could have brought a cell phone, but out of courtesy & professionalism didn't. R. Kralik MD.

July 26, 2001

CONFIDENTIAL
Governor Bob Taft
77 South High Street
Columbus, Ohio 43266-0315

Re: Rita M. Kralik, M.D. v. Ohio State Medical Board ('92-'01, '02, '03, ???)

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In 1990-92, I was mistreated as a patient; had a complicated problem and a fracture syndrome. The **reason for the fractures was missed because of stupidity**; that Ohio physicians and orthopedics (and Medical Board Members) are not some of the best and the brightest. The diagnosis had to be made in New York City at [redacted] I 've had to get psychiatrists on both coasts to support my innocence and mental stability. **Now if this situation and medical problem isn't seen for what it is – if someone doesn't learn from the mistakes made in my care and that the problem wasn't psychological – more women will suffer from the stupidity of Ohio doctors.**

You went to the [redacted] Clinic for your surgery and you were allowed to disagree and choose and maintain confidentiality of your records. This is not something allowed women patients in Ohio. **You are the Governor, appoint the Medical Board Members and you have the ability to read my case and to do something about it. If you sit in on my next meeting with the Medical Board things will go much differently. Time involved: one-two hours.**

I'm proposing a meeting with the same group that met on May 23 (James Trakas, my lawyer, Cindy, Dr. Steinberg and Lori Gilbert) *with your presence*, before I return to Georgetown (first two weeks of August). With you present, things might get solved. I'm not accepting discipline, I'm accepting the truth and my license returned; case dismissed.

Sincerely,

Rita Kralik MD

Rita Kralik, M.D.

✓ MR. Dilling – Dr Steinberg needs to ~~read~~ study about premature ovarian failure, osteoporosis and symptoms/treatment of perimenopause before the meeting as well as diagnostic criteria for depression/personality disorder

NAME: Rita Marie Kralik
STUDENT NUMBER: [redacted]
ADMITTED FROM:

GEORGETOWN UNIVERSITY

OFFICE OF THE UNIVERSITY REGISTRAR
WASHINGTON, D.C. 20057
(202) 687-4020

COURSE NUMBER	TITLE	GRADE	SEM. HRS. EARN.	QUAL. PTS.
	Entering Program:			
	The Graduate School			
	Master of Science			
	Biochemistry & Molecular Biol			
	----------Spring 2001----------			
BCHB-507	LAB APPLICATIONS OF BIOTECH	A	4	
BCHB-510	ENTREPRENEURIAL BIOTECHNOLOGY	A	2	
BCHB-526	MOD METH OF BIOTECHNOLOGY	A	3	
BCHB-530	TOPICS IN SIGNAL TRANSDUCTION	B+	2	
BCHB-540	MOLECULR BASIS OF CARCINOGENESIS	A	3	
PBIO-593	HUMAN ENDOCRINOLOGY	A-	3	
PHAR-534	ETHIC ISSUES IN SCIENT RES	S	2	
	EHRS			
Current	19			
Cumulative	19			
	-----End of Graduate Record-----			

COURSE NUMBER	TITLE	GRADE	SEM. HRS. EARN.	QUAL. PTS.

Rita Marie Kralik
[redacted]

ISSUED DIRECTLY TO STUDENT

05-30-01
309

OFFICIAL TRANSCRIPTS BEAR SIGNATURE STAMP EMBOSSED WITH UNIVERSITY SEAL.

HARVARD MEDICAL SCHOOL

DEPARTMENT OF CONTINUING EDUCATION

BOSTON, MASSACHUSETTS

THIS IS TO CERTIFY THAT

Rita M. Kralik

was enrolled in the Department of Continuing Education of Harvard Medical School for the course entitled

Internal Medicine 2001

June 11-16, 2001

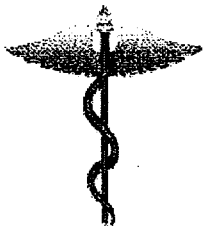
Harvard Medical School is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. Harvard Medical School takes responsibility for the content, quality and scientific integrity of this CME activity.

Harvard Medical School designates this educational activity for a maximum of **52.00** *hours in category 1 credit towards the AMA Physician's Recognition Award. Each physician should claim only those hours of credit that he/she actually spent in the educational activity.*

Faculty Dean For Continuing Education

My problems with B [redacted] as well as OSM are a double-digit list of your behavior (belittling, verbal abuse, humiliation, psychological punishment of evaluations) tops the list. ↓ 7/26

OHIO STATE MEDICAL BOARD
JUL 30 2001



Standards of Conduct in the Teacher-Learner Relationship

Mr. Dilling pls see noted areas. The "abuse" I experienced would not be standard of conduct to a medical student.

R. Kralik MD

Standards of Conduct in the Teacher-Learner Relationship

A. Preamble

The MD Program is committed to the highest standards of behavior concerning the teacher- student relationship. One important objective is to provide members of the University community an environment where teaching and learning takes place in a climate of mutual respect. This policy addresses the behavior required from all teachers, which includes faculty members, residents, staff, or students in a teaching role.

B. Standards

Medical student mistreatment in the course of the teacher-learner relationship will not be tolerated. Examples of behaviors or situations that would be unacceptable include:

1. Sexual harassment (see policy on sexual harassment for details). [redacted] interest phase "sex"
2. Unwelcome physical contact, including any physical mistreatment such as hitting, slapping, or kicking, or threats of the same nature.
3. Verbal abuse. — belittling of [redacted] by Ohio State Med Bd – "problem me" — Verbal abuse of OSMB x 9 years
4. ~~Inappropriate or unprofessional criticism intended to belittle, embarrass, or humiliate a student.~~
5. Requiring a student to perform ~~menial tasks~~ with the intent to humiliate the student. → babysit, scut on all his patients before & after surgery as he wouldn't be around; playing polo
6. ~~Unreasonable requests for a student to perform personal services~~. — Rorschach → unreliable, no answers — your comment "That kind of case"

While criticism may be appropriate in certain circumstances within the teaching-learning process, it should be handled in such a way as to promote learning, avoiding purposeful student humiliation. — purposeful humiliation at [redacted] & lack of orthopedic care — humiliation by OSMB x 9 years that the problem is "me with" "confidential" evidence

C. Procedure to address an infraction of the Standards.

1. Students who believe that a violation of this policy has taken place must report the incident to an Ombudsman. The Ombudsman is an individual appointed by the Dean to act impartially whenever a complaint is brought by a student. Normally, this would be one of the Deans for students. (Note: check with the Office of Student Affairs to request the name of the appointed Ombudsman).

The Ombudsman will be responsible for a review of the charge

Rita Kralik, M.D.
[redacted]

September 21, 2001

President George W. Bush
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Dear President Bush:

First, I applaud your efforts to unite, console and inspire the American public in the wake of the horrible disasters of September 11, 2001. It has been good to see an American President maintaining the dignity of the office. You have my continued best wishes and prayers.

Second, I am a physician who would like to help in your plans by joining the Army or Navy as an American-trained Board Certified Internist. Currently, I am finishing up a Special Masters at Georgetown University (Washington, D.C.) in Biochemistry and Biotechnology.

The problem that I currently have is a *state* problem cause by the Administrations of now *Senator Voinovich* and his successor, *Governor Bob Taft of Ohio*. My license to practice medicine was put "in limbo" when I complained about problems that I encountered in medical practice in Ohio in the early '90s. Instead of openly solving the problems that caused difficulties in my own personal medical care, I was trashed as not "getting along" with certain married male physicians. This is not Afghanistan, but I was supposed to do personal favors for one of these male physicians as well as recommend and refer patients for his orthopedic surgeries, even when the patients refused. I was not allowed to continue my medical training in 1992 because of these male physicians and their political connections at the highest state levels. Supposedly, this happens only in Afghanistan under the Taliban regime.

The situation is still unresolved as Governor Taft insists on keeping the facts "confidential," so that I can't clear the misinformation and get on with my professional life. There were no patient complaints or problems with the medical care that I delivered, just male married colleagues that wanted things done their way. What Ohio has done under Republican administrations is waste the professional life of a woman physician. Certainly America under George Bush can do better.

Anything you can do to resolve this issue is appreciated. When I graduate in December, I would like to be able to sign up to help one of the branches of the military and do my part.

Sincerely,

Rita Kralik, M.D.

Enclosure – C.V.

Rita Kralik, M.D.
[redacted]

October 8, 2001

Confidential you don't know what the word means

Thomas A. Dilling
Executive Director
Ohio State Medical Board
77 South High Street, 17th Floor
Columbus, Ohio 43266-0315

Dear Mr. Dilling:

The following letter was sent to the President. It is my thought that in this time of national crisis, something should be resolved in my case as it is a waste of the life and skills of a good physician. I have offered repeatedly to sign a release in the interest of getting to the truth and resolving the problems. You have enough of my medical records to know that there was a missed medical diagnosis (needing some blood work), and that the care I received was not adequate. If you license an orthopedic in Ohio, they should all able to take a history, apply a temporary cast and refer a metabolic bone condition. I was the patient and not well enough to keep calling and putting up with rather awful behavior for physicians.

Dr. [redacted] in Rhode Island, Chief of Hematology-Oncology at [redacted] Hospital, has offered to certify that my skills are up-to-date and write a letter to the Navy or fellowship training program. He needs the case dismissed, a letter that there was a misunderstanding and my full clinical privileges returned. My CMEs are outstanding and up-to-date. I'll finish my Biochemistry/Biotechnology Masters at Georgetown in December (2001). Dr. [redacted] will monitor me, given the gap in my practice of medicine, until he is satisfied that he can certify as to my being "back." That should take all of a month or two given my achievements and credentials. There's no question of my ever returning to Ohio to practice after the behavior at the last meeting in Columbus. Maybe you can learn something from the current Presidential behavior.

Sincerely,

Rita Kralik, M.D.

cc: President George Bush

Rita Kralik, M.D.
[redacted]

OHIO STATE MEDICAL BOARD
NOV 13 2001

November 5, 2001

Governor Bob Taft
77 South High Street
Columbus, Ohio 43266-0315

Re: Rita M. Kralik, M.D. v. Ohio State Medical Board ('92-'00)

Dear Governor Taft:

I am cognizant of your threatening letter of this summer not to write you again. However, since that time the situation for our country has changed. My skills as a physician could be much better utilized working as a physician, rather than in a lab working towards a Ph.D. ***If you send me another threatening letter, I will forward it to President Bush.***

Further, you should not be threatening any Ohio taxpayer not to write you as you can't do anything about an Administrative Board where you appoint the membership – The Ohio State Medical Board. You recently appointed Mr. Dilling – who has no medical degree or medical training. The rest of the members of the Board are lawyers, physicians who lack any curriculum of knowledge regarding women's health care and laypersons. This is your job as Governor.

My suggestion to you is that you appoint Dr. [redacted] to consult for the Medical Board on my case; to make recommendations for a fair resolution. She will understand the medical care that went awry, and why I would object and finally report the behavior that I endured from my orthopedic caregivers. As she has recently retired from the American Red Cross, she will have a little free time after December 31, 2001. She lives in [redacted] as do I (my parents), and as every other principal player in this case does. I can meet with her during Christmas break from Georgetown. My physician brother worked for her husband, Dr. [redacted] as a Cardiothoracic Surgery Fellow at the [redacted] Clinic.

In May I met with Lori Gilbert and a *D.O.* representative from the Medical Board. At that time I was offered an Agreement that was ridiculous. Three nationally known psychiatrists have testified on record that I need no therapy or discipline. My attorney and I asked for the original Complaint, as this case was a case of my competition and physician's who had "goofed" on my orthopedic care complaining; it was not a patient complaint. We were told that the Medical Board did an "independent" investigation. Well, that "investigation" consisted in part of a Rorschach test (the only psychological test done before my license was suspended), where the psychologist didn't record any answers. Please see the attached article regarding the Rorschach test from May, 2001 *Scientific American*. **In 1999, 123 adult volunteers at a California blood bank took the test and one in six had scores supposedly indicative of schizophrenia.** It's not a reliable test, and certainly not reliable if the answers and are never recorded and the rules of interpretation never disclosed (and it is done in an Express 25 minutes). Besides that the Board read my personal mail asking Dr. [redacted] to "stop," and letters asking Dr. [redacted] to please evaluated the bone pain (which later turned out to be real and needed blood tests). Then the "record"

OHIO STATE MEDICAL BOARD
NOV 1 3 2001

OHIO STATE MEDICAL BOARD
NOV 1 3 2001

consists of all manner of bizarre characterizations, office visits and x-rays that never occurred and supposed sexual innuendo regarding Dr. [redacted] – who is married with two children. It's a disgusting piece of public record.

I'm asking you to "stop" and allow me to return to practice in another setting than Ohio. Dr. [redacted] as the reputation to do a consultation and make recommendations for future actions of the Ohio State Medical Board in cases that involve male physician-female physician misunderstandings and problems in understanding women's health issues and care. I need to talk with someone who has some intelligence and some principles.

Sincerely,

Rita Kralik MD.

Rita Kralik, M.D.

cc: Mr. Dilling

Rita Kralik, M.D.
[redacted]

STATE MEDICAL BOARD
2001 DEC 17 P 4:04

December 14, 2001

CONFIDENTIAL
John Ashcroft
Attorney General
U.S. Department of Justice
50 Pennsylvania Avenue, N.W.
Washington, D.C. 20530-0001

Re: *Rita Kralik M.D. v. Ohio State Medical Board (1992-2001)*

Dear Attorney General Ashcroft:

For ten years now I have requested my confidential medical records from the Ohio State Medical Board and have not been able to get them. They claim that they have physician testimony, and their private "investigation," which supports that I have some mental problem that requires treatment. **After ten years, I don't know what I'm supposed to get treatment for or what I did.**

Because the Freedom of Information Act means nothing in Ohio, I'm not allowed these "medical records." There were no medical complaints, suits, etc., during the time that I practiced medicine. I have been recently accepted to a Ph.D. program at Georgetown University in Tumor Biology. What they are alleging seems incongruous, and I have not been able to defend myself because I can't get the records. Further, my State Representative has told me that he believes that these records are being continually altered. My legal counsel has expressed the opinion that most likely the records are "outrageous" and would invalidate the case.

The dispute arose because I complained about medical care in Ohio that I received in 1990-92. A physician refused to allow me my medical records so that I could get needed orthopedic care. They finally showed up, after a year-and-a-half, much edited; unrecognizable as to what happened; x-rays and office visits fabricated. This physician told other physicians in Ohio not to care for me so that I had to get on a flight to the [redacted] This physician and two other physicians then threatened me that if I said anything, things would happen so that I would never practice medicine again. My medical license was then suspended in Ohio based on "confidential." A phone message was left on my answering machine that someone would "kill me."

I have quoted the Freedom of Information Act and the Patients Bill of Rights and repeatedly told the Ohio State Medical Board, Governor Taft and my State Representative James Trakas, that I can not sign up for "therapy" and discipline for "confidential." Experts that I have hired, who did not have access to "confidential," have cleared me of needing any therapy to get along with certain powerful physicians in Ohio, to get specified orthopedic surgeries, to refer to certain physicians. One of the physicians took my check for professional services to a furniture store and cashed it for furniture.

December 14, 2001

The Ohio State Medical Board is continuing to insist that I sign up for "therapy" and "discipline" based on this "confidential" record which is unobtainable.

I have asked that the Ohio State House of Representative lawyer be allowed to review these records and ascertain their legality and validity. That request also has been refused.

Anything that you can do to help so that I can get these "medical records;" they are "medical" if they give me a diagnosis and necessitate some kind of treatment, is appreciated. The State Medical Boards are using their powers to limit competition and to go after physicians that are trying to "hold the line" as to correct therapies (which may not be economically profitable). There would have been no problems if I had been able to obtain the correct medical and orthopedic therapies in the State where I practiced medicine.

Sincerely,

Rita Kralik, M.D.

cc: Governor Bob Taft
Representative James Trakas
✓Mr. Dilling

STATE MEDICAL BOARD
2001 DEC 17 P 4: 04

Rita Kralik, M.D.
[redacted]

STATE MEDICAL BOARD
2001 DEC 17 P 4: 04

December 14, 2001

Confidential
Thomas A. Dilling
Executive Director
Ohio State Medical Board
77 South High Street, 17th Floor
Columbus, Ohio 43266-0315

Dear Mr. Dilling:

Again, any independent expert that would evaluate me as to the need for treatment would request the "complaint," the records of the Medical Board's implied "investigation" (don't even know if there ever really was an Investigation), and have many questions. To schedule any appointments, they have asked that ALL records be sent to them and that they are able to interview my accusers and ask why certain medical and orthopedic therapies were not done before accusing me of whatever.

I am hereby again requesting my "confidential" medical records at the Ohio State Medical Board, which apparently allege some mental problem and need for treatment, under the Freedom of Information Act and the Patient's Bill of Rights (1997).

My current medical condition is not good due to the deterioration in my bone density from lack of appropriate treatment for 7-8 years. During that time the Ohio State Medical Board put into public record that my bone pain was "exaggerated" and "psychological."

Please allow the Ohio State House of Representative's legal counsel to view these records to ascertain their legality and validity. The name and business card of the Ohio ob-gyn currently treating me for a "missed" medical diagnosis was given to Dr. Anita Steinberg. As of this date, this physician has not been contacted to obtain clarification as to what was going on. It has been about six months.

Thank you for your cooperation in this matter.

Sincerely,

Rita Kralik, M.D.

cc: Attorney General John Ashcroft
Governor Taft
Representative James Trakas

Rita Kralik, M.D.
[redacted]

STATE MEDICAL BOARD
2001 DEC 19 P 4: 12

December 16, 2001

Confidential
Thomas A. Dilling
Executive Director
Ohio State Medical Board
77 South High Street, 17th Floor
Columbus, Ohio 43266-0315

Dear Mr. Dilling:

Please find a copy of the Consumer Bill of Rights and Responsibilities (1997) regarding the Health Care Industry. There are a lot of paragraphs that pertain to my case.

I will be home around December 22 and would like to request that I (1) be allowed to copy the "confidential" complaint, investigation and records that allege a mental impairment which are part of my "medical" record; and (2) be allowed to amend my medical records with facts showing that office visits were fabricated, therapies and x-rays invented and behavior lied about so that Dr. [redacted] and Dr. [redacted] would not be investigated by the Ohio State Medical Board. It's not about changing public record; it's about amending my own medical record which has no business in public record. There is no case here; as a patient I have a right to question my medical care providers, to refuse therapies and to not have this made out as "paranoia" or "instability." What happened is a disgrace.

Thank you for your cooperation in this matter.

Sincerely,

Rita Kralik, M.D.

cc: Governor Taft w/ enc.
Representative James Trakas w/ enc.

physical disability, sexual orientation, genetic information, or source of payment.

• • •

6. CONFIDENTIALITY OF HEALTH INFORMATION

Consumers have the right to communicate with health care providers in confidence and to have the confidentiality of their individually identifiable health care information protected. Consumers also have the right to review and copy their own medical records and request amendments to their records.

• • •

7. COMPLAINTS AND APPEALS

Consumers have the right to a fair and efficient process for resolving differences with their health plans, health care providers, and the institutions that serve them, including a rigorous system of internal review and an independent system of external review.

• • •

8. CONSUMER RESPONSIBILITIES

In a health care system that protects consumers' rights, it is reasonable to expect and encourage consumers to assume reasonable responsibilities. Greater individual involvement by consumers in their care increases the likelihood of achieving the best outcomes and helps support a quality improvement, cost-conscious environment. Such responsibilities include:

- Take responsibility for maximizing health habits, such as exercising, not smoking, and eating a healthy diet.

- Work collaboratively with health care providers in developing and carrying out agreed-upon treatment plans.
- Disclose relevant information and clearly communicate wants and needs.
- Use the health plan's internal complaint and appeal processes to address concerns that may arise.
- Avoid knowingly spreading disease.
- Recognize the reality of risks and limits of the science of medical care and the human fallibility of the health care professional.
- Be aware of a health care provider's obligation to be reasonably efficient and equitable in providing care to other patients and the community.
- Become knowledgeable about their health plan coverage and health plan options (when available) including all covered benefits, limitations, and exclusions, rules regarding use of network providers, coverage and referral rules, appropriate processes to secure additional information, and the process to appeal coverage decisions.
- Show respect for other patients and health workers.
- Make a good-faith effort to meet financial obligations.
- Abide by administrative and operational procedures of health plans, health care providers, and government health benefit programs.
- Report wrongdoing and fraud to appropriate resources or legal authorities.

• • •

This case has been "handled" for 10 years.

2008 DEC 19 P 4: 12
STATE MEDICAL BOARD

STATE MEDICAL BOARD
2001 DEC 19 P 4:12

PRESIDENT'S ADVISORY COMMISSION ON CONSUMER PROTECTION AND QUALITY IN THE HEALTH CARE INDUSTRY

Consumer Bill of Rights and Responsibilities (1997)

1. INFORMATION DISCLOSURE

Consumers have the right to receive accurate, easily understood information, and some consumers require assistance in making informed health care decisions about their health plans, professionals and facilities.

• • •

2. CHOICE OF PROVIDERS AND PLANS

Consumers have the right to a choice of health care providers that is sufficient to ensure access to appropriate high-quality health care. . . . [P]ublic and private group purchasers should, wherever feasible, offer consumers a choice of high-quality health insurance plans.

• • •

3. ACCESS TO EMERGENCY SERVICES

Consumers have the right to access emergency health care services when and where the need arises. Health plans should provide payment when a consumer presents to an emergency department with acute symptoms of sufficient severity—including severe pain—such that a "prudent layperson" could reasonably expect the absence of medical attention to result in placing that consumer's health in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part.

• • •

4. PARTICIPATION IN TREATMENT DECISIONS

Consumers have the right and responsibility to fully participate in all decisions related to their health care. Consumers who are unable to fully participate in treatment decisions have the right to be represented by parents, guardians, family members, or other conservators.

• • •

5. RESPECT AND NONDISCRIMINATION

Consumers have the right to considerate, respectful care from all members of the health care industry at all times and under all circumstances. An environment of mutual respect is essential to maintain a quality health care system.

Consumers must not be discriminated against in the delivery of health care services consistent with the benefits covered in their policy, or as required by law, based on race, ethnicity, national origin, religion, sex, age, mental or physical disability, sexual orientation, genetic information, or source of payment.

Consumers eligible for coverage under the terms and conditions of a health plan or program, or as required by law, must not be discriminated against in marketing and enrollment practices based on race, ethnicity, national origin, religion, sex, age, mental or

World Wide Web source: http://www.hcqualitycommission.gov. Also available in The President's Advisory Commission on Consumer Protection and Quality in the Health Care Industry, *Quality First: Better Health Care for All Americans* (Washington, DC: U.S. Government Printing Office, 1998), Appendix A, pp. A-5 to A-12.

Rita Kralik, M.D.
[redacted]

JAN - 2 2002

December 29, 2001

CONFIDENTIAL
John Ashcroft
Attorney General
U.S. Department of Justice
50 Pennsylvania Avenue, N.W.
Washington, D.C. 20530-0001

Re: Rita Kralik M.D. v. Ohio State Medical Board (1992-2002)

Dear Attorney General Ashcroft:

Again, I'm writing to ask you to look into the above case, which has gone on for ten (10) years. In 1991, I complained about orthopedic care practices that led to my fracturing bones and years of painful complications with bone pain. Orthopedics, with friends at the Ohio Medical Board, were leaving serious fractures uncasted, casting them any way they pleased without x-rays and then recommending surgeries. I was "unstable" because I didn't want these surgeries and couldn't work with an uncasted wrist fracture for three weeks. My fractures were unnecessary if a bone density screening test had been done. The Ohio State Medical Board was letting physicians not order them. When I complained all manner of bizarre hearsay was collected, a psychological test forged (it has no answers to this day) and my license suspended for not "getting along" -- a personality problem in Ohio. I had no such problems in three other States where I had licenses. In Ohio, I was supposed to go along with whatever generated money or surgeries for certain physicians or lose my license.

You are digging into a long-term military commitment in Afghanistan. I'm willing to go work as a physician for the Armed Services. I have just finished another Masters in Biochemistry/Biotechnology at Georgetown University. Part of the program was a course in Biological Warfare – how to handle the problems that might present. I'm a tremendous physician (no complaints or suits). There are several physicians, at Georgetown Hospital and in Rhode Island, willing to work with me to sign off on all my skills because of the gap in medical practice. I've been "cleared" by psychiatrists both in New York and California. My bone pain, instead of being a "pain syndrome," turned out to be real when the appropriate blood tests were finally ordered in New York City (Ohio couldn't order them for some reason).

You have the power to get at the documents to clear me. I'm not allowed, after ten years, to know what I did that I'm supposed to be "disciplined" for. There were no patient complaints. I complained about colleagues that were behaving in the "boys will be boys" fashion. My medical records were changed and I couldn't get them and still can't amend them – despite numerous phone and written requests.

I'm a physician being wasted. I'm an American trained physician and there are several foreign medical graduate physicians on the Ohio State Medical Board passing judgment on my disagreeing with bad practices and bad behavior. Why?

December 29, 2001

I'm a physician willing to serve my country and you are going to need those kinds of physicians. Anything you can do is appreciated. I'm reachable in D.C. at the above number.

Happy Holidays!

Sincerely,

Rita Kralik, M.D.

JAN - 2

cc: Mr. Dilling OSMB (614) 728-3673

GEORGETOWN UNIVERSITY

Graduate School of Arts and Sciences
Office of the Dean

OHIO STATE MEDICAL BOARD
JAN 16 2002

Tuesday, January 08, 2002

Rita Marie Kralik, M.D.
[redacted]

Dear Rita,

On behalf of the Graduate School of Arts and Sciences, I am pleased to inform you that you were awarded the MS degree in Biochemistry and Molecular Biology on December 31, 2001.

A diploma and a final transcript, both showing this award date, have been ordered for you. You indicated on your Diploma Information form that you would prefer to pick-up your diploma. If needed, you can obtain an official transcript showing the award of your degree from the Office of the Registrar.

As a graduate of Georgetown University, you are welcome to participate in the Graduate School commencement ceremony in May 2002. Participants in the ceremony are required to wear academic attire (cap, gown, and hood), which can be purchased from Jostens Cap and Gown Company through the University Bookstore. If you have any questions about the May ceremony, please contact the office of the Graduate School at (202) 687-5974.

Congratulations on the award of your degree and best wishes!

Sincerely,

James L. Williams

James L. Williams
Assistant Director for Academic Affairs

ID: 275-42-7638
cc: Biochemistry and Molecular Biology

1-12-02

Mr Dilling -
The problem is that I have more education than anyone on your Board including you. What I needed was appropriate & timely medical care. There is no indication for therapy, monitoring or the suspension of my medical license.

Rita Kralik MD

Box 571005 Washington DC 20057-1005

Rita Kralik, M.D.
[redacted]

STATE MEDICAL BOARD
OF OHIO

2002 APR -8 A 11: 48

April 2, 2002

Confidential
Governor Bob Taft
77 South High Street
Columbus, Ohio 43266-0315

Dear Governor Taft:

The present issue of the "orange" list of physician disciplines finally does not mention me after eleven years. I'm taking this as a good omen, however, there are ten years of this to correct.

There have been almost ten years of medical neglect and a life that wasn't allowed to happen; no marriage, jobs lost, eleven years of legal debt. **Mr. Dilling says that he didn't stop my getting married.** I would question that what person would propose marriage to a woman physician whose medical license has been suspended for a mental impairment? This was published regularly for ten years without the facts. Even though it was false, jobs were lost.

The results to a Rorschach test ordered in 1992 have never surfaced, but I have had to pay for all manner of re-testing - all of which has been unanimously "normal." The "citizens" that I have had to turn over my lab reports and medical records to, for the most part, don't have any professional medical training or are peripherally medicine qualified; F.M.G.s, D.O.'s, podiatrists and lawyers. I have an M.D. from Case Western Reserve University, an M.S. from Georgetown in Biochemistry/Biotechnology and a pending Ph.D. in Tumor Biology. Dr. Anita Steinburg didn't get into medical school to my knowledge. Would you turn over your confidential records to such a group of average to below average appointees? Yet, you appointed this group or allowed their continued existence despite my pleas. This is the Board that you picked to discipline me and tell me what I should or shouldn't do with patients and my own life.

There are eleven years of harassment, four state licenses still in limbo including Ohio, a medical career suspended at its peak and piles of false testimonies and medical records (that don't belong in the public domain) in public record. All for an impairment that wasn't, a psychiatric diagnosis that I had none of the accepted criteria for, and an "adjustment reaction" which was my trying to object the wrong.

All this happened because Members of the Ohio State Medical Board were allowed to act unprofessionally. They ordered psychiatric evaluations without complete blood work for physical complaints, they fudged or lost the results, they acted on rather obvious hearsay without documentation that things happened as described or ever happened at all? Then they have continued to accuse and order without allowing me to address the initial complaints - which are still "confidential" - although nothing else is. It is assumed that these "confidential" documents are now very "doctored," even by my State Representative - James Trakas.

You say that this is not your problem. You have appointed several of the current Members and Mr. Dilling - who apparently was hand-picked by you to clean up and cover up as the rumor goes. He attents to no corruption, but then what is cheating on tests or fabricating or withholding crucial evidence? None of your appointees or current Members have any expertise

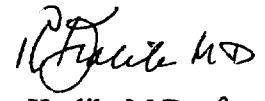
in women's medicine, none have attended a recent course in the subject and none have done anything else but try to defend, confuse and cover up this mess. Mr. Dilling can't talk to me without alleging that with three fractures I was somehow "seductive" enough to cause physicians not to apply casts, check x-rays or order further diagnostic tests. His mind is filthy.

I think that you need to address the above problems as soon as possible. And, it's not Mr. Dilling's job to handle corruption that has gone on for eleven years. That requires power. If you can't address these problems then President Bush will get that letter. You are the Governor of corruption not education. What school child could you explain to that you had a woman physician take a test and then lost the answers so that you could "interpret" it as you would? Do you teach your daughter to cheat this way? Does George Bush teach his daughters to fix tests?

Carla O'Day, M.D. was a Member of the Medical Board that started this mess. She was a classmate from medical school (my competition for residency spots) and on the staff of the hospital where the care problems occurred. Dr. O'Day didn't excuse herself before she provided her own "take" (as she was personal friends with and a referral physician for the physicians involved), ordered me to the Rorschach test and orchestrated the "deal" to solve a "political" problem for her. She excused herself for the final vote with the result assured; she had controlled the facts. **While the case was still under appeal, she accepted a pricey salaried job as the Director of the Emergency Services at the hospital involved.** The physicians whose behavior was questioned would have had to approve this appointment. **Is this the kind of ethics you learned in law school or that President Taft espoused?**

Thank you for your prompt attention to the above matters. If you can't deal with these situations, that you allowed to happen by poor appointments and just ignoring things, then you don't belong in public office. I'm sure that President Bush and Attorney General Ashcroft would like to know how you handle things. This letter is copied to both.

Sincerely,



Rita Kralik, M.D. copy

cc:Thomas A. Dilling
Executive Director
Ohio State Medical Board
77 South High Street, 17th Floor
Columbus, Ohio 43266-0315

John Ashcroft
Attorney General
U.S. Department of Justice
50 Pennsylvania Avenue, N.W.
Washington, D.C. 20530-0001

President George W. Bush

2002 APR -8 A 11:48
STATE MEDICAL BOARD OF OHIO

Governor Bob Taft

April 2, 2002

The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

STATE MEDICAL BOARD
OF OHIO
2002 APR -8 A 11:49

Rita Kralik M.D.
[redacted]

July 15, 2002

Mr. Tom Dilling
Executive Director
The Ohio State Medical Board
77 South High Street, 17th Floor
Columbus, Ohio 43215-6127

OHIO STATE MEDICAL BOARD
JUL 19 2002

Dear Mr. Dilling:

My case needs to be resolved with the facts. I did not get adequate fracture care to function in any modern sense, and I absolutely did not keep my orthopedics from doing anything and everything that would have been appropriate including a work-up of my bone problem. If I made Dr. [redacted] feel uncomfortable, there was nothing to keep him from getting my records together and calling the [redacted] Clinic – which he refused to do as I did not like his care. **Neither Dr. [redacted] nor the Ohio State Medical Board can let me go and get on with things. You both have some kind of pathology.**

I realize that in many cases the Medical Board tries. However, in my case there was an absence of due process, an absence of facts and a constant shifting and rearranging of facts. The case needs to be dismissed for every legal reason including that I did not have and do not have any impairment to the practice of medicine or to the continual accrual of higher education degrees.

I think that we both need to move on. There is nothing to be gained from continual analysis of why I disagreed with my orthopedic care in 1990-92 or monitoring of my care of patients. Dr. [redacted] Head of Hematology/Oncology at [redacted] Hospital in [redacted] Rhode Island has offered to "get me back." He can be reached anytime you want to call him directly at [redacted] He read the last Hearing Officer's Report (if that is a "finding of fact") and asks only that you return my full privileges and he'll take it from there. He supervised me at Rhode Island Hospital for a year, I've known him for over twenty and he is completely aware of my personality and capabilities. Dr. [redacted] trained at Peter Bent Brigham in Hematology, is a former President of the Rhode Island Medical Society and has been voted one of the Best Physicians in Rhode Island.

Because of the erroneous public record, I continue to fracture bones (my ankle last month). My bone condition is serious at this point due to neglect and misinformation.

Sincerely,

Rita Kralik MD

Please send a copy to Governor Taft.

Rita Kralik, M.D.
[redacted]

October 6, 2002

OCT 10 2002

Confidential
Thomas A. Dilling and Eileen Schmidt
Executive Director
Ohio State Medical Board
77 South High Street, 17th Floor
Columbus, Ohio 43266-0315

Mr. Dilling and Eileen Schmit:

Unless you and your Executive Assistant stop yelling at me, hanging up on me and ordering me to admit and do what you want me to, my case will never get solved. You haven't proved your case in ten years because you have lies -- and you will never prove it. That's why all the bullying to solve the case by admission; "what I have to do." Governor Taft appoints "bullies" and does National Searches for them.

You know that if there are no rules of evidence and you are allowed to put into Public Record every statement with <1% chance of truth, then I can never disprove anything. You know this case would never have gone anywhere in civil court. You can say that I had a relationship with the Pope and I couldn't disprove it with your Procedures. You change the Rules every day and when you miss a deadline. The lawyers can do nothing with you as you are the State, and in my case changed the rules whenever things didn't go your way. You manufactured my case and you know it. Governor Taft looks the other way. My State Representative is told that things are "confidential."

Before 1990, the burden was on the Medical Board to prove the case *before* suspending a license. If there are no rules of evidence, I can't disprove the case. Even the IRS has rules of evidence. You know this. However, as a Catholic, I can't trade my admission of a pile of lies for a medical license. I've discussed this with several priests. I'm a liar then. No matter how difficult, this case has to be solved with no more lying. Go back and discuss this with one of your Jesuit professors.

I'm an intelligent, highly educated, motivated woman physician. There would be no way that I would be impaired or look bad **unless someone wanted me to**, because **I'm not impaired** and try very hard to do things according to the Rules. **However, my orthopedics did not do things according to the Rules and you keep trying to prove that it was my fault.**

I'm a Ph.D. candidate at Georgetown University (where you probably couldn't get into if you went to St. Louis from St. Ignatius, St. Ignatius pushes the top of their class to Georgetown). There were no patient complaints as I worked when I felt adequate, and was not at all impaired. I had complications stretching two years time *because of the state of orthopedics and women's care in Ohio.* There were good days and days when I thought I'd need surgery. Bad days I didn't work, but I tried to get help from my orthopedics. ***Those orthopedics had no business trying to***

OCT 10 2002

cover their asses by implying that I worked when I was sick and in pain (or when they prescribed Tylenol #3 or Darvocet). I stayed home and my father physician took over, and he monitored this very carefully after the problem was made clear to him (Dr. [redacted] lied to him also), but was not allowed to say anything. **I worked in a dual physician practice and it was my father's practice also. And, you had no business accepting into public record my redone medical records. Yours aren't there. They did a national search for you Mr. Dilling but omitted searching your medical records for very good reasons.**

If I put your medical record into public record you wouldn't have a job, because when you or Ms. Schmidt are sick, **neither you nor Ms. Schmidt look professional. No one** looks professional when sick with a fracture illness. My orthopedics didn't do their job, so I made them not do their job – a bunch of "horse shit" – which, in Ohio, you know what that is.

I wasn't suddenly on drugs or alcohol or impaired. I was a multiple fracture patient who's fractures weren't treated appropriately or adequately leading to awful pain and complications (that even all *your* pre-prepped with "confidential" psychiatric consults admit) over ***two years time.*** *Yet I had wrist fractures and the second wrist fracture was not displaced initially. Something went wrong in the setting and orthopedic care that led to all this including the prescription of Tylenol #3 by Dr. [redacted] and Darvocet by Dr. [redacted].* **These are usually not necessary for wrist fractures.**

I took no prescription pain medication with my recent ankle fracture, which has no long-term complications. However, that was treated at [redacted] in Washington, D.C. **This case is not about my impairment; it's about problems with medical care in Ohio and there are plenty of those, which you should re-focus your attention on instead of the child support problem. But again Governor Taft has no leadership ability.**

Since my care the Board has gone around the State telling physicians that Darvocet is pretty useless and that physicians ought to work with patients to control the pain. I didn't prescribe it, **Dr. [redacted] did**, and you have punished me. My father physician had to write the prescription for Naprosyn and physical therapy; my orthopedics were interested in my looking bad. My father physician (and my mother nurse waited for Dr. [redacted] for hours to talk with her) tried to talk with Dr. [redacted] and he was never allowed to testify.

I will occasionally have a drink, but I was not overly using anything as was made out (along with all the sexual innuendo). The conversation where Dr. [redacted] supposedly tells me that "no physician will take care of me" if I have a drink, never occurred; I wasn't there. What I was continually saying in the letters was that I didn't want to use alcohol or pain medicine, so couldn't we please get to the bottom of what was making me fracture and have continued pain? **Those blood tests were finally done in New York in 1996-7 because the State Medical Board of Ohio has Members that don't know medicine and exaggerate anything to make a case. Governor Taft doesn't appoint Members with medical knowledge. Mr. Dilling you have no medical training and that's problematic with my case -- which requires a lot.**

Yet, you are so desperate to get discipline cases that you've now taken to being the Child Support Agency of Ohio. I wrote letters because **I got the impression that when I**

OCT 10 2002

spoke directly with Dr.[redacted] he was interested in other things and going to make a case for his being stimulated sexually to get out of things. Notice he doesn't ever mention work-up, bone density, etc. Nothing professional. There's nothing wrong with me, but there was something amiss with Dr. [redacted] that while I was recovering from three fractures he would expect referrals. **And there's something wrong with Governor Taft that he would let the State Medical Board become the State of Ohio Child Support Agency. That's not the purview of any State Medical Board. You have plenty of problems being the State *Medical* Board. Massage therapy is not one of them. Massage therapy has been very helpful to me.**

In my case, setting the fractures appropriately would have controlled the pain, or a bone density screening test and some blood work to find out the cause. Yes, I felt awful for a long time, **had Dr. [redacted] hitting on me (he asked me to "understand" him and refer even when I was pretty sick)** and was not taken care of even remotely adequately as a patient.

Dr.[redacted] then told other physicians not to care for me (that's on the record so don't keep asking me why I didn't immediately get to another physician); he withheld *his* records from them all -- and you keep punishing me to admit that as a brilliant physician I was suddenly impaired. My experts were never allowed access to Dr. [redacted] so that the "adjustment reaction" could be seen as the **personality clash** that it was. **Dr. [redacted] is a very difficult arrogant physician and has plenty of personality problems on his record – which was never opened. You have yet to look into why Dr.[redacted] withheld his records or was preferentially allowed to. Dr.[redacted] doesn't need malpractice insurance; he has "connections" and he tells you that with his threats.**

There is no evidence that I broke any Rules or was impaired except that things were twisted. What's in the Record was edited to make a bad case. You know this reading that Record if you have any lawyerly sense. It's a gross case and I challenge Ms Schmidt to try to read it with all the talking about my bad "eye contact" and hysteria when I asked questions. I have great eye-contact and I'm not the hysterical type.

I can't come to Columbus anymore. I fractured my ankle in June and I don't want to be laughed at or treated badly anymore. I have medical problems because you keep publishing my name as impaired, when that was not medically what was going on. You and the administration of Governor Taft are directly responsible for my not getting treated appropriately for ten years for a metabolic bone problem that Drs. [redacted] and [redacted] had no ability to diagnose -- and you have no humanity or morals as to lying about. Anything to win your case as you are such whining babies. You had a bad case years ago and should have dismissed it and gotten on with things. Instead you are *obsessed with me* and have taken this case to new heights (or depths) of legal maneuvering. I have to admit the case.

Now this is not going to get solved with a Board where no one has any brains or medical training. My problem is a Metabolic Bone Endocrinology specialist problem, and there are none of those on the Board. Then there are all the lies to cover up the malpractice and the shouting "liar" to me and the hanging up ("Now I'm going to hang up on you."). You haven't proved me a liar in ten years so there is something wrong with your case; it should have been proved by now.

The ball is in your court. I don't need monitoring or psych anything. I need appropriate care and follow-up of my bone condition, which I'm starting to get at Georgetown and in D.C. only because they don't read your papers or check your web site. I suggest a meeting in Cleveland at my parents' home in [redacted] with you both.

My mother can be reached at [redacted] to set this up.

Sincerely,

Rita Kralik M.D.

cc: Governor Taft

OCT 10 2002

This was given to me by yet another kind woman seeing my distress one day. It needs to be on your desk so you can trash God

Blessed And Touched
To The Relic Of Saint Ann

directly. Our office had a statue of St. Francis

[illegible]

Cabrini in the waiting room & that didn't stop Dr.

[redacted]

PRAYER TO ST. ANNE

(To Obtain Some Special Favor)

GLORIOUS St. Anne, filled with compassion for those who invoke thee, and with love for those who suffer, heavily laden with the weight of my troubles, I cast myself at thy feet and humbly beg of thee to take the present affair which I recommend to thee under thy special protection.

Vouchsafe to recommend it to thy Daughter, the Blessed Virgin Mary, and lay it before the throne of Jesus, so that He may bring it to a happy issue. Cease not to intercede for me until my request is granted. Above all, obtain for me the grace of one day beholding my God face to face, and with thee and Mary and all the Saints, praising and blessing Him to all eternity.

Good St. Anne, mother of her who is our Life, our Sweetness and our Hope, pray to her for us, and obtain our request. (3 times.)

SP - 037

MADE IN ITALY

The physicians that I called requested Dr [redacted] call as to why he couldn't handle the fracture - what was going on, RECORDS, etc. Please stop. Eleven years Women physicians in Ohio ~~they~~ to refer themselves. We are talking 1990 State of Ohio = ol' boys CLUB No 1.

Dr Steinberg was given the end of a women physician who had all the OB/GYN labs who would be happy to explain what blood tests were missed by all the physicians out to destroy. You have the evidence & all the MD's on that Board are guilty of negligence for not obtaining blood work before losing Rorschach answers. There was no need for the fracture

Rita Kralik, M.D.
[redacted]

October 26, 2002

Confidential
Thomas A. Dilling
Executive Director
Ohio State Medical Board
77 South High Street, 17th Floor
Columbus, Ohio 43266-0315

OHIO STATE MEDICAL BOARD
NOV 04 2002

Dear Mr. Dilling:

Again, good Catholic boy that you are, I'm asking you to stop the persecution of me until I sign; the "You know what to do" that your secretary (assistant) thinks is so true. Basically, that's what's going on. And, you know this case was political.

Women's hormone changes occur over many months. When they first start to fail, there are many times a rash of fractures like what happened in my case. My mother broke her first hip at 46, but that isn't in the record with all the rest of the trash. But usually no one ruins a whole life because of the mistake. Dr. [redacted] and Dr. [redacted] wouldn't know a thyroid panel from a hypothalamic-ovarian-pituatary axis panel. Ask your assistant if I'm not 100% correct.

Dr. [redacted] was contacted because I had done a lot of work for him and he was next door. I mistakenly thought he would help. **When he started fooling around I did call a number of orthopedics, went twice to [redacted] ER (no records ever kept of that) and tried to get help.** They all told me that they wanted Dr. [redacted] to call them. Dr. [redacted] was eventually called because the x-ray on November 19th looked so bad that the **Chief of Radiology at [redacted]** was alarmed. He told me that Dr. [redacted] and the other physician at [redacted] (Dr. [redacted] often "got that way." **Because this man called, Dr. [redacted] saw me.** I had tried several times to get an appointment with University Orthopedics saying that I was a physician. Had Dr. [redacted] called the hand expert at [redacted] Clinic, I would have been seen immediately for consultation. **He refused several times, *including the one time that I called his home on Thanksgiving Day November 22, 1990 – my birthday – because my fracture remained uncasted (broken on the 2nd November).*** We didn't talk about his "personal habits," we talked that my fracture needed casting and please allow someone to do it. My office assistant even went to talk to him for me that week, begging. The misinformation Dr. [redacted] then gave out resulted in the recasting delay and the collapse of an unstable fracture. It was uncasted for about three weeks. Dr. [redacted] office staff also refused to help; those lying chain-smoking ladies. Unfortunately when something goes wrong, physicians often try to cover it up and blame others—an "adjustment reaction" that never was. As far as a psych problem, I'm one of the nicest and most stable physicians I know. Dr. [redacted] wanted me "unstable" because he couldn't explain Dr. [redacted] behavior any other way.

Now this can go on indefinitely, infinitely. I have the Georgetown Jesuits praying that a Catholic boy will look at what is really true. The public record should never include what it does in my case. That's your administrative problem. I'd be willing to sit down with you and a Jesuit priest of your choice from St. Ignatius. They can contact the Georgetown ones.

OHIO STATE MEDICAL BOARD
NOV 04 2002

Otherwise you are unnecessarily destroying my life for the Board. You knew that there was corruption (Carla O'Day and the ER job at [redacted], you knew that there was a hope that you would turn out decent. So far you fit the Jesuit educated subset of Manuel Norriega and Bill Clinton. Dr. [redacted] was not asked out. And, please give your wonderful assistant a copy of this. She has a mouth like you. Full of trash and bad ideas.

Today I ran out of gas thinking about my sorry life. A wonderful young man stopped and helped me out. He told me that he looks to help people like myself and was going back to helping a neighbor move. I almost broke into tears. Here's a local guy in a truck who has more decency than a pile of St. Ignatius and St. Louis grads out for themselves and to make a case for a corrupt Administrative Board. The Board needs rules of evidence and to be out of Child Support. Massage is great. As far as drugs on the Internet, there's more harm with licensed M.D.s that are allowed to suddenly say one is crazy if they goof. [redacted] goofed. He was out of the office for the visit he said occurred the week after he casted the fracture, the week before everything deteriorated. He lied because he was out horse buying. The x-ray a week into the case would have shown the collapse and that the fracture needed help. Go back and look at the Record and you will see that he saw me and took an x-ray and nothing was ever said about how the x-ray looked because he goes into my behavior. And the visit never occurred because cross of him was only done cursorily and someone was told (the Hearing Officers) how to slant things.

Our family tried to get along with Dr. [redacted] and his wife. She called my mother in October, 1990 – a month before the third fracture – for a donation for a Republican polo demonstration by him. My mother contributed and went to the demonstration (I didn't because I was working). The relationship between Dr. [redacted] and myself deteriorated abruptly (not from the first fracture), as I realized when the last fracture occurred that something was seriously wrong (regarding my fracturing) and that Dr. [redacted] was fooling around for other reasons. It was a pile of stuff that I had overlooked about his personality; that he lied, exaggerated, tried to handle cases that he wasn't trained for and wanted a relationship that I couldn't do. But getting away was a problem.

There's no reason that you should continually insist that Dr. [redacted] get referrals from me or anyone else in Ohio. The AMA recognizes that certain practice situations just don't work. Dr. Steinberg asked why I didn't get to a better physician at the May, 2001 meeting. I was hurting and thought he would stabilize and refer. It's hard to drive and get around with wrist fractures and I had done a lot of "scut" for Dr. [redacted] and his office. Dr. [redacted] is a very lazy person and he had me do his consults to explain things and deal with problems that were beneath him. I didn't realize his other side until too late and then he threatened his power. You've gone over and over this. That Dr. [redacted] was allowed to behave and be the kind of orthopedic he was, is and was not my fault. I expected that the Ohio State Medical Board licensed physicians to at least be courteous to other physicians in illness.

Sincerely,

Rita Kralik MD

Rita Kralik, M.D.

Find a Jesuit. Try even thinking about sex with a wrist fracture uncasted; it hurts. Yet that was what you portrayed me a how because you're sick in mind & conscience.

OHIO STATE MEDICAL BOARD
NOV 0 4 2002

GUMC

[redacted]

Kralik
Rita M

Exp: 12/2007
885893801

Graduate Med Student

Myself contact is poor
I know this is students,
chemistry, [illegible]

GUMC

[redacted]

Kralik

Rita M

Exp: 12/2007

885893801

Graduate Med Student

Rita Kralik, M.D.
[redacted]

November 4, 2002

OHIO STATE MEDICAL BOARD
NOV 08 2002

Confidential
Thomas A. Dilling
Executive Director
Ohio State Medical Board
77 South High Street, 17th Floor
Columbus, Ohio 43266-0315

Dear Mr. Dilling:

Again, I think that we should sit down and talk before this case goes another decade. There are medical facts that you do not know, which are not on public record as they shouldn't be, which apply to my case. There was a missed diagnosis, which I think you know, as your last Agreement requested my blood work (something you shouldn't need for licensure or suspension except that you should have ordered the tests eleven years ago). What's on RECORD as my medical record shouldn't be there either.

There was a reason for the fractures, the bone pain and the continued physical problems (now osteoporosis because of neglect and slander) – all of which is horribly misrepresented in public record. In the interest of getting my medical problems appropriately cared for, I would like to end this with a dismissal (the least that I'm owed). The physicians involved in this case, including those on the Ohio State Medical Board, ought to be embarrassed -- they've never acted as physicians.

accusing of things you have NO PROOF

You have never met or talked with me except badly on the phone. I would like to propose that you meet me at **LaPlace** for coffee over the Thanksgiving or Christmas holidays (Beachwood). They know me over years and that I'm not hysterical, and the establishment (unlike physician offices) won't tolerate political scenes. There's no chance of me coming back to Columbus. I've fractured more bones and don't like driving to be slandered or mistreated. ***Caribou*** coffeehouse and if you want I can ask the M.D. Gyn who has all the blood work to join us, but she will ask that you not threaten her license for telling the truth.

The case doesn't need a lawyer at this point, it needs an Ethics Professor. I'll be home over the usual dates for Thanksgiving (the Friday after is good), and I assume that you have relatives in the Cleveland area. This is the best I can do.

Sincerely,

Rita Kralik

Rita Kralik, M.D.

My parents would like to join us also. You'll have to buy your own COFFEE/TEA as I don't ask married male professionals out anything. Dr [redacted] lied big-time & you all knew it.

RK

Rita Kralik, M.D.
[redacted]

OHIO STATE MEDICAL BOARD
NOV 12 2002

November 7, 2002

Confidential
Thomas A. Dilling
Executive Director
Ohio State Medical Board
77 South High Street, 17th Floor
Columbus, Ohio 43266-0315

Dear Mr. Dilling:

Again, Mr. Dilling my case needs to be resolved. Another "fact" has become clear; that **the tiredness, I complained of that was made fun of by the Attorney General's Office during two Hearings and ascribed to "depression" that I had no criteria for, was due to a silent viral infection →inflammation of my thyroid**. That blood work was finally ordered **as the tiredness hasn't gone away for eleven years and I'm now somewhat credible again**. Again, no one thought to order the correct blood work because you were all intent on destroying my life because I complained about bad medical care. And, I was busy trying to survive and counter one lie after another. Well, the care was very bad. And, you are very bad for trying to say that I should sign on the dotted line when Discovery never occurred; for **continual threats and nasty comments**. And, you probably don't know what a thyroid is like you don't know FSH. And, none of it has anything to do with how I practiced medicine; very well until Ohio.

Now how ill do I have to get to make this a really bad public disgrace? **I have the Director of my Biotech program who could call you from Georgetown, the Chair of the Georgetown Medical School Ethics – a Jesuit priest who regularly testifies before Congress, or who is enough for your nonsense?** They are all concerned that this has gone on for eleven years and that missed health problems were ascribed to exaggerations, "pain syndromes," etc. when real information was withheld from experts, the public, a State Representative and countless retained attorneys at this point. All for Dr. [redacted] **I didn't have a chance to get all the blood work because my license and my income was suspended.** Try getting care without a job and with piles of lies including a **Rorschach without any answers** meanwhile saying that I asked for bad care, neglect of fractures and was asking someone out ice skating? In your dreams?

?

I think that you need to stop in the name of all that is decent. And, no I can't turn medical records or lab data over to a corrupt Medical Board of nonprofessionals and anyone else non-whatever appointed by Governor Taft. I gave the name and card of a physician to call to Dr. Steinberg and she was never contacted.

Sincerely,

Rita Kralik MD.

Rita Kralik, M.D.

cc: Governor Taft

You essentially made someone "homeless," destroyed their personal life and all for a pack of lies. There are no insurance records that Dr. [redacted] ever care for TWO of the fractures. His care has FRAUD. Look

Tom Drilling
77 South High Street 17th Floor
Columbus, OH
43215-6127

November 9, 2002

OHIO STATE MEDICAL BOARD
NOV 13 2002

Confidential
Carla S. O'Day, M.D.
[redacted]

Dr. O'Day (Carla):

This letter is to ask you to stop your promulgation of lies, slander and outrageous medical information that started in 1991-2 with a campaign to discredit me at [redacted] Hospital – culminating in the suspension of my medical license for a disorder that I had no criteria for, behavior that was grossly exaggerated and a not-getting along with men **that you exhibited "in spades" so-to-speak at the time of your messy divorce (without any sequela to your medical license).** I know of the campaign because some physicians who were asked to "go in" confronted me with the information, but they need their licenses and privileges. To get at me, you would destroy anyone and anything. **What has happened to you? You had a divorce, I will never have a marriage or a family; you saw to that as someone else had to suffer? And yes, you kept me from marriage because you destroyed my professional life. Your magistrate husband did not take your credentials; you locked all that testimony and behavior away. The Ohio State Medical Board looked the other way in your case. And, you married again, I hope happily so that you have no need of hurting someone else again.**

As a medical student at Case Western Reserve University you were ahead of me by a year, and I respected you although even at that time heard of many problems as to your insisting on being right; that you had a connection with the Governor (then Celeste) if anything didn't go your way. Deans were in awe of you because of that connection – which you threatened them with (private communication). You subsequently threatened me with the suspension of my medical license if I didn't show for a Rorschach and evaluation that you fixed. The answers to the Rorschach have never been found to this day, and the "confidential" hearsay that you fed to the experts has never come out. You told [redacted] that you had a "political" problem – me. So you fixed it. This is behavior that you wouldn't want done to you and that you would defensively protest being done to you. Yet you allowed me no defense.

Basically, you've destroyed me. You've destroyed my professional reputation, my practice, my health and almost my faith. I was not interested in Dr. [redacted] nor did I have a reputation for that kind of behavior from all my days in Ohio. **This you knew from Case Western Reserve. You also knew that Dr. [redacted] was sloppy, lazy, hit on whomever he could for patients and relationships that would "understand" him because "his wife didn't" and you profited from hiding this problem (nurse**

OHIO STATE MEDICAL BOAR
NOV 13 2002

communication to me). And, you got the Directorship of Hospital with his recommendation.

What I'm asking is that you allow this case to be dismissed so that I can get on with my life in another state. I'll be home Thanksgiving from Georgetown and would like to sit down with you and a witness (Friday after?; Tom Dilling's invited). **Whatever I did to you, or whatever jealousy you had, didn't merit this destruction. The case is being supported to defend you and other Members of the Board at the time. I had pity on you with your difficulties with your husband, you had none regarding my difficulties with Dr. they were very similar problems.**

I did not ask Dr. out ice-skating (he couldn't skate and you knew that) or entice him or make him feel uncomfortable (there were no closed doors) and "excrescent" is not a way to describe anyone's fracture. I wanted to marry someone else from my class who ran when you destroyed my life (you would have known that there were several people that I dated from Case, but you were jealous that I might have had some happiness when you had problems). Dr. didn't know about it because he never asked (like he didn't ask a medical history because he was looking for something else). Dr. was interested in my spending time with him and doing his patient care. He thought Catholic girls were "easy" so he targeted me after seeing me out a window and approaching my father. This you knew also, but enjoyed my discomfort and that I wasn't "easy" -- like you perhaps? I had to be brought to your level.

You've destroyed everything you could to profit yourself. As long as things remain "confidential," I won't be able to sue you (this you know). And, I can sign for this. But I want my life back; my medical license with full privileges. A friend in another state has offered to reassess all my skills and provide a statement to the Ohio State Medical Board. I will retake my Boards of Internal Medicine at the earliest date, but in the meantime with this Director of Hematology/Oncology's oral/written exam and skills recredentialing should suffice for General Practice.

My medical records and lab work are "confidential" and I would like to ask you to respect that as I would respect your medical data and what is under lock and key regarding your marriage/divorce behavior. There is a reason from what I heard that that testimony is not in any public professional domain. Yet, you and others have requested that the Ohio State Medical Board have all my lab work in Settlement to protect yourself. The answer is "no." **The physicians involved will not co-operate to protect their licenses from you and the Ohio State Medical Board. They've treated me at risk to their licenses. Can I have your lab work? You've taken classmate hatred to a new height.**

There's no reason to pretend that I kept Dr. or from ordering a bone density and some lab work. There's no reason that Dr. should have refused to cooperate with a referral and provided me with my medical records early on in my fracture care catastrophe. He had your authority to back him up, and other orthopedics in the Cleveland area wouldn't budge without a phone call from Dr. He had power

OHIO STATE MEDICAL BOARD
NOV 13 2002

and he threatened with this power. **This you know; I tried to refer myself and was "contained."**

I'm not going to return to practice in Ohio. I won't have a family. You screwed me having one husband. I can't sign for "discipline" as I've been punished beyond whatever I did to you unknowingly. What else do you want? And, what is it that I did to you; exist?

Please stop. I was merely a threat to your advancement; a political problem. You've got all you wanted and you know this case was ridiculous. You were asked to speak with myself and my father early on to halt this spiraling out-of-control of a situation, and you wouldn't. There are supposed to exist mechanisms to stop the problems that occur with inter-colleague expectations that can't be met. You were part of that "mechanism," and you didn't do your job. Then you went along with harassing my father with continual daily review of his charts until he resigned at [redacted]

You can reach my mother at the above number to set up a meeting. Please tell her what I did to you and why you kept dredging up psych experts for me to talk with without even complete endocrine blood work? This is blood work you would have requested and gotten, but I was to suffer? I now have osteoporosis because the bone pain was real and the sign of an early endocrine failure. That blood work was done at [redacted] in New York City on a semi-emergent basis after I got much sicker and had much more pain, but I didn't have a license or my credibility. What happened to you?

Sincerely,

R Kralik MD copy

Rita Kralik M.D.

cc: Tom Dilling

Rita Kralik, M.D.
[redacted]

November 20, 2002

OHIO STATE MEDICAL BOAR
NOV 22 2002

Confidential
Thomas A. Dilling
Executive Director
Ohio State Medical Board
77 South High Street, 17th Floor
Columbus, Ohio 43266-0315

Dear Mr. Dilling:

Yesterday 11 years ago I went and pleaded along with my secretary that Dr. [redacted]fer my fracture case to the appropriate hand specialist – a call placed to the [redacted] Clinic by him would have gotten me seen immediately. And I needed a synopsis of what he had done. He refused both. No physician licensed by the State of Ohio should be doing either. Regarding constantly referring myself, I had two swollen (one acutely fractured) wrists. My mother's + sister's calls weren't returned.

Again, I need this settled with the medical facts so that I can obtain care for the bone problems that have gotten worse for the last eleven years; bone pain that was not a "syndrome" or "exaggeration."

I communicate with Representative Trakas via e-mail,

My e-mail address is: [redacted]

Carla O'Day M.D. is a very smart, very manipulative woman who preceded me by a year at **Case Western Reserve University**. Her techniques at getting what she wants however, I've never admired. When my case first happened, because I was being slandered as a physician, I went back to Case Western Reserve trying to see if anyone had influence on Carla. What I was told is true. As a medical student when she didn't get what she wanted, she invoked the Governor's name (Celeste). **It was through knowing his wife, not her medical expertise or credentials (she was relatively uncredentialed at the time), that she got her initial appointment on the State Medical Board.** That is also fact. So the Dean couldn't help me though he checked around to see if anyone had influence. **The name of Case Western Reserve University School of Medicine was also being dragged through the mud and the problems that I had there (that many women had who didn't have connections with the Governor). There were a lot of problems initially with women in medical schools, but these problems and the attitudes shouldn't have been happening again.**

I disagreed with my care, as most patients would have, it wasn't good even for a welfare case. The accusations against me, and the "confidential" campaign, were done to discredit me so that I couldn't sue.

Sincerely,

Rita Kralik M.D.

There are some Jesuits here who can talk w/ you regarding what you've been doing to someone's life

Rita Kralik, M.D.
[redacted]

OHIO STATE MEDICAL BOARD
FEB 2 1 2003

February 16, 2003

Confidential
Thomas A. Dilling
Executive Director
Ohio State Medical Board
77 South High Street, 17th Floor
Columbus, Ohio 43266-0315

Dear Mr. Dilling:

I'd like to propose a three-way conversation between you, Representative Grendell and myself as to resolving my case as soon as possible with a dismissal. You can reach me at [redacted]

There is no way that another evaluation of me is a solution to this problem. It's a repetition of the past and in the past none of the State's evaluations were able to legally hold to their assessments and diagnosis, because they relied on documents and information known only to and available only to the State. The first evaluation of the State was thrown out by the Ohio State Court of Appeals on this ground, and the State's second evaluation yielded a diagnosis that does not exist in current Diagnostic and Statistical Manuels (not recognized by insurance companies for treatment with another gainsaying opinion from a US expert). It's just another waste of the State's monies on a spurious case that was started on the basis of inadequate information and misrepresentation to keep some physicians from being sued for some not-so-great care and behavior.

As the publication I recently sent you details, physician treatment of the physician-patient should be no less than the treatment of any other patient as to care and referrals; in fact early and aggressive use of second opinions are recommended. It's very difficult to refer yourself when you are in fracture pain and have trouble driving or continually placing calls because of two fractured wrists. You know all these things.

Sincerely,

Rita Kralik M.D.

cc: Representative Tim Grendell

Rita M. Kralik M.D.
[redacted]

April 6, 2003

Mr. Tom Dilling
State Representative Tim Grendell
77 South High Street
Columbus, Ohio 43266

Re: Meeting

Dear State Representative Grendell and Mr. Dilling:

I'd like to sit down with you both sometime from April 14-25th to discuss my medical license.

Regarding another psychiatric opinion, there's no psychiatrist that can explain how osteopenia got to osteoporosis and more fractures in a 40-some year old woman except through neglect and a misdiagnosis. This was not exaggerated, in my head or a pain syndrome. It was bones getting weaker. It has to do with women's medicine and endocrinology, not psychiatry.

Further, no physician is exempt from referring another physician for a second opinion with multiple fractures at least not in D.C. Enclosed also is an article from Washington Hospital Center Physician with Spotlight On . . . a father and daughter cardiologist practicing together (only sent to Mr. Dilling). Only in Ohio is that forbidden and I wasn't working with my father on any "permanent" basis; just until I got a fellowship. That search was interrupted by multiple fractures that could have been prevented.

Again, please schedule a meeting convenient to you both and I'll be there this month. I'd like to have Dr. [redacted] recheck and recertify my skills and then possibly enter the military to help out. The case has to be dismissed and I think that is appropriate at this point. No physician should have to be treated as I was for my fracture care and the last eleven years of harassment.

Sincerely,

Rita Kralik M.D.

Addendum: You both have secretaries who can give me a call [redacted] or [redacted]

Rita M. Kralik M.D.
[redacted]

OHIO STATE MEDICAL BOARD
APR 2 4 2003

April 22, 2003

Anita Steinberg D.O. &
Members of the Ohio State Medical Board
77 South High Street 17th Floor
Columbus, Ohio 43266

Dear Colleagues:

Enclosed please find several copies of an issue of Physician on Doctors Treating Doctors. Mr. Dilling has got a copy of the blood work that should have been ordered before ascribing my pain to a psychiatric diagnosis. All of you are negligent as this information is available freely on the Internet and in piles of textbooks on the subject of fracture syndromes and osteoporosis. I now have osteoporosis as hormone replacement wasn't recommended by you; rather a psych drug and continual "therapy" was supposed to send me out of my mind so that I wouldn't be able to help myself. In 1995-6, Dr. Skodol told you that I needed no therapy and that if you continued there would be a psychological effect. At this point, I'm very traumatized personality-wise as this is oppressive harassment by all of you. You don't need my blood work. These are the tests that provided the diagnosis that weren't ordered in entirety; one or two were, but that's Ohio. In Ohio the OSMB is it's own law; it doesn't have to even follow its own Rules. My case doesn't fit your Rules and my license has been suspended for eleven years. That's millions of dollars down the proverbial drain and a life lost to patients because of fraud and ignorance.

There is no need for further evaluations. Those evaluations would only be conducted by psychiatrists and physicians like all of you and instructed by all of you. Which is a "fixed" case. There was a need for tests to be ordered and the results recorded. The only test you ordered was a Rorschach and lost the answers; something no one else is allowed to do. Dr [redacted] withheld my medical records for a year and a half; something no other physician is allowed to do in Ohio. He couldn't order or interpret a simple x-ray. The fractures were not simple; both were intra-articular.

I suggest a dismissal so that I can get on with my life that you all ruined. It is not legal to take a license for "confidential," and to continually analyze a physician-patient where the medical and orthopedic care was deficient and allowed to remain that way for eleven years. Drs. [redacted] O'Day, [redacted] et al should have been faulted for trying to "make" a case by withholding necessary and recommended treatments that weren't psychiatric.

I must assume that you are all psychiatric cases yourselves. You obviously can't read the literature, can't analyze a case and harm patients and other physicians by being on the Medical Board in Ohio.

Sincerely,

Rita Kralik MD

WASHINGTON HOSPITAL CENTER

Physician

vol. 9, no. 1 - january 2003

news for medical staff, residents, fellows & alumni

Doctors Treating Doctors—

Taking Care of Seriously Ill Colleagues

Every physician knows there are two parts to every physician-patient interaction — the medical part of the equation and the personal part. And every physician develops his or her own style of melding the two parts into a well-rounded whole.

Stuart Seides, MD, associate director of cardiology, explains it this way. "As physicians, we are not just making patients feel well, we're making them feel good. It's a related but not necessarily parallel phenomena." Clearly, making patients well is the medical side, while making patients feel good is the personal side.

Often, the personal part of the equation is the more difficult to manage. It involves quickly sizing up the patient and deciding on the most workable relationship.

But what happens when the patient is also a physician? That can add another element to an already complex formula. Interviews with Washington Hospital Center physicians and a review of Internet literature on the subject bring some insight into this doctor-doctor interaction.

While doctors should be just the same as any other patient, that is often not the case. The treating physician is well aware that he or she is dealing with a medical equal, and possibly even a colleague. This can change the nature of the relationship, bringing some added challenges and rewards.

However, physicians are individuals first and foremost. "Physicians are just a cross-section of everyone else," says Margo Smith, MD, acting section director, infectious diseases. "So much depends on the individual's personality." That makes it difficult to draw meaningful generalities of physician-patients. But still, some observations are instructive.

continued on page 10

INSIDE...

Continence Center

Legislative Outlook

Washington Hospital Center

The Area's Most Experienced Hospital

Tom Dilling

Rita M. Kralik M.D.
[redacted]

May 8, 2003

OHIO STATE MEDICAL BOARD
MAY 1 2 2003

Mr. Tom Dilling
Members of the Ohio State Medical Board
77 South High Street
Columbus, Ohio 43266

Re: What happened in my case

Dear Mr. Dilling and Members of the State Medical Board of Ohio:

I'd like to sit down with you all sometime to discuss my medical license.

Maybe I have to spell things out for the third graders and the non-medical members. First, what happened to me is a disgrace and malpractice on your part. Even if I forgive it, it won't make the bone problems and life problems go away. Hormonal failures require replacements.

I started fracturing bones in 1990. They were fragility fractures. Not normal or simple fractures; Dr. [redacted] is simple in the head. The last wrist fracture occurred after my shoulder got bumped; a transmitted force fracture. Attempts to tell Dr. [redacted] and Dr. [redacted] that something was wrong were disasters. Both men were convinced that I was "unlucky;" broke bones for their attentions, didn't like them and didn't understand them. Both men were wrong and cost me the proper care of my fractures; the fractures weren't set correctly or on time, weren't followed with any measure of care and they wouldn't even order physical therapy when they got done (but they did pain meds). This is not my personality problem, and most of you know that Departments of Orthopedics are testosterone-driven male establishments -- which tend to be a little dense on work-ups and even when they get a consultation don't question the consultant carefully enough.

I had an early ovarian failure; POF. My nurse mother had the same thing starting with hot flashes at age 38. My mother has tried to talk with Mr. Dilling who harangued on the phone recently for 10 minutes. **No one in the course of this mess took a medical history.** My first symptoms were the fractures. As ovarian function declines, bone mass is lost at a higher rate 1.5-3.0%/year. I didn't have any of the factors that increase the time to menopause, like my mother and sisters. So about age 36 with the fractures, my bones started to hurt and I fractured. Menses continue with this entity until the FSH is sky high, so the ob-gyns miss it in spades. The test is the FSH and estradiol levels. **And no one did those tests even those they are recommended in every gynecological textbook, on the web and in every popular press book on the menopause, perimenopause or osteoporosis/osteopenia.** No one in my case had time for good medical practice, just errors and mistakes and orders for psychiatric evaluations.

Somewhere around 10% of the female population has this. I had night sweats then hot flashes and didn't feel right around the time that my license was suspended – age 38 like my mother. This was all made fun of by the Board's attorneys; young women with no understanding of a woman's life cycle even though it will eventually affect them also. They laughed as you

The bone pain continued and my experts didn't know what to do with it. Because there was so much garbage and misrepresentation, lost Rorschach test answers and lies everywhere, my experts were overwhelmed. They didn't have time to get me to the ob-gyn for another evaluation with two Hearing and the continual barrage of the Board's lawyers. The Board's lawyers would call and harass my lawyers; telling them to admit that I had some psychological impairment. Even if I had gone, my concern was placing my ob-gyn records and blood work in public record. Everything was in public record to prove a bad case, but it was all changed and a "spin" put on before it got there. There was no professionalism. My lawyers held their ground, but had never seen anything like this behavior. Also, we were paying so much money to lawyers and psychiatric experts that my routine health care didn't get done. None of you women cared about another woman's health care; I was supposed to be a statistic for you that proved there were physicians practicing with an impairment. You didn't care and lost whatever physician instincts you may have had. You were part of the boy's club; the Ohio State Medical Board. The impairment is yours.

I had no impairment. My feeling hurt, sad, anxious, harmed by stupidity, ignorance and politics and miscared for was and is completely appropriate; on the money. All you and the orthopedics are concerned about then and now is not getting sued for destroying everything for me. You make mistakes and don't want to admit or pay for them. Only when you admit your mistakes can physicians admit them and handle them better. We all make them. The new idea is to learn how to admit and handle mistakes before eleven years. The case requires a dismissal and a few new Rules.

Further regarding getting normal health care for the last eleven years, what do you tell a physician when you don't have a license and it's in public record that all your symptoms are psychiatric or "exaggerated" or a "pain syndrome." They don't help you and don't have to. So had to eventually get the tests done on a emergency basis only after I continued to bleed for two months and showed up at [redacted] in New York – after years of hot flashes. Not surprisingly the woman ob-gyn wouldn't write a letter to say what I had. She felt that she'd lose her job saying that other physicians and a Medical Board had missed things for so long and left a woman physician without the ability to have children, with osteoporosis and they still wouldn't admit that something was missed that wasn't psychiatric. I went to Dr. [redacted] thinking for sure he'd stand up for the lack of any normal anything in this case of menopause. He told me face-to-face last fall, covering for the boys, that no one had to do any blood work until I had no menses. Well, that's not in any textbook that he's been an author on nor what he told us in medical school. You all lie and when the lies stop, maybe I can have a life. The record needs expunged, as soon as possible so that I can get care. Of course, with all the other symptoms and fractures, the blood work needed to be ordered. But then you're all third grade liars.

Sincerely,

Rita Kralik M.D.

Ohi- State Medical Board

OHIO STATE MEDICAL BOARD
MAY 1 2 2003

Rita M. Kralik M.D.
[redacted]

May 8, 2003

Mr. Tom Dilling
Members of the Ohio State Medical Board
77 South High Street
Columbus, Ohio 43266

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Somewhere around 10% of the female population has this. I had night sweats then hot flashes and didn't feel right around the time that my license was suspended – age 38 like my mother. This was all made fun of by the Board's attorneys; young women with no understanding of a woman's life cycle even though it will eventually affect them also. They laughed as you did. So I couldn't say anything or do anything to prevent this; no one listened. No one talks to their mothers anymore or takes a health class.

The bone pain continued and my experts didn't know what to do with it. Because there was so much garbage and misrepresentation, lost Rorschach test answers and lies everywhere, my experts were overwhelmed. They didn't have time to get me to the ob-gyn for another evaluation with two Hearing and the continual barrage of the Board's lawyers. The Board's lawyers would call and harass my lawyers; telling them to admit that I had some psychological impairment. Even if I had gone, my concern was placing my ob-gyn records and blood work in public record. Everything was in public record to prove a bad case, but it was all changed and a "spin" put on before it got there. There was no professionalism. My lawyers held their ground, but had never seen anything like this behavior. Also, we were paying so much money to lawyers and psychiatric experts that my routine health care didn't get done. None of you women cared about another woman's health care; I was supposed to be a statistic for you that proved there were physicians practicing with an impairment. You didn't care and lost whatever physician instincts you may have had. You were part of the boy's club; the Ohio State Medical Board. The impairment is yours.

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Sincerely,

Rita Kralik M.D.

Rita Kralik M.D.

Rita M. Kralik M.D.
[redacted]

OHIO STATE MEDICAL BOARD
MAY 1 3 2003

May 10, 2003 (the day before Mother's Day, which I will never get any flowers for)

Mr. Dilling:

There was one typo, but the message is the same. Careful medical evaluations and all the blood work needed to be ordered before psychiatric evaluations and testing. You can say that bone pain is exaggerated or a pain syndrome or that a personality exists, if the disagreeing isn't necessary for medical treatment and the pain isn't real. The bone pain was real as the bone density declined. Try it sometime. Every time you hit something with your bones there is persistent pain for weeks. My brother lawyer was at his wits end. I'd have a bruise and the bone pain would last for weeks afterwards.

My physicians and those on the Medical Board, including Dr. Anita Steinberg, had no idea of good medical practice. My "adjustment reaction" – adjusting to bad care and continued symptoms – was no "adjustment reaction" rather medical and Medical Board negligence and stupidity. The suffering was needless and horrendous; physical, mental, career and personal. I will never have any children, but probably still could have in 1990-4, maybe even 1995. Those years were spent in pain and then fielding all manner of false accusations and unnecessary evaluations where even the "normal" answers to the psychological testing were purposely lost to alter reality. I had no criteria for the "personality disorder" or any other psychiatric diagnosis. The diagnosis presented as fractures as I wasn't married and trying to have children; didn't have time and Dr. [redacted] put out such false information that it ruined that too. He was never touched and told I wasn't interested, but that's not what he told other physicians and the public.

When you suspend the license of a woman, you have to consider what normal life events and medical care events you are altering forever in her life. You made a mistake and I couldn't admit that I had a mental impairment when it was not true. That would have gotten me treatment for something that I didn't have and not guaranteed treatment for something that I did have. Both my experts tried to tell you to stop, think and let me go on with my life and things would sort out. The State Medical Board of Ohio refused this good advice and you have only yourselves to blame for the mess. You didn't listen at all to my mother. You talked at her. She has all kinds of things to tell you and would like a face-to-face meeting. Lawyers can't solve this case as it has nothing to do with breaking the statute on practicing in Ohio. The State Medical Board of Ohio caused my difficulties by not allowing appropriate care to function as a physician for the real medical problems that I had. Appropriate care to function as a physician means doing all the tests even for a 10% solution.

Rita Kralik M.D.
Rita Kralik MD

Rita [redacted]

OHIO STATE MEDICAL BOARD
MAY 22 2003

Rita M. Kralik M.D.
[redacted]

May 20, 2003

Tom Dilling
Executive Director
Ohio State Medical Board
77 South High Street 17th Floor
Columbus, Ohio 43266

Re: My license and osteoporosis/osteopenia

Dear Mr. Dilling,

Enclosed is an AMA CME on Managing Osteoporosis. Nowhere does it recommend psychotherapy for fractures. Included are many of the tests that my physicians should have ordered, or that the Board and your women attorneys should have noticed missing.

Medicine is not supposed to be a form of abuse. Before accusing someone of a personality problem because they disagree, all recommended tests should have been ordered, including those in the textbooks and now on the web. **Some of them still haven't been.** The bone density should have been followed over the last eleven years, monitored and used to determine therapies. Instead I've been refused care and recommended more psychiatric evaluations. None of that will help except to try to salvage the Board's mistake. The orthopedics sold you their mistake, "hook, line and sinker," but that's not my problem. Carla O'Day M.D. wanted the Directorship of the [redacted] Hospital ER and got it.

My care should be including bone density tests (since 1991 there has been one), discussions of medications (hormone replacement and others) and a job where I could take care of myself with exercise and diet. I've had lab jobs at $20,000 because I've been told I can only work in a lab. That's not what I trained for and not what the jobs look for; they look for younger kids with several years experience who want to stay in the lab. Even Ph.D. programs look for more commitment to staying in the lab. I'm an excellent practicing physician and that's what I trained for – only I couldn't save myself as you wouldn't listen. You want medicine to save your reputations and the only persons looking bad in my care are a bunch of fraudulent members of the Ohio State Medical Board.

You can't just order psychiatric evaluations when everything in the Osteoporosis Case Studies is missing. These evaluations are traumatic, a form of psychological rape as they are forced, and they leave emotional scars. I can't go through with any more for anything.

Sincerely,

Rita Kralik M.D.

Rita M. Kralik M.D.
[redacted]

I appear to be the only one in Ohio doing CME. I have osteoporosis on my last bone density – something that only women in their 50-70s have. I was 40-something. That's means malpractice; yours.

American Medical Association

Physicians dedicated to the health of America

MANAGING OSTEOPOROSIS

CLINICAL CHALLENGES IN PRIMARY CARE

Part 5 Osteoporosis Case Studies

AN AMA CONTINUING MEDICAL EDUCATION PROGRAM FOR PRIMARY CARE PHYSICIANS

June 6, 2003

Mr. Dilling -

Am in Medugorje praying for the clearance that my medical license needs. What I had was inadequately treated medical problems and physicians that lied. You need to set up a meeting with myself and my mother this summer; she was there & got the phone calls from Dr [redacted] for me to do things for him and met with Dr [redacted] trying to get him to look into things and help. Had either physician done even the minimum, things would have worked.

This is one of the hospitals - Mostar Surgical Hospital. They need physicians badly. Notice the bullet holes from the war.

Rita [redacted]

Rita M. Kralik M.D.
[redacted]

STATE MEDICAL BOARD OF OHIO
2003 JUN 20 P 1:09

June 17, 2003

Mr. Tom Dilling
The Ohio State Medical Board
77 South High Street
Columbus, Ohio 43266

Dear Mr. Dilling:

Enclosed is something blessed from Medugorje.

Again, I can't sign an Agreement verifying unproven lies and get treatment or further evaluations for something that I don't have. The problem was that my orthopedics goofed and their only defense was to exaggerate, misrepresent and lie so egregiously that the only way to prove it is so force me to "agree" to it by destroying my life. That's a poor way of doing anything. Blackmail comes to mind. Prayer might help; that's the advice that I've gotten.

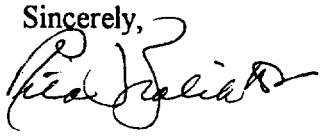
A better way would have been to admit, as you have done to me some, that there were problems; guys were being guys and that there were misses, complications and some reasons for being angry, upset, requesting the records and complaining when behaviors continued. Nothing required a "personality disorder" diagnosis and the hysterical stuff is pure contrived theatrics.

The lawyers want the internal documents (Records) from the Board, as an impairment is alleged which is part of my medical record. The "confidential" information is necessary to the diagnosis or the refutation of the accusation. There will always have to be second opinions on this matter, because of the irregularities in the way that the case was handled, and the way the other two Board evaluations were conducted. No lawyer in Ohio would advise a repeat of those experiences without some answers and the "confidential." So the answer is "No" to any further evaluations by "hired guns" of the State of Ohio Medical Board, and no treatment can be arranged on the basis of their past opinions. Psychiatric diagnosis/treatment has to be something that is based on accepted criteria and evidence that is not "confidential." My suspension wasn't "confidential."

So we can't get lawyers until the record is released. The other side, Dr. [redacted] was allowed to view my "confidential" complaint so as to counter-accuse. Dr. [redacted] as asked to refer my case in a timely manner to avoid the complications that occurred and assist with the work-up. A physician patient with multiple fractures shouldn't be referring themselves.

A dismissal is in order and some thoughts on how physician-physician care ought to be done – in one of your Orange Sheets.

Sincerely,



Rita M. Kralik M.D.
[redacted]

000018 JUL 17 8

OHIO STATE MEDICAL BOARD
JUL 2 1 2003

July 11, 2003

Governor Bob Taft
77 South High Street
Columbus, Ohio 43266

Re: Rita M. Kralik v. Ohio State Medical Board (1992-2003)

Dear Governor Taft:

This last month (June), my case went into its eleventh year without a resolution or anything on the table as a workable resolution. I've never met Mr. Dilling; he likes to be the invisible man apparently.

Now I think that the files of my case need to be opened and the complaint against me made public so that it can be replied to; everything else is public. The public record contains many references, "happenings," and statements about diagnoses that don't exist in any textbook of medicine, occurrences that didn't happen or couldn't possibly have and statements that are totally in error. This has kept me from getting appropriate care and monitoring of a serious bone condition. Not to mention, it's destroyed my life – you appear to be good at destruction, lies and covering things up.

My case was a colleague complaint. It happened because your Board of Medicine has never delineated how colleagues should care for physicians that are ill, have fractures or even have normal life events like pregnancies.

Now I don't think that you are doing your job. Saying that I have to see one of a list of designated "Board-approved" psychiatrists for "care from hell" and my complaining about it when I couldn't even get a copy of my own medical records, is tantamount to insanity – yours. Why couldn't I just get a copy of my medical records in 1991? This "list" – which is illegal (your preferencing certain psychiatrists) apparently has "ratings," "feed-back" and is being used as a way of not confronting care problems and bad physician behavior. The "guys were being guys" just is allowed to happened – just find a psychiatrist that will put a "twist" on it.

Now it appears that you are corrupt; imagining actions and statements for me, imaging diagnoses that don't exist, losing answers of psychological tests and otherwise behaving like fraud. Could I have my life back or do you have more to imagine?

Please do something.

Sincerely,

Rita Kralik M.D.

Rita Kralik M.D.

Rita Kralik M.D.
[redacted]

Tom Dilling
Executive Director
State Medical Board of Ohio
77 South High Street 17th Floor
Columbus, Ohio 43266-6127

OHIO STATE MEDICAL BOARD
SEP 0 2 2003

Re: Meeting September 17, 2003

Dear Mr. Dilling,

Just so the meeting doesn't deteriorate into a free-for-all session with 20 minutes spent telling me to read the bestseller *Icebound*, like the last meeting two years ago, I'd like to outline an agenda so that you can bring whatever documents you need:

(1) The constant ordering of **evaluations** on me based on all manner of lies in the public and confidential documents. No lawyer or expert recommends it; not a mentally healthy thing and won't solve the problems.
(2) **The correction of my medical record** should be allowed, as it is part of the Patient Bill of Rights, to reflect what happened. Mr. Dilling agreed that there are misrepresentations and stated to me that "The boys were being boys."
(3) **What really happened; wrist fracture care in Ohio and what is going on.**
(4) My **complaint** was initially made to get my medical records out of Dr. [redacted] office as he was 'editing' them and giving them to the [redacted] Medical Staff Office. This complaint was never notarized, I never 'signed' for the release of my medical records to the Board and this unofficial complaint was done after 6 months of trying to 'stop' what was going on through other channels.
(5) The **work-up**. Suddenly fracturing three bones at age 35-36 is not normal and merits a work-up. This work-up is spelled out in medical texts and there are responsible ways of dealing with errors as opposed to licensure suspension.
(6) **The referring to Dr. [redacted] stuff**. *None* of the [redacted] or [redacted] physicians can work with Dr. [redacted] in a practice situation, yet I was expected to do so and refer him patients that refused to go as conditions of Ohio licensure.
(7) **How to solve this mess;** what the residencies/fellowships want.
(8) My R.N. mother would like to briefly state what she has experienced through these eleven years.
(9) Your agenda.

It is my hope that some of the above can be discussed to begin to solve the problems that exist in the delivery of care to women patients in Ohio. I'd also like to ask that you not be answering cell phone calls during this time.

Sincerely,

Rita Kralik M.D.

Rita Kralik M.D.

Rita M. Kralik M.D.
[redacted]

October 5, 2003

Tom Dilling
Executive Director
Ohio State Medical Board
77 South High Street, 17th Floor
Columbus, Ohio 43215

Re: Medical License

Dear Mr. Dilling:

Thank you for recently sitting down to discuss the problems in my case, though it took you four years and some of that you must bear the responsibility for. Where were you?

The problems can't be solved by more psychiatric evaluations of me in-state with or without the complaint and they can't be solved outside-the-state without the complaint given to both myself and the psychiatrist. And, then giving someone outside the State the complaint could incriminate the State of Ohio, and the archaic ways that business is done and the uneven way that statutes are applied. Representative Grendell has two constituents that were physicians; one got the complaint (Dr. [redacted]) and one didn't (Dr. Kralik). The statute says no one gets the complaint, and as a result I was threatened with three phone calls. The Dental Board in Ohio is under investigation for this, and the Ohio State Medical Board deserves to be.

We've tried three nationally known experts without the complaint, and the best they could do is an "adjustment reaction" that had to do with the problems in Ohio and the **local** problems in the practice of medicine at [redacted] Hospital in 1990-1992. There isn't a schizoid paranoid personality disorder, and I don't have the criteria for this except that I complained about Dr. [redacted]-- after he literally disabled me and refused to stop certain behaviors after months of trying to talk with him and to his friends. That's not my personality disorder.

We can try another psychiatrist, but the best they will be able to say is that **something happened** at [redacted] and they can't say enough to diagnose as it was "situational." I keep talking about it because you keep ordering evaluations of me or meetings, and not solving the situation and the problems that you have at the Board. Carla O'Day M.D. shouldn't have been ordering me to evaluations; she has piles of personality problems in her own life and is allowed to practice medicine unhindered. If I was paranoid schizo, I wouldn't have gone near Dr. [redacted] as he has something of a reputation, though it was mostly "covered up." [There is the occasional person that will tell you that he is "nice," but doesn't know what he is doing.] Moving on, jobs want to know what happened; a statement from the Board that says misunderstand, missed diagnosis, but not "confidential."

OHIO STATE MEDICAL BOARD
OCT 0 8 2003

The problem can be solved in a forward and positive way by a meeting of myself, my mother, Representative Grendell, yourself and all the complainants involved in the complaint against me. Some I know, as I was threatened by three of the signers. Others, I may never have met as they responded to Dr. [redacted] campaign that was conducted in lieu of patient business at [redacted] Hospital with the o.k. of the hospital administration and administrators– Dr. [redacted] et al. Most of them have never heard my side of the story or understood the ramifications of their complaint on an innocent physician's life. Prior to this meeting, I will sign an Agreement not to sue any of the individuals. That will only apply if positive progress is made towards the truth; I'm not coming to this meeting, reading the complaint and listening to more lies about the truth and where the Rorschach answers vanished to. Everyone has to come with an attitude that the problems will come to light finally and that solutions to getting me back will be proposed and considered. The Medical Board will have to guarantee that nothing will be done to the complainants, but that should be easy for a Board that looks the other way and goes the extra mile to protect "friends."

The orthopedic care that I received **was not what is depicted in the record** and the counterclaims were not what happened. Lies got told and spun and no psychiatrist can straighten this out without some truth. Discussing my childhood, college dates and medical school years won't supply the answers. Three of the best psychiatrists and three sets of lawyers, two from outside the State of Ohio, have tried over eleven years. The missing links are that they've been denied the complaint and access to the complainants; the witness list has been "confidential."

I look forward to hearing from you. The reason that I can't stop talking about this is that the case hasn't been solved. "Confidential" is not a fair or accurate solution. You're still accusing me of things that I don't have, and trying to make out like there weren't problems that needed solution on the other side of this. **And, I can't get a job with this going on.** You want to have me go to yet another psychiatrist and explain how Dr. [redacted] couldn't place a cast on a wrist fracture to save his soul and couldn't place a phone call to the [redacted] Clinic to refer the case properly? They will say, well why isn't he here? And, this scenario will happen again even if I get my license returned, as there are not new procedures for solving inter-colleague problems of this nature. Problems have a way of recurring until they are solved. Guys act like boys until the State says otherwise; if the State says "boys can be boys" then boys will continue to be boys.

Sincerely,

Rita Kralik M.D.

Rita Kralik M.D.

cc: Representative Tim Grendell

OHIO STATE MEDICAL BOARD
OCT 0 8 2003

BEFORE THE
MEDICAL BOARD OF CALIFORNIA
STATE OF CALIFORNIA

In the Matter of the Accusation Against:	)	File No. D-5661/16-1993-28241
	)	
RITA M KRALIK	)	OAH No. N-1998040133
	)	
	)	
Respondent.	)	
	)	

DECISION

The attached Proposed Decision of the Administrative Law Judge is hereby adopted by the Medical Board of California as its Decision in the above-entitled matter.

This Decision shall become effective on November 29, 1999.

IT IS SO ORDERED October 27, 1999.

IRA LUBELL, M.D.
President
Division of Medical Quality

OAH 15 (Rev. 6/84)

BEFORE THE
DIVISION OF MEDICAL QUALITY
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: RITA M. KRALIK, M.D. 7093 Gates Mills Boulevard Gates Mills, Ohio 44040 California Physician and Surgeon's Certificate No. G 57119 Respondent.	Case No. D-5661 OAH No. N1998040133

PROPOSED DECISION

Presiding Administrative Law Judge Stephen J. Smith, State of California, Office of Administrative Hearings, heard this matter in Sacramento, California on August 31, 1999.

Robert Miller, Deputy Attorney General, represented the Medical Board of California.

John Wagner, Attorney at Law, of Nossaman, Guthner, Knox and Elliott, Attorneys at Law, represented Rita M. Kralik, M.D., who did not appear.

The matter was submitted on August 31, 1999.

FACTUAL FINDINGS

A. JURISDICTIONAL FINDINGS AND CALIFORNIA PROCEDURAL HISTORY

1. Ronald Joseph made the charges and allegations contained in the Amended Accusation in his official capacity as Executive Officer, Medical Board of California (hereafter "the Board"). The Amended Accusation was filed and served on Dr. Kralik and her counsel of record on August 6, 1999.

2. The Accusation in this matter was filed with the Medical Board on January 23, 1994. The matter was scheduled for evidentiary hearing before an Administrative Law Judge of the Office of Administrative Hearings by Notice of Hearing issued and served by the Deputy Attorney General then assigned dated April 23, 1998.

3. The evidentiary hearing was conducted on July 6, 1998 before the Hon. Jaime Rene Roman, Administrative Law Judge. Ms. Kralik appeared at the evidentiary hearing, provided testimony and represented herself. Judge Roman issued an Order of Suspension Pending Final Decision and Order on the same day the evidentiary hearing occurred. Judge Roman found, "The facts and circumstances underlying the discipline set forth in Finding IV.B [action of State Medical Board of Ohio, detailed below] and the denial of reconsideration referenced in Finding No.V are that Respondent labors under a psychiatric condition impairing her ability to practice safely and that she has failed to provide evidence of rehabilitation sufficient to compel her relicensure. Respondent displays a cognitive preoccupation and persecutory perception that demonstrably and adversely affects her perceptive and attentive skills." Judge Roman concluded that permitting Dr. Kralik to continue to practice medicine in California pending the outcome of the evidentiary hearing would endanger the public health, safety or welfare.

4. Judge Roman issued his Proposed Decision on July 8, 1998, in which he revoked Ms. Kralik's California Physician's and Surgeon's Certificate, and assessed costs of investigation and prosecution against Dr. Kralik in the amount of $2,167.50.

Judge Roman found in his Proposed Decision, "On April 17, 1996, the State Medical Board of Ohio denied respondent's application for reconsideration in that her current mental status constitutes an inability to practice according to acceptable and prevailing standards of care by reason of mental illness, including, but not limited to, deterioration that adversely affects cognitive, motor or perceptive skills." Finding V. This Finding was repeated in pertinent part in Finding VI as the reason the State Medical Board of Ohio imposed disciplinary action against Dr. Kralik's physician and surgeon certificate in Ohio.

Judge Roman further found, "Respondent's demeanor in these proceedings displayed a person laboring under a mental illness. A. She lacked the ability to remain focused. B. She confirmed psychiatric observations of her persecutory perceptions, self-preoccupation and cognitive dysfunction." Finding X. Circumstances in Aggravation. "Respondent, notwithstanding her personal physical medical problems, requires immediate psychiatric intervention and treatment." Finding XI. These Findings were referenced in Finding XIV, where Judge Roman concluded that, "...by virtue of her psychiatric disorder as referenced in Findings Nos. V-VI and X-XI is unable to presently engage in the practice of medicine without posing danger to the public safety, health or welfare." Judge Roman found that Dr. Kralik's efforts at rehabilitation were inadequate, considering her psychiatric condition. Judge Roman's Finding that Dr. Kralik was laboring under a current psychiatric disorder and that her rehabilitative efforts were inadequate to address that condition were repeated as part of the legal basis in support of his Order to revoke Dr. Kralik's Certificate.

5. The Medical Board acted on August 4, 1998 to adopt the Proposed Decision, effective September 3, 1998.

6. Dr. Kralik timely appealed the Medical Board's final Decision of revocation by seeking a peremptory writ of mandamus in the Superior Court, County of Sacramento. The Superior Court granted the writ and entered judgment in favor of Dr. Kralik. The matter was remanded to the Medical Board with specific instructions on April 28, 1999. The Superior Court's judgment to set aside the order of revocation of Dr. Kralik's Certificate also ordered a new evidentiary hearing, "to determine the propriety of imposing a penalty on petitioner's certificate to practice in California as a result of the suspension of her certificate to practice in Ohio. In particular, "Respondent shall hear evidence from each of the parties to determine the extent of petitioner's rehabilitation from the condition causing the suspension of her Ohio certificate, as set forth in Hearing Examiner Suzanne E. Kelly's 1995 report and recommendation on which the Ohio suspension was based, and the extent of any circumstances in mitigation or aggravation." The Superior Court continued the Order of Temporary Suspension of Dr. Kralik's Certificate then in effect until the adoption of a new decision in this matter by the Medical Board.

7. The Medical Board issued an Order Vacating Penalty Portion of Disciplinary Decision and Remanding Case for Additional Evidentiary Hearing on May 5, 1999, in conformity with the Superior Court's Judgment. The matter was remanded to the Office of Administrative Hearings for the conduct of the additional evidentiary hearing called for in the Judgment of the Superior Court. This evidentiary hearing was conducted in accordance with the judgment and return on the writ of the Superior Court and the subsequent Order of the Medical Board of California.

B. PROCEDURAL HISTORY-STATE MEDICAL BOARD OF OHIO ACTIONS

8. Dr. Kralik was issued a Certificate to practice as a physician and surgeon by the State Medical Board of Ohio (hereafter "the Ohio Board") in 1982. Dr. Kralik joined the private practice of her father in Mayfield Heights, Ohio in 1986. She was granted hospital and medical staff privileges at Meridia Hillcrest Hospital. Meridia Hillcrest Hospital summarily suspended Dr. Kralik's medical staff and hospital privileges, due to "bizarre, hysterical behavior" on April 17, 1992. The Ohio Board ordered Dr. Kralik to submit to a psychiatric evaluation on April 23, 1992. The psychiatric evaluation by Dr. Brook, a psychiatrist, with psychological testing by psychologist Dr. Hall, took place on May 1 and 8, 1992. Dr. Brook concluded in his psychiatric evaluation report on Dr. Kralik that he had made a working diagnosis of Paranoid Personality Disorder. He made a recommendation that Dr. Kralik seek intensive psychiatric care. He concluded Dr. Kralik was unable to practice medicine in Ohio in accordance with acceptable and prevailing standards by reason of mental illness or physical illness, including, "...physical deterioration that adversely affects cognitive, motor or perceptive skills".

The Ohio Board summarily suspended Dr. Kralik's Ohio Certificate on June 19, 1992, based in large part upon Dr. Brook's psychiatric evaluation.

9. Dr. Kralik requested and was granted an evidentiary hearing upon the summary suspension of her Certificate before the Ohio Board's designated Hearing Examiner. The evidentiary hearing occurred on October 16 and November 10, 1992. The Hearing Examiner issued her decision on January 15, 1993. The Hearing Examiner affirmed the summary suspension, and in so doing, adopted the psychiatric opinions and conclusions of Dr. Brook set forth in Finding 8. The Ohio Board adopted the Hearing Examiner's decision as its own on March 10, 1993, after hearing oral argument from counsel and Dr. Kralik herself.

10. The Ohio Board's decision was reversed by the Franklin County Court of Appeals, State of Ohio, on February 21, 1995. The Court of Appeals found prejudicial error had occurred in the process of the evidentiary hearing, resulting in a denial of due process to Dr. Kralik. The Court of Appeals determined that a privilege protecting the confidentiality of Dr. Kralik's medical and mental health records was violated during the evidentiary hearing. The Court of Appeals determined the violation of Dr. Kralik's due process rights at the evidentiary hearing was of such dimension that the matter should be remanded to the Board for a new evidentiary hearing. The Court of Appeal ordered that the Summary Suspension of Dr. Kralik's Certificate remain in full force and effect in the interim period, until the Board could conduct a new evidentiary hearing and issue another final decision in the matter.

11. A second evidentiary hearing was conducted by a different designated Hearing Examiner for the Ohio Board on November 29, December 8 and 12, 1995. Much of the record of the first evidentiary hearing was readmitted to the record of the second hearing. But substantial additional expert reports and testimony were offered in the second evidentiary hearing, most significantly that of Dr. Sokolov and Dr. Skodol.

12. The Hearing Examiner issued her Report and Recommendations decision (hereafter "Kralik Ohio 2"). The Hearing Examiner found "Dr. Kralik suffers from Pain Disorder Associated with Both Psychological Factors and a General Medical Condition, in partial remission, and from Adjustment Disorder with Mixed Anxiety and Depressed Mood, Chronic, in full remission." (Finding 10, p. 35) She further found, based upon the opinions of both Dr. Sokolov and Dr. Skodol, that Dr. Kralik's "emotional and physical reactions deteriorate when she is exposed to individuals, places or events that remind her of her perceived physical limitations, psychiatric allegations, orthopedic treatment or uncertain future."(Finding 11, p.35). The Hearing Examiner noted Dr. Kralik has not practiced medicine since 1992, but had kept her continuing medical education up to date.

The Hearing Examiner ultimately concluded, "Patient care is not limited to direct patient-physician interaction. The acceptable and prevailing standards of care include

interaction with referring physicians, insurance companies, hospital administrators, and other health care professionals. Dr. Kralik's behavior as detailed in the Summary of the Evidence did not meet those standards. Her pain disorder remains active and is easily aggravated. As set forth in the Findings of Fact above, Dr. Kralik's current mental status constitutes the "inability to practice according to acceptable and prevailing standards of care by reason of mental illness or physical illness, including but not limited to, physical deterioration that adversely affects cognitive, motor or perceptive skills", as that clause is used in Section 4731.22(B)(19), Ohio Revised Code."

The Hearing Examiner ordered Dr. Kralik's Certificate to practice medicine in the State of Ohio be suspended for an indefinite period of time. She ordered that reinstatement of Dr. Kralik's Certificate should be considered by the Ohio Board upon the occurrence of a number of detailed conditions, including a Board approved detailed psychiatric assessment and commencement of a psychiatric treatment program, a physical examination and treatment if recommended, successful taking and passing of the SPEX examination, submission and approval of a plan of practice, and the requirement that the Board may request additional demonstration of fitness and competence to practice. If reinstated, Dr. Kralik was to be admitted to a probationary practice of at least two years duration, subject to a number of conditions, the principal of which is to have her practice monitored by a Board-approved physician.

13. Dr. Brook's opinion that Dr. Kralik suffered from a Paranoid Personality Disorder, which opinion formed the basis of the decision in the first evidentiary hearing in Ohio, appears to have been completely discredited and rejected as a result of the second evidentiary hearing. Dr. Skodol's diagnosis and opinion, expressed in his testimony, that Dr. Kralik does not and did not suffer from this personality disorder, was implicitly accepted and endorsed when the Hearing Examiner and ultimately, the Ohio Board, accepted his diagnoses, detailed above. Dr. Brook's analysis, opinions and conclusions, which formed the basis for the Ohio Board's decision both to suspend Dr. Kralik's Certificate on an interim basis, and then suspend the Certificate with conditions precedent to reinstatement to probation, appear to have played no role in the decision by the Ohio Board following the second evidentiary hearing, or in the Board's April 17, 1996 Order, set forth below. Dr. Brook's opinion is thus not considered for any purpose here, other than to note its place in the procedural history and the fact that the opinion appears to have played a role in the rendering of the decision following the first evidentiary hearing in California in July 1998.

14. The Ohio Board adopted the Hearing Examiner's decision and her order of indefinite suspension of Dr. Kralik's Certificate on April 17, 1996, following oral argument The Board adopted both the detailed and enumerated conditions for reinstatement of Dr. Kralik's Certificate and for probation, if Dr. Kralik is reinstated.

15. Dr. Kralik appealed the Ohio Board's Order to the Court of Common Pleas of Franklin County, State of Ohio on May 2, 1996. Dr. Kralik's counsel failed to file a Notice of Appeal with the Ohio Board within 15 days of the Ohio Board's mailing of its Order to

her, as required by Ohio Statute. The appeal was dismissed by the Court of Common Pleas for lack of jurisdiction, due to the failure to timely file the Notice of Appeal with the Board. Dr. Kralik appealed the Order of Dismissal by the Court of Common Pleas to the Court of Appeals, State of Ohio. The Court of Appeals affirmed the dismissal order entered by the Court of Common Pleas on April 18, 1997. The Medical Board of California was notified that the Ohio Board decision was final and all appeals exhausted on November 18, 1997.

C. FINDINGS BASED UPON DECISION AND RECORD IN KRALIK OHIO 2 OR PREVIOUS CALIFORNIA DECISION AND ITS RECORD

16. Dr. Kralik had been issued a Certificate to practice medicine and surgery in the states of Rhode Island and Hawaii. Both Rhode Island and Hawaii revoked Dr. Kralik's Certificates in those states based upon the Ohio Board's decision in Kralik Ohio 1.

17. Dr. Kralik received her M.D. degree in 1980 from Case Western Reserve University. She completed a two-year internship at Rhode Island Hospital, Providence, Rhode Island, between 1981 and 1982. Her first year of internship was in general surgery, and her second year was in internal medicine. She completed a two-year residency in internal medicine at MetroHealth Hospital, Cleveland, Ohio in 1984. Dr. Kralik earned her Board Certification in Internal Medicine from the American Board of Internal Medicine in 1984.

18. Dr. Kralik commenced private practice in internal medicine in Ohio in 1984. She joined her father, a general and vascular surgeon, in practice in Mayfield Heights, Ohio in 1986. She also assisted other physicians in a surgical practice and performed medical services as a contractor for Urgent Care. Dr. Kralik had hopes of completing a surgical residency. The practice Dr. Kralik entered with her father was located next door to the orthopedic practice of Dr. Timothy Nice. Dr. Nice and Dr. Kralik became acquainted, and in 1986, Dr. Nice began to refer patients to Dr. Kralik for internal medicine consultations and evaluations.

19. Dr. Kralik fell while ice-skating and fractured her left wrist in March 1990. She sought treatment from Dr. Nice for the fracture. Dr. Kralik found the fracture intensely painful and became quite concerned that the injury could threaten both her career as a physician and her ability to support herself as a single person. Dr. Kralik is also an accomplished musician and artist, with a specialty in medical illustration. Her concerns for the fracture of her wrist were exacerbated by the potential loss or limitation of these artistic pursuits, which gave her great pleasure, as well as the realization that her mother's problem with low bone density might be hers as well by heredity. Dr. Kralik fractured her toe in April 1990. She sought treatment for this injury from Dr. Nice as well.

20. Dr. Kralik fractured her right wrist in November 1990. She again sought treatment from Dr. Nice. The course of her treatment for her left wrist and toe had not gone

well, and Dr. Kralik was in considerable and constant pain, only managed poorly with medication.

21. Dr. Kralik became intensely dissatisfied with Dr. Nice's treatment of her fractures. She became angrily aggressive, hostile and confrontational with Dr. Nice from early 1991 through 1992 regarding her view of his treatment, or lack of it. Dr. Kralik sought numerous other opinions regarding the care of her fractures and discovered she indeed had a low bone density problem and was suffering the beginnings of osteoporosis.

22. The Ohio Board found in Kralik Ohio 2 that, "From 1990 through 1992, professional colleagues of Dr. Kralik observed behavior that indicated that she required psychiatric assistance. The behavior included numerous letters and telephone calls to her physicians and hospital administrators regarding her orthopedic care. It also included progressively greater attention to the condition of her injured wrists." (Finding 1, page 33, Report and Recommendations, Kralik Ohio 2)

23. The letters referred to above included letters to Dr. Nice regarding the care of Mrs. Miracle. Mrs. Miracle was referred to Dr. Kralik by Dr. Nice for consultation and an evaluation of her internal medical condition. Dr. Kralik was presumably to report back to Dr. Nice with the results of the consultation and evaluation. Dr. Kralik's letters to Dr. Nice regarding Mrs. Miracle, written between December 5, 1990 and December 11, 1990, mix some comment regarding Mrs. Miracle's medical condition with a great deal of criticism of Dr. Nice's care of her own fractured wrists. The critical comments of Dr. Nice were angry, hostile, and at times rude, and attacked Dr. Nice personally and professionally, as well as Dr. Nice's wife. One of the letters, dated December 9, 1990, is particularly nasty in tone, and expresses both comments regarding Mrs. Miracle's case and anger for how Dr. Kralik perceived she has been treated by Dr. Nice, Dr. Nice's wife, her father, her medical school and "the men in my life". Another letter in evidence mixed medical comments regarding another patient, Mrs. Lindic, with additional criticism of Dr. Nice, both personally and professionally.

24. The Ohio Board found in Kralik Ohio 2 that, "On April 14, 1992, Dr. Kralik engaged in "bizarre, hysterical behavior" in the office of Dr. Nice, and advised his patients "to get another physician because Dr. Nice had 'ruined' [her]" (Finding 2, page 33, Report and Recommendations, Kralik Ohio 2).

25. The Ohio Board found in Kralik Ohio 2 that, "Later on April 14, 1992, Dr. Kralik went to Dr. Keith's office and demanded to see him even though he was in surgery. Dr. Kralik "refused to leave, became hysterical, and on several occasions began banging [her] wrists on a conference table in an attempt to break them" Dr. Kralik was removed by hospital security." (Finding 3, page 33, Report and Recommendations, Kralik Ohio 2).

26. Dr. Kralik introduced evidence during Kralik Ohio 2 regarding her significant medical skills, high level of professional competence and caring concern for her patients,

most of whom were elderly and presented her with difficult and complex medical problems. This evidence is summarized beginning at page 19 of Report and Recommendations of the Hearing Examiner in Kralik Ohio 2. The evidence that Dr. Kralik was, at least up to 1992, when she last practiced medicine, a highly skilled, competent and caring physician with her own patients was not disputed in Kralik Ohio 2. Evidence was offered by testimony from Dr. Kralik's office nurse and two other physicians who had worked with Dr. Kralik. The Hearing Examiner discounted the testimony of the office nurse to some degree, but appears to have accepted the testimony in all other respects.

27. Dr. Kralik was requested to make a response to a quality assurance inquiry of her care of a patient in December 1991. The response requested of Dr. Kralik was to be made to the physician's review committee at the hospital where she was practicing, Meridia Hillcrest. It was not disputed that the inquiry was not unusual and did not indicate any care had occurred that was beneath the standard of care. Dr. Kralik's response to the inquiry contained comments addressed to responding to the inquiry (13 sentences) with a great deal of angry and hostile complaints regarding Dr. Nice's failure to properly care for her fractures (56 sentences). Undisputed testimony at Kralik Ohio 2 identified the response to the quality control inquiry by Dr. Kralik to be quite inappropriate, because it mixed patient care matters with personal concerns. The physician providing this testimony also testified that Dr. Kralik's privileges at Meridia Hillcrest were suspended due to her extreme preoccupation with her fractures and personal medical care, to the point that the physician's committee was convinced the preoccupation would interfere her ability to provide adequate patient care. However, there was no evidence ever offered that Dr. Kralik ever actually furnished any patient care beneath the standard of care. In fact, her contentions that the actual patient care she furnished her patients was excellent was not disputed in either the first or second evidentiary hearings in Ohio.

28. Dr. Kralik offered the testimony of Frederic Gannon, M.D., a psychiatrist, in the first evidentiary hearing in Ohio. This testimony was incorporated into the record and considered in the second evidentiary hearing. Dr. Gannon saw Dr. Kralik in New York for the purposes of an evaluation Dr. Kralik hoped would rebut that of Dr. Brook. Dr. Kralik saw Dr. Gannon on seven occasions between October 5 and November 3, 1992 for the purposes of evaluation and psychotherapy. Dr. Gannon testified in the first evidentiary hearing in Ohio that in his opinion, Dr. Kralik does not suffer from any personality disorder or other psychopathology that would negatively affect her ability to practice medicine safely.

The Hearing Examiner rejected Dr. Gannon's opinions and conclusions in her decision following the first evidentiary hearing in Ohio. The Hearing Examiner faulted Dr. Gannon in a number of respects, including his failure to consider Dr. Kralik's statements in the letters she wrote and other extrinsic evidence, and his excessive reliance upon Dr. Kralik's statements to him in the evaluations and psychotherapy.

The decision following the Kralik Ohio 2 evidentiary hearing makes almost no reference to Dr. Gannon, or to the analysis of his opinions and conclusions that appeared in

the decision following the first hearing. The Kralik Ohio 2 decision notes Dr. Kralik had continued to see Dr. Gannon for psychotherapy "infrequently to discuss minor matters" since her suspension in 1993, but noted Dr. Kralik "has not participated in structured psychological or psychiatric counseling". The decision quoted some of Dr. Kralik's testimony in Kralik Ohio 2 that expressed Dr. Kralik's opinion that she did not have any need for psychotherapy.

29. Andrew Skodol, M.D., a nationally renowned psychiatrist, examined Dr. Kralik on several occasions between September 7 and November 21, 1995. The Hearing Examiner and the Ohio Board adopted Dr. Skodol's diagnosis of a Pain Disorder with both Psychological Factors and a General Medical Condition, in partial remission, and an Adjustment Disorder with Mixed Anxiety and Depressed Mood, chronic, in full remission, and Dr. Skodol's supporting analysis, in its decision, as detailed in Finding 12. Dr. Skodol explained in his testimony that the "in partial remission" comment meant that Dr. Kralik still experienced pain in her wrists as of the time of his examinations of her.

Dr. Skodol also noted, as recorded by the Hearing Examiner in her decision, that Dr. Kralik only had partial insight into her own role in creating her current difficulties, as of the time of his evaluations. "She fluctuated back and forth between being able to sort of see the role that she played in some of her difficulties, and not being able to see the role..." He also noted Dr. Kralik believes the Board investigated her "because she complained about her orthopedic treatment." (Report and Recommendations, page 31, Summary of the Evidence, no. 52).

The Hearing Examiner and the Board rejected certain key portions of Dr. Skodol's analysis, opinions and conclusions in the final decision following Kralik Ohio 2. Dr. Skodol's opinion that Dr. Kralik has no psychological or psychiatric condition which affects her ability to practice medicine according to accepted and prevailing standards was rejected, as was Dr. Gannon's similar opinion. Also rejected was Dr. Skodol's opinion that although psychiatric treatment might benefit Dr. Kralik, such treatment is not a necessity for her to practice medicine safely.

30. Dr. Kralik relocated to New York before the evidentiary hearing in Kralik Ohio 2. At the time of Kralik Ohio 2, Dr. Kralik was living with her brother, a physician licensed in New York State. She was working as a high-level temporary worker performing computer support and clerical tasks for large corporations in New York City. She continued her interest in playing the piano and harp and in medical illustration and art. Wrist pain continued to limit her in these activities.

31. The Ohio Board found that as of the time of its Order in Kralik Ohio 2, Dr. Kralik had remained current in her continuing medical education by taking courses at Columbia University. Judge Roman found that Dr. Kralik had continued to take numerous continuing medical education courses as of the time of the first evidentiary hearing in California, July 8, 1998.

32. Dr. Kralik filed a Statement in Support of Dismissal as part of her evidentiary presentation in the first evidentiary hearing in California before Judge Roman. The statement, dated July 6, 1998, is thoughtful, directed, coherent and articulate. Dr. Kralik's statement makes a very persuasive case for making a judgment regarding her California licensure based primarily upon whether any defects in care of any patient entrusted to her had ever been identified. She contended the substantial evidence of her excellence and commitment to providing superior medical care to her patients presented in Ohio was the only meaningful consideration before the Board, and invited the California Board to disregard the Ohio Board's focus upon how she handled her difficulties with being a patient herself. The statement and its contentions are quite persuasive and well articulated.

Dr. Kralik's Statement in Support of Dismissal was marked and admitted in evidence as part of the first evidentiary hearing in California, and was considered by Judge Roman in the issuance of his decisions.

33. Dr. Kralik's testimony and behavior at the evidentiary hearing July 8, 1998 before Judge Roman was a striking contrast to the presentation she made in her statement, written just two days earlier. Dr. Kralik's presentation of herself and her testimony before Judge Roman, as recorded in the transcription of those proceedings, was argumentative, self-absorbed, preoccupied and disorganized. Dr. Kralik refused numerous efforts to direct and control her comments, and reflected little insight into her behavior and its consequences in Ohio that resulted in the disciplinary actions against her. Judge Roman's considerable concern regarding Dr. Kralik's presentation of herself is reflected in the Factual Findings in his decisions, and the results. Judge Roman first immediately suspended her Certificate, and then revoked it, due to his observations during the evidentiary hearing and resulting concerns regarding Dr. Kralik's mental state and how that reflects upon her ability to practice medicine safely.

34. Dr. Kralik expressed a desire to go into medical research in New York in her July 6, 1998 Statement in Support of Dismissal. She also expressed an interest in performing volunteer charity medical work in New York for Catholic Charities and Maryknoll, a Catholic women's ministry. For both of these goals, she needs a clear medical Certificate.

Dr. Kralik also noted in her Statement that she had begun the process of seeking reinstatement in Ohio and had considered seeking a Certificate from the State of New York. She noted that for almost a decade she cared for the sick, elderly and infirm religious of various orders in the Cleveland area, in convents, nursing homes and cancer hospices without charge, and would like very much to continue to care for such persons in New York.

35. Dr. Kralik was advised by letter dated February 4, 1997 that the Ohio Board took some actions in her case at its January 8, 1997 meeting. The letter advises Dr. Kralik that the Ohio Board had voted to "approve and accept" Dr. Skodol's psychiatric assessment as fulfillment of Paragraph 3 B of the Ohio Board's April 17, 1996 Order. Dr. Kralik was also notified that Dr. Gannon had been approved to serve as Dr. Kralik's treating psychiatrist.

This letter, reflecting the Ohio Board's actions of January 8, 1997, was admitted in evidence in the first evidentiary hearing and was considered by Judge Roman in the rendering of his decisions.

36. Paragraph 3 B of the Ohio Board's April 17, 1996 Order reads, "Within sixty (60) days of the effective date of this Order, or as otherwise approved by the Board, Dr. Kralik shall commence appropriate treatment, as determined by an informed assessment of Dr. Kralik's current needs. Such assessment and treatment shall be by a psychiatrist or psychologist approved in advance by the State Medical Board. Prior to the initial assessment, Dr. Kralik shall provide the approved psychiatrist or psychologist with copies of the Board's Findings of Fact including any documents incorporated therein by reference, Conclusions of Law, and Order in this matter, and the Board may provide any other documentation from the hearing record which it may deem appropriate or helpful to the provider. Within ten (10) day after the completion of the initial assessment, Dr. Kralik shall cause a written report to be submitted to the State Medical Board from the approved provider, which report shall include: i. A detailed plan or recommended treatment based upon the provider's informed assessment of Dr. Kralik's current needs; ii. Any reports upon which the treatment recommendation is based, including reports of physical examination and psychological or other testing." Paragraph 3 B of the Ohio Board's order of April 17, 1996, is one of seven conditions precedent the Ohio Board required for the restoration of Dr. Kralik's Ohio Certificate to probationary status, subject to a term of at least two years and several terms and conditions.

D. FACTUAL FINDINGS-CURRENT EVIDENTIARY HEARING-NEW MATERIAL

37. Dr. Kralik did not appear or testify at the evidentiary hearing. It was therefore impossible to compare her present demeanor and presentation with that recorded in the transcript of the first evidentiary hearing, or in her presentations of herself as documented in the Ohio cases. Much of the information offered regarding an update of Dr. Kralik's current circumstances and intentions was in the form of hearsay documents, comments to evaluators such as Dr. Goldstine, or in the form of contentions and comments of counsel.

38. There was no current indication that Dr. Kralik has any intention of living or practicing medicine in California. Her intention in defending this action continues to be her desire to find what she considers a fair and just adjudication of her case that focuses on the quality of care issues she considers paramount, and discounts her reactions and behavior as a patient herself. She hopes to retain a clear Certificate in any state where she has been licensed to practice.

39. There was no evidence in this hearing that Dr. Kralik has changed the means by which she is supporting herself or her living arrangements in New York. Dr. Goldstine mentioned in his testimony that Dr. Kralik told him she has performed a good deal of work for large law firms in New York City, but there was no competent evidence of this work or

her work performance offered. Dr. Kralik also expressed to one of her evaluators a possible desire to attend law school if unable to obtain a clear Certificate to practice medicine.

40. Dr. Kralik was evaluated by Howard L. Rosner, M.D., Director, Pain Management Service, New York Hospital Cornell Medical Center on April 8, 1998. This evaluation was offered in evidence and considered in the first evidentiary hearing before Judge Roman, but was not discussed in either of his decisions.

Dr. Rosner found both of Dr. Kralik's wrists had healed with some minor deformities. He noted Dr. Kralik reported increased intermittent pain in her wrists with overuse, such as with her computer work or in her musical and artistic avocations. He found no evidence of chronic pain related syndrome. He concluded Dr. Kralik is not in need of a pain clinic and did not need to return for further evaluation and management.

41. No additional evidence of continuing medical education taken since the July 1998 evidentiary hearing before Judge Roman was offered. Dr. Kralik has not practiced medicine in any jurisdiction since June 1992. She has maintained her Board certification in Internal Medicine.

42. A portion of a copy of an application to the State Medical Board of Ohio for license restoration appears in the augmented record (pp.2254-2255, and 2268) furnished to the Superior Court for review of the decision following the first evidentiary hearing. The documents are the recommendation of Dr. Ballou in support of restoration of Dr. Kralik's Certificate in Ohio, and a notarized signature page with photo, dated August 22, 1997. The most current certified records from the Ohio Board in this record are the 539 page package, submitted under affidavit of the Ohio Board dated August 27, 1998, and are contained in Respondent's Exhibit B. The Ohio Board's records as of August 27, 1998 show that Dr. Kralik has filed her application for restoration of her Certificate, but that as of that date, she has not completed the submission to the Ohio Board of all documentation necessary for the Ohio Board to process and act upon the application. There was no competent evidence offered in this evidentiary hearing to update these official records of the Ohio Board. Dr. Kralik's Application for Restoration of her Certificate appears to remain incomplete and pending Ohio Board action.

43. Dr. Kralik was evaluated by a team at the Berkeley Therapy Institute in August 1999. She spent more than 10 hours in personal consultations and evaluative conference with Daniel Goldstine, Ph.D., a clinical psychologist, during a one-week period. She also spent two evaluative sessions with Robert Dolgoff, M.D., a physician/psychiatrist with a sub-specialty in evaluating and assisting the physician with emotional problems or problems getting along with others. The two sessions with Dr. Dolgoff both occurred on August 3, 1999.

The Deputy Attorney General ("DAG") was not advised that Dr. Goldstine was intended to be called as a witness in the proceedings until the day before the evidentiary

hearing, at which time a copy of Dr. Dolgoff's 3 page report was transmitted to the DAG by facsimile. A continuing discovery request has been in effect since the original Accusation was filed. The DGA was significantly impaired in his ability to respond to the late discovery, particularly since Dr. Goldstine did not produce a report of his findings, opinions and conclusions, nor did he have any notes or summaries of his consultations with Dr. Kralik. The testimony of Dr. Goldstine was admitted, but with significant limitations due to hearsay concerns and the deprivation, due to late and incomplete discovery, of any realistic opportunity for the DAG to have an opportunity to prepare and cross-examine the witness.

Dr. Dolgoff produced a report of his consultation and evaluation. but did not testify. Dr. Goldstine testified, but produced no report or notes of the significant period of time he spent with Dr. Kralik. Dr. Goldstine took no notes during or after any of his extensive consultations with Dr. Kralik, made no summaries, produced no report of his observations, findings, conclusions or opinions and did not perform any psychological or psychometric testing. Dr. Goldstine relied upon "some parts" of Dr. Dolgoff's report as well as his own observations and conclusions in rendering his opinions in his testimony. Dr. Goldstine did not elaborate upon which parts of Dr. Dolgoff's report he relied, other than to comment that he saw nothing in Dr. Dolgoff's report with which he disagreed. Dr. Goldstine did note that no one on the team performed a physical examination on Dr. Kralik. Dr. Goldstine mentioned he had reviewed the entire Ohio record, but did not make any collateral contacts. Dr. Dolgoff's report makes it clear he did not review much of the Ohio record.

44. Dr. Goldstine's testimony was not particularly useful to this inquiry and its mandated focus upon whether Dr. Kralik is rehabilitated from the conditions that caused Ohio to suspend her Certificate. Dr. Goldstine's lack of a report, notes or summaries deprived the finder of fact of an opportunity to carefully examine and potentially embrace the evaluative process and its methodology, which could have raised the persuasiveness of the conclusions. This presentation without supporting materials, coupled with the very late disclosure of the intention to use evidence from Dr. Kralik's visit to the Berkeley Therapy Institute, placed a significant limitation upon the finder of fact's ability to evaluate the methodology, observations, conclusions and opinions through the medium of the DAG's cross examination, which could have further enhanced the persuasiveness of the opinions expressed. The Hearing Examiner in Kralik Ohio 1 rejected Dr. Gannon's opinions and conclusions in large part because the evaluation with Dr. Gannon was sought by Dr. Kralik for the express purpose of rebutting Dr. Brook's opinions in a non-confrontive setting that appeared to be controlled by Dr. Kralik, and for failure to evaluate and corroborate Dr. Kralik's self-reports to Dr. Gannon by the use of collateral sources. Dr. Goldstine's evaluation of Dr. Kralik contains many of these same deficiencies.

Dr. Goldstine does indeed have impressive credentials, as does Dr. Dolgoff. But more than just trust in the credentials, seriousness and professionalism of the witness is required to accept the evaluations as determinative of the issues here.

However, a number of Dr. Goldstine's opinions and conclusions were corroborated by previously adduced evidence. His conclusion that Dr. Kralik does not now suffer from a pain disorder with associated psychological features echoes the August 1998 conclusions of Dr. Rosner at Cornell. His conclusion that she does not suffer from a personality disorder of any sort was expressed by Dr. Skodol and was accepted by the Ohio Board when it adopted the decision in Kralik Ohio 2 and reaffirmed in the Ohio Board's February 4, 1997 letter to Dr. Kralik..

Dr. Goldstine's speculation that he "does not think" Dr. Kralik would have problems getting along with other physicians, hospital administrators or insurance companies now was not persuasive. His characterization of Dr. Kralik's behavior as a patient in Ohio as detailed in Kralik Ohio 2 as "cranky", and her angry outbursts as "snit-fits over her pain syndrome" was not persuasive and seemed to minimize and excuse the behavior found to be quite maladaptive and inappropriate at the time it occurred.

What was persuasive was Dr. Goldstine's characterization of Dr. Kralik as very intense, obsessive, opinionated and very difficult to get along with in any setting in which she feels uncomfortable or threatened. There is a substantial amount of evidence in the record in support of that characterization. Dr. Goldstine did not refute Dr. Skodol's opinion that Dr. Kralik's "emotional and physical reactions deteriorate when she is exposed to individuals, places or events that remind her of her perceived physical limitations, psychiatric allegations, orthopedic treatment or uncertain future."

E. CURRENT STATE OF REHABILITATION FROM THE CONDITION CAUSING THE SUSPENSION OF DR. KRALIK'S OHIO CERTIFICATE, FACTORS IN AGGRAVATION AND MITIGATION

45. The "condition" causing the suspension of Dr. Kralik's Certificate in Ohio is partly elaborated in the diagnosis adopted by the Ohio Board in Kralik Ohio 2. The psychiatric "label" for the "condition" is Pain Disorder with Psychological and General Medical Features. But there is more to the "condition" causing the suspension in Ohio than the psychiatric label. In light of this rather extensive record, developed over almost a decade now, the "condition" is behavioral and one of self-control and self-discipline. Dr. Kralik's behavior choices, and her poor self-control and judgment in making those choices as a patient for wrist fractures was such as to call into question her mental status and raised serious concerns regarding the potential for harm to her patients. Intense pain was found to be a key factor in influencing those problematical behavior choices, and the alleviation of that pain to a minor or remitted state has been a salutary factor.

The persuasive medical and psychiatric opinion in this record is that Dr. Kralik is not mentally ill and does not suffer from a psychiatric or psychological condition or a personality disorder. It is entirely possible she never did suffer from any psychiatric or psychological disorder, or if she did, it was entirely situational and transitory. But she has exhibited a style of personal behavior and a lack of self-control and prudent judgment, greatly exacerbated by

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pain that can potentially recur if the factors identified by Dr. Skodol are present. This personal behavioral style, with its attendant obsessive traits, poor self-control and judgment in dealing with others that manifested itself when she was a patient herself was detailed in the Order of the Ohio Board as part of the cause for suspending her Certificate, and thus is part of the "condition" to be considered here. Dr. Kralik has a personality style and behaves in such a manner in matters she considers significant or important that she is unusually difficult to get along with, particularly when challenged, threatened or under stress. It is equally clear that this personality style does not necessarily render her unfit to practice medicine, and may actually assist her in aggressively advocating for the health care needs of her patients. The central issue appears to settle upon judgment and self-discipline in inter-personal relations, and the necessity to rein in expressions of aggression, anger and hostility such that the concern of the Ohio Board for quality patient care being eclipsed by Dr. Kralik's personal issues and concerns does not recur.

Dr. Kralik's pain disorder and its associated features appears to be in full remission. But Dr. Rosner noted that Dr. Kralik's wrists still cause her pain when overused, and Dr. Skodol noted Dr. Kralik's emotional and physical reactions can be expected to deteriorate when she is exposed to individuals, places or events that remind her of her perceived physical limitations, psychiatric allegations, orthopedic treatment or uncertain future, including presumably, the return of wrist pain. This potential for painfulness on any day her wrists are overused calls into question the status of the remission on that day.

There was no evidence offered of Dr. Kralik's work performance or behavior since her disastrous appearance at the first evidentiary hearing in July 1998, nor any evidence from co-workers or friends regarding how she copes with any pain she still experiences in her wrists. There has been no physical examination of Dr. Kralik since Dr. Rosner's evaluation that would update the status of her wrists, pain or osteoporosis. There was a comment that Dr. Kralik worked for some prestigious New York law firms, but no evidence of her work performance at any of these unnamed firms, nor any evidence of how she got along with peers, coworkers or clients.

The most recent psychological/psychiatric evaluation appears to have been performed on Dr. Kralik's terms, with much focus on rebutting the Ohio Board's conclusions but with little focus upon addressing the behavioral issues detailed by the Ohio Board. The evaluation suffers from many of the same deficits that resulted in the rejection of Dr. Gannon's opinions and conclusions by the Ohio Board following the first evidentiary hearing there. It does not persuasively deal with the expressed concerns that failure to get along with other physicians, hospital administrators, insurers, and collaterally, with the patients and office staff of other physicians when she was a patient for wrist fractures can constitute performance beneath the standard of care for physicians in Ohio. The Ohio Board concluded that this failure to exercise appropriate professional judgment within the standard of care when Dr. Kralik was a patient herself did have a potential for adverse impact upon patient care and safety, regardless of the fact that no such instance of adverse patient care impact was ever proved.

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The Meridia Hillcrest Hospital had the same concerns when it suspended her privileges to practice there.

46. The Ohio Board put into place in its April 17, 1996 Order a series of safeguards to assist it in assuring itself that these behavioral concerns were addressed and progress monitored. Dr. Kralik has not demonstrated any particular urgency or motivation in meeting those concerns and obtaining reinstatement of her Ohio Certificate, even on a probationary basis. Such an Order of Reinstatement from the Ohio Board would constitute substantial evidence in rehabilitation. The proof as of this hearing was that Dr. Kralik filed her application for reinstatement in August 1997, but still has not completed submitting all the materials necessary to permit the Ohio Board to act upon the application.

47. Dr. Kralik's continuing education was current to the first evidentiary hearing in July 1988. There was no evidence offered to update that or prove she has continued to stay current, even though it may be argued from her past behavior that it is likely she has done so. She has not practiced since 1992. There is no evidence that Dr. Kralik has taken any clinical course work or medical skills refreshers or updates in the interim. Dr. Gannon was approved by the Ohio Board to serve as Dr. Kralik's psychotherapist in accord with its April 17, 1996 Order, but there is no evidence of any actual sessions of psychotherapy or counseling sessions with Dr. Gannon since. Dr. Kralik's unfailingly high quality patient care when she was practicing is the most important single factor in mitigation to be considered, with her selfless volunteer care for the elderly and infirm in the Cleveland area when she was practicing and her intention to continue such giving of her medical expertise if she is able to resume practice also quite important

48. On balance, even though there is little additional new material in the way of evidence in rehabilitation or mitigation from the "condition" resulting in the suspension of her Certificate in Ohio, outright revocation of Dr. Kralik's Certificate in California is not warranted. The Ohio cases and subsequent developments in Ohio reveal that the "cranky" physician given to "snit-fits" may or may not pose a concern to the welfare and safety of patients, depending upon the judgment and self-control exercised by the physician. The mixing of intensely pursued personal issues and concerns with an active patient care practice was determined to be a potential threat to the safety and welfare of patients and beneath the standard of care for Ohio physicians and for staff physicians at Meridia Hillcrest Hospital. The Ohio Board imposed conditions precedent and controls to assure itself that if and when Dr. Kralik resumes practice, she is able to demonstrate those concerns are a feature of the past. A similar resolution is appropriate in California.

49. Costs of investigation and prosecution were found proved in the amount of $2167.50 as a result of the first evidentiary hearing. The costs were not contested as either inappropriately assessed following the first hearing or as unreasonable. No additional costs are sought here, as Dr. Kralik prevailed on appeal, resulting in the remand and this additional evidentiary hearing. The costs are reasonable within the meaning of Business and Professions Code section 125.3 and are affirmed.

LEGAL CONCLUSIONS

1. Dr. Kralik's Certificates to practice as a physician and surgeon in the State of Ohio, the State of Hawaii and the State of Rhode Island have been subjected to the imposition of disciplinary action. Dr. Kralik's Certificate to practice in Ohio is suspended, with reinstatement to probation subject to a number of yet unsatisfied conditions precedent. Dr. Kralik's Certificates in Rhode Island and Hawaii are revoked, but those actions were entirely derivative of the Ohio action.

Legal cause for the imposition of discipline upon Dr. Kralik's Certificate to practice medicine and surgery in California exists pursuant to Business and Professions Code section 2305. A disciplinary action based solely upon the imposition of discipline by another jurisdiction's medical board is sufficient to impose disciplinary action in California pursuant to section 2305.[1]

2. Dr. Kralik has demonstrated some rehabilitation and mitigation, as detailed in the Findings. Dr. Kralik has failed to demonstrate much in the way of additional rehabilitation from which had been offered up to and including the July 1998 first evidentiary hearing. She has not fully complied with the Ohio Board's conditions precedent to reinstatement. She has not been reinstated in Ohio, to probation or any other status. She has not proved updated evidence of continuing medical education, clinical or medical skills refresher course work. She has demonstrated remission of the "condition" that contributed to her suspension in Ohio, but has not demonstrated that the conditions Dr. Skodol identified that could cause a recurrence of the behavior will stay in remission if those conditions recur. The existence of adequate controls over the behavioral and professional judgment concerns that also contributed to the suspension remain a question. Dr. Kralik has not yet provided the assurance sought by the Ohio Board that the remission of the condition contributing to the suspension will remain in remission. The protections expressed by the Ohio Board sought through its conditions precedent to reinstatement have not been provided. The Medical Board of California has broad discretion to impose discipline and conditions on a Certificate holder to insure the same level of high quality medical practice to the same extent as Ohio.[2]

There is little doubt that Dr. Kralik was, through her last day of practice in 1992, a highly skilled, Board certified, competent physician with a passion for care of the difficult and often elderly patients she treated. There is no doubt that Dr. Kralik can make considerable positive contributions in the future to the medical profession in any state where she ultimately practices. Despite the difficulties she has experienced getting along with others, it is safe to say on this record that the medical profession will sustain a loss if Dr. Kralik does not practice medicine again. She has a heart for the giving of her medical skills to elderly, infirm indigent persons through her church, and when she is not practicing, those

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[1] Marek v. Board of Podiatric Medicine (1993) 16 Cal.App.4th 1089, 1098

[2] Marek, p. 1099-1100.

persons are deprived of a willing and skillful physician whose services could not otherwise be afforded. She expressed once a desire to complete a surgical residency and to engage in medical research. If she does either or both, her contributions can only increase. Dr. Kralik is quite bright, and bringing her clinical skills and continuing medical education current does not appear to be a significant obstacle.

Even though there was never any actual harm to a patient proved as a result of Dr. Kralik's angry behavior and poor judgment in 1991-92, it is important to reiterate that her intense anger combined with the weaving of obsession with her personal issues and concerns as a patient herself with the needs of her patients did have the potential for a problem with patient care. This potential resulted in the actions against her in Ohio and the imposition of conditions precedent to her resumption of a probationary practice there. Dr. Skodol expressed concern regarding Dr. Kralik's lack of insight into the poor behavioral choices she made that brought about these actions.

The record reflects that a similar Order as that imposed by the Ohio Board is warranted here. Should Dr. Kralik succeed in obtaining reinstatement in Ohio, and the resumption of a probationary or unrestricted practice there, she may petition for corresponding relief in California, based upon those actions.

3. A suspension of longer than one year is prohibited.[3] Therefore, a stayed revocation is imposed, with Dr. Kralik to be admitted to probation on the terms set forth, only upon the satisfaction of conditions precedent similar to those imposed by Ohio. The California Medical Board will retain full discretion to accept or reject in full or partial satisfaction of these conditions precedent any evidence, materials, reports, evaluations and the like accepted by the Ohio State Medical Board in satisfaction of the conditions precedent to reinstatement on probation imposed by its April 17, 1996 Order.

ORDER

California Physician and Surgeon's Certificate number G 57119, issued to Rita M. Kralik, M.D., is REVOKED. However, the revocation shall be stayed and Dr. Kralik admitted to probation upon completion of the following terms and conditions precedent, to the satisfaction of the Medical Board of California, in its exclusive discretion:

1. Within 90 days of the effective date of this decision, Dr. Kralik shall submit to the Division or its designee for prior approval, a clinical training or educational program. The exact number of hours and specific content of the program shall be determined by the Division or its designee. Dr. Kralik shall successfully complete the training

[3] Business and Professions Code section 2227(a)(2).

program and may be required to pass an examination administered by the Division or its designee related to the program's contents.

2. Within 90 days of the effective date of this decision, and on an annual basis thereafter, Dr. Kralik shall submit to the Division or its designee for its prior approval an educational program or course to be designated by the Division, which shall not be less than 40 hours per year, for each year of probation. This program shall be in addition to the Continuing Medical Education requirements for re-licensure. Following the completion of each course, the Division or its designee may administer an examination to test Dr. Kralik's knowledge of the course. Dr. Kralik shall provide proof of attendance for 65 hours of continuing medical education of which 40 hours were in satisfaction of this condition and were approved in advance by the Division or its designee.

3. Within 60 days of the effective date of this decision, or as soon thereafter as determined by the board, Dr. Kralik shall take and pass the Special Purpose Examination (SPEX) of the Federation of State Medical Boards. Dr. Kralik shall not practice medicine until she has passed this examination and has been so notified by the Board in writing.

4. Dr. Kralik shall take and pass an oral clinical exam in a subject to be designated and administered by the Division, or its designee. This examination shall be taken within 90 days after the effective date of this decision. If Dr. Kralik fails the first examination, she shall be allowed to take and pass a second examination, which may consist of a written as well as an oral examination. The waiting period between the first and second examinations shall be at least three months. If Dr. Kralik fails to pass the first and second examinations, she may take a third and final examination after waiting a period of one year. The respondent shall pay the costs of all examinations. Dr. Kralik shall not practice medicine until she has passed the required examination and has been so notified by the Division or its designee in writing. This prohibition shall not bar respondent from practicing in a clinical training program approved by the Division, or its designee. Respondent's practice of medicine shall be restricted only to that which is required by the approved training program.

5. Within 30 days of the effective date of this decision, and on a periodic basis thereafter as may be required by the Division or its designee, Dr. Kralik shall undergo a psychiatric evaluation (and psychological testing, if deemed necessary) by a Division-appointed psychiatrist, who shall furnish an evaluation report to the Division or its designee. The Board may waive this condition, in its exclusive discretion, based upon

any reports, evaluations or circumstances that exist at the time the fulfillment of this condition is required. The evaluation shall address the status of remission and the likelihood of recurrence of the conditions that led the Ohio Board to act as it did as detailed above, as well as whether there currently exists any psychiatric or psychological condition that may impair Dr. Kralik's ability to practice medicine safely within the standard of care in California. Dr. Kralik shall pay the cost of the psychiatric evaluation.

6. If Dr. Kralik is required by the Division or its designee to undergo psychiatric treatment, Dr. Kralik shall within 30 days of the requirement notice submit to the Division for its prior approval the name and qualifications of a psychiatrist of Dr. Kralik's choice. If treatment is required, Dr. Kralik shall undergo and continue psychiatric treatment until further notice from the Division or its designee. Dr. Kralik shall have the treating psychiatrist submit quarterly status reports to the Division or its designee indicating whether the she is capable of practicing medicine safely.

7. Within 30 days of the effective date of this decision, and on a periodic basis thereafter as may be required by the Division or its designee, Dr. Kralik shall undergo a medical evaluation by a Division-appointed physician who shall furnish a medical report to the Division or its designee. The evaluation must include, but not be limited, an evaluation of Dr. Kralik's pain disorder in remission, wrist pain, its remission and likelihood of recurrence, and the impact, if any, of any osteoporosis or low bone density condition upon the experience of pain and its management.

8. If Dr. Kralik is required by the Division or its designee to undergo medical treatment, Dr. Kralik shall, within 30 days of the requirement notice, submit to the Division or its designee for its prior approval the name and qualifications of a physician of her choice. Upon approval of the treating physician, Dr. Kralik shall undergo and continue medical treatment until further notice from the Division or its designee. Dr. Kralik shall have the treating physician submit quarterly reports to the Division or its designee indicating whether the she is capable of practicing medicine safely. Dr. Kralik shall pay the cost of the medical evaluation.

PROBATION

The revocation of Dr. Kralik's Certificate shall be stayed, and Dr. Kralik shall be placed on probation to the Board for a period of up to 3 years, in the Board's discretion,

subject to the following terms and conditions, following successful completion or the Board's waiver of the conditions precedent set forth above:

1. Within 15 days after the effective date of this decision Dr. Kralik shall provide the Division, or its designee, proof of service that she has served a true copy of this decision on the Chief of Staff or the Chief Executive Officer at every hospital where privileges or membership are extended to her or where she is employed to practice medicine and on the Chief Executive Officer at every insurance carrier where malpractice insurance coverage is extended to Dr. Kralik.

2. Throughout the period of probation on an annual basis, Dr. Kralik shall submit to the Division or its designee for its prior approval an educational program or course to be designated by the Division, which shall not be less than 40 hours per year, for each year of probation. This program shall be in addition to the Continuing Medical Education requirements for re-licensure. Following the completion of each course, the Division or its designee may administer an examination to test respondent's knowledge of the course. Dr. Kralik shall provide proof of attendance for 65 hours of continuing medical education of which 40 hours were in satisfaction of this condition and were approved in advance by the Division or its designee.

3. Within 30 days of the effective date of this probation, Dr. Kralik shall submit to the Division or its designee for its prior approval a plan of practice in which Dr. Kralik's practice shall be monitored by another physician in Dr. Kralik's field of practice, who shall provide periodic reports to the Division or its designee. If the monitor resigns or is no longer available, Dr. Kralik shall, within 15 days, move to have a new monitor appointed, through nomination by respondent and approval by the Division or its designee.

4. Dr. Kralik shall obey all federal, state and local laws, all rules governing the practice of medicine in California, and remain in full compliance with any court ordered criminal probation, payments and other orders.

5. Dr. Kralik shall submit quarterly declarations under penalty of perjury on forms provided by the Division, stating whether there has been compliance with all the conditions of probation.

6. Dr. Kralik shall comply with the Division's probation surveillance program. Dr. Kralik shall, at all times, keep the Division informed of her addresses of business and residence which shall both serve as

addresses of record. Changes of such addresses shall be immediately communicated in writing to the Division. Under no circumstances shall a post office box serve as an address of record. Dr. Kralik shall also immediately inform the Division, in writing, of any travel to any areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty (30) days.

7. Dr. Kralik shall appear in person for interviews with the Division, its designee or its designated physician(s) upon request at various intervals and with reasonable notice.

8. In the event Dr. Kralik should leave California to reside or to practice outside the State or for any reason should she stop practicing medicine in California, Dr. Kralik shall notify the Division or its designee in writing within ten days of the dates of departure and return or the dates of non-practice within California. Non-practice is defined as any period of time exceeding thirty days in which Dr. Kralik is not engaging in any activities defined in sections 2051 and 2052 of the Business and Professions Code. All time spent in an intensive training program approved by the Division or its designee shall be considered as time spent in the practice of medicine. The Board may or may not, in its discretion, consider time spent practicing medicine in a sister state, whether subject to probationary conditions or not, as time spent in the reduction of this probation. Dr. Kralik may petition for modification or termination of penalty if a sister state's discipline terms are modified, terminated or reduced within 30 days of the time the sister state's order becomes final and not subject to appeal or reconsideration.

9. Upon successful completion of probation, Dr. Kralik's certificate shall be fully restored.

10. If Dr. Kralik violates probation in any respect, the Division, after giving her notice and the opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If an accusation or petition to revoke probation is filed against Dr. Kralik during probation, the Division shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

11. Dr. Kralik is hereby ordered to reimburse the Division the amount of $2167.50 within 90 days from the effective date of the commencement of probation for its investigative and prosecution costs. Failure to reimburse the Division's cost of its investigation and prosecution shall constitute a violation of the probation order, unless the Division agrees

Jetfax #77; Page 25/27

in writing to payment by an installment plan because of financial hardship. The filing of bankruptcy by the Dr. Kralik shall not relieve Dr. Kralik of her responsibility to reimburse the Division for its investigative and prosecution costs.

12. Dr. Kralik shall pay the costs associated with probation monitoring each and every year of probation. Such costs shall be payable to the Medical Board of California at the end of each fiscal year. Failure to pay such costs shall be considered a violation of probation.

13. Following the effective date of this decision, if Dr. Kralik ceases practicing due to retirement, health reasons or is otherwise unable to satisfy the terms and conditions of probation, she may voluntarily tender her certificate to the Board. The Division reserves the right to evaluate any request to surrender and to exercise its discretion whether to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the tendered license, Dr. Kralik will no longer be subject to the terms and conditions of probation.

DATED: September 30, 1999

Stephen J. Smith

STEPHEN J. SMITH
Presiding Administrative Law Judge
Office of Administrative Hearings

7

DECLARATION OF SERVICE BY MAIL

In the Matter of the Accusation Against:
RITA M. KRALIK, M.D. **Case No.: 16-1993-28241**

I, the undersigned, declare that I am over 18 years of age and not a party to the within cause; my business address is 1430 Howe Avenue, Sacramento, California 95825. I served a true copy of the attached:

DECISION

by mail on each of the following, by placing same in an envelope (or envelopes) addressed (respectively) as follows:

NAME AND ADDRESS	CERT NO.
Rita M. Kralik, M.D. 7093 Gates Mills Blvd. Gates Mills, OH 44040	Z 258 325 396

Robert Miller
Deputy Attorney General
Department of Justice
1300 I Street, Suite 125
Sacramento, CA 94244-2550

John Wagner, Esq.
Nossaman, Guthner, Knox & Elliott, LLP
915 L Street, Suite 1000
Sacramento, CA 95814-3701

Stephen J. Smith
Administrative Law Judge
Office of Administrative Hearings
560 J Street, Suite 300
Sacramento, CA 95814

Each said envelope was then, on **October 27, 1999**, sealed and deposited in the United States mail at Sacramento, California, the county in which I am employed, with the postage thereon fully prepaid, and return receipt requested.

Executed on **October 27, 1999** at Sacramento, California.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Pamela L. Mosher
Declarant

Decision.pkg

STATE OF CALIFORNIA – STATE AND CONSUMER SERVICES AGENCY GRAY DAVIS, Governor

MEDICAL BOARD OF CALIFORNIA
DISCIPLINE COORDINATION UNIT
1426 Howe Avenue, Suite 54
Sacramento, CA 95825-3236
(916) 263-2525

October 27, 1999

Rita M. Kralik, M.D.
7093 Gates Mills Blvd.
Gates Mills, OH 44040

Dear Dr. Kralik:

Enclosed is a copy of the Decision in the matter of the Accusation filed against you. Please note that this Decision shall become effective at 5:00 p.m. on **November 29, 1999**.

Your Decision includes a period of probation which is tolled as you reside or practice medicine outside of California. You must contact Victoria Curry, Staff Services Analyst, Enforcement Program, at (916) 263-2458, prior to returning to California to practice medicine pursuant to the tolling condition of your decision.

Sincerely,

Pamela L. Mosher, Analyst
Discipline Coordination Unit

Attachment

CERTIFIED MAIL

cc: Robert Miller, Deputy Attorney General/Sacramento
Stephen J. Smith, Administrative Law Judge/Sacramento
John Wagner, Esq.

MBC File # 16-1993-28241

IN THE COURT OF APPEALS OF OHIO

TENTH APPELLATE DISTRICT

THE MEDICAL BOARD OF OHIO
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Attorney General's Office
APR 18 1997
Health & Human Services Section

In the Matter of: Rita M. Kralik, M.D.,	:	
(Appellant,	:	
v.	:	No. 96APE08-1134
The State Medical Board of Ohio,	:	(REGULAR CALENDAR)
Appellee).	:	
	:	

JOURNAL ENTRY OF JUDGMENT

For the reasons stated in the memorandum decision of this court rendered herein on April 10, 1997, appellant's assignment of error is overruled, and it is the judgment it is the order of this court that the judgment of the Franklin County Court of Common Pleas is affirmed. Costs are assessed against appellant.

YOUNG, CLOSE & LAZARUS, JJ.

By Cynthia C. Lazarus
Judge Cynthia C. Lazarus

cc: Terri-Lynne B. Smiles, Esq.
Anne E. Bennington, Esq.
Betty D. Montgomery, AG
Anne Berry Strait, AAG

FILED
COURT OF APPEALS
97 APR 10 PM 4:00
JESSE J. ODDI
CLERK OF COURTS

Lauren

IN THE COURT OF APPEALS OF OHIO

TENTH APPELLATE DISTRICT

RECEIVED
Attorney General's Office
APR 14 1997
Health & Human Services Section

In the Matter of: Rita M. Kralik, M.D.,	:	
(Appellant,	:	No. 96APE08-1134
v.	:	(REGULAR CALENDAR)
The State Medical Board of Ohio,	:	
Appellee).	:	

MEMORANDUM DECISION

Rendered on April 10, 1997

Hahn, Loeser & Parks, Terri-Lynne B. Smiles and *Anne E. Bennington*, for appellant.

Betty D. Montgomery, Attorney General, and *Anne Berry Strait*, for appellee.

APPEAL from the Franklin County Court of Common Pleas.

LAZARUS, J.

Appellant, Rita M. Kralik, M.D., appeals from the judgment of the Franklin County Court of Common Pleas dismissing her latest appeal for lack of jurisdiction.[1] She assigns one assignment of error for our consideration:

> "The procedural requirements of R.C. §119.12 that a notice of appeal be filed with the agency is invalid as conflicting with the Ohio Rules of Civil Procedure, and, accordingly, the Common Pleas Court erred in dismissing this matter."

[1] Appellant's indefinite suspension from the practice of medicine was the subject of an earlier appeal before this court. *In the Matter of Rita M. Kralik, M.D.* (Feb. 21, 1995), Franklin App. No. 94APE05-685, unreported (1995 Opinions 649).

In an order mailed April 18, 1996, the State Medical Board ("Board") indefinitely suspended appellant's medical license. Pursuant to R.C. 119.12, appellant timely filed a notice of appeal with the common pleas court on May 2, 1996. However, appellant failed to file a notice of appeal with the Board within fifteen days of the Board's mailing of the order. The Board received a copy of the notice of appeal from the Franklin County Clerk of Courts on May 8, 1996, twenty days after the order was mailed.

R.C. 119.12 provides in pertinent part:

> "Any party desiring to appeal shall file a notice of appeal with the agency setting forth the order appealed from and the grounds of his appeal. A copy of such notice of appeal shall also be filed by the appellant with the court. Unless otherwise provided by law relating to a particular agency, such notices of appeal shall be filed within fifteen days after the mailing of the notice of the agency's order as provided in this section. ***"

The issue before this court is whether the trial court had jurisdiction over appellant's R.C. 119.12 appeal.

Failure to timely file a notice of appeal with the administrative agency deprives the common pleas court of jurisdiction to hear the appeal. *Harrison v. Ohio State Med. Bd.* (1995), 103 Ohio App.3d 317; *Capparell v. Love* (1994), 99 Ohio App.3d 624; *Tandon v. Ohio State Med. Bd.* (Sept. 30, 1996), Franklin App. No. 96APE04-436, unreported (1996 Opinions 3970); *State Med. Bd. of Ohio v. Brasseur* (July 2, 1986), Licking App. No. CA 3171; unreported, rehearing denied Dec. 26, 1996; *Holley v. Gallipolis Developmental Center* (Aug. 17, 1984), Gallia App. No. 83 CA 7, unreported; *Hickey v. Ohio State Med. Bd.* (June 12, 1986), Cuhahoga App. No. 50520, unreported. Appellant failed to

file her notice of appeal with the Board within fifteen days after the mailing of the Board's order as required by R.C. 119.12. Therefore, the common pleas court lacked jurisdiction to hear Dr. Kralik's appeal and properly granted the Board's motion to dismiss.

Appellant argues that the R.C. 119.12 requirement that a notice of appeal be filed with the agency conflicts with Civ.R. 3(A), which provides that a civil action is commenced by filing a complaint with the court. Appellant's argument is not well-taken. The provisions of Civ.R. 3(A) are clearly inapplicable to the commencement of an administrative appeal and so do not conflict with the provisions of R.C. 119.12. "[W]hen the right to appeal is conferred by statute, the appeal can be perfected only in the mode prescribed by statute." *Ramsdell v. Ohio Civil Rights Comm.* (1990), 56 Ohio St.3d 24, 27.

Because appellant failed to timely file her notice of appeal with the State Medical Board of Ohio, the court of common pleas correctly held that it lacked jurisdiction to consider the appeal, and appellant's assignment of error is not well-taken.

For these reasons, appellant's assignment of error is overruled, and the judgment of the Franklin County Court of Common Pleas is affirmed.

Judgment affirmed.

YOUNG and CLOSE, JJ., concur.

IN THE COMMON PLEAS COURT OF FRANKLIN COUNTY, OHIO

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Attorney General's Office
SEP 05 1996
Health & Human Services Section

96APE08 1134

RITA M. KRALIK, M.D. APPELLANT, V. STATE MEDICAL BOARD OF OHIO APPELLEE.	:	CASE NO. 96CVF05-3228 JUDGE PFEIFFER

FILED
COURT OF APPEALS
FRANKLIN COUNTY, OHIO
1996 AUG 30 PM 4:31
CLERK OF COURTS

NOTICE OF APPEAL

Notice is hereby given that Appellant Rita M. Kralik, M.D., hereby appeals to the Tenth District Court of Appeals from the August 1, 1996 Order dismissing her appeal of the action of the State Medical Board of Ohio.

Terri-Lynne B. Smiles (0034481)
Ann E. Bennington (0042249)
Hahn Loeser▲Parks
10 West Broad Street, Suite 1800
Columbus, Ohio 43215
Tele: (614) 221-0240
Fax: (614) 221-5909

Attorneys for Appellant,
Rita M. Kralik, M.D.

FILED
COMMON PLEAS COURT
FRANKLIN COUNTY, OHIO
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JESSE D. UDDI
CLERK OF COURTS

STATE MEDICAL BOARD
OF OHIO
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Attorney General's Office
SEP 05 1996
Health & Human Services Section

IN THE COMMON PLEAS COURT OF FRANKLIN COUNTY, OHIO

RITA M. KRALIK, M.D.	:	96APE08 1134
APPELLANT,	:	
V.	:	CASE NO. 96CVF05-3228
STATE MEDICAL BOARD OF OHIO	:	JUDGE PFEIFFER
APPELLEE.	:	

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COURT OF APPEALS
FRANKLIN CO. OHIO
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JESSE D. ODDI
CLERK OF COURTS

PRAECIPE

To the Clerk of Common Pleas Court, Franklin County, Ohio

Please transmit all original papers and exhibits, the transcript of proceedings and a certified copy of the docket and journal entries on the within case to the Court of Appeals of Franklin County, Ohio, Tenth Appellate Judicial District when record is complete or forty (40) days have elapsed.

Date: Aug 30, 1996

Terri Lynne B. Smiles (0034481)
Ann E. Bennington (0042249)
Hahn Loeser▲Parks
10 West Broad Street, Suite 1800
Columbus, Ohio 43215
(614) 221-0240

FILED
COMMON PLEAS COURT
FRANKLIN CO. OHIO
95 AUG 30 PM 4:32
JESSE D. ODDI
CLERK OF COURTS

Lauren

IN THE COMMON PLEAS COURT OF FRANKLIN COUNTY, OHIO

RITA M. KRALIK, M.D.	:	TERMINATION NO. 18
Appellant,	:	8-1-96
-vs-	:	Case No. 96CVF05-3228
STATE MEDICAL BOARD OF OHIO,	:	JUDGE PFEIFFER
Appellee.	:	

FINAL APPEALABLE ORDER

DECISION AND ENTRY GRANTING APPELLEE'S MOTION TO DISMISS FILED MAY 30, 1996

Rendered this 1st day of August, 1996

FILED COMMON PLEAS COURT FRANKLIN CO. OHIO '96 AUG -1 PM 3:07 CLERK OF COURTS

PFEIFFER, J.

This matter is before the Court upon a motion to dismiss filed by Appellee State Medical Board of Ohio ("Board") on May 30, 1996. The motion has been fully briefed and is now ready for the Court's consideration.

On May 2, 1996, Appellant Rita M. Kralik, M.D. appealed to this Court an order of the Board indefinitely suspending her medical license. The order was mailed by the Board on April 18, 1996. This appeal is taken pursuant to R.C. 119.12, which states:

RECEIVED Attorney General's Office 1996 Health & Human Services Division

> Any party desiring to appeal shall file a notice of appeal with the agency setting forth the order appealed from and the grounds of his appeal. A copy of such notice of appeal shall also be filed by the appellant with the Court. Unless otherwise provided by law relating to a particular agency, such notices of appeal shall be filed within fifteen days after the mailing of the notice of the agency's order as provided in this section.***

The Board moves to dismiss Dr. Kralik's appeal on the grounds this Court lacks subject matter jurisdiction. The Board argues that although Dr. Kralik timely filed her notice of appeal with the

Court, she never filed a notice of appeal with the Board within fifteen days of the Board's mailing of the order. In fact, the Board states it only received a copy of the notice of appeal and that copy was sent by the Franklin County Clerk of Courts and received by the Board on May 8, 1996, twenty days after the order was mailed.

It is well settled that the failure to file a notice of appeal with the appropriate agency within the fifteen day limit provided for in R.C. 119.12 is a jurisdictional defect. Harrison v. Ohio State Med. Bd. (1995) 103 Ohio App. 3d 317, 321 and citations set forth therein. In this case, it is undisputed that Appellant failed to file a timely notice of appeal with the Board within the fifteen day limit. Thus, this Court does not have jurisdiction to hear Dr. Kralik's R.C. 119.12 appeal because she failed to comply with the procedure set forth in R.C. 119.12. The Board's Motion to Dismiss is GRANTED. Costs to Appellant.

BEVERLY Y. PFEIFFER, JUDGE

COPIES TO:

Thomas D. Hunter
Counsel for Appellant

Anne Berry Strait
Counsel for Appellee

STATE MEDICAL BOARD OF OHIO
77 South High Street, 17th Floor • Columbus, Ohio 43266-0315 • (614) 466-3934

April 19, 1996

Rita Marie Kralik, M.D.
10 River Road, Apt. 18B
Roosevelt Island, N.Y. 10044

Dear Doctor Kralik:

Please find enclosed certified copies of the Entry of Order; the Report and Recommendation of Suzanne E. Kelly, Attorney Hearing Examiner, State Medical Board of Ohio; and an excerpt of draft Minutes of the State Medical Board, meeting in regular session on April 17, 1996, including Motions approving and confirming the Report and Recommendation as the Findings and Order of the State Medical Board of Ohio.

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

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

THE STATE MEDICAL BOARD OF OHIO

Thomas E. Gretter, M.D.
Secretary

TEG:em
Enclosures

Certified Mail Receipt No. P 152 983 492
Return Receipt Requested

cc: Thomas D. Hunter, Esq.

Certified Mail No. P 152 983 493
Return Receipt Requested

Mailed 4-18-96

STATE MEDICAL BOARD OF OHIO
77 South High Street, 17th Floor • Columbus, Ohio 43266-0315 • (614) 466-3934

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 Suzanne E. Kelly, Attorney Hearing Examiner, State Medical Board; and an excerpt of draft Minutes of the State Medical Board, meeting in regular session on April 17, 1996, including Motions approving and confirming the Report and Recommendation as the Findings and Order of the State Medical Board of Ohio, constitute a true and complete copy of the Findings and Order of the State Medical Board in the matter of Rita Marie Kralik, 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)

Thomas E. Gretter, M.D.
Secretary

4/17/96
Date

STATE MEDICAL BOARD OF OHIO
77 South High Street, 17th Floor • Columbus, Ohio 43266-0315 • (614) 466-3934

BEFORE THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF *

*

RITA M. KRALIK, M.D. *

ENTRY OF ORDER

This matter came on for consideration before the State Medical Board of Ohio on the 17th day of April, 1996.

Upon the Report and Recommendation of Suzanne E. Kelly, Hearing Examiner, Medical Board, in this matter designated pursuant to R.C. 4731.23, a true copy of which Report and Recommendation is attached hereto and incorporated herein, and upon the approval and confirmation by vote of the Board on the above date, the following Order is hereby entered on the Journal of the State Medical Board of Ohio for the above date.

It is hereby ORDERED that:

1. Respondent's Motion to Dismiss for failure to provide a timely hearing under Section 119.07 of the Revised Code is DENIED.

2. The certificate of Rita Marie Kralik to practice medicine and surgery in the State of Ohio shall be SUSPENDED for an indefinite period of time.

3. The State Medical Board of Ohio shall not consider REINSTATEMENT of Dr. Kralik's certificate to practice unless and until all of the following minimum requirements are fulfilled

   a. Dr. Kralik shall submit an application for reinstatement with appropriate fees.

   b. Within sixty (60) days of the effective date of this Order, or as otherwise approved by the Board, Dr. Kralik shall commence appropriate treatment, as determined by an informed assessment of Dr. Kralik's current needs. Such assessment and treatment shall be by a psychiatrist or psychologist approved in advance by the State Medical Board. Prior to the initial assessment, Dr. Kralik shall provide the approved psychiatrist or psychologist with copies of the Board's Findings of Fact including any documents incorporated therein by reference, Conclusions of Law, and Order in this Matter, and the Board may provide any other documentation from the hearing record which it may deem appropriate or helpful to that provider. Within ten (10) days after the completion of the initial assessment, Dr. Kralik shall cause a written report to be submitted to the State Medical Board from the approved provider, which report shall include:

i. A detailed plan of recommended treatment based upon the provider's informed assessment of Dr. Kralik's current needs; and

ii. Any reports upon which the treatment recommendation is based, including reports of physical examination and psychological or other testing.

c. Dr. Kralik shall provide the Board with acceptable documentation evidencing compliance with the plan of recommended treatment required under paragraph 3b above.

d. Dr. Kralik shall take and pass the SPEX examination or any similar written examination which the Board may deem appropriate to assess Dr. Kralik's clinical competency.

e. Dr. Kralik shall submit to the Board and receive its approval for a plan of practice in Ohio which, unless and until otherwise determined by the Board, shall be limited to a supervised structured environment in which Dr. Kralik's activities will be directly supervised and overseen by another physician approved by the Board. This supervising physician may not be a member of Dr. Kralik's family.

f. In the event that Dr. Kralik has not been engaged in the active practice of medicine and surgery for a period in excess of two years prior to application for reinstatement, the Board may exercise its discretion under Section 4731.222, Ohio Revised Code, to require additional evidence of Dr. Kralik's fitness to resume practice.

g. Dr. Kralik shall provide documentation acceptable to the State Medical Board of continuing psychiatric or psychological counseling at intervals as deemed appropriate by the treating psychiatrist or psychologist approved by the Board, but not less than once a month.

3. Upon reinstatement, Dr. Kralik's certificate shall be subject to the following PROBATIONARY terms, conditions, and limitations for a period of at least two (2) years:

a. Dr. Kralik shall obey all federal, state, and local laws, and all rules governing the practice of medicine in Ohio.

b. Dr. Kralik shall submit quarterly declarations under penalty of Board disciplinary action or criminal prosecution stating whether or not there has been compliance with all the provisions of probation.

c. Dr. Kralik shall appear in person for interviews before the full Board or its designated representative at three (3) month intervals, or as otherwise requested by the Board.

d. In the event that Dr. Kralik should leave Ohio for three (3) consecutive months, or reside or practice outside the State, Dr. Kralik must notify the State Medical Board in writing of the dates of departure and return. Periods of time spent outside of Ohio will not apply to the reduction of this probationary period, unless otherwise determined by motion of the Board in instances where the Board can be assured that probationary monitoring is otherwise being performed.

e. Within thirty (30) days of reinstatement, Dr. Kralik shall submit for the Board's prior approval the name of a monitoring physician, who shall review Dr. Kralik's patient charts and shall submit a written report of such review to the Board on a quarterly basis. Such chart review may be done on a random basis, with the number of charts reviewed to be determined by the Board. It shall be Dr. Kralik's responsibility to ensure that the monitoring physician's quarterly reports are submitted to the Board on a timely basis. In the event that the approved monitoring physician becomes unable or unwilling to so serve, Dr. Kralik shall immediately so notify the Board in writing and shall make arrangements for another monitoring physician as soon as practicable.

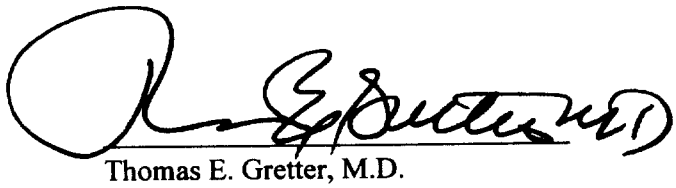
f. Dr. Kralik shall continue psychiatric or psychological treatment with a psychiatrist or psychologist approved by the Board under paragraph 3b of this Order, at such intervals as are deemed appropriate by the treating psychiatrist or psychologist but not less than once per month, until such time as the Board determines that no further treatment is necessary. To make this determination, the Board shall require quarterly reports from the approved treatment provider. Dr. Kralik shall ensure that these reports are forwarded to the Board on a quarterly basis, or as otherwise directed by the Board.

g. Dr. Kralik shall provide a copy of this Order to all employers and the Chief of Staff at each hospital where she has, applies for, or obtains privileges.

h. If Dr. Kralik violates probation in any respect, the Board, after giving Dr. Kralik notice and the opportunity to be heard, may institute whatever disciplinary action it deems appropriate, up to and including the permanent revocation of Dr. Kralik's certificate.

4. Upon successful completion of probation, as evidenced by a written release from the Board, Dr. Kralik's certificate will be fully restored.

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



Thomas E. Gretter, M.D.
Secretary

(SEAL)

4/17/96
Date

STATE MEDICAL BOARD
OF OHIO

96 MAR 20 PM 7:14

REPORT AND RECOMMENDATION
IN THE MATTER OF RITA MARIE KRALIK, M.D.

The Matter of Rita Marie Kralik, M.D., was heard by Suzanne E. Kelly, Esq., Attorney Hearing Examiner for the State Medical Board of Ohio, on November 29, and December 8 and 12, 1995.

INTRODUCTION

I. Basis for Hearing

A. By letter dated June 19, 1992, the State Medical Board of Ohio [Board] issued a Notice of Summary Suspension and Opportunity for Hearing [Suspension Notice], advising Rita Marie Kralik, M.D., that pursuant to Section 4731.22(D), the Board had suspended her certificate to practice medicine. The Board also informed Dr. Kralik that continued practice after receipt of the Suspension Notice would be considered practicing medicine without a certificate, in violation of Section 4731.41, Ohio Revised Code. Enclosed with the Suspension Notice were certified copies of the Entry of Order, the Notice of Opportunity for Hearing [Hearing Notice], and an excerpt of the minutes of the June 17, 1992, Board meeting as pertaining to Dr. Kralik.

In addition, the attached Hearing Notice advised Dr. Kralik that the Board proposed to take disciplinary action against her certificate to practice medicine in this state. The Board based its action on one or more of the following allegations:

1. On April 23, 1992, the Board notified Dr. Kralik that she may have been in violation of Section 4731.22(B)(19), Ohio Revised Code, and ordered Dr. Kralik to submit to psychiatric evaluation. The Board made this determination for one or more of the following reasons:

   (a) Professional colleagues of Dr. Kralik had suggested that Dr. Kralik required psychiatric assistance.

   (b) On April 14, 1992, Dr. Kralik engaged in "bizarre, hysterical behavior" in the office of another physician, and advised the physicians' patients "to get another physician because this physician had 'ruined' [her]."

STATE MEDICAL BOARD
OF OHIO
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(c) On that same day, Dr. Kralik went to another physician's office and demanded to see him even though he was in surgery. Dr. Kralik "refused to leave, became hysterical, and on several occasions began banging [her] wrists on a conference table in an attempt to break them." Dr. Kralik was removed by hospital security.

(d) The Meridia Hospital informed Dr. Kralik on April 17, 1992, that her Medical Staff privileges had been summarily suspended "'based on [her] behavior the past years.'"

2. On May 1 and 8, 1992, Dr. Kralik was seen by Marvin G. Brook, M.D., for a Board ordered mental examination. In addition, on May 18, 1992, Dr. Kralik was seen by Thomas W. Hall, Ph.D., for psychological testing.

3. Based on his examination of Dr. Kralik, Dr. Brook made a "working diagnosis" of Paranoid Personality Disorder and recommended intensive psychiatric care. Among other things, Dr. Brook concluded that Dr. Kralik was "unable to practice according to acceptable and prevailing standards of care by reason of mental illness and that [her] continued practice presents a danger of immediate and serious harm to the public."

The Board alleged that Dr. Kralik's conduct constituted the "'inability to practice according to acceptable and prevailing standards of care by reason of mental illness or physical illness, including, but not limited to, physical deterioration that adversely affects cognitive, motor, or perceptive skills,' as that clause is used in Section 4731.22(B)(19), Ohio Revised Code."

The Board further advised Dr. Kralik that she was entitled to a hearing on these matters. (State's Exhibit [St. Ex.] 1).

B. This matter was originally heard by Hearing Examiner Wanita B. Sage on October 16 and November 10, 1992. Ms. Sage issued a Report and Recommendation on January 15, 1993. On March 10, 1993, the Board approved and confirmed Ms. Sage's Proposed Findings of Fact, Conclusions, and Order indefinitely suspending Dr. Kralik's license to practice medicine and surgery and set forth requirements for her to satisfy before consideration of reinstatement of her license. (St. Ex. 2)

Dr. Kralik appealed and the Court of Common Pleas affirmed the Board's Order. On February 21, 1995, however, the Franklin County Court of Appeals reversed the decision of the Court of Common Pleas and remanded the matter to the Board for a new hearing. Nevertheless, the Court of Appeals ordered that the indefinite suspension remain in effect pending resolution of the

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current proceedings. On May 4, 1995, the Court of Appeals denied the Board's Motion for Reconsideration. On June 29, 1995, a new hearing was scheduled. (St. Ex. 2 & 3)

II. Appearances

A. On behalf of the State of Ohio: Betty D. Montgomery, Attorney General, by Anne B. Strait, Assistant Attorney General.

B. On behalf of the Respondent: Thomas D. Hunter, Esq.

EVIDENCE EXAMINED

I. Testimony Heard

A. Presented by the State

1. Rita Marie Kralik, M.D. (as if on cross-examination)

2. Howard H. Sokolov, M.D.

B. Presented by the Respondent

1. Andrew E. Skodol II, M.D.

II. Exhibits Examined

In addition to State's Exhibit 1, the following exhibits were identified and admitted into evidence:

A. Presented by the State

1. State's Exhibit 2: Copy of the Decision *In the Matter of Rita M. Kralik, M.D. v. State Medical Board of Ohio* (Feb. 21, 1995), Franklin App. No. 94APE05-685, unreported. (8 pp.)

2. State's Exhibit 3: Copy of the Memorandum Decision *In the Matter of Rita M. Kralik, M.D. v. State Medical Board of Ohio* (May 4, 1995), Franklin App. No. 94APE05-685, unreported. (4 pp.)

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3. State's Exhibit 4: Copy of a July 10, 1995, letter to the Board from Thomas D. Hunter, Esq., enclosing Respondent's Motion to Dismiss and Memorandum. (5 pp.)

4. State's Exhibit 5: Copy of a June 29, 1995, letter to Mr. Hunter from the Board scheduling the hearing for August 21 and 22, 1995.

5. State's Exhibit 6: Copy of a July 6, 1995, letter to Mr. Hunter from the Board regarding the rescheduling of a teleconference.

6. State's Exhibit 7: The State's August 1, 1995, Motion for Continuance and Memorandum in Support. (3 pp.)

7. State's Exhibit 8: Copy of an August 5, 1995, Entry rescheduling the hearing for October 30-31, 1995.

8. State's Exhibit 9: The State's October 10, 1995, Motion for Continuance and Memorandum in Support. (3 pp.)

9. State's Exhibit 10: Copy of an October 12, 1995, Entry rescheduling the hearing for November 29-30, 1995.

10. State's Exhibit 11: Volume I of transcript of the hearing in this matter held October 16, 1992. (Note: Portions of this transcript were redacted.) (55 pp.)

11. State's Exhibit 12: Volume II of transcript of the hearing in this matter held November 10, 1992. (213 pp.)

12. State's Exhibit 13: Transcript of the September 9, 1992, deposition of Timothy Nice, M.D., with attached copies of documents, including: Dr. Nice's curriculum vitae; letters between Dr. Nice and Dr. Kralik, and Dr. Nice's medical records for Dr. Kralik. (108 pp.) (**Note**: Some pages renumbered by Hearing Examiner).

13. State's Exhibit 14: Transcript of the September 9, 1992, deposition of Michael Keith, M.D., with attached copies of documents, including: Dr. Keith's curriculum vitae, letters between Dr. Keith and Dr. Kralik; and a letter to Dr. Brodhead from Francis N. DeLuca, M.D. (64 pp.) (**Note**: Some pages renumbered by Hearing Examiner).

14. State's Exhibit 15: Transcript of the September 9, 1992, deposition of Frederick Suppes, M.D., with attached copies of documents, including:

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Dr. Suppes' curriculum vitae; and various letters. (52 pp.) (**Note**: Some pages renumbered by Hearing Examiner).

15. State's Exhibit 16: Transcript of the November 9, 1992, deposition of Edward J. Floyd, D.P.M. (13 pp.)

16. State's Exhibit 17: Transcript of the September 9, 1992, deposition of Nancy Borlin, and attached letter from Ms. Borlin regarding Dr. Kralik. (16 pp.)

17. State's Exhibit 18: Transcript of the November 4, 1992, deposition of Joseph A. DiBlasio, M.D. (18 pp.)

18. State's Exhibit 19: Copy of a July 24, 1995, letter to Governor Voinovich from Dr. Kralik. (2 pp.)

19. State's Exhibit 20: Copy of a letter to Anne Berry Strait, Assistant Attorney General, from Dr. Kralik, received August 7, 1995. (3 pp.)

20. State's Exhibit 21: Copy of August 4, 1995, letter to Ms. Strait from Dr. Kralik. (2 pp.)

21. State's Exhibit 22: Copy of an August 9, 1995, letter to Ms. Strait from Dr. Kralik, with the following attached documents: a copy of a prescription written by Dr. Keith for Dr. Kralik; an anatomical drawing of the heart signed by Dr. Kralik; a copy of a certification card stating that Dr. Kralik has completed the New York State Infectious Disease Certification Program; a copy of the New York State Department of Health Policy Statement and Guidelines To Prevent Transmission of HIV and Hepatitis B Through Medical/Dental Procedures; a copy of an article entitled *Neurologic Manifestation of HIV Infection*, by David M. Simpson, M.D., and Michele Tagliati, M.D.; and an excerpt from Failing at Fairness: How Our Schools Cheat Girls, by Myra and David Sadker. (35 pp.)

22. State's Exhibit 23: Curriculum vitae of Howard H. Sokolov, M.D. (9 pp.)

23. State's Exhibit 24: Dr. Sokolov's November 15, 1995, report of his evaluation of Dr. Kralik. (9 pp.)

24. State's Exhibit 25: Excerpt on Personality Disorders from the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition [DSM-IV]. (12 pp.)

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25. State's Exhibit 26: Excerpts on Pain Disorder and Adjustment Disorder from the DSM-IV. (11 pp.)

26. State's Exhibit 27: Excerpts on Schizoid Personality Disorder, Avoidant Personality Disorder, and Obsessive-Compulsive Personality Disorder from the DSM-IV. (14 pp.)

27. State's Exhibit 28: Exhibits from the hearing held on October 16, 1992; State's Exhibits 1-12, 14, and 16; and Defendant's Exhibit 1 and C-H.

28. State's Exhibit 29: Not admitted. (*See* Procedural Matters below)

29. State's Exhibit 30: Copies of three letters to Dr. Kralik from Andrew K. Palmer, M.D., State University of New York, Health Science Center, Syracuse, NY. (3 pp.)

B. Presented by the Respondent

1. Respondent's Exhibit A: Curriculum vitae of Andrew E. Skodol II, M.D. (28 pp.)

2. Respondent's Exhibit B: Copy of Dr. Skodol's November 22, 1995, report of his evaluation of Dr. Kralik. (19 pp.)

3. Respondent's Exhibit C: September 3, 1995, the evaluation of Dr. Kralik by Christine Mathews, Ph.D. (3 pp.)

4. Respondent's Exhibit D: Copy of a March 9, 1993, letter to Mr. Felty from Reverend John B. Murray, Professor of Psychology, St. John's University, Jamaica, New York, enclosing the results of the following tests administered to Dr. Kralik: the Wechsler Adult Intelligence Scale-Revised, the Minnesota Multiphasic Personality Inventory, and the Thematic Apperception Test. (5 pp.)

5. Respondent's Exhibit E: Copy of a March 3, 1993, report on Dr. Kralik by John R. Ozehosky, Ph.D., Clinical Psychologist, and Dr. Ozehosky's curriculum vitae. (4 pp.)

6. Respondent's Exhibit F: Proffered, not admitted.

7. Respondent's Exhibit G: Copy of an undated letter to Dr. Kralik from Costa Vavagiakis of Brooklyn, New York.

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8. Respondent's Exhibit H: Copy of a November 25, 1991, letter to Dr. Kralik from James W. Strickland, M.D., of The Indiana Hand Center.

9. Respondent's Exhibit I: January 4, 1992, letter to Dr. Kralik from Michael W. Keith, M.D., Orthopaedic & Hand Surgery, MetroHealth Medical Center, University Hospitals of Cleveland. (2 pp.) (**Note**: Exhibit admitted under seal to protect patient confidentiality.)

10. Respondent's Exhibit J: An October 24, 1995, letter to Dr. Sokolov from Ms. Strait. (3 pp.)

11. Respondent's Exhibit K: Not submitted for admission

12. Respondent's Exhibit L: Not submitted for admission

13. Respondent's Exhibit M: October 2, 1992, letter to Michael Felty, Esq., from Stanley P. Ballou, M.D., regarding Dr. Kralik's performance as a resident at MetroHealth Medical Center.

14. Respondent's Exhibit N: August 12, 1992, letter to Michael C. Felty, Esq., from Joseph A. DiBlasio, M.D., regarding Dr. Kralik's performance as a physician. (2 pp.)

15. Respondent's Exhibit O: September 11, 1992, letter to Michael C. Felty from Rev. Sylvester W. Fridrich, regarding Dr. Kralik.

III. Post-Hearing Admission to the Record

By the Hearing Examiner's own motion, the following exhibits are admitted into evidence:

1. Board Exhibit A: Excerpt from DSM-IV regarding Axis V: Global Assessment of Functioning. (4 pp.)

2. Board Exhibit B: Copy of *State, ex rel., Pontiac Motor Div., General Motors Corp. v. Motor Vehicle Dealers Bd.* (November 29, 1984), Franklin App. No. 84 AP-550, unreported.

PROCEDURAL MATTERS

1. On July 10, 1995, Respondent filed a Motion to Dismiss. (St. Ex. 4; Tr. 24) Pursuant to Rule 4731-13-03(E)(1), the Hearing Examiner does not have the

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authority to grant a Motion to Dismiss. Therefore, the discussion and proposed ruling on the Motion to Dismiss are set forth below, in the sections entitled Legal Issues and Proposed Order.

2. The State and the Respondent agreed to delete pages 56-180 of the original transcript and pages 428 through the end. These pages contained the testimony of Dr. Marvin Brook and Dr. Thomas Hall. These witnesses relied on privileged information unavailable to the Respondent. In accordance with the decision of the appellate court, this testimony was excluded from consideration. During hearing, the parties agreed to allow the testimony of Dr. Gannon and Dr. Murray from the first hearing to be included in the original hearing transcript and submitted to the Board. (Tr. 196-98)

3. As discussed at hearing, the Hearing Examiner has reviewed State's Exhibit 29 and found that all of the items contained in it are attached as deposition exhibits. Accordingly, State's Exhibit 29 is duplicative and will not be admitted.

4. At hearing, the Hearing Examiner ruled that all references to Drs. Brook and Hall be redacted from the report of Andrew E. Skodol, II, M.D. (Tr. 186-87)

SUMMARY OF THE EVIDENCE

All exhibits and transcripts of testimony, even if not specifically mentioned, were thoroughly reviewed and considered by the Hearing Examiner prior to preparing this Report and Recommendation.

Testimonial evidence admitted at the 1992 hearing is contained in State Exhibits 11 & 12. Evidence admitted at the 1995 hearing is designated as a transcript citation, [Tr.].

History

1. Rita Marie Kralik was the first of nine children born to a general vascular surgeon and a retired nurse. Rita Kralik attended Georgetown University for her undergraduate education, and received a degree in medicine from the Case Western Reserve University in 1980. Dr. Kralik completed two years of internship at Rhode Island hospital in Providence, Rhode Island. The first year was a surgical program; the second was an internal medicine program. Dr. Kralik then completed a residency in internal medicine at the MetroHealth Hospital in Cleveland in 1984. Dr. Kralik earned her board certification from the American Board of Internal Medicine in 1984. (State's Exhibit [St. Ex.] 11 at 24-25; St. Ex. 12 at 223-24; St. Ex. 24 at 3).

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Dr. Kralik joined the Mayfield Heights practice of her father, John Kralik, M.D. [her father], a general and vascular surgeon, in 1986. At that time, Dr. Kralik also assisted other physicians doing surgical procedures and provided services as an independent contractor through Urgent Care. (St. Ex. 11 at 23-24; St. Ex. 12 at 225-226). Dr. Kralik testified that she has interests in music, including playing the harp and the piano, computers, medical photography and medical illustration. Dr. Kralik also testified that, prior to her fractures, she had hoped to complete a surgical residency. (St. Ex. 12 at 228, 231-232).

2. Adjacent to the offices of Dr. Kralik and her father was the office of Timothy Nice, M.D., an orthopedic surgeon. In a 1992 deposition, Dr. Nice testified that in 1986 he saw Dr. Kralik walking with her father and inquired about her. When he discovered that she was an internist just starting her practice, Dr. Nice began referring patients to her. Dr. Nice testified that he had hoped to benefit both of their practices and thought he "might make a friend in the process." Eventually, Dr. Kralik and Dr. Nice became friends, and Dr. Kralik often came to his office to talk. Dr. Nice and Dr. Kralik made referrals to each other. (St. Ex. 11 at 37-38; St. Ex. 12 at 239-241; St. Ex. 13 at 5-6).

   Dr. Nice further testified that Dr. Kralik became a problem for him, because she came to the office even when he and his staff were busy. In addition, Dr. Kralik sent him notes and small gifts. Some of the notes suggested that Dr. Nice's wife did not take good care of him. Once Dr. Kralik invited Dr. Nice to go skating. Dr. Nice testified that he started to feel uncomfortable with Dr. Kralik. (St. Ex. 11 at 37-38; St. Ex. 13 at 6-8).

Treatment with Dr. Nice

3. On March 23, 1990, Dr. Kralik fell while ice-skating and fractured her left wrist. Dr. Kralik obtained x-rays of her left wrist and brought them to Dr. Nice's office. Dr. Nice testified from his medical records that Dr. Kralik suffered "an obviously nondisplaced distal radial fracture and somewhat osteoporotic bone for her age." Dr. Nice testified that he applied a cast to Dr. Kralik's wrist, but Dr. Kralik was very unhappy about it. With a cast, she had difficulty performing surgical assisting or working in emergency situations. Dr. Kralik made repeated visits to Dr. Nice's office, complaining about the cast. Dr. Nice was also aware that Dr. Kralik believed the injury could threaten her career as a physician, both as an internist and in her emergency room work. On April 4, 1990, Dr. Kralik presented at Dr. Nice's office with a fracture of her toe that had occurred a few days earlier. Dr. Kralik had already taped the toes together. Dr. Nice treated her for the toe injury, and also obtained additional x-rays of her left wrist. On April 26, 1990, Dr. Nice removed the cast and applied a cock-up splint. Dr. Kralik testified that their relationship deteriorated after her fracture. (St. Ex. 12 at 241; St. Ex. 13 at 8-10, 27).

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4. Dr. Nice testified that the physician-patient relationship started to deteriorate when Dr. Kralik presented with a subsequent fracture of her right wrist on November 5, 1990. At that time, Dr. Kralik came to Dr. Nice's office without an appointment. Dr. Nice diagnosed a non-displaced fracture with exacerbated tenderness; he advised that Dr. Kralik wear a splint for a few days before casting. The following day, Dr. Kralik returned without an appointment requesting a cast. Dr. Nice felt that Dr. Kralik was very distraught and anxious. Dr. Nice casted her wrist, and trimmed it back. When she left the office, Dr. Nice believed she was angry with him. He stated she was "wringing her hands and trying to force her hand back against the top of the cast." (St. Ex. 11 at 37-38; St. Ex. 13 at 10-13).

5. Dr. Nice testified that he next saw Dr. Kralik three days later while making rounds at the hospital. She was not wearing the cast. Although Dr. Kralik had an appointment with Dr. Nice that afternoon, she appeared in his office two hours early. Dr. Nice had patients in every room, but Dr. Kralik demanded immediate treatment. Dr. Nice obtained x-rays and told Dr. Kralik that her fracture had angulated, but that it was an acceptable position. She left the office angry, and announced that she was going to see another doctor. Dr. Nice testified that three days later, on Thanksgiving Day, Dr. Kralik called him at home several times. At one point, Dr. Kralik told Dr. Nice that she was combining alcohol with codeine and that "no doctor would take care of her." He also testified that Dr. Kralik made "slithering comments about [his] medical care, personal habits, [and] family." Dr. Kralik's last physician-patient meeting with Dr. Nice was on November 20, 1990. (St. Ex. 11 at 40; St. Ex. 13 at 13-15).

6. Dr. Nice further testified that, during that time period, he began to hear from other people that Dr. Kralik was upset with his care. He learned that Dr. Kralik had called other doctors, made comments in the cafeteria, and discussed the matter with secretaries. In addition, Dr. Nice started receiving letters from Dr. Kralik. In these letters, Dr. Kralik voiced her anger and dissatisfaction. Dr. Nice testified that the letters frightened him, as he thought that "there was something seriously unstable" about Dr. Kralik. Dr. Nice contacted a Dr. Fiore, psychologist regarding Dr. Kralik's letters. The psychologist recommended that Dr. Nice should share the letters with the Hospital Administrator, stay away from Dr. Kralik, and encourage Dr. Kralik to receive psychiatric treatment.

   Dr. Nice admitted that Dr. Kralik never directly threatened him or his family with physical harm. Dr. Nice also testified that Dr. Kralik once came to his home uninvited in 1990. In response, Dr. Kralik testified that Dr. Nice's office staff informed her that he was ill; and asked Dr. Kralik to bring him medication. On February 4, 1992, Dr. Nice submitted the letters to the Frederic Suppes, M.D.,

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medical director of Hillcrest Hospital. (St. Ex. 11 at 38-40; St. Ex. 12 at 68-71; St. Ex. 13 at 15-16, 19-20, 32, 38, 40-42, 85-86, 100; St. Ex. 14 at 57-58).

7. Dr. Kralik wrote letters regarding Dr. Nice's orthopedic care and patient referrals. The following listing describes some of letters admitted to the record:

Dr. Nice Letters

- November 5, 1990, letter to Dr. Nice. The letter is disjointed and rambling. Dr. Kralik repeatedly describes herself as tired, discusses her father's shortcomings, yearns for someone to take care of her, and seeks protection from "the masses." (St. Ex. 13 at 59.)

- Undated letter to Dr. Weinland. Letter regarding emergency room charge for $200.00. Dr. Kralik copied Drs. Anscheutz and Nice. (St. Ex. 13 at 60.)

- November 20, 1990, letter to Dr. Nice. Angry letter regarding lack of care for wrist fracture. Dr. Kralik states that she is using her samples and her father's Tylenol #3. Dr. Kralik writes, "I can't be gulping Pills and alcohol to exist." Dr. Kralik states, "I think I'd get more attention if I was a horse." (St. Ex. 13 at 61)

- November 20, 1990, letter to Dr. Nice. Dr. Kralik writes, "I'm not your wife--I have to work..." Dr. Kralik ends the letter with casting instructions and a demand for guidance. (St. Ex. 13 at 62)

- November 21, 1990, letter to Dr. Nice. Dr. Kralik makes critical remarks about Dr. Nice's office, focuses on how she has suffered, and repeatedly complains about the lack of privacy. Dr. Kralik's letter states, "I can't send patients to get the 'deal' that I've gotten the last two weeks." "Maybe you want to hurt me for some reason." (St. Ex. 13 at 63)

- December. 2, 1990, letter to Dr. Nice. Dr. Kralik acknowledged an attempted apology from Dr. Nice. She repeated her concerns about her medical care. She listed the doctors to whom she talked about her orthopedic care. Dr. Kralik wrote, "I'm just hoping for no long term sequelae from a big case of too much ego in a Dr. Nice who was not-so-nice." Dr. Kralik suggested, "You should put more money into your office as opposed to horses and stable- but I'm not going to change things." (St. Ex. 13 at 65)

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- December 11, 1990, letter to Dr. Nice. Dr. Kralik's handwritten note is rude. She asks Dr. Nice if he suffers from "Male PMS." (St. Ex. 13 at 75)

- December. 16, 1990, letter to Dr. Tower. Letter of complaint regarding Dr. Nice, and the Emergency Room at Hillcrest Hospital. It is a follow up to her conversation with Dr. Tower. (St. Ex. 13 at 77)

- December 17, 1990, letter to Dr. Nice Dr. Kralik angrily wrote, "Look I endure being single, giving daily care to your ridiculous patients, etc. and can't get a little sympathy for myself or care without World War III." Dr. Kralik continues to berate Dr. Nice for his orthopedic care and to complain about her professional situation. (St. Ex. 13 at 78)

- December 21, 1990, letter to Dr. Nice. Dr. Kralik gives examples of how she expected Dr. Nice to care for her. "Sometimes 'friends' just have to coax their physician friends (and take the time to do it) that they should do things they might not want to at the moment or have the energy for, boy was I depressed that first day." Dr. Kralik comments, "I'm not after your body at your age; you (sic) wife can deal with the atherosclerosis she's helped put there and the 'mileage' she's put on you-don't flatter yourself that much...the Renaissance man has yet to learn to just pick up the phone without an intermediary secretary." (St. Ex. 13 at 79-81)

- January 8, 1991, letter to Dr. Nice. Dr. Kralik again details the mistakes Dr. Nice made. She states, "You'd better treat all fractures with care or you will be sued--if not by me then by others." (St. Ex. 13 at 82)

- Undated letter to Dr. Nice. Dr. Kralik wrote, "I took several Darvocet, Tylenol #3 and some alcohol(was at the MRI course) and got no relief." Dr. Kralik describes removing the cast. (St. Ex. 13 at 83)

- May 30, 1991, letter to Dr. Nice. Dr. Kralik updated Dr. Nice on her wrist. Dr. Kralik listed the number of lawsuits against Dr. Nice and denigrated his orthopedic care. (St. Ex. 13 at 88)

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- October 9, 1991, letter to Dr. Nice. In an envelope addressed to "Dr. Not-So-Nice, Dr. Kralik sent Dr. Nice copies of handouts regarding "Factors Precipitating Suit," and "Factors Contributing to Loss." (St. Ex. 13 at 93)

- Undated Memorandum to Dr. Nice and his Staff. Dr. Kralik requested that Dr. Nice open his office one-half hour prior to the first scheduled patient. Dr. Kralik wrote, "We have to pay for our office space (you have five physicians sharing a very small space and it is a bit tacky) and staff time." "There is no way our office wants to facilitate your practice given the behavior of Dr. Nice in the past." (St. Ex. 13 at 96)

- February 18, 1992, envelope addressed to Dr. Nice. Dr. Kralik sent a registration form for a seminar on "Powerful Communication Skills." (St. Ex. 13 at 98)

Letters to Dr. Nice regarding Patient Mrs. Miracle and other patient referrals [Miracle letters]

- December. 5, 1990, letter to Dr. Nice. This letter should have been a professional correspondence regarding clearance for a patient, Mrs. Miracle. Instead, Dr. Kralik combines clearing a patient for surgery with her personal concerns. "I'll clear Mrs. Miracle for you but it hurts." (St. Ex. 13 at 66)

- December. 7, 1990, letter to Dr. Nice. Dr. Kralik again intermingles discussion of Mrs. Miracle's care with her dissatisfaction with Dr. Nice. "Until I feel better about my wrist and the lack of attention/care that it received ...I would appreciate it if you would refer your patients to another internist. My inability to 'communicate' with you is going to interfere with their care. I'll finish Mrs. Miracle." (St. Ex. 13 at 68)

- December. 9, 1990, letter to Dr. Nice. Dr. Kralik requests to be removed from Miracle case. "Could you please take me off Mrs. Miracle's case? I can't work with you any longer; I'm close to suing you for my hand." The letter is rambling and rude. Dr. Kralik described the type of attention she had expected from Dr. Nice. "I needed someone to say be here and I'll take care of you." "It was your responsibility to come next door and check on that hand." Dr. Kralik made personal comments about Dr. Nice and his wife. "But you're too lazy." "You're too lazy (just like your wife)" "It's hard to be single and see people I know being so taken with people like your wife...." ." Dr. Kralik became most bitter by

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page three of this letter. "I ignored and forgot about the symptoms I had last August-like I do a lot of physical and emotional pain. I've blocked out a lot from my parents, medical school, the men in my life who've caused so much pain (who's company now includes you), the loneliness of not being married at this point." "I hate everything about you at this point." (St. Ex. 13 at 68)

- December 11, 1990, letter to Dr. Nice. Another correspondence regarding Mrs. Miracle. Dr. Kralik again relates her own care. "I will not be able to clear Mrs. Miracle for you to do surgery. You cannot handle simple problems of casting, carpal tunnel, and follow through with patient care. Mrs. Miracle is a complex patient and may need a cast on her forarm (sic) and she may need it to be changed." (St. Ex. 13 at 73)

- January 16, 1992, letter to Dr. Nice. Dr. Kralik sent a hospital bill to Dr. Nice and alleged that it was caused by his negligent fracture care. Dr. Kralik again discusses patient referrals. "Mrs. Lindic and all patients referred to me have been referred elsewhere. I cannot depend on the quality of your care or the consistency; you do what you want. Have your wife support you." (St. Ex. 13 at 98)

8. Dr. Kralik testified that she wrote approximately 15 letters to Dr. Nice in an attempt to resolve the problems with her orthopedic care. Dr. Kralik alleged that Dr. Nice did not return her telephone calls and did not take seriously her concerns regarding her medical treatment. In an effort to obtain appropriate care, Dr. Kralik asked Dr. Nice for a referral. Dr. Kralik testified that Dr. Nice refused to refer her case. Dr. Kralik began searching for a doctor who would take her case. Through another colleague, she received a referral to Michael Keith, M.D., an orthopedist who specialized in hand surgery. (St. Ex. 11 at 38-41; St. Ex. 12 at 242-244, 297-299,304-306; St. Ex. 14 at 5-6)

Treatment with Dr. Michael Keith

9. On November 23, 1990, Dr. Kralik presented to Dr. Keith. She was not wearing the cast put on by Dr. Nice. Dr. Kralik explained that she had experienced difficulty convincing Dr. Nice of the severity of her problem. After Dr. Keith examined her, he felt that Dr. Kralik's wrist was not a problem and the fracture would not be difficult to manage. He found that her x-rays showed the fracture to be in an acceptable position. At the first visit, he made findings consistent with carpal tunnel syndrome and recasted Dr. Kralik's wrist. Over subsequent visits, Dr. Kralik became noncompliant. Dr. Kralik did not like the cast. Dr. Keith asked her to use a brace.

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Dr. Kralik removed it. Dr. Keith recommended that Dr. Kralik exercise her fingers, instead she exercised her thumb and removed the splint. Despite these difficulties, Dr. Kralik made good progress. However, on January 1, 1991, Dr. Keith noted that Dr. Kralik was expressing atypical concern. (St. Ex. 12 at 250-252; St. Ex. 14 at 8-10, 57-59)

10. Dr. Keith testified in a 1992 deposition that he recommended that Dr. Kralik obtain another physician when she began removing the brace and using her hand in practice every day. At that time Dr. Kralik informed him that she had already sought several opinions and was dissatisfied with them. Since her second wrist fracture, Dr. Kralik has obtained medical opinions from Alan Bishop from the Mayo Clinic; James W. Strickland, M.D., from the Indiana Hand Center; Francis N. DeLuca, M.D., F.A.C.S., Orthopedic Associates of P.A.; Avrum I. Fromison, M.D.; and James E. Culver, M.D., Cleveland Clinic. Dr. Kralik was also seen by physicians at the State University of New York, and The New York Special Surgery Hospital. Additionally, a Dr. Lafferty in Cleveland evaluated her. Dr. Kralik testified that Dr. Keith never formally terminated her care arrangement. She felt that Dr. Keith found her to be a difficult patient because she was intelligent and a physician. (St. Ex. 12 at 251-253; St. Ex. 14 at 22-23, 57-58; St. Ex. 28 at 54-60; St. Ex. 30; Respondent's Exhibit H [Res. Ex.])

11. Some of the reviewing physicians made note of Dr. Kralik's unique approach to obtaining care for her wrist fracture.

- Dr. Fromison noted that Dr. Kralik did not accept his recommendation.
- Dr. Culver noted that "[Dr. Kralik] is adamant in feeling that the tendon is only partially ruptured and that direct repair is not only feasible but the proper way to go and is what she wants to have done. She only wants to have a very short incision and does not want the possibility of taking tendons from another location or using the tendon transfer."
- Dr. Strickland detailed his concerns: "I strongly believe that this patient has severe emotional and psychiatric problems. She is extremely angry and hostile, and I believe that these emotions are the main contributors to the chronic discomfort which she expresses....I spent a long time telling Dr. Kralik....that until she could divorce herself from the anger over her past situation and deal with her current problems, that there was very little possibility that the wrist discomfort would improve. I emphasized that the amount of discomfort she had was totally out of proportion to what we usually see with patients with true malunions of their distal radius."
- Dr. DeLuca described Dr. Kralik from his review of her records: "She continually dictates what her own treatment should be with certain preconditions (Scar size, not doing this or not doing that) without any

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definite understanding of what her problems are and what her treatment should be." (St. Ex. 14 at 55-56, 59)

12. On May 24, 1991, Dr. Keith recommended exploration of Dr. Kralik's extensor pollicis longus. This opinion was supported with slight variations by Drs. Fromison, Culver, and Strickland. Dr. Keith testified that the recommended surgery was never performed by him because Dr. Kralik

> ...then applied so many preconditions as to the size of the incision, the location of the exploration, what she thought should be done having read textbooks that I thought it was impossible to perform an operation to her satisfaction....I told her that she applied too many preconditions, and we could never obtain informed consent in that way.

Dr. Keith became concerned about his physician-patient relationship with Dr. Kralik. "[Dr. Kralik] would vacillate between anger and friendliness and wouldn't be consistent either way. It seemed to me that if she were to receive all this advice from these other physicians, that she probably was not satisfied with my care, yet, simultaneously, she would be very friendly and almost personal." Finally, Dr. Keith terminated the relationship because Dr. Kralik was not compliant, and interpreted her orthopedic problems to be major, when in Dr. Keith's opinion, they were minor. (St. Ex. 14 at 7-10; St. Ex. 28 at 54-60; Res. Ex. H)

13. During and after Dr. Keith's treatment of Dr. Kralik, she sent him approximately twenty letters of varying lengths. Dr. Keith described the letters as informing him of Dr. Kralik's discoveries in the medical literature and progress with other physicians. Dr. Kralik also wrote tirades against Case Western University, men in general, and accused Dr. Keith of bad medical care. In the same letters, she would apologize. Dr. Keith submitted a September 23, 1991, letter from Dr. Kralik that he described as typical. Dr. Kralik wrote, "Look, I'm at the end of the line with my hand and feel terrible about the result (like I would like to hurt myself again)." "I've tried to 'play the game' and I just feel more and more humiliated and depressed....No one treats me like a person that works and has to return to work to support herself. I'm treated like a woman, less than serious and less than a man." "...I'm so tired. Tired of patients that don't listen, physicians, schools, etc." Dr. Kralik described her medical school experiences in this letter. "No one understood why I was upset and unhappy doubly....Then because I had trouble with H. Rodman and M. Bailas I had to undergo a psych evaluation..." Dr. Kralik described harassment, vendettas, and hidden records during her last years in medical school and her residency. Dr. Kralik described confrontations with a supervisor during her residency. Dr. Kralik wrote that she had nightmares, and that she was terrified, angry and bitter. When speaking of her current condition,

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Dr. Kralik wrote about her pain, her disinterested parents, her suffering, and her misery. (St. Ex. 14 at 11-12, 15-16, 22, 57-64)

In addition, Dr. Kralik frequently telephoned Dr. Keith. Dr. Keith explained that he could not return the calls at the pace she was making them. Dr. Keith described the telephone calls: "Most of these conversations resulted with her slamming down the phone. Few, if any of them, ever came to any resolution about what it was she called about." (St. Ex. 14 at 12-13, 16)

April 14, 1992, Incidents

14. On the morning of April 14, 1992, Dr. Kralik entered Dr. Nice's office and shook her finger in the face of the receptionist, Nancy Borlin. Dr. Kralik informed Ms. Borlin that Dr. Nice had ruined her. Dr. Kralik then told the four patients in the waiting room that they should get another physician because Dr. Nice had ruined her. Dr. Kralik patted one of the patients on the shoulder and left the office. Ms. Borlin then went to Dr. Kralik's office and told her nurse to keep Dr. Kralik out of Dr. Nice's office. Shortly after, Dr. Kralik returned to Dr. Nice's office, said something Ms. Borlin did not understand, and left again. Ms. Borlin then reported the incident to Dr. Nice who was with patients and did not observe anything. Both of Dr. Nice's office workers observed the incident. Dr. Nice testified that this incident caused him to bring his concerns to Dr. Suppes, president of the medical staff at Hillcrest Hospital. (St. Ex. 13 at 22-23, 104-105; St. Ex. 17).

15. Dr. Kralik testified that she went to Dr. Nice's office to "make them aware that at this point I was having problems. I had had problems with this fracture." Dr. Kralik said she did not recall raising her voice. Dr. Kralik testified that the incident was misinterpreted, "I think perhaps that when I expressed things that the people do not want to hear, they feel it was a threat, that I would...express dissatisfaction with care...." She testified to making less inflammatory comments than those attributed to her by Dr. Nice's office staff. Dr. Kralik testified that "A lot of joy was taken out of my life that I may have had. And I felt and I think I felt correctly that his attitude at least could have been one of compassion and understanding and it was not." (St. Ex. 11 at 45-47; St. Ex. 12 at 244-247)

16. Also on April 14, 1992, Dr. Kralik called Dr. Keith's office and informed the secretary that she was coming to see Dr. Keith. At the time, Dr. Keith was in surgery. The secretary told Dr. Keith that Dr. Kralik wanted to speak with him. Although Dr. Keith had a full day of surgery scheduled, he agreed to talk with Dr. Kralik by telephone if necessary. Dr. Kralik testified that she went to Dr. Keith's office to clarify her treatment options. Dr. Kralik wanted Dr. Keith to order an EMG, if he did not, she planned to seek consultation elsewhere. Dr. Kralik also testified that on at least one previous occasion she had met with Dr. Keith on

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such a "semi-formal" basis. Dr. Kralik characterized her intentions as conciliatory. However, by April 14, 1992 Dr. Keith testified that he had terminated the patient-physician relationship. (St. Ex. 11 at 47-48; St. Ex. 12 at 254-255; St. Ex. 14 at 16-18)

17. When Dr. Kralik arrived at Dr. Keith's office, Rick Radtke, the administrative director of the department of orthopedics at the MetroHealth Medical Center, met her and explained that Dr. Keith had terminated the patient-physician relationship. Dr. Kralik refused to leave without meeting Dr. Keith. Mr. Radtke offered to allow Dr. Kralik to speak with Dr. Keith by telephone, but she declined. Dr. Kralik testified that she had a significant problem that Dr. Keith needed to see. She also testified that her problems with Dr. Keith were attributable to his office staff not understanding her situation. Mr. Radtke informed Dr. Kralik that he would have security escort her from the building if she did not leave. Dr. Kralik responded by becoming distraught and banging her wrists on the conference table. Mr. Radtke called security. (St. Ex. 11 at 182-188; St. Ex. 14, at 16-18; St. Ex. 28 at 53)

18. Both Mr. Radtke and the security officers attempted to reason with Dr. Kralik. Dr. Kralik ran out of the conference room, spilled her purse, and had to be restrained by security officers. Eventually, security removed Dr. Kralik by placing her in a wheelchair and taking her to the exit. Dr. Kralik testified that she offered to walk out at some point, but security took over the situation. Dr. Kralik testified that the security people could have broken her arms because of her recent fractures. (St. Ex. 11 at 182-188; St. Ex. 12 at 253-260; St. Ex. 13 at 16-18; St. Ex. 28 at 53)

Interpersonal relationships between Dr. Kralik and other health care professionals

During March 1990 to April 1992, other individuals interacted with Dr. Kralik. Their experiences with her varied.

Karen DeWeese, R.N.

19. Karen DeWeese, R.N., worked for Dr. Kralik and her father. Ms. DeWeese testified, at the first hearing, that she had known Dr. Kralik for the past eight years that Dr. Kralik worked at her father's practice. Ms. DeWeese described Dr. Kralik as extremely conscientious, thorough and diligent. Ms. DeWeese testified that after Dr. Kralik broke her wrists, she was in a great deal of pain. Ms. DeWeese observed that Dr. Kralik wore wrist splints, would grimace, or rub her wrists and stated that she had pain and difficulty sleeping. Dr. Kralik's patient load consisted of patients with significant medical problems who were elderly and difficult. Dr. Kralik handled her own patient load and assisted her father with patients. (St. Ex. 11 at 199-202, 210-211)

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Ms. DeWeese testified that, despite Dr. Kralik's pain, she continued to attend to her patients on a regular basis. Ms. DeWeese stated that Dr. Kralik did not change her relationship with her patients after March 1990. Ms. DeWeese testified that Dr. Kralik was "by far the most conscientious doctor I've ever seen, and caring doctor. She took each one of her patients on a personal level and really delved into their cases and worked with them as much as she could in their treatment." Ms. DeWeese testified that Dr. Kralik made house calls, picked up medications for patients at the pharmacy, and remembered special patients on their birthdays with cards, flowers, and cakes. Ms. DeWeese testified that if Dr. Kralik's performance deteriorated, she would have spoken to Dr. Kralik's father. Ms. DeWeese never felt that Dr. Kralik's performance was an issue. (St. Ex. 11 at 202-204, 206-07, 210-11)

Ms. DeWeese was aware of the aftermath of the April 14, 1992, incident at Dr. Nice's office. Ms. DeWeese testified that Ms. Borlin entered Dr. Kralik's office, and threw open the door with force. Ms. Borlin angrily told Ms. DeWeese to keep Dr. Kralik out of Dr. Nice's office. Ms. Borlin then yelled into the back offices, "Do you hear me Rita? I hope you can hear me. You stay out of our office or I am calling security." Ms. DeWeese described Ms. Borlin's appearance as angry, not threatened or frightened. However, Ms. DeWeese was not aware of how Dr. Kralik disturbed Dr. Nice's office nor the exact grounds for the Board's action. (St. Ex. 11 204-208)

Edward J. Floyd, D.P.M.

20. Edward J. Floyd, D.P.M, through deposition, treated Dr. Kralik for her fractured toe beginning in the fall of 1991, and testified at the first hearing. Dr. Kralik injured her toe in 1990, and presented to Dr. Floyd with problems a year after the fracture. Dr. Floyd testified that the fracture was healed, but Dr. Kralik suffered from persistent swelling and pain. Dr. Floyd injected the toe several times to reduce the swelling and saw Dr. Kralik at least ten times over the course of treatment. After six to seven months, Dr. Kralik's toe improved. (St. Ex. 16 at 6-11)

    Dr. Floyd described Dr. Kralik as knowledgeable. Dr. Floyd stated that he spent more time with Dr. Kralik addressing her suggestions for treatment options than he would with a typical patient. However, Dr. Kralik suffered from osteoporosis and this complicated the treatment. Dr. Floyd spoke with Dr. Kralik in person and on the telephone. He found her to be a compliant patient. Dr. Floyd saw no evidence that caused him to be concerned for Dr. Kralik's mental health or stability. (St. Ex. 16 at 6-11)

Joseph A. DiBlasio, M.D.

21. Joseph A. DiBlasio, M.D., is a general surgeon who practiced primarily at Geauga Hospital in Geauga County. He worked with Dr. Kralik from 1988 until the time of

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her suspension. Dr. Kralik and Dr. DiBlasio served as consultants for one another, and Dr. Kralik assisted Dr. DiBlasio with surgeries. During a 1992 deposition, Dr. DiBlasio described Dr. Kralik as incisive, compassionate, intelligent and thorough. He found her surgical assisting skills to be very good. Dr. Kralik spent time with her patients and tried to learn about them. Dr. DiBlasio observed Dr. Kralik interact with other physicians and staff members, and felt that she worked well with them. (St. Ex. 18 at 5-15; Res. Ex. N)

When asked specifically about the spring of 1992, Dr. DiBlasio testified that he saw no diminution or change in Dr. Kralik's professional skills. At that time, Dr. DiBlasio interacted with Dr. Kralik on a regular basis both on the floor of the hospital and in surgeries. Dr. DiBlasio testified that Dr. Kralik continued to provide good care. Dr. DiBlasio saw no evidence that Dr. Kralik was experiencing mental instability. Dr. DiBlasio was aware of Dr. Kralik's suspension from medical practice. (St. Ex. 18 at 5-15; Res. Ex. N)

Frederick Suppes, M.D.

22. Frederick Suppes, M.D., served as the president of the medical staff at Hillcrest Hospital and testified through a 1992 deposition at the first hearing. He received letters and telephone calls from Dr. Kralik during the years 1991 through 1992. In that time, he also received complaints from staff members regarding Dr. Kralik's behavior. Dr. Kralik's calls related to her displeasure about her orthopedic care. As evidence of Dr. Kralik's mental instability and its interference with patient care, Dr. Suppes testified that Dr. Kralik responded inappropriately to a request for rationale regarding patient care. A Dr. Kamionkowski requested an explanation of treatment of a patient. Dr. Kralik's three page response spent only thirteen sentences on her patient care and fifty-six sentences discussing Dr. Kralik's problems with her wrist care and the state of orthopedics in Cleveland, Ohio. Dr. Suppes admitted that it would not be unusual for any physician to receive one or two quality control inquiries during a year. However, Dr. Suppes clarified that his concern was the nature of the response not the request for a rationale. Dr. Suppes did not conduct an investigation into Dr. Kralik's patient care. Dr. Suppes said that Dr. Kralik's privileges came under review because of "...the unusual attention that this doctor was showing to the condition of her wrist and the almost total consumption of her energies regarding the treatment of the wrist by a group of physicians or not by a group of physicians that had us unusually concerned. She seemed to be extremely preoccupied." Dr. Suppes never investigated Dr. Kralik's complaints regarding the quality of care she received for her wrists. (St. Ex. 15 at 8-9, 20-25, 34-35, 31; St. Ex. 28 at 28-29)

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Dr. Kralik's suspension from the practice of medicine

23 On April 17, 1992, Hillcrest Hospital suspended Dr. Kralik's privileges. On April 22, 1992, the Board ordered to her submit to a mental examination on May 1, 1992. The Board summarily suspended Dr. Kralik's medical license on June 19, 1992. (St. Ex. 15; St. Ex. 15 at 8-9, 20-25, 34-35, 31; St. Ex. 28 at 28-29)

Diagnostic and Statistical Manual of Mental Disorders - Fourth Edition

24. The psychiatrists and psychologists who evaluated Dr. Kralik used the Diagnostic and Statistical Manual of Mental Disorders-Fourth Edition [DSM-IV]. The DSM-IV is a manual of mental disorders. It contains a glossary of descriptions of the diagnostic categories. The DSM-IV uses an index of symptoms of which a certain number, but no single one, is required to make the diagnosis. A diagnosis is made by using a multiaxial grid to identify diagnoses and psychosocial stressers. (St. Ex. 25; St. Ex. 28 at 30-52)

25. The DSM-IV defines a Personality Disorder as an enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time, and leads to distress or impairment. There are ten specific Personality Disorders. To meet the criteria for any one of the Personality Disorders, the patient must first exhibit all of the general diagnostic criteria listed below:

    A. An enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture. This pattern is manifested in two (or more) of the following areas:
        1. cognition (i.e., ways of perceiving and interpreting self, other people, and events)
        2. affectivity (i.e., the range, intensity, lability, and appropriateness of emotional response)
        3. interpersonal functioning
        4. impulse control
    B. The enduring pattern is inflexible and pervasive across a broad range of personal and social situations.
    C. The enduring pattern leads to clinically significant distress or impairment in social, occupation, or other important areas of functioning.
    D. The pattern is stable and of long duration and its onset can be traced back at least to adolescence or early adulthood.

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E. The enduring pattern is not better accounted for as a manifestation or consequence of another mental disorder.
F. The enduring pattern is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., head trauma)

(St. Ex. 25 at 633 (emphasis in original); Tr. 114, 207-211). Once an individual meets the threshold criteria of Personality Disorder, the clinician must determine which of ten different Personality Disorders the individual exhibits. (Tr. 208)

26. To make a diagnosis of Borderline Personality Disorder, the individual must exhibit the following criteria:

> A pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity that begins by early adulthood and is present in a variety of contexts, as indicated by five (or more) of the following:
> 1. frantic efforts to avoid real or imagined abandonment. **Note:** Do not include suicidal or self-mutilating behavior covered in Criterion 5.
> 2. a pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation.
> 3. identity disturbance: markedly and persistently unstable self-image or sense of self.
> 4. impulsivity in at least two areas that are potentially self-damaging (e.g., spending, sex, substance abuse, reckless driving, binge eating). **Note:** Do not include suicidal or self mutilating behavior covered in Criterion 5.
> 5. recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior.
> 6. affective instability due to a marked reactivity of mood (e.g., intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days)
> 7. chronic feelings of emptiness
> 8. inappropriate, intense anger or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights)
> 9. transient, stress-related paranoid ideation or severe dissociative symptoms.

(St. Ex. 25 at 654 (emphasis in original)) Both experts acknowledged and used the DSM-IV to diagnose Dr. Kralik. (Tr. 114-115; 159-160)

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Dr. Kralik's history of psychological assessment and treatment
Christine Mathews-Orr, Ph.D.

27. Prior to the 1995 re-evaluations of Dr. Kralik's mental status, several examinations occurred. First, Dr. Kralik began treatment with Christine Mathews-Orr, Ph.D., in December 1990. Dr. Mathews-Orr summarized her treatment of Dr. Kralik in a 1992 unsworn letter. Dr. Mathews-Orr saw Dr. Kralik twenty-five times. Treatment was conducted on a monthly basis except for a short period of weekly visits between April 1991 and June 1991. Dr. Mathews-Orr described Dr. Kralik's initial presentation as "agitated, distraught, and disorganized subsequent to a recent fracture of her wrist and difficulties in obtaining follow-up to the original medical intervention." Dr. Kralik's purpose for psychotherapy was to help her manage her stress and facilitate her coping with her fracture. Dr. Mathews-Orr described the course of treatment as "[Dr. Kralik's] mental status over the ensuing months went from a mood of realistic coping and planning for the future, to anxiety, depression, and dysfunctional preoccupation with the course of her medical treatment." Dr. Mathews-Orr related that Dr. Kralik suffered from anxiety, depression, insomnia and chronic pain. As a result, Dr. Mathews-Orr recommended evaluation for psychotropic medication and relaxation/biofeedback as part of a behavioral approach to pain management. Dr. Kralik feared that such therapy would validate the diagnosis of psychogenic pain and did not pursue these recommendations. (Res. Ex. C)

28. Dr. Mathews-Orr stated that she did not feel that Dr. Kralik posed a threat to the public or her patients. Although Dr. Kralik's judgment and decisions about her own care may not have been the best (e.g. psychological recommendations rejected and letters to Dr. Nice and Dr. Keith), Dr. Mathews-Orr did not believe that Dr. Kralik's ability to provide care to her patients was impaired. Dr. Mathews-Orr stated that Dr. Kralik's functioning in May 1992 was not typical of her usual behavior. Dr. Mathews-Orr has had occasional telephone conversations with Dr. Kralik since May 1992, but has not treated her. (Res. Ex. C)

29. Dr. Kralik obtained evaluations by three other mental health care professionals in 1992: Rev. John B. Murray, a psychologist and family friend; John R. Ozehosky, Ph.D.; and Frederic L. Gannon, M.D. In a supportive setting, Rev. Murray administered the Wechsler Adult Intelligence Scale-Revised [WAIS-R], the Minnesota Multiphasic Personality Inventory[MMPI]; and the Rorschach Ink Blot Test [Rorschach]. Rev. Murray concluded that Dr. Kralik scored 125 on the WAIS-R scale. This placed her in the top 5-6% of the United States population in intelligence. On the MMPI, Dr. Kralik showed no pathology or abnormality. According to Rev. Murray, Dr. Kralik's responses to the Rorschach test indicated that she was a warm and caring person. Rev. Murray based his assessment of

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Dr. Kralik on his personal exposure to her and the tests he administered. He did not speak to or review any material regarding Dr. Kralik's interactions with Dr. Nice or Dr. Keith. (St. Ex. 12 at 313-333, 344-345, 351-353, 356-358; Res. D)

30. Dr. Ozehosky administered the Thematic Apperception Test [TAT]. Dr. Ozehosky found that the TAT did not evidence any particularly pathological aspect. Accordingly, no severe psychopathology was evident on the TAT protocol. (Res. Ex. E)

31. Dr. Gannon evaluated and treated Dr. Kralik. She continues to see Dr. Gannon on an informal and infrequent basis. Dr. Gannon based his 1992 evaluation of Dr. Kralik on a total of nine visits in a psychotherapeutic relationship. Dr. Gannon determined that Dr. Kralik felt that there was not maximum medical care given to her when she fractured her wrists. However, Dr. Gannon testified that she appropriately sought care elsewhere. Dr. Gannon testified that Dr. Kralik did exhibit some anxiety, some tension, and some upset state of being. Dr. Gannon found Dr. Kralik to be logical, with psychological insight. To Dr. Gannon, Dr. Kralik presented as appropriate in demeanor and dress. Dr. Gannon testified, that in his opinion, Dr. Kralik had an absence of psychopathology. Dr. Gannon was aware of the letters to Dr. Nice and Dr. Keith and the incidents in April 1992. He described Dr. Kralik's reactions to her perceived substandard medical treatment as angry. Dr. Gannon testified that Dr. Kralik reacted "a bit undiplomatic, but she went about trying to get medical care in a very assertive way in an upset state." Dr. Gannon described these incidents as transitory reversible experience in which she expressed her upsetness in a fashion that she was rather use to and the way she handled it, and this is the assertiveness that I keep referring to." Dr. Gannon did testify that Dr. Kralik needed on-going psychotherapy, but that her problems did not interfere with her ability to practice medicine. (St. Ex. 12 at 371-388, 396-99, 402, 405-406; Tr. 266)

Current Evaluations-The State's Expert

32. Howard H. Sokolov, M.D., graduated from Columbia University in 1961 with a Bachelor's Degree. He completed his medical degree through the State University of New York, Downstate Medical Center in 1965. After a rotating internship at the Cincinnati General Hospital, Dr. Sokolov completed a three year general psychiatry residency at the University of Cincinnati. He has completed additional post-graduate training in psychoanalysis. Dr. Sokolov is board certified in psychiatry and forensic psychiatry. (St. Ex. 23)

    Dr. Sokolov worked as a psychiatrist in the United States Army for two years. He then served for ten years on the faculty of the University of Cincinnati's Department of Psychiatry. From 1981 thorough 1983, Dr. Sokolov served as Commissioner of

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Mental Health and Forensic Services for the State of Ohio. In 1983 he became the director of Netcare Forensic Psychiatry Center, outpatient forensic psychiatric center. From 1989 through 1994, Dr. Sokolov served first as associate medical director and then in 1990 to the end of his tenure, became medical director of Harding Hospital. Currently, Dr. Sokolov splits his time between the outpatient division of Harding hospital and the State of Ohio Department of Mental Health. Dr. Sokolov does forensic consultations on complicated cases and reviews clinical policies and procedures for forensic issues. He sees patients for diagnostic as well as treatment issues. Dr. Sokolov gained experience in the diagnosis and treatment of Personality Disorders in both the forensic setting and his outpatient practice. (St. Ex. 23; Tr. 83-87)

33. On October 27, 1995. Dr. Sokolov psychiatrically evaluated Dr. Kralik at his office in Columbus, Ohio. The examination took slightly less than two and a half hours in a single session. Dr. Sokolov based his evaluation on his interview with Dr. Kralik and a review of documents, deposition transcripts, hearing transcripts, four letters from Dr. Kralik to various individuals, and three letters from Dr. Andrew Palmer to Dr. Kralik. No psychological tests were given. (St. Ex. 23; Tr. 91-96, 129)

34. Dr. Sokolov described Dr. Kralik as "anxious." She challenged the relevancy of the questions Dr. Sokolov asked her. In response, Dr. Sokolov explained to her his method of psychiatric evaluation. In response, Dr. Kralik became less agitated, more subdued, but had less eye contact during the interview. Dr. Sokolov explored Dr. Kralik's family and personal history. (St. Ex. 14 at 61-62; St. Ex. 28 at 61-63; Tr. 96-97, 102-104, 127)

35. Dr. Sokolov testified concerning his assessment of Dr. Kralik's relationships with Dr. Nice and Dr. Keith. Dr. Kralik expected Dr. Nice to be attentive and responsive to her fractures. After the initial fractures of her left wrist and small toe, the relationship with Dr. Nice was intact. When Dr. Kralik fractured her right wrist, she requested certain treatments from Dr. Nice. Dr. Nice did not treat Dr. Kralik as she wished. She then felt abandoned and mistreated. Dr. Sokolov described Dr. Kralik's reaction--the multiple phone calls, appearances at Dr. Nice's office, and multiple critical personal letters--as abrupt and extreme. Dr. Kralik repeated this pattern of devaluing her physician's treatment and abilities with Dr. Keith. She again made multiple phone calls, wrote rambling, accusatory letters, and demanded inappropriate attention. (Tr. 103-109)

36. Dr. Sokolov probed into Dr. Kralik's current feelings towards Dr. Nice and Dr. Keith. He discovered that Dr. Kralik continued to have feelings about both. Dr. Kralik appeared to be very fearful of being abandoned by physicians, to have a frantic approach to perceived mistreatment, and to be angry. She claimed that she was permanently deformed because of Dr. Nice. She stated "He gloated over it. He

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has no remorse. He said he would get me. I can't play my harp." "...[Dr.] Keith doesn't want me in his clinic because he knows (her injury) was preventable like my mother's condition." Dr. Sokolov testified that, although Dr. Kralik's functioning improved because she lived in New York, discussing the subject of her wrist fractures, or her plans for the future caused extensive anger and inappropriate feelings towards these doctors whom she perceived as having mistreated her so badly. Dr. Sokolov did not find evidence of mistreatment in Dr. Kralik's available medical records. (Tr. 108-110)

37. Dr. Sokolov testified that Dr. Kralik practiced competently with her patients, but had great difficulty with interpersonal relationships. She was a very bright physician who functioned as an internist with a set of psychological defenses of the obsessive compulsive type. These defenses helped her in academic and professional functioning. Under the stress of repeated fractures and her perceived disappointment in the personal and professional care she was receiving from Dr. Nice, her defenses appear to have crumbled. She became acutely anxious, frantic, angry, and fearful of abandonment. In Dr. Sokolov's opinion, Dr. Kralik currently exhibits these behaviors. (St. Ex. 24; Tr. 110-112)

38. Based on his psychiatric evaluation, Dr. Sokolov gave his opinion within a reasonable degree of medical certainty that Dr. Kralik currently demonstrates symptoms of a significant emotional disorder which would cause an inability to practice medicine according to acceptable and prevailing standards of care. In his testimony at hearing, Dr. Sokolov gave a diagnosis of Borderline personality organization and a probable Borderline Personality Disorder. Dr. Sokolov explained that the definition of Personality Disorder in the DSM-IV required a pervasive pattern of behavior over a period of time that was maladjustive and inflexible. Because he had a limited amount of information including--incidents in 1990 through 1992, his evaluation in 1995, and some glimpses of her behavior in early adulthood--the definition of Borderline Personality Disorder could be not be confirmed. (Tr. 111-114; 116-120)

39. Dr. Sokolov testified individuals who have Personality Disorders can deny and minimize symptoms. Dr. Sokolov explained that Dr. Kralik showed signs of the following criteria for Borderline Personality Disorder: frantic efforts to avoid a real or imagined abandonment; a pattern of unstable and intense interpersonal relationships; self-damaging kinds of acts or intent; affective instability in terms of anxiety and frantic kinds of behavior; inappropriate intense anger or difficulty controlling anger; and transient stress-related paranoid ideation.

40. Dr. Sokolov testified that in his opinion, within a reasonable degree of medical certainty, Dr. Kralik is not able to practice medicine within the acceptable prevailing standard of care. Dr. Sokolov clarified that he found no disturbance

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between Dr. Kralik and her patients, but that he did find major interference between herself and potential colleagues, potential referrals, and potential relationships with hospital staff or members of a group practice. Dr. Sokolov explained that Dr. Kralik's unstable judgment about interpersonal relationships could hinder her ability to function in the best interest of her patients (i.e., if the patient needed care outside of the immediate doctor-patient relationship to Dr. Kralik). Dr. Sokolov pointed to Dr. Kralik's response to the quality assurance inquiry. This response was "...quite disorganized in the sense of major intermeshing of her attempting to respond to the peer review concern, while at the same time continually expressing her own anger about her own personal situation and the perceived mistreatment by her physicians." (Tr. 118) Dr. Sokolov testified that in his opinion, Dr. Kralik continues to have difficulties separating her personal problems from her professional obligations. (Tr. 111-120)

41. In Dr. Sokolov's opinion, the appropriate treatment for Dr. Kralik would be a psychotherapeutic relationship with a skilled mental health practitioner who has treated similar disorders. Dr. Sokolov described the duration of the treatment as generally two or three years, and the frequency of the treatment to be once or twice a week. Medication might be appropriate, but not necessarily. Dr. Sokolov recommended that, when Dr. Kralik was well enough to return to practice, she first practice in a group setting to determine her ability to conduct herself in professional relationships. A monitoring physician should review her ability to function with patients and peers. (Tr. 122-123)

42. Dr. Sokolov admitted on cross examination that Dr. Kralik's anxiety during his interview was not surprising. Dr. Sokolov admitted that he did not speak with members of Dr. Kralik's family or former patients. Dr. Sokolov admitted that the DSM-IV required that a patient must meet five criteria before the diagnosis of a Personality Disorder can be made. Dr. Sokolov testified that based on the limited information that he had before him, he could not confirm the presence of Dr. Kralik's symptoms in a broad range of personal and social situations or as having an onset in adolescence or early adulthood. Dr. Sokolov explained that once he determined that Dr. Kralik suffered from a Personality Disorder, he went to the specific criteria of a Borderline Personality Disorder. Dr. Sokolov did not have sufficient information to make a diagnosis of Borderline Personality Disorder. However, he did have sufficient information to make a diagnosis of Borderline personality organization. Dr. Sokolov testified that Borderline personality organization, a clinical construct, has been written about in the psychiatric literature. It allows the provider to identify the problem even if extensive information is unavailable. (Tr. 127-128, 134-135, 137-139,140-143, 146-149)

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Current Evaluations-The Respondent's Expert

43. Andrew E. Skodol, II, M.D., graduated from Yale University in 1967 with a Bachelor of Arts in psychology. He attended the University of Pennsylvania Medical School where he earned his medical degree in 1971. Dr. Skodol interned at Roosevelt Hospital in New York City. He completed a three year psychiatric residency at the Albert Einstein College of Medicine, Bronx Municipal Hospital Center, Bronx, New York in 1975. Dr. Skodol received his board certification in 1977 from the American Board of Psychiatry and Neurology. (Res. Ex. A; Tr. 157-59)

    Following his education, Dr. Skodol entered private practice. He developed a subspecialty in psychiatric and differential diagnoses. For the past six years he has also subspecialized in Personality Disorder diagnosis. Dr. Skodol served on the several committees who participated in generating versions of the DSM. In 1979 he was a special consultant to the task force on DSM-III. In 1987, when the DSM-III was revised and DSM-III-R was created, he served on four committees: the psychotic disorders, the Personality Disorders, the multiaxial and the defense mechanisms committees. During the creation of the DSM-IV, the current version, Dr. Skodol served on the multiaxial work group. (Res. Ex. A; Tr. 159-160)

    Dr. Skodol is a fellow of the American Psychopathological Association and the Association for Clinical Psychosocial Research. He is president of the Association for Research on Personality Disorders. Dr. Skodol serves as one of six Americans selected to be a member of the World Psychiatric Association section on diagnosis classification and assessment. (Res. Ex. A; Tr. 160-62)

44. Dr. Skodol met with Dr. Kralik from September 7 to November 21, of 1995. He met with her on ten different occasions for a total of approximately twelve hours of direct interview time. Dr. Skodol administered diagnostic tests including: the Structured Clinical Interview for DSM-IV Axis I disorders (SCID-I), the Structured Clinical Interview for DSM-VI Axis II Personality Disorders (SCID-II); and two self-report questionnaires, the NEO Five-Factor Inventory (NEO-FFI), and the Schedule for Nonadaptive and Adaptive Personality (SNAP). In addition, Dr. Skodol reviewed materials provided by Dr. Kralik's counsel, gathered extrinsic information to develop a personal history of Dr. Kralik, and examined her mental status. (Res. Ex. B; Tr. 163-170, 187-190, 202)

45 Dr. Skodol testified that, in his opinion, Dr. Kralik did not suffer from Borderline Personality Disorder. He found that Dr. Kralik did not meet the threshold requirements for a Personality Disorder, much less the criteria for Borderline Personality Disorder. He testified that Dr. Kralik's conflict with Dr. Nice and Dr. Keith was situation specific, not pervasive.

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> It involved primarily her physicians who were treating her for these injuries, it manifested itself over a relatively limited period of time, and it didn't fulfill the breadth or extremity or depth, or whatever you would like to call it for Personality Disorder; wasn't generalizable, wasn't something that entered into most of her interactions as a Personality Disorder would..

(Tr. 357; see also Tr. 209-210)

46. Dr. Skodol reviewed Dr. Kralik's early adulthood personal history and found that she did not exhibit any pathological traits of the Personality Disorders. (Tr. 211-212) Dr. Skodol dismissed a treating doctor's reference to Dr. Kralik suffering from anorexia nervosa as a teenager as inaccurate. He based his decision on Dr. Kralik's statements about the incident. Dr. Skodol found that Dr. Kralik's repeated references to having personality conflicts with individuals during medical school, were attributable to the difficulties of being a woman in medical school during the 1980's. Dr. Skodol interpreted Dr. Kralik's descriptions of medical school experiences Dr. Keith as complaining and critical, not paranoid. Dr. Skodol did not believe that a person with Borderline Personality Disorder would be able to finish medical school in four years. Although Dr. Kralik had to repeat a psychiatric clerkship, she did finish medical school in four years. Dr. Skodol could cite no authority for his belief. Accordingly, in Dr. Skodol's opinion, these incidents were not indicative of the early adulthood manifestation of a Personality Disorder. (St. Ex. 14 at 61-64; Tr. 251-253, 256-257,311-312, 360-362)

47. Dr. Skodol characterized the amount of attention that Dr. Kralik wanted from Dr. Nice and Dr. Keith as "more than an average patient would want." He did not believe that Dr. Kralik idealized Dr. Nice, however, he did agree that she devalued him. Dr. Skodol testified that Dr. Kralik expressed intense anger and bitterness. Dr. Skodol found the letters to Dr. Nice and Dr. Keith to be maladaptive. However, Dr. Skodol characterized the letters written to Dr. Nice and Dr. Keith as a way of "ventilating" anger. Dr. Skodol considered Dr. Kralik's response letter to the quality assurance inquiry to be of marginal significance. Dr. Skodol explained that in the context of the depositions and letters from other individuals, that the quality assurance response letter stood alone as a problem. Further, Dr. Skodol "agreed with [the State's Assistant Attorney General] that [the quality assurance response] is an inappropriate letter, but I don't know that it indicated that she was confused in her care of a patient because she wrote this letter. (St. Ex. 13 at 66, 68-69, 73; Tr. 233-240, 294-295, 300-302, 306-308, 316-317 324-325, 364-365)

48. When asked about the Mrs. Miracle letters (*See* paragraph 7, pp. 13-14), Dr. Skodol testified that "I felt that this [the Mrs. Miracle letters] indicated that she was having a problem communicating with Dr. Nice, and I don't know that it had any

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effect on her treatment of Mrs. Miracle." Dr. Skodol admitted that a basic part of practice was that "the patient comes first." He also agreed that if a referral is in the best interest of the patient, the physician should make that referral regardless of the referring physician's personal feelings towards the other physician. Dr. Skodol declined to give an opinion on Dr. Kralik's ability to do this. (St. Ex. 13 at 66, 68-69, 73; Tr. 233-240, 294-295, 300-302, 306-308, 316-317 324-325, 364-365)

49. Dr. Skodol relied on Dr. Kralik's denial that she banged her wrists on the table during the April 14, 1992, visit to Dr. Keith's office. Additionally, he relied on her explanation of her statement: "Even now I'd like to take some K-wires and pull the bone apart or rebreak it for the pain," as a referral to a procedure, not a plan for self-mutilating behavior. Dr. Skodol did not find the information contained in Dr. DeLuca's consultation letter to indicate that Dr. Kralik abused her extensor pollicis longus tendon. Dr. Skodol testified that Dr. Kralik explained that she was merely exercising the tendon, something she believed she was allowed to do. Dr. Skodol also relied on Dr. Kralik's denial of sleep disturbance and lack of depression. However, Dr. Kralik's letters to Dr. Nice detailed both experiences. (St. Ex. 13 at 66, 68-69, 73; Tr. 233-240, 294-295, 300-302, 306-308, 316-317 324-325, 364-365)

50. Dr. Skodol concluded that Dr. Kralik did have some psychiatric difficulties during the months following her fractures, which combined with the painful complications of the fractures, caused her to have interpersonal difficulties with several of her physicians. These difficulties in turn exacerbated her pain and her reaction to it, including depression and anxiety. Her physical pain and limitations in range of motion, particularly of her right wrist post-fracture, led her to cut back on her professional duties and lose income, further contributing to her spiral of distress and behavioral outbursts. However, Dr. Skodol found no evidence that her psychological or psychiatric problems led to a decline in the quality of care that she provided to her patients. Dr. Skodol focused his attention on Dr. Kralik's conflicts with Dr. Nice and Dr. Keith, but did not address her correspondence with Dr. Suppes or other letter recipients. (St. Ex. 13 & 15; Res. B)

51. Dr. Skodol testified that in his opinion, Dr. Kralik suffers from an Axis I diagnosis of Pain Disorder associated with both psychological factors and a general medical condition in partial remission, and Adjustment Disorder with mixed anxiety and depressed mood, chronic, in full remission. Dr. Skodol noted as his Axis II diagnosis that Dr. Kralik exhibits Obsessive-compulsive and Avoidant Personality Traits. Dr. Skodol also found that Dr. Kralik exhibits clinically significant rigidity, stubbornness, critical and judgmental nature, and an exaggeration of emotional expression. (St. Ex. 26; Tr. 200-206, 312-317)

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Dr. Skodol described Dr. Kralik's manifestation of Pain Disorder:

> There's no question in my mind that at the time,...of Dr. Kralik's wrist fractures, that pain was her predominant problem and complaint. The diagnosis of pain disorder in the DSM can be made when the pain symptoms are due to psychological factors alone, or when they're due to a combination of physical factors and psychological factors; in other words, both physical and psychological factors are important in either the onset, exacerbation or maintenance of the pain complaint. My diagnosis reflects my opinion that she had pain, legitimate pain, from having had these bilateral wrist fractures, and that certain aspects of her personal history and current state at the time of these fractures and their effects on her and her subsequent attempts to get what she considered satisfactory care all were-contributed to the psychological factors that indeed, did exacerbate her pain.

(TR. 203-204) The essential feature of an Adjustment Disorder is the development of clinically significant emotional or behavioral symptoms in response to an identifiable psychosocial stresser or stressers. The subtype of "With Mixed Anxiety and Depressed Mood" is used when the predominant manifestation is a combination of depression and anxiety. (St. Ex. 26; Tr. 200-206, 312-317)

52. Dr. Skodol explained that the qualifier, partial remission, meant that Dr. Kralik still experienced pain in her wrists. Further, both psychological and physical experiences will exacerbate her current Pain Disorder. Dr. Skodol explained that any reminder of her limitations will bring back her pain. Dr. Skodol assessed Dr. Kralik's progress as good in both the physical healing of her wrists and in the recovery from her emotional reaction to her injuries and their treatment. Her recovery has been accomplished largely through the passage of time and a few supportive sessions with Dr. Gannon. No psychotropic medications have been used, to his knowledge. (St. Ex. 26; Res. Ex. B; Tr. 200-206, 259, 261, 285, 312-317)

    Dr. Skodol testified that Dr. Kralik has partial insight into her role in her current professional difficulties. He explained, "She fluctuated back and forth between being able to sort of see the role that she played in some of her difficulties, and not being able to see the role...." He agreed that Dr. Kralik believes the Board investigated her because she complained about her orthopedic treatment. (Res. Ex. B; Tr. 259, 261, 285)

53. Dr. Skodol explained Dr. Kralik's current anxious reactions to Dr. Sokolov and the current hearing process. Dr. Skodol likened Dr. Kralik's position to having a "scab"

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scraped from a healing wound. Dr. Skodol reported that Dr. Kralik experienced some return of her previous feelings, but now has achieved emotional equilibrium. Dr. Skodol expects Dr. Kralik's recovery will continue when her licensing status is resolved. Dr. Skodol testified that he did not think that Dr. Kralik should return to Mayfield Heights, Ohio, to practice because the proximity to the source of her injury would exacerbate her Pain Disorder. Dr. Skodol testified that although she might profit from some psychotherapy to improve the quality of her life, there is no indication that it is a necessity. "On the basis of my extended personal evaluation of Dr. Kralik, my collateral contacts with her former patients, and my review of all legal and medical documents provided to me, it is my opinion that she has no psychological or psychiatric condition which affects her ability to practice medicine according to accepted and prevailing standards." (Res. Ex. B; Tr. 270-285, 366-369)

Dr. Kralik's Current Status

54. Dr. Kralik presented herself at the current hearing as intelligent, challenging, and argumentative. As the transcript shows, Dr. Kralik answered questions with questions and expressed exasperation regarding the hearing process. Dr. Kralik testified that her wrists still give her trouble, that she cannot play the harp, and that it has taken two years to regain her artistic drawing abilities. She also testified that extended use of her hands results in pain. She works as a high level temporary worker providing clerical and computer support services for large corporations in New York City. Dr. Kralik is also taking art classes. Although Dr. Skodol states that a note from one of Dr. Kralik's instructors indicates that she is well liked by her teachers, the actual note is much more innocuous. She has maintained her professional credentials by completing continuing medical education at Columbia University. Dr. Kralik's future plans are vague at this time due to the pending proceedings. Dr. Kralik expressed a desire to remain in New York. She has considered applying for a fellowship in internal medicine at Columbia University. Dr. Kralik testified that she found the quality of care in New York to be excellent. She submitted three letters from Andrew Palmer, M.D., as evidence of her ability to maintain acceptable patient-physician relationships. However, in the past it has been the content of Dr. Kralik's letters to treating physicians that revealed her problems. Accordingly, the letters from Dr. Palmer provide no insight to her current behavior as a patient. (St. Ex. 30; Res. Ex. G; Tr. 33-51)

55. The State Assistant Attorney General presented four letters written by Dr. Kralik during the summer of 1995. One letter was to the Governor of Ohio, George Voinovich, and the other three letters were to the State Assistant Attorney General presenting the case. Dr. Kralik explained that she wrote the letters in an effort to expedite consideration of her case, and to oppose falsehoods. The letters to the State's counsel referenced Dr. Kralik's MENSA membership and her photographic memory. The letters requested that Dr. Kralik's records be corrected, commented on

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the appellate arguments made, and discussed her fracture care. Dr. Skoddol dismissed these letters as merely defensive mechanisms.

> I think this [a letter to the State Assistant Attorney General, St. Ex. 20] is Rita's typical defensiveness that, when she feels she's being brought to task for her sort of psychological makeup and well-being, she becomes excessively defensive....the way it manifests itself is by adopting these sort of haughty or whatever attitudes; which, to me are fairly transparent. I think she's...insecure...but she doesn't want to admit that, so she adopts this other posture...and attempts to back people off.

(Res. Ex. 19, 20, 21 & 22; Tr. 72-82, 270-271)

56. Since her suspension, Dr. Kralik has visited Dr. Gannon infrequently to discuss minor matters. Dr. Kralik has not participated in structured psychological or psychiatric counseling. She testified,

> What am I going to talk about? ...I have fun, I have good relationships, I have a job that's the best I can get given the fact I can't tell people I'm a doctor and I can't talk about what has gone on in the past. I have art professors that, you know, want to exhibit me. ...I mean, I have as rewarding a life as I can have and I'm happy, you know, I am happy.

(Tr. 44, 370)

FINDINGS OF FACT

1. From 1990 through 1992, professional colleagues of Dr. Kralik observed behavior that indicated that she required psychiatric assistance. This behavior included numerous letters and telephone calls to her physicians and hospital administrators regarding her orthopedic care. It also included progressively greater attention to the condition of her injured wrists.

2. On April 14, 1992, Dr. Kralik engaged in "bizarre, hysterical behavior" in the office of Dr. Nice, and advised his patients "to get another physician because Dr. Nice had 'ruined' [her]."

3. Later on April 14, 1992, Dr. Kralik went to Dr. Keith's office and demanded to see him even though he was in surgery. Dr. Kralik "refused to leave, became hysterical, and on several occasions began banging [her] wrists on a conference table in an attempt to break them." Dr. Kralik was removed by hospital security.

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4. The Meridia Hospital informed Dr. Kralik on April 17, 1992, that her Medical Staff privileges had been summarily suspended "'based on [her] behavior the past years.'"

5. On June 19, 1992, the Board notified Dr. Kralik that she was possibly in violation of Section 4731.22(B)(19), Ohio Revised Code. The Board issued a summary suspension and scheduled a hearing. The Board issued an order which Dr. Kralik appealed. The Franklin County Court of Common Pleas affirmed the Board's Order. On February 21, 1995, however, the Franklin County Court of Appeals reversed the decision of the Court of Common Pleas and remanded the matter to the Board for a new hearing. Nevertheless, the Court of Appeals ordered that the indefinite suspension remain in effect pending resolution of the current proceedings.

6. In September and November 1995, Dr. Kralik underwent psychiatric examinations to determine her current mental status.

7. Dr. Sokolov evaluated Dr. Kralik for the State of Ohio in a single two and one half hour interview. Based on his psychiatric evaluation, Dr. Sokolov gave his opinion within a reasonable degree of medical certainty, that Dr. Kralik currently demonstrates symptoms of a significant emotional disorder which would cause an inability to practice medicine according to acceptable and prevailing standards of care. Dr. Sokolov gave a diagnosis of Borderline personality organization and a probable Borderline Personality Disorder. Dr. Sokolov explained that the definition of Personality Disorder in the DSM-IV required a pervasive pattern of behavior over a period of time that was maladjustive and inflexible. Because he had a limited amount of information--including incidents in 1990 through 1992, his evaluation in 1995, and some evidence of her previous behavior--but lacked an earlier history of Dr. Kralik's condition, he could not confirm the definition of Borderline Personality Disorder.

8. Dr. Skodol examined Dr. Kralik on behalf of the Respondent. He conducted ten separate interviews with Dr. Kralik. Dr. Skodol testified that, in his opinion to a reasonable medical certainty, Dr. Kralik did not suffer from Borderline Personality Disorder, or any other Personality Disorder. He found that Dr. Kralik did not meet the threshold requirements for a Personality Disorder. He testified that Dr. Kralik's conflict with Dr. Nice and Dr. Keith was situation-specific, not pervasive throughout her interpersonal relationships.

9. Dr. Skodol testified that in his opinion within a reasonable degree of medical certainty, Dr. Kralik suffers from Pain Disorder associated with both psychological factors and a general medical condition, in partial remission, and Adjustment Disorder with mixed anxiety and depressed mood, chronic, in full remission. Dr. Skodol noted as his Axis II diagnosis that Dr. Kralik exhibits Obsessive-

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compulsive and Avoidant Personality Traits. Dr. Skodol also found that Dr. Kralik exhibited clinically significant rigidity, stubbornness, critical and judgmental nature, and an exaggeration of emotional expression

10. Dr. Kralik suffers from Pain Disorder Associated with Both Psychological Factors and a General Medical Condition, in partial remission; and from Adjustment Disorder with Mixed Anxiety and Depressed Mood, Chronic, in full remission.

11. Both Dr. Sokolov and Dr. Skodol agreed that Dr. Kralik's emotional and physical reactions deteriorate when she is exposed to individuals, places or events that remind her of perceived physical limitations, psychiatric allegations, orthopedic treatment, or her uncertain future.

12. Dr. Kralik has not practiced medicine since her summary suspension in June 1992.

LEGAL ISSUES

1. Respondent requested that the Hearing Examiner dismiss the Board's allegations against Dr. Kralik. Respondent based the motion on the grounds that the Board failed to schedule a date, time, and place for Dr. Kralik's hearing immediately after receipt of the Court of Appeal's denial of the Motion for Reconsideration on May 4, 1995. (St. Ex. 4) That motion is currently before the Board. (*See* **Procedural Matters**.)

   Revised Code Section 119.07, which covers proceedings by the State Medical Board, provides in pertinent part that:

   > Whenever a party requests a hearing in accordance with this section and Section 119.06 of the Revised Code, the agency shall immediately set the date, time, and place for the hearing and forthwith, notify the party thereof. The date set for the hearing shall be within fifteen (15) days, but not earlier than (7) days, after the party has requested a hearing, unless otherwise agreed to by the agency and the party.

   Respondent argues that because the hearing in the fall of 1992 was void, the mandate of Revised Code 119.07 still applies to her request for a hearing. Respondent is incorrect. This case is before the Board on the remand by the Court of Appeals, not the original hearing request. The 1992 hearing fulfilled the Board's obligation to hold a timely hearing. The remand from the appellate court did not negate the fact that a timely hearing was held originally. It required that a second hearing be scheduled, to correct a defect in the first. Accordingly a remand does not reset the Section 119.07 clock.

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Further, Respondent was not prejudiced by the length of time before a hearing was scheduled. On June 29, 195, the Hearing Examiner scheduled two days of hearing for August 21 and 22, 1995. On August 1, 1995, the State filed a Motion for Continuance. This motion was unopposed by the Respondent. Her own expert did not begin his evaluation until August 30, 1995. The hearing was continued until October 30-31, 1995. On October 10, 1995, the State filed a second Motion for Continuance. This was also unopposed by the Respondent. The hearing went forward on November 29, 1995. Respondent was not prejudiced by the delay. (St. Exs. 7-10)

Finally, under these circumstances, the mere failure of an adjudicatory body to comply with a statutory time limit does not divest it of its jurisdiction. *State, ex rel., Pontiac Motor Div., General Motors Corp. v. Motor Vehicle Dealers Bd.* (November 29, 1984), Franklin App. No. 84 AP-550, unreported. (Board Exhibit B) Accordingly, the Respondent's Motion to Dismiss this action for a failure to comply with Section 119.07 of the Revised Code should be denied.

CONCLUSIONS

Patient care is not limited to direct patient-physician interaction. The acceptable and prevailing standards of care include interaction with referring physicians, insurance companies, hospital administrators, and other health care professionals. Dr. Kralik's behavior as detailed in the Summary of the Evidence did not meet these standards. Her Pain Disorder remains active and is easily aggravated. As set forth in the Findings of Fact above, Dr. Kralik's current mental status constitutes the "'inability to practice according to acceptable and prevailing standards of care by reason of mental illness or physical illness, including, but not limited to, physical deterioration that adversely affects cognitive, motor, or perceptive skills,' as that clause is used in Section 4731.22(B)(19), Ohio Revised Code."

PROPOSED ORDER

It is hereby ORDERED that:

1. Respondent's Motion to Dismiss for failure to provide a timely hearing under Section 119.07 of the Revised Code is DENIED.

2. The certificate of Rita Marie Kralik to practice medicine and surgery in the State of Ohio shall be SUSPENDED for an indefinite period of time.

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3. The State Medical Board of Ohio shall not consider REINSTATEMENT of Dr. Kralik's certificate to practice unless and until all of the following minimum requirements are fulfilled

   a. Dr. Kralik shall submit an application for reinstatement with appropriate fees.

   b. Within sixty (60) days of the effective date of this Order, or as otherwise approved by the Board, Dr. Kralik shall commence appropriate treatment, as determined by an informed assessment of Dr. Kralik's current needs. Such assessment and treatment shall be by a psychiatrist or psychologist approved in advance by the State Medical Board. Prior to the initial assessment, Dr. Kralik shall provide the approved psychiatrist or psychologist with copies of the Board's Findings of Fact including any documents incorporated therein by reference, Conclusions of Law, and Order in this Matter, and the Board may provide any other documentation from the hearing record which it may deem appropriate or helpful to that provider. Within ten (10) days after the completion of the initial assessment, Dr. Kralik shall cause a written report to be submitted to the State Medical Board from the approved provider, which report shall include:

      i. A detailed plan of recommended treatment based upon the provider's informed assessment of Dr. Kralik's current needs; and

      ii. Any reports upon which the treatment recommendation is based, including reports of physical examination and psychological or other testing.

   c. Dr. Kralik shall provide the Board with acceptable documentation evidencing compliance with the plan of recommended treatment required under paragraph 3b above.

   d. Dr. Kralik shall take and pass the SPEX examination or any similar written examination which the Board may deem appropriate to assess Dr. Kralik's clinical competency.

   e. Dr. Kralik shall submit to the Board and receive its approval for a plan of practice in Ohio which, unless and until otherwise determined by the Board, shall be limited to a supervised structured environment in which Dr. Kralik's activities will be directly supervised and overseen by another physician approved by the Board. This supervising physician may not be a member of Dr. Kralik's family.

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f. In the event that Dr. Kralik has not been engaged in the active practice of medicine and surgery for a period in excess of two years prior to application for reinstatement, the Board may exercise its discretion under Section 4731.222, Ohio Revised Code, to require additional evidence of Dr. Kralik's fitness to resume practice.

g. Dr. Kralik shall provide documentation acceptable to the State Medical Board of continuing psychiatric or psychological counseling at intervals as deemed appropriate by the treating psychiatrist or psychologist approved by the Board, but not less than once a month.

3. Upon reinstatement, Dr. Kralik's certificate shall be subject to the following PROBATIONARY terms, conditions, and limitations for a period of at least two (2) years:

a. Dr. Kralik shall obey all federal, state, and local laws, and all rules governing the practice of medicine in Ohio.

b. Dr. Kralik shall submit quarterly declarations under penalty of Board disciplinary action or criminal prosecution stating whether or not there has been compliance with all the provisions of probation.

c. Dr. Kralik shall appear in person for interviews before the full Board or its designated representative at three (3) month intervals, or as otherwise requested by the Board.

d. In the event that Dr. Kralik should leave Ohio for three (3) consecutive months, or reside or practice outside the State, Dr. Kralik must notify the State Medical Board in writing of the dates of departure and return. Periods of time spent outside of Ohio will not apply to the reduction of this probationary period, unless otherwise determined by motion of the Board in instances where the Board can be assured that probationary monitoring is otherwise being performed.

e. Within thirty (30) days of reinstatement, Dr. Kralik shall submit for the Board's prior approval the name of a monitoring physician, who shall review Dr. Kralik's patient charts and shall submit a written report of such review to the Board on a quarterly basis. Such chart review may be done on a random basis, with the number of charts reviewed to be determined by the Board. It shall be Dr. Kralik's responsibility to ensure that the monitoring physician's quarterly reports are submitted to the Board on a timely basis. In the event that the approved monitoring physician becomes unable or unwilling to so

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serve, Dr. Kralik shall immediately so notify the Board in writing and shall make arrangements for another monitoring physician as soon as practicable.

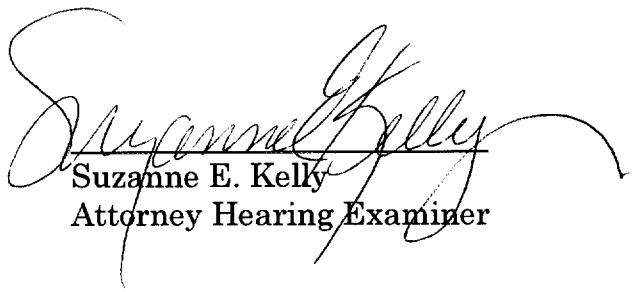
f. Dr. Kralik shall continue psychiatric or psychological treatment with a psychiatrist or psychologist approved by the Board under paragraph 3b of this Order, at such intervals as are deemed appropriate by the treating psychiatrist or psychologist but not less than once per month, until such time as the Board determines that no further treatment is necessary. To make this determination, the Board shall require quarterly reports from the approved treatment provider. Dr. Kralik shall ensure that these reports are forwarded to the Board on a quarterly basis, or as otherwise directed by the Board.

g. Dr. Kralik shall provide a copy of this Order to all employers and the Chief of Staff at each hospital where she has, applies for, or obtains privileges.

h. If Dr. Kralik violates probation in any respect, the Board, after giving Dr. Kralik notice and the opportunity to be heard, may institute whatever disciplinary action it deems appropriate, up to and including the permanent revocation of Dr. Kralik's certificate.

4. Upon successful completion of probation, as evidenced by a written release from the Board, Dr. Kralik's certificate will be fully restored.

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



Suzanne E. Kelly
Attorney Hearing Examiner

STATE MEDICAL BOARD OF OHIO
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EXCERPT FROM THE DRAFT MINUTES OF APRIL 17, 1995

REPORTS AND RECOMMENDATIONS

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

Dr. Stienecker asked whether each member of the Board had received, read, and considered the hearing record, the proposed findings, conclusions, and orders, and any objections filed in the matters of: Rita Marie Kralik, M.D., and Mark S. Roberto, M.D. A roll call was taken:

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

Mr. Sinnott stated that he did not review the materials in the matter of Rita Marie Kralik, M.D., and will be abstaining in that case.

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

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

Dr. Garg	- aye
Dr. Steinbergh	- aye
Dr. Stienecker	- aye

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

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

REPORT AND RECOMMENDATION IN THE MATTER OF RITA MARIE KRALIK, M.D.

.....

DR. HEIDT MOVED TO APPROVE AND CONFIRM MS. KELLY'S PROPOSED FINDINGS OF FACT, CONCLUSIONS, AND ORDER IN THE MATTER OF RITA MARIE KRALIK, M.D. DR. AGRESTA SECONDED THE MOTION.

.....

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

VOTE:	Mr. Albert	- abstain
	Dr. Bhati	- aye
	Dr. Heidt	- aye
	Dr. Gretter	- abstain
	Dr. Egner	- aye
	Dr. Agresta	- aye
	Dr. Buchan	- aye
	Ms. Noble	- aye
	Mr. Sinnott	- abstain
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

IN THE COURT OF APPEALS OF OHIO

TENTH APPELLATE DISTRICT

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Attorney General's Office
MAY 9 1995
Health & Human
Services Section

In the Matter of: :
Rita M. Kralik, M.D., :

Appellant-Appellant. :

v. No. 94APE05-685

(State Medical Board of Ohio, (REGULAR CALENDAR)

Appellee.) :

M E M O R A N D U M D E C I S I O N

Rendered on May 4, 1995

Reminger & Reminger Co., and *Thomas D. Hunter*, for appellant.

Betty D. Montgomery, Attorney General, and *Anne Berry Strait*, for appellee.

ON APPLICATION FOR RECONSIDERATION AND/OR CLARIFICATION

STRAUSBAUGH, J.

Pursuant to App.R. 26 and Loc.R. 10 of the Tenth District Court of Appeals, appellee State Medical Board of Ohio has requested this court to reconsider and clarify our opinion in *In the Matter of: Rita M. Kralik, M.D.*, (Feb. 21, 1995) Franklin App. No. 94APE05-685, unreported (1995 Opinions 649).

The test generally applied when considering an application for reconsideration is whether the motion calls to the attention of the court an obvious error in its decision, or raises an issue for consideration that was

either not considered at all or was not fully considered by the court when it should have been. *Matthews v. Matthews* (1981), 5 Ohio App.3d 140.

Appellee's supporting memorandum reflects its concern with possible implications of the following language from the opinion:

> "The hearing transcript indicates that the investigative file at issue was that generated by the board when it investigated Dr. Nice. There is no evidence in the record that Dr. Nice has waived his confidentiality privilege. Accordingly, the board improperly provided the file to Dr. Brook. ***" *Id.* at 654.

Appellee is concerned that the above language implies that the confidentiality provision is a privilege that can be waived by the physician under investigation. Read in context, the quoted language is not reasonably amenable to the interpretation that the doctor under investigation—alone—can waive the confidentiality privilege. There is no need for this court to reconsider and/or clarify this matter.

Appellee has particular difficulties with the statement that appellee violated the confidentiality provisions of R.C. 4731.22(C)(1) when it provided its investigative file to Dr. Brook. Appellee is concerned that the opinion implies that appellee may never share the information it has gathered during an investigation with anyone.

Appellee argues that Dr. Brook was within the scope of confidentiality. Appellee states that Dr Brook, an expert, was acting as an agent of the Board and that, prior to reviewing the confidential information, he had signed a personal services contract which bound him to the confidentiality requirements

of R.C. 4731.22(C). The record does not include the personal services contract with the Board which Dr. Brook allegedly signed. The issues of Dr. Brook's status and whether Dr. Brook could view the confidential file without violating R.C. 4731.22(C)(1) were not briefed and argued by the parties and were not determinative to the appeal. In its brief, appellee argued that the Board could not waive the confidentiality provisions of R.C. 4731.22(C)(1) and merely footnoted a statement that: "In this regard, it should also be noted that no waiver occurred because Drs. Brook and Hall reviewed the Board's file as part of the investigation itself, because they had been asked to evaluate Dr. Kralik's fitness to practice pursuant to the Board-ordered evaluation mandated in R.C. 4731.22(B)(19)." Fn. 7 at 27-28, appellee's brief.

The first assignment of error was determined on the basis that the confidential status of an investigative file can only be waived if all parties with a privacy interest in the file waive it. This court rejected appellant's argument that the Board's act of providing the file to Dr. Brook, allegedly a party not entitled to view the file, had waived the privilege. While not a determinative finding, we noted that the Board should not have provided the file to Dr. Brook. Since Dr. Brook's status was not argued on appeal and since it is not obvious from the record what his status was, this court did not commit an obvious error when we noted that the file should not have been supplied to him.

Nor was our finding regarding the second assignment of error that appellant's due process rights were violated dependent on whether Dr. Brook was entitled to view the confidential material. The error hinged upon the fact that

appellant was unable to enter the file into the record or thoroughly study it and cross-examine Dr. Brook about his reliance on it. Thus, we determined that the witnesses testifying as to appellant's fitness to practice medicine cannot have opinions based on material which the defending doctor has not had access to and hence cannot cross-examine the witness about.

In conclusion, while this court did not fully or formally consider the issue of whether, under the proper circumstances, the Board could share its investigative file material with an expert retained to evaluate the fitness of a physician to practice medicine, this issue was not raised by the appeal to this court. Furthermore, while appellee has suggested that the language in our opinion implies that R.C. 4731.22(C)(1) requires absolute confidentiality which prohibits the Board from sharing investigation information with law enforcement authorities, this issue was clearly not before this court and is not a proper issue for this application for reconsideration and/or clarification.

Appellee's application for reconsideration and/or clarification is denied.

Application for reconsideration and/or clarification is denied.

PETREE and CLOSE, JJ., concur.

STRAUSBAUGH, J., retired, of the Tenth Appellate District, assigned to active duty under authority of Section 6(C), Article IV, Ohio Constitution.

FILED
COMMON PLEAS COURT
FRANKLIN CO. OHIO
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JESSE D. ODDI
CLERK OF COURTS

IN THE COURT OF COMMON PLEAS
FRANKLIN COUNTY, OHIO

RITA M. KRALIK, M.D.	]	
Appellant,	]	CASE NO. 93CVF-03-2173
vs.	]	
STATE MEDICAL BOARD OF OHIO,	]	JUDGE DAVID FAIS
Appellee.	]	

95 MAR 24 PM 4:08
STATE MEDICAL BOARD

DECISION

Rendered this ____ day of _____, 1995.

FAIS, J.

Pursuant to the decision of the Court of Appeals, the instant action is reversed and remanded to the State Medical Board for a rehearing. Appellant's suspension shall remain in effect until the Board has made new adjudication based upon the holding in the decision of the Court of Appeals on February 21, 1995.

DAVID W. FAIS, JUDGE

3-15-95

Appearances:
THOMAS D. HUNTER, ESQ.
Attorney for Appellant

ANNE BERRY STRAIT, AAG
Attorney for Appellee

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Attorney General's Office
MAR 22 1995
Health & Human Services Section

IN THE COURT OF APPEALS OF OHIO

TENTH APPELLATE DISTRICT

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FRANKLIN CO. OHIO
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JERRY D. ODDI
CLERK OF COURTS

2

In the Matter of: Rita M. Kralik, M.D.,	:	
Appellant-Appellant,	:	
	:	No. 94APE05-685
(State Medical Board of Ohio,	:	(REGULAR CALENDAR)
Appellee).	:	

JOURNAL ENTRY OF JUDGMENT

For the reasons stated in the opinion of this court rendered herein on February 21, 1995, it is the judgment and order of this court that the judgment of the Franklin County Court of Common Pleas is reversed, and this cause is remanded to that court for further proceedings in accordance with law consistent with said opinion.

PETREE, CLOSE & STRAUSBAUGH, JJ.

By Dean Strausbaugh
Judge Dean Strausbaugh, retired, of the Tenth Appellate District, assigned to active duty under authority of Section 6(C), Article IV, Ohio Constitution.

cc: Thomas D. Hunter, Esq.
Betty D. Montgomery, AG
Anne Berry Strait, AAG

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IN THE COURT OF APPEALS OF OHIO

TENTH APPELLATE DISTRICT

RECEIVED
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FEB 24 1995
Health & Human Services Section

In the Matter of:
Rita M. Kralik, M.D.,

Appellant-Appellant,

(State Medical Board of Ohio,

Appellee).

No. 94APE05-685

(REGULAR CALENDAR)

O P I N I O N

Rendered on February 21, 1995

Reminger & Reminger Co., L.P.A., Thomas D. Hunter and *Kevin P. Foley*, for appellant.

Betty D. Montgomery, Attorney General, and *Anne Berry Strait*, for appellee.

APPEAL from the Franklin County Court of Common Pleas.

STRAUSBAUGH, J.

Appellant, Rita M. Kralik, M.D., appeals from a decision of the Franklin County Court of Pleas affirming an order of appellee, the State Medical Board of Ohio, indefinitely suspending appellant's license to practice medicine and surgery.

Appellant asserts the following assignments of error:

"ASSIGNMENT OF ERROR NO. 1

"THE TRIAL COURT ERRED IN FINDING THAT THE STATE MEDICAL BOARD OF OHIO DID NOT WAIVE THE CONFIDENTIALITY OF ITS INVESTIGATORY FILE PURSUANT TO R.C. §4731.22(C)(1) WHERE THIS INFORMATION WAS DISTRIBUTED TO THIRD PARTIES, INCLUDING VARIOUS MEDICAL EXPERTS AND THE APPELLANT'S ATTORNEY.

"ASSIGNMENT OF ERROR NO. 2

"THE TRIAL COURT ERRED IN FINDING THE APPELLANT'S DUE PROCESS RIGHTS TO A FAIR HEARING AND REASONABLE OPPORTUNITY TO CROSS EXAMINE WITNESSES WAS NOT VIOLATED."

On June 19, 1992, the board notified appellant that she was summarily suspended from the practice of medicine and surgery. The board's notice stated that the board had ordered her to undergo a psychiatric evaluation based on one or more of several reasons which it set forth: numerous opinions of her professional colleagues that she required psychiatric assistance; an April 14, 1992 incident when appellant behaved in a "bizarre, hysterical" manner in the office of another physician; a second incident on April 14, 1992 when appellant went to a second physician's office and where she behaved hysterically and was forcibly removed "'in a semi-hysterical and incoherent state;'" and the summary suspension of her medical staff membership and privileges at Meridia Hillcrest Hospital "'based on [her] behavior the past years.'" The notice also informed appellant that the psychiatrist who examined her, Dr. Brook, made a working diagnosis for her of paranoid personality disorder and recommended intensive psychiatric care for her. Dr. Brook concluded that appellant was unable to practice according to acceptable and prevailing standards of care due to her

mental illness and that her continued practice posed immediate and serious harm to the public. Accordingly, the board notified appellant that she was unable to "'practice according to acceptable and prevailing standards of care by reason of mental illness or physical illness, including, but not limited to, physical deterioration that adversely affects cognitive, motor, or perceptive skills,'" as used in R.C. 4731.22(B)(19).

A hearing was held regarding the allegations before a hearing examiner. The hearing examiner issued a report and recommendation which concluded that appellant was unable to practice according to acceptable and prevailing standards of care by reason of mental illness or physical illness as used in R.C. 4731.22(B)(19). In her proposed order, the hearing examiner recommended that appellant's license be suspended indefinitely and set forth requirements for appellant to satisfy before consideration of reinstatement of her license.

At its March 10, 1993 meeting, the board considered and adopted the referee's report and recommendation. The board issued an order in accord with the hearing examiner's recommendation which indefinitely suspended appellant from the practice of medicine and surgery in Ohio.

The Franklin County Court of Common Pleas upheld the board's order.

The genesis of appellant's suspension was a fracture she sustained to her right wrist in November 1990. This was her second wrist fracture in less than one year; in March 1990, appellant had fractured her left wrist. Both

fractures resulted from falls while ice skating. Dr. Nice, an orthopedic surgeon, treated appellant for both fractures. Appellant became dissatisfied with Dr. Nice's treatment of her fractures. Appellant's dissatisfaction resulted in a course of behavior between November 1990 and April 1992, which led to her suspension.

Appellant's assignments of error concern her hearing before a board examiner. The board called two expert witnesses to testify at the hearing: Dr. Brook and Dr. Hall. Dr. Brook was the psychiatrist who examined appellant for the board and who concluded that she suffered from paranoid personality disorder. Dr. Hall was the psychologist who examined appellant at Dr. Brook's request and who administered a Rorschach (ink blot) test to appellant. At the hearing it was learned that the board had provided Dr. Brook with its investigative material. Dr. Brook had in turn provided this information to Dr. Hall. While appellant's attorney was able to look through the material at the hearing and cross-examine Dr. Brook in a cursory manner about his reliance on the information, appellant was not allowed to admit the material into evidence and was not given the opportunity to thoroughly review the material.

The present appeal comes to this court pursuant to R.C. 119.12 which governs administrative appeals. A limited standard of review applies to an R.C. 119.12 appeal from a common pleas court judgment to a court of appeals. When considering questions of fact, a court of appeals is limited to determining whether the common pleas court abused its discretion. *In re Raymundo* (1990), 67

Ohio App.3d 262. When considering questions of law, the review is plenary. *Richard W. Liss, M.D. v. State Medical Bd. of Ohio* (Sept. 24, 1992), Franklin App. No. 91AP-1281, unreported (1992 Opinions 4309), citing *Univ. Hosp., Univ. of Cincinnati College of Medicine v. State Emp. Relations Bd.* (1992), 63 Ohio St.3d 339; *In re Raymundo, supra.*

In her first assignment of error, appellant asserts that privilege of confidentiality bestowed upon the board's investigatory files by R.C. 4731.22(C)(1) was waived when the board provided the material to its expert witness and to appellant's attorney.

R.C. 4731.22(C)(1) states in pertinent part: "Information received by the board pursuant to an investigation shall be confidential and not subject to discovery in any civil action." The Ohio Supreme Court has interpreted this language to mean that "such information is to be kept confidential at all times and is not, under any circumstances, including the issuance of a protective order, discoverable in a civil action." *State Med. Bd. of Ohio v. Murray* (1993), 66 Ohio St.3d 527, 536.

As the board has argued, the confidentiality privilege which attaches to its investigative files logically addresses the privacy rights of several groups: investigation witnesses, patients, physicians under investigation, and any other person whose confidentiality right is implicated by a board investigation. The persons who possess the confidentiality privilege must waive the privilege.

The hearing transcript indicates that the investigative file at issue was that generated by the board when it investigated Dr. Nice. There is no evidence in the record that Dr. Nice has waived his confidentiality privilege. Accordingly, the board improperly provided the file to Dr. Brook. Because the confidentiality privilege is not the board's, the board's act of providing the file to Dr. Brook did not waive the confidentiality privilege.

The hearing examiner correctly ruled that the investigative file retained its privileged status. Appellant's first assignment of error is overruled.

In her second assignment of error, appellant asserts that the hearing examiner's refusal to afford appellant a full opportunity to properly confront all of the witnesses against her violated her due process rights. This assertion refers to the hearing examiner's refusal to allow appellant to introduce the investigative file into the evidence and her limited cross-examination of Dr. Brook regarding his reliance on the investigative material.

"Before the state may deprive a person of a property interest, it must provide procedural due process consisting of notice and a meaningful opportunity to be heard." *Ohio Assn. of Pub. School Emp., AFSCME, AFL-CIO v. Lakewood City School Dist. Bd. of Edn.* (1994), 68 Ohio St.3d 175, 176, citing *Cleveland Bd. of Edn. v. Loudermill* (1985), 470 U.S. 532; see, also, *In re Jones* (1990), 69 Ohio App.3d 114 (due process requires that an individual be given

notice and an opportunity to be heard prior to a final administrative agency adjudication.)

In *Lakewood*, *supra*, the court indicated that the opportunity to challenge adverse evidence is a due process requirement for a posttermination arbitration hearing. Logically, the court would reach the same conclusion for a hearing regarding the suspension of a professional license.

In *Market St. Ry. Co. v. Railroad Commission of State of California* (1945), 324 U.S. 548, 65 S.Ct. 761, the court noted that due process "requires that commissions proceed upon matters in evidence and that parties have opportunity to subject evidence to the test of cross-examination and rebuttal." *Id.* at 562.

In *Greene v. McElroy* (1959), 360 U.S. 474, 79 S.Ct. 1400, the court referred to the "relatively immutable" jurisprudence principle "that where governmental action seriously injures an individual, and the reasonableness of the action depends on fact findings, the evidence used to prove the Government's case must be disclosed to the individual so that he has an opportunity to show that it is untrue." *Id.* at 496.

The board improperly provided confidential material to its expert witness, Dr. Brook. However, this did not waive the confidentiality privilege of the material since the privilege was not the board's to waive. Dr. Brook testified that, in a minor way, he relied on the confidential material to form his conclusions. Because appellant was unable to enter the confidential material

into the record or to thoroughly study it and then cross-examine Dr. Brook about his reliance on it, she was denied an essential right to due process.

Appellant's second assignment of error is sustained.

Permitting appellant to review the confidential material, conduct further cross-examination of Dr. Brook on it, and admit it into evidence would only compound the board's error of providing confidential information to an improper person.

This matter is remanded for a new hearing. Appellant's indefinite suspension is to remain in effect. All evidence relied upon to support a conclusion that appellant is unfit to practice medicine or surgery must be in the record. Findings which rely on evidence not in the record are invalid. Specifically, any psychiatric opinion regarding appellant will not be valid unless it is based entirely on evidence in the record.

Appellant's first assignment of error is overruled. Appellant's second assignment of error is sustained. The decision of the Franklin County Court of Common Pleas is reversed and the case is remanded to the medical board for proceedings consistent with this opinion.

Judgment reversed, cause remanded.

PETREE and CLOSE, JJ., concur.

STRAUSBAUGH, J., retired, of the Tenth Appellate District, assigned to active duty under authority of Section 6(C), Article IV, Ohio Constitution.

IN THE COMMON PLEAS COURT OF FRANKLIN COUNTY, OHIO

94APE05 685

RITA M. KRALIK, M.D.,	)	
Appellant,	)	
vs.	)	Case No. 93CVF01-2273
STATE MEDICAL BOARD OF OHIO,	)	Judge Fais
Appellee.	)	

FILED COMMON PLEAS COURT FRANKLIN CO., OHIO 94 MAY 13 PM 4:20 THOMAS J. ENRIGHT CLERK OF COURTS

NOTICE OF APPEAL

Notice is hereby given that Rita M. Kralik, M.D., plaintiff-appellant, hereby appeals to the Court of Appeals of Franklin County, Ohio, Tenth Appellate Judicial District, from the final judgment entered in this action on the 11th day of April, 1994.

Thomas D. Hunter (0014580)
REMINGER & REMINGER CO., L.P.A.
Attorneys for Appellant
505 South High Street
Columbus, Ohio 43215
Telephone: (614) 469-7171

FILED COMMON PLEAS COURT FRANKLIN CO., OHIO 94 MAY -3 PM 3:08 THOMAS J. ENRIGHT CLERK OF COURTS

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a copy of the foregoing Notice of Appeal was served upon the following by United States mail on this 3rd day of May, 1994:

FILED COURT OF APPEALS FRANKLIN COUNTY, OHIO 94 MAY 13 PM 4:21 THOMAS J. ENRIGHT CLERK OF COURTS

Anne C. Berry
Assistant Attorney General
Health & Human Services Section
30 East Broad Street
26th Floor
Columbus, Ohio 43215-3428

Thomas D. Hunter

IN THE COURT OF COMMON PLEAS
FRANKLIN COUNTY, OHIO

RITA M. KRALIK, M.D.,	:	
	:	CASE NO. 93CVF-03-2173
Appellant,	:	
	:	JUDGE DAVID FAIS
vs.	:	
	:	
STATE MEDICAL BOARD OF OHIO,	:	
	:	
Appellee.	:	

18

JUDGEMENT ENTRY

This cause is before the Court upon the appeal, pursuant to R.C. 119.12, of the March 12, 1993 order of the State Medical Board of Ohio. For the reasons stated in the decision of this Court rendered March 3, 1994, and filed March 4, 1994, which decision is incorporated by reference as if fully rewritten herein, it is hereby ORDERED, ADJUDGED AND DECREED that judgment is hereby entered in favor of Defendant, State Medical Board of Ohio, and the March 12, 1993 order of the State Medical Board indefinitely suspending the medical license of Rita M. Kralik, M.D., is hereby affirmed. Costs to Appellant.

DATE

DAVID FAIS, JUDGE

26

APPROVED:

Thomas D. Hunter - as to form only

THOMAS D. HUNTER (0014580)
Reminger & Reminger Co., L.P.A.
505 South High Street
Columbus, Ohio 43215
(614) 469-7171
Counsel for Rita M. Kralik, M.D.

ANNE C. BERRY (0012256)
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Counsel for State Medical Board
of Ohio

anne\kralik.ent

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Services Section

IN THE COURT OF COMMON PLEAS
FRANKLIN COUNTY, OHIO

RITA M. KRALIK, M.D.	]	
Appellant,	]	CASE NO. 93CVF03-2173
vs.	]	
STATE MEDICAL BOARD OF OHIO,	]	JUDGE DAVID FAIS
Appellee.	]	

DECISION

Rendered this 3 day of March, 1994.

FAIS, J.

This matter is before the Court upon appeal of Rita Kralik from an Order of the Ohio State Medical Board ("Board") dated March 12, 1993. That Order indefinitely suspended Appellant's license to practice medicine and surgery. Appellant has brought this appeal pursuant to R.C. 119.12. Counsel for both the Appellant and the Board have submitted briefs and the record of the administrative proceedings below has been filed. The decision in this matter is based upon the arguments of counsel, the record and the applicable case law.

Appellant has raised three assignments of error identified as follows:

A. Denial of due process, opportunity for a fair hearing and a reasonable opportunity to cross-examine witnesses.

B. The State was impermissably allowed to submit reports and answer statements as evidence at the hearing.

C. The decision and order of the Board is not supported by reliable, probative substantial evidence and is not in accordance with law.

Appellant was a practicing physician at Meridian Hillcrest Hospital and Metrohealth Medical Center. The Board, upon receipt of complaints relating to Appellant's behavior, ordered a mental examination. Appellant was evaluated by a Doctor Brook and Thomas Hill, a PHD. The Board suspended Appellant's license after receiving the evaluations and Appellant requested a hearing which was conducted in January of 1993 before a Hearing Examiner for the Board. After that hearing, the Board also gave Appellant an opportunity to orally address the Board in March of 18, 1993. The Board adopted the Hearing Examiner's Report and Recommendation and indefinitely suspended Appellant's license to practice.

Appellant's first assignment of error relates to the refusal to allow investigatory materials to be introduced at the hearing. Counsel for Appellant was given the opportunity to review the materials. Therefore the material was made available, but not admissible. In light of the provisions of R.C. 4731.22(C)(1),which mandates that the information is to be confidential, the Court does not find error in this respect. There is nothing in the record to suggest that Appellant sought to have her experts review any of this information, nor do the opinions of her experts, Mr. Murray and Doctor Gannon, appear to have required such material.

Appellant's second asserted error is based upon admission of hearsay documents. It should be first noted that the hearing afforded Appellant is not subject to the strict rules of evidence. See *Erdeljohn v. Ohio State Pharmacy Board* (1978) 38 Ohio State 21. It is also apparent that any error by admission of the materials was negated by Appellant's opportunity for cross-examination of the declarants at the hearing.

The final assignment of error relates to the sufficiency of the evidence at the hearing and the weight given to the evidence. The Court's role in an appeal under

board are governed by the same standard. *Mofu v. Medical Board* (1984) 21 Ohio App.3d 182. As a part of that review, the Court is to grant due deference to the judgment of the board. There is nothing in the record to support discounting the testimony relied upon by the Board and absent some indication for such, the Court is not entitled to simply substitute its judgment for that of the Board. A review of the letter written to Doctor Nice and Keith, as well as the behavior exhibited at their offices is sufficient to call into question Appellant's mental stability. While Appellant is correct that there was no evidence of substandard patient care, the same issue was before the Board and it was determined that the mental well-being of Appellant was the basis for suspension. Unlike many situations, Appellant practices a profession in which a prophylactic action to assure patient care is a reasonable response.

Upon review of the record and the evidence, it is concluded that the decision of the Board is supported by the evidence and in accordance with law. Counsel for the Board shall prepare a Judgment Entry of Dismissal.

DAVID W. FAIS, JUDGE

Appearances:
THOMAS D. HUNTER, ESQ.
Attorney(s) for Appellant

ANNE C. BERRY, AAG
Attorney for Appellee

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Health & Human Services Section

IN THE COURT OF COMMON PLEAS
FRANKLIN COUNTY, OHIO

RITA M. KRALIK, M.D.	]	
Appellant,	]	CASE NO. 93CVF-03-2173
vs.	]	
STATE MEDICAL BOARD OF OHIO,	]	JUDGE DAVID FAIS
Appellee.	]	

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COMMON PLEAS COURT
FRANKLIN CO., OHIO
93 OCT 28 PM 3:42
CLERK OF COURTS

DECISION

Rendered this 28 day of Oct, 1993,
FAIS, J.

Appellant has filed a Motion For Admission of Additional Evidence by filing dated August 10, 1993. Appellee, The State Medical Board of Ohio ("Board") opposes any admission of the proffered evidence.

Appellant is correct in asserting that R.C. 119.12 grants this Court the latitude to admit additional evidence. That section provides:

> Unless otherwise provided by law, in the hearing of the appeal, the court is confined to the record as certified to it by the agency. Unless otherwise provided by law, the court may grant a request for the admission of additional evidence when satisfied that such additional evidence is newly discovered and could not with reasonable diligence have been ascertained prior to the hearing before the agency.

Courts that have considered the issue of what is newly discovered evidence have consistently concluded that newly discovered implies evidence in existence at the time of the agency's consideration, not that which was created subsequent the agency's review. See *Kelly Med Care, Inc. vs. Ohio State Board of Pharmacy*, Unreported Nos. 1815, 1816, 1817 Fourth District Court of Appeals, Lawrence County, September 22,

The court document for this date cannot be found in the records of the Ohio State Medical Board.

Please contact the Franklin County Court of Common Pleas to obtain a copy of this document. The Franklin County Court of Common Pleas can be reached at (614) 462-3621, or by mail at 369 S. High Street, Columbus, OH 43215.

STATE MEDICAL BOARD OF OHIO
77 South High Street, 17th Floor • Columbus, Ohio 43266-0315 • (614) 466-3934

March 12, 1993

Rita M. Kralik, M.D.
10 River Road, Apt. 18B
Roosevelt Island, N.Y. 10044-1126

Dear Doctor Kralik:

Please find enclosed certified copies of the Entry of Order; the Report and Recommendation of Wanita J. Sage, Attorney Hearing Examiner, State Medical Board of Ohio; and an excerpt of the Minutes of the State Medical Board, meeting in regular session on March 10, 1993, including a Motion approving and confirming the Report and Recommendation as the Findings and Order of the State Medical Board of Ohio.

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

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

THE STATE MEDICAL BOARD OF OHIO

Carla S. O'Day M.D.

Carla S. O'Day, M.D.
Secretary

CSO:em

Enclosures

CERTIFIED MAIL RECEIPT NO. P 055 326 102
RETURN RECEIPT REQUESTED

cc: Thomas D. Hunter, Esq.

CERTIFIED MAIL RECEIPT NO. P 055 326 103
RETURN RECEIPT REQUESTED

Mailed 3/12/93

STATE MEDICAL BOARD OF OHIO
77 South High Street, 17th Floor • Columbus, Ohio 43266-0315 • (614) 466-3934

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 Wanita J. Sage, Attorney Hearing Examiner, State Medical Board; and an excerpt of Minutes of the State Medical Board, meeting in regular session on March 10, 1993, including a Motion approving and confirming the Report and Recommendation as the Findings and Order of the State Medical Board of Ohio, constitute a true and complete copy of the Findings and Order of the State Medical Board in the matter of Rita Marie Kralik, 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.

Carla S. O'Day, M.D.
Carla S. O'Day, M.D.
Secretary

(SEAL)

3/11/93
Date

STATE MEDICAL BOARD OF OHIO
77 South High Street, 17th Floor • Columbus, Ohio 43266-0315 • (614) 466-3934

BEFORE THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF *

*

RITA MARIE KRALIK, M.D. *

ENTRY OF ORDER

This matter came on for consideration before the State Medical Board of Ohio on the 10th day of March, 1993.

Upon the Report and Recommendation of Wanita J. Sage, Hearing Examiner, Medical Board, in this matter designated pursuant to R.C. 4731.23, a true copy of which Report and Recommendation is attached hereto and incorporated herein, and upon approval and confirmation by vote of the Board on the above date, the following Order is hereby entered on the Journal of the State Medical Board of Ohio for the above date.

It is hereby ORDERED that:

1. The certificate of Rita Marie Kralik, M.D., to practice medicine and surgery in the State of Ohio shall be SUSPENDED for an indefinite period of time.

2. The State Medical Board shall not consider REINSTATEMENT of Dr. Kralik's certificate to practice unless and until all of the following minimum REQUIREMENTS are met:

   a. Dr. Kralik shall submit an application for reinstatement, accompanied by appropriate fees.

   b. Within sixty (60) days of the effective date of this Order, or as otherwise approved by the Board, Dr. Kralik shall commence appropriate treatment, as determined by an informed assessment of her current needs. Such assessment and treatment shall be by a psychiatrist or psychiatrists approved in advance by the State Medical Board. The Board's approval or disapproval of any psychiatrist proposed by Dr. Kralik shall be based upon the Board's review of the candidate's credentials and its determination by interview or otherwise the candidate's experience in dealing with paranoid personality disorder and familiarity with developments related to the use of medications in the treatment of such disorder.

Prior to the initial assessment, Dr. Kralik shall provide the approved psychiatrist with copies of the Board's Findings of Fact, Conclusions of Law, and Order in this Matter, and the Board may provide any other documentation from the hearing record which it may deem appropriate or helpful to that provider. Within ten (10) days after completion of the initial assessment, Dr. Kralik shall cause a written report to be submitted to the State Medical Board from the approved psychiatrist, which report shall include:

i. A detailed plan of recommended treatment based upon the psychiatrist's informed assessment of Dr. Kralik's current needs; and

ii. Any reports upon which the treatment recommendation is based, including reports of physical examination and psychological or other testing.

The Board may request additional information as it sees fit.

c. Dr. Kralik shall provide the Board with acceptable documentation evidencing her compliance with the plan of recommended treatment required under paragraph 2.b., above, for a period of at least six (6) months.

d. Dr. Kralik shall provide the Board with a written report by her approved treating psychiatrist indicating that she is currently capable of consistently practicing in accordance with acceptable and prevailing standards of care. Said report shall describe with particularity the bases for this determination and shall set forth any recommended limitations upon Dr. Kralik's practice.

e. Dr. Kralik shall submit to the Board and receive its approval for a plan of practice in Ohio which, unless and until otherwise determined by the Board, shall be limited to a supervised structured environment in which Dr. Kralik's activities will be directly supervised and overseen by another physician approved by the Board. Such practice plan shall also conform to any limitations recommended pursuant to paragraph 2.d., above, and any additional limitations the Board may deem appropriate as a condition for reinstatement.

f. In the event that Dr. Kralik has not been engaged in the active practice of medicine and surgery for a period in excess of two (2) years prior to her application for reinstatement, the Board may exercise its discretion under Section 4731.222, Ohio Revised Code, to require additional evidence of Dr. Kralik's fitness to resume practice.

3. Upon reinstatement, Dr. Kralik's certificate shall be subject to the following PROBATIONARY terms, conditions, and limitations for a period of at least five (5) years:

a. Dr. Kralik shall obey all federal, state, and local laws, and all rules governing the practice of medicine in Ohio.

b. Dr. Kralik shall submit quarterly declarations under penalty of perjury stating whether or not there has been compliance with all the provisions of probation.

c. Dr. Kralik shall appear in person for interviews before the full Board or its designated representative at three (3) month intervals, or as otherwise requested by the Board.

d. In the event that Dr. Kralik should leave Ohio for three (3) consecutive months, or reside or practice outside the State, Dr. Kralik must notify the State Medical Board in writing of the dates of departure and return. Periods of time spent outside of Ohio will not apply to the reduction of this probationary period, unless otherwise determined by motion of the Board in instances where the Board can be assured that probationary monitoring is otherwise being performed.

e. Dr. Kralik shall obtain the Board's prior approval for any alteration to the practice plan which was approved by the Board prior to the reinstatement of her certificate. Dr. Kralik's supervising physician under this practice plan, or another physician approved by the Board, shall monitor Dr. Kralik's progress, status, and patient care, and shall immediately report to the Board any instance of substandard care or any indication that Dr. Kralik is currently unable to practice in accordance with acceptable and prevailing standards of care. In addition, said monitoring physician shall provide the Board with quarterly reports on Dr. Kralik's progress and status. Dr. Kralik shall ensure that said reports are forwarded to the Board on a quarterly basis.

In the event that Dr. Kralik's supervising physician under her approved practice plan and/or her approved monitoring physician becomes unable or unwilling to so serve, Dr. Kralik shall immediately notify the Board in writing, and make arrangements aceptable to the Board for supervision and/or monitoring by another physician as soon as practicable. Dr. Kralik shall refrain from practicing unless and until acceptable supervision and monitoring is in place, unless otherwise determined by the Board.

f. Dr. Kralik shall comply with any and all limitations imposed by the Board as a condition for reinstatement of her certificate pursuant to paragraphs 2.d. and 2.e., above.

g. Dr. Kralik shall continue treatment with a psychiatrist approved by the Board, at such intervals as are deemed appropriate by the treating psychiatrist but not less than once per month, until such time as the Board determines that no further treatment is necessary. To make this determination, the Board shall require quarterly reports from the approved treating psychiatrist. Dr. Kralik shall ensure that these reports are forwarded to the Board on a quarterly basis, or as otherwise directed by the Board. In its discretion, the Board may request additional information from the treating psychiatrist.

h. Dr. Kralik shall provide a copy of this Order to all employers and the Chief of Staff at each hospital where she has, applies for, or obtains privileges.

4. If Dr. Kralik violates probation in any respect, the Board, after giving Dr. Kralik notice and the opportunity to be heard, may institute whatever disciplinary action it deems appropriate, up to and including the permanent revocation of Dr. Kralik's certificate to practice.

5. Upon successful completion of probation, as evidenced by a written release from the Board, Dr. Kralik's certificate will be fully restored, except for any permanent limitations or restrictions the Board deems fit to impose as a condition of release from probation.

STATE MEDICAL BOARD OF OHIO
77 South High Street, 17th Floor • Columbus, Ohio 43266-0315 • (614) 466-3934

Rita M. Kralik, M.D.

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

Carla S. O'Day, MD

Carla S. O'Day, M.D.
Secretary

(SEAL)

3/11/93

Date

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REPORT AND RECOMMENDATION
IN THE MATTER OF RITA MARIE KRALIK, M.D.

The Matter of Rita Marie Kralik, M.D., came on for hearing before me, Wanita J. Sage, Esq., Hearing Examiner for the State Medical Board of Ohio, on October 16 and November 10, 1992.

INTRODUCTION AND SUMMARY OF EVIDENCE

I. Basis for Hearing

A. By letters of June 19, 1992 (State's Exhibit #1), the State Medical Board notified Rita Marie Kralik, M.D., of the summary suspension of her certificate to practice medicine and surgery in Ohio and of her right to request a hearing with regard to the Board's proposal to take disciplinary action based upon alleged violation of Section 4731.22(B)(19), Ohio Revised Code, "inability to practice according to acceptable and prevailing standards of care by reason of mental illness or physical illness, including, but not limited to, physical deterioration that adversely affects cognitive, motor, or perceptive skills."

B. By letter received by the State Medical Board on July 17, 1992 (State's Exhibit #2), Alan T. Radnor, Esq., requested a hearing on behalf of Dr. Kralik.

II. Appearances

A. On behalf of the State of Ohio: Lee I. Fisher, Attorney General, by Susan C. Walker, Assistant Attorney General

B. On behalf of the Respondent: Thomas D. Hunter, Esq.

III. Testimony Heard

A. Presented by the State

1. Rita Marie Kralik, M.D., as on cross-examination

2. Marvin G. Brook, M.D., on direct and on rebuttal

3. Thomas W. Hall, Ph.D., on direct and on rebuttal

4. Rick Radtke, Administrative Director, Department of Orthopedics, MetroHealth Medical Center, Cleveland

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B. Presented by the Respondent

1. Karen DeWeese, R.N.

2. Rita Marie Kralik, M.D.

3. Father John B. Murray, Ph.D.

4. Frederic L. Gannon, M.D.

IV. Testimony Taken by Depostion

A. Presented by the State

1. Frederick T. Suppes, M.D., by deposition taken on September 9, 1992

2. Timothy J. Nice, M.D., by deposition taken on September 9, 1992

3. Nancy J. Borlin, Medical Secretary for Dr. Timothy Nice, by deposition taken on September 9, 1992

4. Michael W. Keith, M.D., by depostion taken on September 9, 1992

B. Presented by the Respondent

1. Edward J. Floyd, D.P.M., by telephone deposition taken on November 9, 1992

2. Joseph A. DiBlasio, M.D., by telephone deposition taken on November 4, 1992

V. Exhibits Examined

In addition to State's Exhibits #1 and #2, noted above, the following exhibits were identified and admitted into evidence in this Matter:

A. Presented by the State

1. State's Exhibit #3: July 22, 1992, letter to Alan T. Radnor, Esq., scheduling the hearing for July 31, 1992.

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2. State's Exhibit #4: Respondent's July 28, 1992, motion for continuance of the hearing scheduled for July 31, 1992.

3. State's Exhibit #5: August 4, 1992, Entry granting Respondent's motion for continuance; rescheduling the hearing for September 16, 1992; denying Respondent's request for permission for Michael C. Felty, Esq., an attorney licensed in Oklahoma, to represent Dr. Kralik before the Board; and addressing Respondent's motions to present evidence by deposition testimony and for production of materials.

4. State's Exhibit #6: State's August 28, 1992, request to take the depositions in lieu of live testimony of Frederick Suppes, M.D.; Timothy Nice, M.D.; Nancy Bodin (sic); and Michael Keith, M.D.

5. State's Exhibit #7: August 31, 1992, Entry granting the State's motion to take the depositions of Dr. Suppes, Dr. Nice, Ms. Bodin, and Dr. Keith.

6. State's Exhibit #8: August 31, 1992, notice of the appearance of Thomas D. Hunter, Esq., as counsel for Dr. Kralik.

7. State's Exhibit #9: Respondent's August 31, 1992, motion for continuance of the hearing scheduled for September 16, 1992.

8. State's Exhibit #10: September 1, 1992, Nunc Pro Tunc Entry, correcting the date stated in the August 31 Entry for the taking of depositions.

9. State's Exhibit #11: September 4, 1992, Entry granting Respondent's motion for continuance and rescheduling the hearing for October 16, 1992.

10. State's Exhibit #12: April 22, 1992, hand-delivered letter to Dr. Kralik from the State Medical Board, ordering her to submit to mental examination on May 1 and May 8, 1992.

11. State's Exhibit #13: Curriculum vitae of Marvin G. Brook, M.D.

12. State's Exhibit #14: Excerpt (pp. 336-339) from the Diagnostic and Statistical Manual of Mental Disorders (Third Edition-Revised) of the American Psychiatric Association (hereinafter referred to as DSM-III-R).

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13. State's Exhibit #14A: Excerpts (pp. xvii-xxvii, xxix, 15-24) from the DSM-III-R.

14. State's Exhibit #15: Curriculum vitae of Thomas W. Hall, Ph.D.

15. State's Exhibit #16: April 14, 1992, report of Rick Radtke, Administrative Director, Department of Orthopedics, MetroHealth Medical Center, with regard to an incident involving Dr. Kralik.

16. State's Exhibit #17: March 18, 1991, letter to the State Medical Board from Dr. Kralik with regard to the care and/or practices of Dr. Tim Nice, Hillcrest Emergency Room, Dr. Wayne Risius, Dr. Paul Forcier, and the secretarial and triage staff of the Department of Orthopedics, Case Western Reserve University.

17. State's Exhibit #18: May 26, 1992, report of Marvin G. Brook, M.D., with regard to his psychiatric evaluation of Dr. Kralik.

18. State's Exhibit #19: May 24, 1992, report of Thomas W. Hall, Ph.D., with regard to his psychological evaluation of Dr. Kralik.

19. State's Deposition Exhibit #1: Curriculum vitae of Frederick T. Suppes, M.D.

20. State's Deposition Exhibit #2: April 17, 1992, letter from Frank L. Lordeman, President, Meridia Hillcrest Hospital, and Frederick T. Suppes, M.D., President, Medical Staff, Meridia Hillcrest Hospital, advising Dr. Kralik of the summary suspension of her medical staff membership and privileges.

21. State's Deposition Exhibit #3: Packet of documents, including: June 10, 1991, letter to the Medical Executive Committee, Meridia Hillcrest Hospital, from Dr. Kralik; September 3, 1991, letter to Dr. Kralik from Dr. Suppes; September 5, 1991, letter to Dr. Suppes from Dr. Kralik; September 9, 1991, letter to Dr. Kralik from Dr. Suppes; September 12, 1991, letter to Dr. Suppes from Dr. Kralik; another September 12, 1991, letter to Dr. Suppes from Dr. Kralik; and April 20, 1992, letter to Dr. Suppes from Dr. Kralik.

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22. State's Deposition Exhibit #3A: October 12, 1991, letter to Dr. Kamionkowski from Dr. Kralik, responding to an inquiry regarding Dr. Kralik's care of a patient.

23. State's Deposition Exhibit #4: May 18, 1992, letter to Meridia Health System from Theodore D. Ward, Esq., requesting a continuance of all hearings with regard to Dr. Kralik's summary suspension.

24. State's Deposition Exhibit #5: Curriculum vitae of Tim Nice, M.D.

25. State's Deposition Exhibit #6: 62-page packet of documents, including: January 8, 1990 (sic), letter to Dr. Nice from Dr. Kralik; March 23, 1990, emergency room and x-ray reports; x-ray reports of March 29, April 4, and April 26, 1990; Dr. Nice's notes from March 23, 1990, through June 9, 1991, with regard to Dr. Kralik; November 5, 1990, letter to Dr. Nice from Dr. Kralik; November 9, 1990, letter to Dr. Robert L. Weinland from Dr. Kralik, regarding an emergency room fee; November 20, 1990, letter to Dr. Nice from Dr. Kralik; another November 20, 1991, letter to Dr. Nice from Dr. Kralik; November 21, 1990, letter to Dr. Nice from Dr. Kralik; November 30, 1990, letter to Dr. Kralik from Dr. Nice; December 2, 1990, letter to Dr. Nice from Dr. Kralik; December 5, 1990, letter to Dr. Nice from Dr. Kralik; December 6, 1990, letter to Dr. Kralik from Meridia Hillcrest Hospital, acknowledging her complaint regarding emergency room care; December 7, 1990, letter to Dr. Nice from Dr. Kralik; December 9, 1990, letter to Dr. Nice from Dr. Kralik; December 11, 1990, letter to Dr. Nice from Dr. Kralik; December 11, 1990, letter to Dr. Kralik from Meridia Hillcrest Hospital, responding to her complaint about emergency room fees; December 11, 1990, note to Dr. Nice from Dr. Kralik; December 13, 1990, letter to Dr. Kralik from the the Emergency Department, Meridia Hillcrest Hospital, advising that Dr. Kralik's bill had been adjusted in April, 1990; December 16, 1990, letter to Dr. Tower from Dr. Kralik; December 17, 1990, letter to Dr. Nice from Dr. Kralik; December 21, 1990, letter to Dr. Nice from Dr. Kralik; January 8, 1991, letter to Dr. Nice from Dr. Kralik; undated letter to Dr. Nice from Dr. Kralik; January 10, 1991, authorization for Dr. Nice to release Dr. Kralik's medical records to Dr. Michael Keith; January 30, 1991, unsigned report to Dr. Nice of a psychological evaluation of Dr. Kralik's letters to him; May 9, 1991, authorization for Dr. Nice to release

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Dr. Kralik's medical records to her attorneys; May 30, 1991, letter to Dr. Nice from Dr. Kralik; September 5, 1991, letter to Dr. Suppes from Dr. Kralik; September 12, 1991, letter to Dr. Suppes from Dr. Kralik; September 13, 1991, letter to Dr. Suppes from Dr. Nice; September 24, 1991, letter to Dr. Botti from Dr. Kralik; materials from Dr. Kralik to "Dr. Not-So-Nice" marked "slipped under door on 10/9/91"; undated memo to Dr. Nice and staff from Dr. Kralik; January 16, 1992, letter to Dr. Nice from Dr. Kralik; February 4, 1992, note to Dr. Nice from Dr. Suppes; April 14, 1992, letter to Dr. Suppes from Dr. Nice; April 14, 1992, incident report of Nancy Borlin; April 14, 1992, incident report of Karen Winn; and April 15, 1992, report of Dr. Nice regarding an encounter with Dr. Kralik's father.

26. State's Deposition Exhibit #7: April 14, 1992, report of Nancy Borlin regarding an incident involving Dr. Kralik.

27. State's Deposition Exhibit #8: Curriculum vitae of Michael Warren Keith, M.D.

28. State's Deposition Exhibit #9: 10-page packet of materials regarding Dr. Kralik, including: August 12, 1991, letter to Dr. Keith from James W. Strickland, M.D., Indiana Hand Center; October 14, 1991, opinion letter to Dr. Kralik's attorney from Francis N. DeLuca, M.D., regarding a review of Dr. Kralik's medical records and correspondence, forwarded to Dr. Keith with hand-written notation by Dr. Kralik; and September 23, 1991, letter to Dr. Keith from Dr. Kralik.

B. Presented by the Respondent

1. Respondent's Exhibit E: Curriculum vitae of Rita M. Kralik, M.D.

2. Respondent's Exhibit F: January 29, 1991, letter from Anthony F. DiMarco, M.D., Case Western Reserve University and MetroHealth Medical Center, in support of Dr. Kralik's application for a training program.

3. Respondent's Exhibit G: February 15, 1991, letter to Dr. Kralik from Dr. Keith, regarding a patient referred to him by Dr. Kralik.

4. Respondent's Exhibit H: March 1, 1991, memorandum to Dr. Keith from Dr. Kralik regarding medical clearance of the referred patient.

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5. Respondent's Exhibit I: Curriculum vitae of Rev. John B. Murray, C.M.

6. Respondent's Exhibit J: July 17, 1992, report of John B. Murray, Ph.D., with regard to a Rorschach test administered to Dr. Kralik.

7. Respondent's Exhibit K: Curriculum vitae of Frederic Laurence Gannon, M.D.

8. Respondent's Exhibit L: August 12, 1992, report of Frederic L. Gannon, M.D., regarding his psychiatric evaluation of Dr. Kralik.

9. Respondent's Exhibit M: October 2, 1992, letter from Stanley P. Ballou, M.D., MetroHealth Medical Center, in support of Dr. Kralik.

10. Respondent's Exhibit N: August 12, 1992, letter from Joseph A. DiBlasio, M.D., in support of Dr. Kralik.

11. Respondent's Exhibit O: September 11, 1992, letter from Rev. Sylvester W. Fridrich, Church of St. Francis of Assisi, in support of Dr. Kralik.

12. Defendant's Exhibit 1: May 21, 1991, letter to Dr. Keith from James W. Strickland, M.D., Indiana Hand Center, with regard to Dr. Kralik.

VI. Other Matters

A. Respondent's Exhibits A and B were not admitted as evidence, but were accepted as proffered evidence. Respondent's Exhibits C and D were identified, but were not offered as evidence.

B. All objections made at depositions taken in this Matter are hereby overruled.

C. The hearing record was held open for submission of written closing arguments by counsel. The arguments of both the State and the Respondent having been received on November 24, 1992, the record in this Matter is deemed closed as of that date.

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FINDINGS OF FACT

1. By Order dated June 17, 1992, the State Medical Board summarily suspended the certificate of Rita Marie Kralik, M.D., to practice medicine and surgery in Ohio. On June 19, 1992, the State Medical Board mailed Dr. Kralik notice of summary suspension and opportunity for hearing, detailing specific allegations.

   These facts are established by State's Exhibit #1.

2. Prior to the summary suspension, by hand-delivered letter dated April 22, 1992, the State Medical Board ordered Dr. Kralik to submit to a mental examination at the offices of Marvin G. Brook, M.D., on May 1 and May 8, 1992, with further sessions and psychological testing to be scheduled as necessary. As reasons for such order, the Board cited two incidents of inappropriate behavior by Dr. Kralik on April 14, 1992, and stated that numerous professional colleagues of Dr. Kralik were of the opinion that she needed psychiatric assistance, based on personal contacts, conversations, correspondence, and observations.

   These facts are established by State's Exhibit #12.

3. In early 1986, Dr. Kralik commenced private practice as an internist, sharing offices in the Hillcrest Medical Building with her father, a general and vascular surgeon. Next to the offices of the Kraliks were the offices of Dr. Timothy Nice, an orthopedic surgeon. At some point before 1990, Dr. Nice became aware that Dr. Kralik was an internist, and began referring patients to her occasionally for medical clearance. Dr. Nice and Dr. Kralik became acquainted, and Dr. Kralik began coming into Dr. Nice's office to visit. Dr. Nice testified that, though Dr. Kralik often came in to talk when he and his office staff were busy, they befriended her and talked to her as much as they could. Dr. Kralik began bringing Dr. Nice diet pop or other small gifts and sending him notes asking him to go ice skating with her. Dr. Nice felt uncomfortable with the notes, which suggested that his wife didn't take good care of him and that he should call Dr. Kralik if he ever wanted to go ice skating with her. He threw the notes away, not wanting his office staff to see them, and let his office staff know that he didn't want Dr. Kralik around so much.

   On Friday, March 23, 1990, Dr. Nice was notified that Dr. Kralik was in the emergency room with a fractured left wrist. He went to the emergency room, casted Dr. Kralik's arm, and saw her the following Tuesday in his office. The fracture was a nondisplaced fracture of the left distal radius in what appeared to be a mildly osteoporotic bone for a patient of Dr. Kralik's age. Dr. Kralik was very unhappy about having to wear a cast, and came to

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Dr. Nice's office at least three times on March 27 and once on March 30, 1990, to complain about it.

On April 4, 1990, less than two weeks after the left wrist fracture, Dr. Kralik came into Dr. Nice's office with x-rays that indicated she had fractured her right little toe. Dr. Nice recommended that she buddy-tape her toes.

The testimony of both Dr. Nice and Dr. Kralik indicated that their physician-patient relationship remained reasonably satisfactory until Dr. Kralik sustained a third fracture in November, 1990. On November 5, 1990, Dr. Kralik walked into Dr. Nice's office without an appointment. X-rays showed that she now had a nondisplaced fracture of the right distal radius, the same type of fracture she had sustained in her left wrist in March. Her right wrist was swollen and tender, and she was already in a splint. Dr. Nice suggested that she should probably keep the splint on for another day or two before he casted her arm. According to Dr. Nice's office notes, Dr. Kralik again objected vehemently to the idea of having her right arm in a cast because she felt she would be unable to work or to write. Dr. Nice indicated that, if she intended to be active, she should have a cast so that the fracture did not displace in view of her osteoporosis.

Apparently, Dr. Kralik was not happy with the treatment she received at Dr. Nice's office on November 5, 1990. That evening, she wrote Dr. Nice an angry letter (State's Deposition Exhibit #6, pg. 13). In that letter, she indicated, among other things, that Dr. Nice's treatment had not been what she would expect of a friend or a doctor, and that he had not provided her with adequate attention or care. Although Dr. Nice's office notes indicated that Dr. Kralik had resisted the idea of casting, her letter castigated him for not having applied a cast. She stated, "I have an extremely swollen painful wrist that is not comfortable in the splint and I need a short term cast--do I have to be my own doctor, my own friend, my own everything?" In addition to expressing anger at Dr. Nice, Dr. Kralik's letter expressed hostility toward Dr. Tozzi, Dr. Stewart, the Hillcrest emergency room, and her father. At one point, Dr. Kralik wrote, "I'm tired of it all--men that just can't get their act together for love or money. I can't walk around with shocking pink or blue I just want to be looked at, cared for, casted for just a short while to protect me from the 'masses.'" She then indicated that she knew something about orthopedics, having attended an orthopedics course in August where she had been casted for "fun." She stated, "The reason I'm in medicine is 'self-defense.' My father goofed so often on me as his 'first' that to survive I've had to learn the business." Near the

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end of this letter, Dr. Kralik stated, "I'm tired, in pain and upset. I've had to find my own pain medication as usual...." This letter was apparently the first in a series of similar letters that Dr. Kralik wrote to Dr. Nice and others.

On November 6, 1990, the day after she wrote this letter, Dr. Kralik returned to Dr. Nice's office, without an appointment, stating that she wanted to have a cast applied. Dr. Nice applied a cast, placing her wrist in approximately 10 degress of palmar flexion and neutral supination and pronation. Dr. Nice noted that Dr. Kralik was obviously unhappy with the cast and the position of her wrist, but he asked her to give it a try and see how she did.

Three days later, on November 9, 1990, Dr. Nice saw Dr. Kralik at the hospital and noticed that she was not wearing the cast. Dr. Nice recorded this meeting in his office notes, as follows: "While I was making rounds at the hospital, I was standing with Dr. Howard Tucker. Rita Kralik passed me, not acknowledging that she saw me. I finally called to her and asked her how she was doing. She said she didn't have time to talk to me, but she had removed her long-arm cast and was going to wear the cock-up splint. I asked her at that point why she hadn't called me, she said she didn't have time to talk and rushed off in a rather hysterical manner again."

According to his office notes, Dr. Nice next saw Dr. Kralik on November 20, 1990. Although she had an appointment for later that day, she came "barging in" to his office while he was seeing other patients. Although Dr. Nice looked at and discussed the x-rays she had brought with her, he asked Dr. Kralik to return at her appointment time. Dr. Kralik refused, stating that she would wait in his waiting room. After sitting only a short time, she left his office, then came back and told him in front of his waiting room full of patients that she was going to see another doctor. Approximately 10 minutes later, Dr. Kralik sent her secretary to Dr. Nice's office to request pain medication and a cast for her. Dr. Nice told the secretary that, at three weeks post-fracture, Dr. Kralik could probably wait until she saw her new doctor for a cast. He did provide a prescription for 30 Tylenol #3 with codeine. Thereafter, that same day, Dr. Kralik wrote Dr. Nice two letters. One of those letters indicated that she would be back at her appointment time, but that he should consider, among other things, that "I'm not your wife--I have to work...; there is no one to support me but me...." The other letter stated, among other things, that she would make an appointment to see another physician if he did not want to take care of her; that she couldn't be "gulping pills and alcohol to exist"; that she needed someone to cast her and write pain medications for her; and that she wanted to be a patient, but always got "I don't care" rather than "patient care."

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At some point in November, 1990, Dr. Nice became aware that Dr. Kralik was contacting other physicians regarding her dissatisfaction with his care. On November 30, 1990, Dr. Nice wrote Dr. Kralik a conciliatory letter, asking her to stop doing so (State's Deposition Exhibit #6, pg. 18). Dr. Kralik responded by letter dated December 2, 1990, in which she stated, among other things, "It's not the bad cast (had carpal tunnel) it's just the lack of sympathy that hurt and the ego that got in the way of believing someone."

Apparently, around that same time, Dr. Nice referred a patient, Mrs. Miracle, to Dr. Kralik for medical clearance. On December 5, 1990, Dr. Kralik wrote Dr. Nice a letter in which she stated, "I'll clear Mrs. Miracle for you but it hurts. Why couldn't you get concerned about my right hand?..." Two days later, on December 7, 1990, Dr. Kralik wrote, "Until I feel better about my wrist and the lack of attention/care that it received...I would appreciate it if you would refer your patients to another internist. My inability to 'communicate' with you is going to interfere with their care. I'll finish Mrs. Miracle." On December 9, 1990, two days later, Dr. Kralik wrote, "Could you please take me off Mrs. Miracle's case? I can't work with you any longer; I'm close to suing you for my hand...It's like you meant subconciously to harm me. I can't work with you any longer. Mrs. Miracle is a complicated case and I wouldn't recommend you to operate on her though I've refrained from saying so to her and her daughter yet...I do not want to deal with anymore of your patients." On December 11, 1990, Dr. Kralik wrote, "I will not be able to clear Mrs. Miracle for you to do surgery. You cannot handle simple problems of casting, carpal tunnel, and follow through with patient care. Mrs. Miracle is a complex patient and may need a cast on her forearm and she may need it to be changed...." In her letter of December 21, 1990, Dr. Kralik stated, "I was extremely scared and I was the patient; not the usual Dr. KRALIK (NO 'C') who takes care of all your 'crazies'...Was thinking that Mrs. Miracle might do better there [Case] as she is complex. Though there is no major medical contraindication to your doing your planned surgery now."

In addition to references to this particular patient, several of Dr. Kralik's letters contained derogatory remarks about Dr. Nice's patients in general. Her letter of December 17, 1990, for example, referred to her giving daily care to "your ridiculous patients." Her May 30, 1991, letter made reference to Dr. Nice's handling "a drooling patient with God-knows what neurological disease" better than he handled her.

Aside from these patient references, Dr. Kralik's letters to and about Dr. Nice contained other repeated themes. One of these was Dr. Kralik's perception that Dr. Nice wished to harm or humiliate her (see, e.g., letters of 11/21/90 to Dr. Nice, 12/9/90 to

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Dr. Nice, and 9/24/91 to Dr. Botti). Many of Dr. Kralik's letters also expressed her perception that she was not treated well because she was a woman. Several of her letters made reference to her use of alcohol in combination with pain medications and/or to her crying and being depressed. In many letters, Dr. Kralik conveyed her perception that she was alone, had to be her own "friend, doctor, everything", and that no one cared enough to help her. Many of her letters made uncomplimentary references to Dr. Nice's wife and his office staff.

Dr. Nice did not see Dr. Kralik as a patient after November 20, 1990. She continued, however, to write him numerous hostile letters through at least January, 1992 (see State's Deposition Exhibit #6). She also telephoned him at home, through his answering service, on Thanksgiving, Christmas Eve, and New Year's Eve, and intruded into his personal life in other ways. On one occasion, when she learned that Dr. Nice was at home sick, she appeared uninvited at his home and walked into his bedroom. Due to the tone of Dr. Kralik's letters to him, Dr. Nice submitted them to a psychologist for evaluation. A January 30, 1991, opinion letter from the psychologist (State's Deposition Exhibit #6, pp. 39-40) confirmed Dr. Nice's impression that Dr. Kralik's letters evidenced a very obvious psychiatric disturbance.

These facts are established by State's Deposition Exhibit #6, the testimony of Dr. Nice (9/9/92 Depo. Tr.), and the testimony of Dr. Kralik (Tr. at 37-39).

4. Following the termination of her patient relationship with Dr. Nice, Dr. Kralik sought treatment from Dr. Michael Keith, an orthopedic surgeon specializing in hand surgery. Dr. Keith was associated with Case Western Reserve University, where Dr. Kralik had attended medical school. Dr. Kralik had not met Dr. Keith prior to the establishment of their physician-patient relationship.

Dr. Kralik first saw Dr. Keith on November 23, 1990. At that time, she complained primarily of pain in the area of her recent right wrist fracture. She indicated that she had had a lot of difficulty convincing Dr. Nice of the severity of her problem. Dr. Keith testified that, as he listened to her medical history, examined her x-rays, and examined her wrist, he felt that her fracture was not a difficult one to manage and that she had received good care from Dr. Nice. The fracture was in good alignment, and Dr. Keith felt casting to be the only treatment needed.

Dr. Keith testified that Dr. Kralik was far from a compliant patient. She presented many complaints, which he listened to and tried to investigate. She did not like the cast he asked her to

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have, and she removed the brace that he tried instead. When he asked her to exercise her fingers, she exercised her thumb and removed the splint. Dr. Keith found Dr. Kralik very difficult to communicate with, as she was fixed on her own interpretation of what was wrong and in endless pursuit of the "correct" answer for her problems of pain and the fracture. She seemed very obsessed with certain measurements made on x-rays to determine small angular changes in alignment of the joint surface to the axis of the radius. At one point, Dr. Keith told her that he felt her concern was overconcern, that further treatment was not necessary, and that she would recover without any of the operations she proposed that he do for her. When she began removing the brace and using her hand in her practice every day, Dr. Keith recommended that Dr. Kralik obtain another opinion because she was not following his advice. Dr. Kralik indicated that she had sought several other opinions and had been dissatisfied with every other doctor with whom she had had contact. Dr. Keith subsequently learned of contacts that she made with the Chief of Orthopedics at University Hospital, physicians at the Mayo Clinic, and several other physicians and institutions of reknown in the United States. He learned about such contacts only when he received letters from them. Dr. Keith continued to try to treat Dr. Kralik, and consistently advised against her having surgery to change the angles that she thought were abnormal in her radius. At one point, Dr. Keith agreed to explore the extensor tendon of Dr. Kralik's thumb, but Dr. Kralik proceeded to set so many preconditions that Dr. Keith felt it would be impossible to perform an operation to her satisfaction.

During the course of their physician-patient relationship, Dr. Keith also became very concerned about Dr. Kralik's vacillation between anger and friendliness. Dr. Keith felt that Dr. Kralik was probably not satisfied with his care in view of the fact that she was receiving advice from so many other physicians, yet at the same time she would be friendly and almost personal with him. Although Dr. Kralik would not accept his recommendations without verifying them with another physician or through her own reading, she asked him to take care of her and referrred patients to him. Dr. Keith felt that Dr. Kralik's actions were contrary to what he was experiencing in managing her fracture. Feeling confused and uncomfortable with their physician-patient relationship, Dr. Keith finally told Dr. Kralik that he could not continue treating her, as he felt that her mailing him copies of book chapters and journal articles and proposing that he do operations on her was interfering with his judgment. At that point, Dr. Keith felt that no further treatment of her fracture was required, as all her fractures were healed and there was no tendon rupture or other complications. In his opinion, Dr. Kralik interpreted minor problems as major issues, blaming her "hand condition" for her inability to get into a

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residency program, go into the military, play the harp, etc. Dr. Keith felt that Dr. Kralik's complaints were disproportionate to the amount of pathology in her wrist.

At one point, Dr. Keith tried to talk with Dr. Kralik's parents about what he recognized as "more than an average fracture problem." Although her father advised Dr. Keith to mind his own business, Dr. Kralik's mother visited Dr. Keith. Dr. Kralik was not aware of this visit. Dr. Keith indicated to Mrs. Kralik that, in his opinion, Dr. Kralik needed ongoing psychological or psychiatric counseling to help her control her pain. During the course of their discussion, Mrs. Kralik indicated that Dr. Kralik had always been that way; she didn't trust men in general, and it was difficult for her to deal with men. Dr. Keith suggested that a female physician or a psychologist might be better able to deal with Dr. Kralik's problems.

As with Dr. Nice, Dr. Kralik also wrote numerous letters to Dr. Keith, whom she had not met before November 23, 1990. A physician opinion letter to Dr. Kralik's attorneys (State's Deposition Exhibit #9, pp. 3-5) indicated that, between December 4, 1990, and May 21, 1991, Dr. Kralik wrote Dr. Keith at least 20 letters. The 1992 report of Marvin G. Brook, M.D. (State's Exhibit #18) indicated that Dr. Keith had 50 to 75 letters and notes written to him by Dr. Kralik. Although only a September 23, 1991, letter from Dr. Kralik to Dr. Keith was submitted as evidence, Dr. Keith testified that some of Dr. Kralik's letters pertained to new discoveries in the medical literature or her progress with other physicians; others were tirades against the University or men in general. At times, Dr. Kralik would accuse Dr. Keith of bad medical care, often apologizing within the same letter. Dr. Keith described these letters as "very disjointed."

In addition, Dr. Kralik made numerous phone calls to Dr. Keith. When Dr. Keith told Dr. Kralik that he couldn't return so many calls and stopped calling her back, she started calling other people to complain about his not returning her calls, including the head of quality assurance at University Hospitals, Dr. Keith's department chairman at the hospital, Dr. Keith's secretary, and the Administrative Director of the Department of Orthopedics at MetroHealth Medical Center. On one occasion, Dr. Kralik called Dr. Keith's answering service six times between 1:00 A.M. and 8:00 A.M., leaving instructions that he wasn't to be informed of her calls, that she just wanted to call. When Dr. Keith did take Dr. Kralik's calls, they seldom resolved her concerns; most phone conversations ended by Dr. Kralik's slamming down the phone. In fact, Dr. Kralik usually broke off conversations with Dr. Keith's secretary and almost everyone else who tried to talk with her by slamming the phone down. (See, also, September 9, 1991, letter of Dr. Suppes, State's Deposition Exhibit #3.)

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As previously mentioned, while Dr. Kralik was still his patient, Dr. Keith occasionally received reports from other physicians with whom she had consulted. One of these was James W. Strickland, M.D., of the Indiana Hand Center. On May 21, 1991, Dr. Strickland wrote to Dr. Keith, recommending exploratory surgery to discover the cause of a palpable enlargment over Dr. Kralik's extensor pollicis longus tendon at the carpometacarpal joint level. At that time, there was weakening of the extensor pollicis longus, and Dr. Kralik lacked 30 degrees of IP joint extension. Dr. Kralik did not have the recommended surgery. She returned to see Dr. Strickland in August. On August 12, 1991, Dr. Strickland wrote a second letter to Dr. Keith. Upon re-examination, Dr. Strickland had discovered that Dr. Kralik's extensor pollicis longus function had largely returned, and that she demonstrated the ability to extend her IP joint to at least neutral. In his August, 1991, letter, Dr. Strickland indicated that Dr. Kralik's behavior at her return visit led him to believe that she had severe emotional and psychiatric problems, and that her extreme anger and hostility were the main contributors to the chronic discomfort she expressed, which appeared to be totally out of proportion to any deformities in her wrist. Dr. Strickland wrote: "She vented tremendous hostility and anger and was unable not to reflect on her past treatment for more than one or two minutes before again expressing her hostility. In truth she was semi-hysterical and stated repeatedly that she intended to rebreak her wrist. She also made several semi-suicidal statements and stated that she 'felt like Gilda Radner.' She states that she spends her entire day trying to get her wrists out or 'disimpacted.'" Dr. Strickland indicated that he felt that Dr. Kralik's only possibility for improvement would be through psychiatric care, but that she seemed to be dead set against that approach.

Subsequently, Dr. Kralik forwarded Dr. Keith an October 14, 1991, opinion letter from Francis N. DeLuca, M.D., who had reviewed medical records pertaining to Dr. Kralik for Dr. Kralik's lawyers. Dr. Kralik had written a note to Dr. Keith at the top of this letter, indicating her outrage at the idea that she had caused the tendon problem. Dr. DeLuca's letter mentioned that, in two of Dr. Kralik's letters to Dr. Keith, Dr. Kralik had admitted to abusing or injuring her extensor pollicis longus tendon by pulling on it. In Dr. DeLuca's opinion, none of the physicians' care had caused Dr. Kralik to develop tendon problems.

These facts are established by State's Deposition Exhibit #9, Defendant's Exhibit #1, and the testimony of Dr. Keith (9/9/92 Depo. Tr.).

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5. Throughout the time that Dr. Kralik was consulting with Dr. Keith and other physicians, she continued to complain in letters to Dr. Nice and others about her previous care. On March 18, 1991, Dr. Kralik wrote a letter to the State Medical Board. Although Dr. Kralik complained primarily about Dr. Nice's care in this letter, she included complaints about the Meridia Hillcrest Emergency Room, Dr. Wayne Risius, and Dr. Paul Forcier. Dr. Kralik's account of Dr. Nice's care was obviously inconsistent with Dr. Nice's office notes. In addition, Dr. Kralik blatantly misrepresented a situation involving a $208.00 fee from the Meridia Hillcrest Emergency Room. In her March, 1991, letter to the Board, Dr. Kralik stated the following as a reason for not having sought care at the emergency room in November, 1990: "I did not want to be running in and out Hillcrest E.R. as when I'd used the facility last March I was charged $208.00 to meet a physician for a cast (nothing else was done and I was casted in a conference room). I went back and argued the charge but BC/BS paid it and Bev McCarthy [sic] at Hillcrest said that that was the charge and the insurance companies were paying it. Not wanting to repeat arguments and poor care I waited until Monday...." In fact, Beverly G. McCarty, Director, Emergency Department, Meridia Hillcrest Hospital, had responded quite differently to Dr. Kralik's fee complaint. Dr. Kralik had written a letter of complaint about the $200.00 facility fee on November 9, 1990 (State's Deposition Exhibit #6, pg. 14). She received responses from the President of Meridia Hillcrest (pg. 21), the Director of the Department of Emergency Medicine (pg. 28), and Ms. McCarty (pg. 30). Ms. McCarty's letter of December 13, 1990, reminded Dr. Kralik that, when they had discussed Dr. Kralik's concerns regarding this charge in April, 1990, her bill had been immediately adjusted to $45.00; that bill had been paid in full and Dr. Kralik's account had shown a zero balance since May, 1990. In her December 21, 1990, letter to Dr. Nice, Dr. Kralik expressed awareness of the information provided by Ms. McCarty, stating: "Until today no one told me that they reversed the charges on the $208.00 bill--not that it matters now. At that time it was the way they charged...I'm happy to use the ER if they show a little 'caring.' But it is hard to be a patient and keep running back there, and be single and in pain...." Nevertheless, as evidenced by her letter to the State Medical Board and several subsequent letters (e.g., 9/23/91 to Dr. Keith), Dr. Kralik apparently continued to perceive that she had been "ripped-off" by the Hillcrest E.R.

These facts are established by State's Exhibit #17 and State's Deposition Exhibits #6 and #9.

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6. On June 10, 1991, Dr. Kralik wrote a letter of complaint about Dr. Nice's care to the Medical Executive Committee of Meridia Hillcrest Hospital. In this letter, Dr. Kralik indicated that Dr. Nice had inadequately treated all three of her fractures in view of the osteoporotic nature of her bones. She felt that Dr. Nice should have referred her to a hand surgeon after casting her wrist fractures and to a podiatrist for care of her toe fracture. Dr. Kralik advised the Executive Committee: "There is no way that collegiality among the Medical Staff will be good when you cannot get even a referral from a colleague, when it appears that the colleague is trying to 'harm' you, when the male ego prevents adequate care of a female physician. There is no way that a male colleague would have been treated as I was and it thought 'funny'...."

   Dr. Kralik also advised the Medical Executive Committee that Dr. Nice should have suspected her low bone density from her family history. In addition, she stated that a workup at the Mayo Clinic had disclosed low bone density in the area of her fractures; her wrists specifically had half the bone density that they should have at her age. In fact, Dr. Nice's office notes indicated that he had discussed Dr. Kralik's concerns about osteoporosis with her on both March 27 and April 4, 1990. Dr. Kralik had indicated to him that she had inherited this condition from her mother. However, according to the letter of Dr. DeLuca, who reviewed Dr. Kralik's medical records for her attorneys, Dr. Kralik told the physician who took her medical history at the Mayo Clinic that she had suffered from anorexia nervosa (which can lead to irreversible osteoporosis); bone testing done at that Clinic was positive for osteopenia, but negative for osteoporosis (see State's Deposition Exhibit #9, pg. 4).

   These facts are established by State's Deposition Exhibits #3 and #9.

7. On or about October 11, 1991, Dr. Kralik received a quality assurance inquiry from Meridia Hillcrest Hospital with regard to her care of a patient. On October 12, 1991, Dr. Kralik wrote a letter of response to Dr. Kamionkowski. In this three-page letter, Dr. Kralik initially indicated that part of the problem regarding this chronic, bedridden patient was the reluctance of him and his wife to do anything aggressive. She then stated, "The initial H & H was overlooked probably because at the time I was walking around with severe pain from a Colles' fracture that was negligently cared for by Dr. Nice and Dr. Risius (Geauga)." She then proceeded to detail her grievances against Dr. Nice, Dr. Risius, Dr. Forcier, the Hillcrest Emergency Room (again mentioning the $200.00 charge), Meridia Hillcrest Hospital, Dr. Botti, Dr. Anscheutz, Dr. Tozzi, her father, University

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Orthopedics, and the Chief of Staff at Geauga Hospital, before again mentioning the patient-subject of the quality assurance inquiry. Dr. Kralik indicated that none of those people had cared enough to provide her adequate help, that certain physicians had felt her situation was a joke, and that it had been "all that I could do to keep my mind together for those three weeks." She then returned briefly to a discussion of her care of the patient in question, indicating, "Things should have been ordered sooner but it is difficult to arrange things for patients when one is walking around with an uncasted fracture that two orthopedics have 'abandoned.'" She then reverted to detailing her problems with her pain and fracture and with various institutions and individuals. Among other things, she indicated that she could not be expected to function as a patient advocate and push for prompt care for an elderly, bedridden patient when she could not obtain decent care for herself.

These facts are established by State's Deposition Exhibit #3A.

8. On April 14, 1992, at approximately 10:00 A.M., Dr. Kralik entered the offices of Dr. Nice and stormed up to the open, sliding-glass window behind which Dr. Nice's medical secretary, Nancy Borlin, sat. Dr. Kralik shook her finger in Ms. Borlin's face and launched into a complaint about the pain and suffering she had endured due to Dr. Nice's treatment. Dr. Kralik then turned to the patients in the waiting area and told them that they should get another physician because Dr. Nice had "ruined" her. Dr. Kralik then left. A few minutes later, she returned to make further derogatory remarks about Dr. Nice and his office help. At that point, the patients asked Dr. Kralik to leave. As she was leaving, she patted one patient on his shoulder and suggested that he leave. The patient stood up and escorted Dr. Kralik out.

   These facts are established by the testimony of Ms. Borlin (9/9/92 Depo. Tr.), the testimony of Dr. Nice (9/9/92 Depo. Tr. at 22-24), State's Deposition Exhibits #6 (pp. 57-59) and #7.

9. Later that morning of April 14, 1992, Dr. Kralik called the office of Dr. Keith at MetroHealth Medical Center, informing his secretary that she was in her car and on her way to his office. Dr. Keith's secretary explained that Dr. Keith was in surgery that day and would be unable to meet with her. Dr. Kralik insisted on coming to his office anyway, stating that she would wait until Dr. Keith could see her. At that point, Dr. Keith's secretary notified Rick Radtke, the Administrative Director of the Department of Orthopedics, that Dr. Kralik was on her way. Mr. Radtke called Dr. Keith, who was in the operating room, and relayed the conversation Dr. Keith's secretary had had with Dr. Kralik. The

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testimony conflicted about Dr. Keith's response to this information; however, Mr. Radtke had refreshed his memory prior to his testimony by reading a report he had prepared at the time of the incident, while Dr. Keith testified from unaided memory approximately five months after the fact. Dr. Keith testified that his secretary had called him in the operating room to relay the information about Dr. Kralik's impending arrival, and that he had told her he could not leave his operation in progress but would talk with Dr. Kralik if she wanted to wait. Mr. Radtke testified, however, that Dr. Keith had told him that Dr. Kralik was no longer his patient, that he had so notified her in writing, and that he had no intention of meeting with her, upon the advice of his attorney, but would speak with her on the phone if Mr. Radtke required any help or support.

Dr. Kralik arrived at Dr. Keith's office at MetroHealth Medical Center at approximately 11:15 A.M. Dr. Keith's secretary again explained that Dr. Keith was in the operating room and unable to meet with her, but Dr. Kralik insisted on waiting. She was taken to a conference room. Mr. Radtke went to the conference room, introduced himself, and again explained Dr. Keith's position. Dr. Kralik became hysterical, and refused to leave. Although Mr. Radtke told Dr. Kralik that she could talk to Dr. Keith by phone, she refused to do so. Several times during their conversation, Dr. Kralik banged her wrists on the conference table in an apparent attempt to break them. Mr. Radtke told Dr. Kralik that he would have to call security to escort her out. Dr. Kralik stated that that would be fine and that she wished security would "break her wrists" so she could get some attention for her medical problem. Mr. Radtke called security and requested a plain-clothes sergeant. After the sergeant arrived, he also attempted to talk with Dr. Kralik, with the same result. Dr. Kralik refused to leave and told the sergeant that she "wanted her wrists broken or just to be left there to die." After some time, Dr. Kralik picked up her jacket and purse and left the conference room, announcing that she was going to lock herself into one of the physicians' offices. Mr. Radtke and the security officer followed Dr. Kralik into the office and again asked her to leave the premises. She again refused. Eventually, three security guards arrived with a wheelchair to escort her off the premises. At that point, Dr. Kralik became almost uncontrollable, spilling the contents of her purse all over the office. She was restrained by the security officers, placed in the wheelchair, and escorted out of the hospital. A few minutes later, Dr. Kralik called from her car phone to inform them that she had left her watch in the office. The watch was later mailed to her.

These facts are established by the testimony of Mr. Radtke (Tr. at 181-188), the testimony of Dr. Keith (9/9/92 Depo. Tr. at 16-18), and State's Exhibit #16.

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10. By letter dated April 17, 1992, signed by the President of the Hospital and the President of the Medical Staff, Dr. Kralik was informed that her Medical Staff membership and privileges at Meridia Hillcrest Hospital were summarily suspended, effective April 18, 1992, until psychiatric evidence of her mental capability to practice medicine could be provided. The letter stated, "This decision has been slowly and carefully determined based on your behavior the past years."

    These facts are established by State's Deposition Exhibit #2.

11. Frederick T. Suppes, M.D., President of the Medical Staff at Meridia Hillcrest Hospital, testified with regard to his participation in the decision to summarily suspend Dr. Kralik's hospital privileges. Dr. Suppes indicated that the hospital administration had been concerned about Dr. Kralik's mental condition for approximately one year before the summary suspension of her privileges. Her increasingly frequent and inappropriate letters, telephone calls, and personal confrontations had caused considerable concern as to her mental stability. In Dr. Suppes' opinion, Dr. Kralik's communications demonstrated a considerable amount of paranoia. Dr. Kralik had sent letters to the Medical Executive Committee and to various medical staff members at the hospital regarding her dissatisfaction with the treatment of her fracture. Dr. Suppes stated that Dr. Kralik had seemed "extremely preoccupied" with her wrist condition to the point where her energies were almost totally consumed by her concerns about it. While Dr. Suppes felt that it would be reasonable for a physician to be concerned about losing the use of one or both wrists, he felt that the degree of Dr. Kralik's concern had been unreasonable. Dr. Suppes specifically cited Dr. Kralik's October 12, 1991, letter to Dr. Kamionkowski, in response to a quality assurance inquiry on a patient, as a cause for concern about Dr. Kralik's mental condition. Dr. Suppes stated that it was not unusual for a physician to receive a quality assurance inquiry. The concern in this case arose from the reasons Dr. Kralik stated for delaying treatment of a patient, which included problems with her wrists, the failure of different physicians to treat her wrists properly, and a lack of understanding by her father. In Dr. Suppes' opinion, the amount of attention in Dr. Kralik's letter to her wrist condition and her inability to receive adequate treatment from her peers for it sounded quite paranoid. Dr. Suppes indicated that the hospital administration had been discussing action in Dr. Kralik's case before the April 14, 1992, incident in Dr. Nice's office occurred. That incident, however, precipitated the summary suspension action. At that point, Dr. Suppes, Dr. Kralik's Department Chairman, the President of the Hospital, and the Meridia

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System Attorney felt that Dr. Kralik needed psychiatric help and that it was not safe to have her in the hospital taking care of patients. They agreed that her privileges should be summarily suspended.

These facts are established by the testimony of Dr. Suppes (9/9/92 Depo. Tr.) and State's Deposition Exhibits #2 through #3A.

12. On May 1 and May 8, 1992, Dr. Kralik reported to Marvin G. Brook, M.D., for mental examination as ordered by the Board. Dr. Brook saw Dr. Kralik for a double session of one hour and 40 minutes on May 1 and for a single session of 50 minutes on May 8. On May 19, 1992, Dr. Kralik reported to Thomas W. Hall, Ph.D., for psychological testing. Dr. Hall saw Dr. Kralik for approximately 35 minutes and administered a Rorschach test.

These facts are established by the testimony of Dr. Brook (Tr. at 63-64) and the testimony of Dr. Hall (Tr. at 165-167).

13. Dr. Brook testified on behalf of the State, both as Dr. Kralik's evaluating psychiatrist and as an expert in psychiatry (see curriculum vitae, State's Exhibit #13). Prior to his examination of Dr. Kralik, Dr. Brook had reviewed various materials provided by the State Medical Board, including investigative reports and the materials contained in State's Deposition Exhibits #6 and #9.

Based on his total of two and one-half hours of interviews with Dr. Kralik and his review of the materials provided by the State Medical Board, Dr. Brook formulated a working diagnosis with regard to Dr. Kralik of paranoid personality disorder. He then referred Dr. Kralik to Thomas W. Hall, Ph.D., for psychological testing to confirm his diagnosis. Dr. Brook did not request specific tests, but told Dr. Hall that he was interested in getting a picture of Dr. Kralik's ego functioning level.

Dr. Hall administered a Rorschach test to Dr. Kralik, and submitted a written report to Dr. Brook. Dr. Hall's findings were consistent with Dr. Brook's diagnosis.

Dr. Brook reviewed Dr. Hall's report, as well as relevant portions of the DSM-III-R, prior to issuing his report of evaluation for the State Medical Board. Although Dr. Brook's written report to the State Medical Board stated paranoid personality disorder as a "working diagnosis," Dr. Brook testified that his use of that term merely reflected his own tendency to approach things in a cautious way; in view of the definition of "working diagnosis" in the DSM-III-R, he would restate his report to reflect that paranoid personality disorder was his "diagnosis." Dr. Brook stated that paranoid personality disorder could be difficult to diagnose

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without extrinsic data because individuals with this disorder often present stories that are well-organized, believable, and well-articulated. He was confident of his diagnosis in this case, however, as he had more data than usual.

Although Dr. Brook made reference to the diagnostic criteria set forth in the DSM-III-R (see State's Exhibit #14) in explaining paranoid personality disorder, he cautioned that these criteria are only guidelines. Dr. Brook classified Dr. Kralik's disorder as severe mental pathology. The ego functioning of persons with paranoid personality disorder is basically defective or deficient, and their thinking processes can become disordered to the point where their judgment is severely affected. Dr. Brook explained the elements of the term "paranoid personality disorder." "Paranoid" refers to the perception of one's self and the experiencing of life as being persecuted, abused, harmed, harrassed, deceived, or exploited by others or the world at large. "Personality" refers to one's patterns of behavior and character traits. "Disorder" means either that the individual's functioning is significantly affected or that the individual is experiencing significant subjective distress.

Dr. Brook testified that certain patterns of behavior are typical of individuals with paranoid personality disorder. In their relationships or contacts with other individuals and/or organizations, they often have difficulties that are perceived, rather than inherent in the situation. Persons with this disorder are often under acute distress and experience a painful state so intensely that it becomes important to them to struggle aggressively in return. They feel demeaned or taken advantage of, and they fight back with vigor to save their own dignity and self-respect. They cannot just "make their point" and go on. They often put inappropriate thoughts into action because of their crucial need to defend themselves. Individuals with paranoid personality disorder do not always appear abnormal. In fact, such individuals function well in situations where others go along with their demands or they have built up a certain kind of relationship. They often present more effectively than most, as their minds are extremely well-organized and, though their thinking processes are disordered, their absolute belief in whatever their minds have organized gives them a certainty that can be very convincing and charismatic. This same certainty often makes individuals with paranoid personality disorder order reluctant to seek help for problems. While they may well seek counseling to learn how to deal with a world they see as not treating them right, they do not generally seek help because they see themselves as having a significant problem or feel that they need to learn to deal with their own impulses in order to deal with the world in a more reasonable, appropriate way (cf. Dr. Kralik's 12/17/90 letter to

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Dr. Nice, "I'm still crying to a therapist because I need to see how I can act more aggressively to get care...."). Feelings of desparateness are typical in individuals with paranoid personality disorder of an intense nature, and they have a stronger inclination toward suicide than ordinary persons. As long as they can get away with accusations and counterattacks, they achieve a certain level of stability. If their process of charging their aggression toward others is interfered with, however, their need to ward off depression, hurt, humiliation, and degradation by other means might drive them to resort to aggressive action, including suicide. Individuals with such disorder definitely need psychiatric treatment, though there is a fair prognosis at best (see Tr. at 157-159). In Dr. Brook's opinion, the record with regard to Dr. Kralik amply supported the diagnosis of paranoid personality disorder.

Per his written report, Dr. Brook found evidence of depressive outlook, obsessional thinking, hypochondriacal focus, and significant narcissistic attitude on the part of Dr. Kralik. In addition, he found that she saw herself as being persecuted, abused, and harmed, with little current objective justification for such outlook.

Many of Dr. Brook's findings were based upon the letters of Dr. Kralik and the reports of other physicians. Dr. Brook was unable to elicit any history or background information from Dr. Kralik during their sessions. At their initial interview, Dr. Brook told Dr. Kralik that she was not required to talk about specific subjects or aspects of her life if she chose not to, but that it would be helpful to his evaluation if she did. Dr. Kralik remained extremely guarded and hostile throughout her interviews with Dr. Brook. She expressed strong negative feelings toward him and indicated that others had tried to take advantage of her. Though she would not talk about her past or her personal life, she talked at length about her wrist injuries and the poor care she had received for her fractures. No matter what Dr. Brook asked, Dr. Kralik's response focused on the harm done to her. In Dr. Brook's opinion, she was "inescapably preoccupied" with such concerns. She was certain about her having been harmed by the treatment she had received, and couldn't accept the possibility that she hadn't been harmed, neglected, or abused. Dr. Brook noted that Dr. Kralik had been examined by a series of specialists whose reports did not indicate that she had been harmed by the treatment she had received or wouldn't have healed satisfactorily if she had left her wrists alone. While there was no distinct reason for Dr. Kralik's belief that someone was harming her, her letters to various individuals demonstrated a preoccupation with "getting even" and warding off perceived harm-doers to an extent indicative of a paranoid state. She had written Dr. Nice letters to complain

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bitterly, months after she had left his care. She had written to others, complaining about Dr. Nice's care, months after the fact. She had also accused a whole series of other individuals of neglecting or harming her in connection with her fracture, including Dr. Risius, Dr. Forcier, emergency room personnel at Hillcrest, the triage staff at University Hospitals, and Dr. Keith.

In Dr. Brook's opinion, Dr. Kralik's perception of being persecuted or abused was not confined to issues involving the care of her 1990 injuries. He indicated that her letters and other evidence demonstrated a pattern of perceived abuse dating back to at least medical school and possibly to childhood. In her letters to various people, Dr. Kralik made numerous inappropriate, negative references to her parents, mainly her father. Her mother told Dr. Keith that Dr. Kralik had always had trouble trusting and dealing with men. Dr. Kralik's September 23, 1991, letter to Dr. Keith (State's Deposition Exhibit #9, pp. 6-10) detailed incidents where she felt she had been harrassed, humiliated, deceived, abused, or abandoned during medical school, her one-year residency in Rhode Island, her two-year residency at Metro, and her five-month locum tenens in Hawaii. Dr. Brook acknowledged that he did not know the actual facts with regard to these incidents, but stated that a number of them seemed so minor that most people would "go ahead with business;" yet, Dr. Kralik's letter indicated that she was still taking them seriously. Some of the incidents she related (e.g., "...couldn't get health care while I was at Metro for two bouts of pneumonia, one of food poisoning") suggested that her conclusions differed from reality. Dr. Brook stated that such evidence, aside from issues involving her fractures, indicated a long-standing pattern of perceived persecution in a variety of contexts, the essential criteria in diagnosing paranoid personality disorder.

Dr. Brook also found evidence that Dr. Kralik's severe mental pathology severely affected her judgment at times. In his opinion, the inappropriateness of her October 12, 1991, response to a quality assurance inquiry (State's Deposition Exhibit #3A) illustrated severly affected judgment; due to her inescapable preoccupation with her own suffering or perceived suffering, she obviously had a hard time recognizing the problem to be addressed.

In Dr. Brook's opinion, such preoccupation would interfere with Dr. Kralik's ability to practice medicine consistently in accordance with acceptable and prevailing standards of care. Dr. Brook stated that, in order to provide adequate patient care, a physician must be able to listen, ask questions, do tests, rule out certain diagnoses, reach reasonable conclusions, and follow up on those conclusions. When Dr. Kralik's mind was seized with an inescapable preoccupation, it would be very difficult for her to

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give patients the kind of attention needed for reasonable care. Dr. Kralik would, however, be able to operate on a quite different, much higher, level at times. She would be able to attend to patients, life, and meeting others in a reasonable way sometimes.

In addition to Dr. Brook's concern about Dr. Kralik's ability to consistently provide adequate attention to patients, he felt it conceivable that she could get into a situation where a patient became involved in her persecutory symptoms. Because individuals with paranoid personality disorder are prone to retaliatory action, which they perceive as self-defense, Dr. Brook felt that there was a great probability, though not a high one, that Dr. Kralik would resort to aggressive action if she saw a patient as giving her a hard time or persecuting her. The nature of such action would be of great concern, as a physician is in a relationship of trust with a patient and has access to instruments and drugs. Dr. Brook cited the incidents at the offices of Dr. Nice and Dr. Keith in April, 1992, as examples of the type of aggressive action of which Dr. Kralik was capable due to perceived physical and emotional suffering. In his opinion, she could go much further when treated in a less courteous, reasonable way. Dr. Brook noted that patients are often more demanding, as well as more vulnerable.

Dr. Brook also felt that there was a very significant probability that Dr. Kralik could resort to aggressive action against herself. He felt that she was often pushed to a very desperate state, which recurred and increased as the years went on. Her desparateness had apparently grown with the real injury she had experienced. Dr. Brook expressed concern that, if the State Medical Board interfered with Dr. Kralik's process of charging her aggression toward others, she might resort to aggressive action, including suicide, as a means of warding off depression, hurt, and humiliation. Dr. Brook noted that the letters and documents he had reviewed indicated that Dr. Kralik had in the past self-inflicted harm. During the incident in Dr. Keith's office, she had pounded her wrists on a table, and another physician had described her causing herself harm by pulling at her wrist and rubbing it against the cast. (See, also, State's Deposition Exhibit #9, pp. 1 and 6-10.)

In Dr. Brook's opinion, to a high degree of medical probability, Dr. Kralik lacks the ability to practice medicine according to acceptable and prevailing standards of care by reason of mental illness that adversely affects her perceptive skills, particularly her thinking skills which include judgment. Due to her inescapable preoccupation at times with what has happened or is happening to her, it would be difficult for her to consistently give a reasonable amount of attention and thought to problems brought by patients, especially in the case of patients who did not present a

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clear story. In Dr. Brook's opinion, there is also a fair probability that patients would become involved in her persecutory symptoms. There is perhaps a greater danger of potential suicide. In Dr. Brook's opinion, Dr. Kralik should be under intensive psychiatric care with a physician qualified to treat paranoid personality disorder.

These facts are established by the testimony of Dr. Brook (Tr. at 53-159); the testimony of Dr. Hall (Tr. at 159-180); State's Exhibits #13, #14, #14A, #15, #18, and #19; and State's Deposition Exhibits #6 and #9.

14. Both the testimony and the report of Thomas W. Hall, Ph.D., who administered a Rorschach test to Dr. Kralik on May 19, 1992, indicated that the degree of guardedness exhibited by Dr. Kralik throughout their interview was abnormal. She remained extremely anxious and tense throughout, and was barely able to comply with the test. In Dr. Hall's opinion, her inability to respond to the Rorschach test situation in a more controlled, appropriate manner was striking and in itself indicative of significant personality difficulties and impaired functioning. Her test responses were consistent with this view. Her small total of responses (21) and her shifting, evasiveness, and uncertainty when responses were questioned reflected massive and disorganized defensiveness against self revelation. The content of her responses was also consistent with defenses of intellectualization, displacement, and avoidance. In Dr. Hall's opinion, Dr. Kralik's responses on the Rorschach test indicated that she was able to present herself in a conventional and self-controlled manner only under circumstances that were clear-cut, structured, and familiar. Stress and emotional arousal would lead to deterioration in functioning, including loose thinking, rigid defenses with impaired reasoning, poor judgment, and social inappropriateness. Dr. Hall did rule out active psychosis on the basis of Dr. Kralik's Rorschach result. He found her behaviors consistent with either a borderline personality disorder or a paranoid personality disorder. He did not consider it necessary to reach a specific diagnosis, as Dr. Brook was the primary evaluator.

Dr. Hall testified that the interpretation of the Rorschach is subjective, and many factors can influence the results, including the individual's state of mind when taking the test and the examiner's manner. The examiner should introduce the test in a deliberately unstructured, ambiguous way to assure that what is elicited comes from the subject and is not determined by the examiner. In Dr. Hall's opinion, it would be improper professional practice to administer the Rorschach to a personal friend, as the relationship could influence responses. Dr. Hall also indicated

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that readministration of the Rorschach within a certain period of time would eliminate the elements of novelty and ambiguity and could skew evaluation of the results.

These facts are established by the testimony of Dr. Hall (Tr. at 159-180) and State's Exhibits #15 and #19.

15. On July 17, 1992, approximately two months after the Rorschach test administered by Dr. Hall, Dr. Kralik took another Rorschach test, administered by Rev. John B. Murray, Ph.D. Dr. Murray's findings differed markedly from those of Dr. Hall.

Although Dr. Murray had not met Dr. Kralik as an adult before the summer of 1992, he was a long-time, personal friend of Dr. Kralik's mother. Mrs. Kralik brought Dr. Kralik to see Dr. Murray in New York. At Dr. Murray's invitation, Dr. Kralik started visiting him about every other day. They had casual conversations, and Dr. Murray considered Dr. Kralik a friend to whom he offered support and help. He did not counsel, evaluate, or treat Dr. Kralik as he would a patient, and obtained no extensive history. He talked with Dr. Kralik's mother in a social context about Dr. Kralik's licensing problems in Ohio, but was not told anything particular or private by Dr. Kralik.

Dr. Murray did not recall exactly how many times Dr. Kralik had visited him before he administered the Rorschach. He felt that it was important, however, to establish rapport with any subject prior to administering such test. Although Dr. Kralik testified that she had requested Dr. Murray to readminister the Rorschach test (Tr. at 279-281), Dr. Murray testified that he had had to "sell her on the idea" of retaking it because she had been defensive about the test due to her previous experience with it. Dr. Murray had encouraged her to retake it as a means of helping her to know herself a little better. He thought that it had been around her second or third visit that she had agreed to try it.

In Dr. Murray's opinion, the fact that he was a long-time friend of Dr. Kralik's mother and had a personal relationship with Dr. Kralik would not invalidate the Rorschach results. He also felt that paranoid traits were easy to spot in administering the Rorschach, and the validity of the results would not depend upon whether or not he had reviewed background information regarding Dr. Kralik. Dr. Murray disagreed with Dr. Hall's view that the interpretation of the Rorschach is subjective. In Dr. Murray's opinion, Rorschach results are objectively quantified with scores assigned to different responses. Dr. Murray stated that he had been sure before he administered the Rorschach test that Dr. Kralik was normal, and the test results had confirmed that opinion. In his conversations with her and in her responses on the Rorschach

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test, he had found no indication of mental pathology or anything that would adversely affect her ability to practice medicine. In fact, in Dr. Murray's opinion, her test responses had indicated that she was a normal, well-adjusted person who loved people and responded warmly to them. Dr. Murray's written report of the Rorschach he administered to Dr. Kralik (Respondent's Exhibit J) also reflected that opinion.

Although Dr. Murray testified that he had administered the Rorschach to Dr. Kralik in the standard way, his report raises questions about that statement. At the beginning of his report, Dr. Murray stated that Dr. Kralik's normal number of responses (29) indicated that she was a well-adjusted person. Later in the report, he indicated that they had agreed in advance that three responses to each of the ten plates would be sufficient. Despite this apparent inconsistency, the balance of Dr. Murray's report reflected that he considered the content of Dr. Kralik's responses, as well as the number, in interpreting her test.

Dr. Murray did not consider it unusual that Dr. Kralik responded quite differently on the Rorschach he administered than she did on the Rorschach administerd by Dr. Hall. In his opinion, one could not expect to get a "true picture" of someone who was taking the test "under the gun." He felt that the establishment of rappport and the administration of the test in a relaxed setting were necessary to elicit free, creative responses.

These facts are established by the testimony of Dr. Murray (Tr. at 307-358) and Respondent's Exhibits I and J.

16. Dr. Hall testified on rebuttal that forensic psychology is a subspecialty of his, and he regularly performs forensic evaluations. Dr. Hall stated that, in a forensic setting, a workable relationship is generally established, but there is almost never rapport between the psychologist and the person being evaluated because the person is not there voluntarily and is worried about the psychologist's opinion affecting his or her legal outcome. Those factors are taken into consideration in performing forensic evaluations. Dr. Hall took such factors into consideration in administering the Rorschach to Dr. Kralik and in evaluating the results.

Dr. Hall acknowledged that the results of the Rorschach administered by Dr. Murray indicated that Dr. Kralik exhibited a higher level of functioning and more appropriate behavior during that administration than when he had observed her. He felt it

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reasonable to conclude that Dr. Kralik was able to function more appropriately under familiar circumstances where she felt less threatened.

These facts are established by the testimony of Dr. Hall (Tr. at 416-427).

17. Frederic L. Gannon, M.D., testified on behalf of Dr. Kralik, both as her evaluating psychiatrist and as an expert in psychiatry (see curriculum vitae, Respondent's Exhibit K). Dr. Kralik was referred to Dr. Gannon by Dr. Murray. Dr. Gannon saw Dr. Kralik in New York on July 20 and July 22, 1992, for purposes of psychiatric evaluation. Dr. Gannon did not review any collateral information with regard to Dr. Kralik prior to issuing his report of evaluation on August 12, 1992 (Respondent's Exhibit L). After issuing his report, Dr. Gannon saw Dr. Kralik on seven occasions between October 5 and November 3, 1992, for purposes of both evaluation and psychotherapy. He also reviewed materials provided by Dr. Kralik's attorneys, including letters, medical records, and hearing transcripts. Dr. Gannon testified that his diagnosis with regard to Dr. Kralik had not changed since July, 1992. Dr. Gannon found no evidence of any personality disorder or other psychopathology that would negatively affect Dr. Kralik's ability to practice medicine.

In Dr. Gannon's opinion, the events that occurred over the two-year period from early 1990 to early 1992, and resulted in the summary suspension of Dr. Kralik's Ohio medical license, were the result of a transitory, reversible, reactive upset on the part of Dr. Kralik. He found no evidence of maladaptive behavior patterns prior to 1990. Dr. Gannon stated that he had met with members of Dr. Kralik's family, including her parents and two of her brothers, in an effort to get a comprehensive history of what had gone on with Dr. Kralik, particularly developmentally, but had learned nothing to indicate that Dr. Kralik had a history of maladaption prior to the onset of her injuries in 1990. Dr. Gannon also stated that Dr. Kralik had no history of psychiatric or psychological treatment prior to 1990; however, Dr. Kralik's September 23, 1991, letter to Dr. Keith (State's Deposition Exhibit #9, pp. 6-10) indicated that she had "tried to get help" during her third and fourth years of medical school (pg. 7), had been required to undergo a "psych evaluation" where she was supposed to have been "stress tested" during her acting internship in Pediatrics (pg. 8), had been required to repeat a month of her psychiatry rotation (pg. 8), had "tried several times to talk to psychologists to 'work it out'" during her residency at Metro (pg. 9), and was upset that her parents were not interested enough to go to talk to the "present psychologist" with her (pg. 10). Dr. Gannon indicated that he was aware that Dr. Kralik had perceived difficulties during

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her residencies in Rhode Island and at Metro, but stated that he had no knowledge of any documented difficulties during those times. He believed that her difficulties in those places had been adaptive, and not unusual for a woman professional trying to negotiate a position for herself in contemporary professional life.

Dr. Gannon also testified that, in his sessions with Dr. Kralik, he found no evidence of depressive outlook, abnormal obsessional thinking, or suicidal ideation. To the contrary, he found that Dr. Kralik exhibited optimism, affirmation of life, and a view of the future. Dr. Gannon stated that he would certainly not challenge the veracity of the statement in Dr. Strickland's letter to Dr. Keith (State's Deposition Exhibit #9, pp. 1-2) that Dr. Kralik had made several semi-suicidal statements in August, 1991; however, Dr. Gannon had explored such issues in detail and had found no indication of self-destructiveness or suicidal ideation. Dr. Gannon made no mention of Dr. Kralik's own statements in her letter to Dr. Keith (State's Deposition Exhibit #9, pp. 6-10) that she "would like to hurt myself again" and that she would like to "pull the bone apart or rebreak it--for the pain."

Dr. Gannon acknowledged that persons with paranoid personality disorder could "quiet down" in situations where they were more in control, relaxed, and not in crisis. He was certain, however, that Dr. Kralik could not have hidden any such disorder from him. He stated that their sessions had been too intense to have enabled her to disguise paranoid personality disorder. Dr. Gannon described their current therapeutic relationship as supportive, ventilatory, and exploring, but indicated that he had been very challenging and assertive toward her during their first two meetings. He felt that Dr. Kralik's trust in him and indications of transference precluded paranoid personality disorder, which is characterized by manipulative mistrustfulness. When Dr. Gannon was told that Dr. Kralik had earlier testified that she was seeing him only to satisfy State Medical Board requirements, he stated that one would get a different impression from being with her. He felt that she understood, but couldn't be expected to articulate, that they were talking not so much about issues with the Board, but about a larger sense of her life and where she is going.

Dr. Gannon stated that Dr. Kralik had disclosed the events leading up to her summary suspension to him, though she did have some memory deficits about them due to her upset at the time. Dr. Gannon felt that Dr. Kralik's anger during the time period in question had built from her feelings that she was getting substandard medical care, suffering delayed healing and possible residual complications as a result. At the same time, she was becoming aware of her vulnerability due to osteoporosis. In an

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upset state, she went about trying to get medical care in a very assertive, admittedly undiplomatic fashion. Dr. Gannon did not consider Dr. Kralik's behavior, under the circumstances, to constitute evidence of unfitness or inability to practice according to acceptable and prevailing standards of care. Dr. Gannon felt that Dr. Kralik had learned from her experience and would not likely repeat it. In his opinion, Dr. Kralik would not require ongoing supervision or monitoring by a psychiatrist if she were permitted to practice medicine. He did state, however, that she would benefit from ongoing psychiatric or psychological care and management, not to prevent difficulties, but to help her address the issues currently facing her and to enhance her life.

These facts are established by the testimony of Dr. Gannon (Tr. at 361-413), Respondent's Exhibits K and L, and State's Deposition Exhibits #6 and #9.

18. Marvin G. Brook, M.D., testified on rebuttal that paranoid personality disorder could be hidden from a psychiatrist, not only deliberately, but also nondeliberately. Dr. Brook stated that individuals with this disorder have a prudence at times which enables them to examine a situation and to decide how much to share and not to share. Also, though paranoid personality disorder involves character traits of the personality, those traits can be modified under certain circumstances, such as when others are supportive or comforting. Things can also go on in the mind that allow disorders, even more severe, delusional ones, to shift or change temporarily.

Dr. Brook disagreed with Dr. Gannon's conclusion that there was no evidence of maladaptation prior to Dr. Kralik's 1990 injuries. Dr. Brook felt that this conclusion was suspect, insofar as it was based upon Dr. Gannon's interviews with Dr. Kralik's parents and siblings, who might want to protect her. In Dr. Brook's opinion, Dr. Kralik's letters evidenced maladaption earlier in her development. He cited as evidence of such, her repeated negative comments about her father and her letter to Dr. Keith detailing difficulties with perceived abuse dating back to medical school and residency (see State's Deposition Exhibits #6 and #9). Dr. Brook acknowledged that Dr. Kralik's subjective responses or letters, written after the time of her 1990 injuries, constituted the primary evidence of earlier maladaptation.

These facts are established by the testimony of Dr. Brook (Tr. at 428-444).

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19. Dr. Kralik presented herself well the second day of hearing. At one point, however, when asked about the three fractures she had sustained in 1990, she replied, "I'm not supposed to talk about them." (Tr. at 302). On both the first and second days of hearing, her testimony contradicted statements she had made in earlier letters to various physicians. She admitted, but sought to justify and minimize, certain inappropriate behaviors with regard to Dr. Nice and Dr. Keith. She attributed the findings of Dr. Brook and Dr. Hall to unfavorable circumstances and unfair methods of evaluation. Her testimony displayed not only internal inconsistencies, but also inconsistencies with certain statements of Dr. Murray and Dr. Gannon, who testified on her behalf.

Dr. Kralik stated unequivocally that she had voluntarily seen Dr. Murray, a psychologist, and Dr. Gannon, a psychiatrist, only so that they could adequately evaluate her for "your (State Medical Board) purposes." Dr. Murray testified that he had not had a psychologist-patient relationship with Dr. Kralik and had not evaluated her except by giving the Rorschach test and observing her in casual conversations. He also stated that he had had to "sell her on the idea" of retaking the Rorschach test (see Finding of Fact #15, above). Dr. Kralik testified, however, that Dr. Murray had worked with personality disorders, had tried to assess her, and had also repeated the Rorschach at her request after getting to know her. She stated that she had asked for the retest because she hadn't felt good about having done poorly on the Rorschach Dr. Hall had administered under conditions which she had considered unfair because of Dr. Hall's failure to establish rapport. Dr. Kralik indicated that Dr. Murray had not thought that she needed psychiatric care, but had referred her to Dr. Gannon to see if Dr. Gannon could "help the situation." She stated that she had continued to see Dr. Gannon so that he could give a report to the Board and do a good job of it. She had "responded openly" to Dr. Gannon's questions because she had realized that he might be called to testify. Dr. Gannon, who testified later, indicated that he believed that Dr. Kralik realized that their ongoing psychotherapeutic relationship was about more than satisfying Board requirements (see Finding of Fact #17, above).

When asked about prior psychological or psychiatric treatment or counseling, Dr. Kralik at first denied that she had ever been in counseling or treatment prior to 1992. After conferring with her attorneys, however, Dr. Kralik indicated that she had misundersood the time frame of the question and stated that, concomitant with her fractures, she had seen a psychologist for help in dealing with the extra stresses that the fractures had placed upon her practice. She denied any psychological or psychiatric treatment prior to her 1990 fractures. As previously mentioned, however, Dr. Kralik's

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September 23, 1991, letter to Dr. Keith (State's Exhibit #9, pp. 6-10) indicated that she had been required to undergo psychiatric evaluation during medical school, and had "tried several times to talk to psychologists" prior to 1990.

Dr. Kralik described her relationships with both Dr. Nice and Dr. Keith as "very difficult situations." She stated that it was difficult to be a personal friend of a physician and to get care from him at the same time. She felt that colleague relationships were stressful enough, and having them be responsible for one's care added to the stress. She stated that, in the future, she would separate her personal and her professional care relationships. She later testified, however, that she had not known Dr. Keith before becoming his patient. Dr. Kralik stated that she had not been satisfied with the care of either Dr. Nice or Dr. Keith. Although she felt that there had not been much that Dr. Keith could do, since her fracture had been previously mishandled by Dr. Nice, her problems with Dr. Keith had started "day one" because he had casted her without first checking an x-ray. She also thought that Dr. Keith had been unhappy that three physicians had said surgery was indicated, when he had felt that was a "diagnostic decision" and had known that she did not want surgery. Dr. Keith testified, however, that Dr. Kralik had constantly urged him to perform various surgeries that she felt would improve the alignment of her fracture (see Finding of Fact #4, above).

Dr. Kralik admitted that she had sent letters both to Dr. Nice and Dr. Keith, but could not recall how often or how many. She also admitted that she had made phone calls to both physicians, but could not recall how often or how many. She stated that she had not called Dr. Nice often because she had usually just stopped by his office to try to tell him what was wrong, and she had called Dr. Keith only with regard to her fracture care.

Dr. Kralik admitted that Dr. Nice had no longer been her attending physician when she had gone to his office on April 14, 1992. She stated that she did not recall specific details about the incident in his office that day. Her only intent had been to tell him that things were still not going well due to his improper initial care. She had not intended to threaten or intimidate either Dr. Nice or his staff. She felt that they had felt threatened only because she had expressed things that they had not wanted to hear regarding her dissatisfaction with Dr. Nice's care.

Dr. Kralik denied that Dr. Keith had ever formally terminated their care arrangement. She admitted that she had not had an appointment when she went to Dr. Keith's office on April 14, 1992, but stated that she had met him before on a semi-informal basis when she had

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experienced problems. Dr. Kralik also admitted that Mr. Radtke had told her that Dr. Keith did not want to see her, and had asked her to leave. She stated, however, that she had felt she had significant problems that Dr. Keith needed to see and the non-medical staff simply did not understand the situation. At one point, Dr. Kralik testified that she had needed to see Dr. Keith that day because she had been having "new symptoms" of nerve irritation in her hand. She then stated that she had been having such symptoms for four months and wanted to tell Dr. Keith that, if he wouldn't order an EMG, she would seek consultation elsewhere. She then said that she had wanted to see Dr. Keith in order to achieve an amicable understanding and closure in their relationship (Tr. at 46-48). Dr. Kralik claimed that she had offered to leave voluntarily before security personnel put her in a wheelchair and removed her from the building. She denied that she had asked them to break her wrists. She claimed that she had only been trying to tell them that they might rebreak her bones if they "came at her." She also denied having dumped her purse, claiming that it had fallen when three people had come at her. Dr. Kralik stated that the situation had been "uncalled for." It seemed serious to her that security personnel would "go after a physician's arms," which are the physician's means of making a living.

Dr. Kralik was asked about her references to a patient, Mrs. Miracle, in letters to Dr. Nice. Although Dr. Kralik's letters do not so indicate, she claimed that she had been trying to convey the concerns of the patient's family that the procedure proposed by Dr. Nice was inappropriate for what the patient needed from the surgery. Dr. Kralik stated that her letters to Dr. Nice had been private letters, not meant to be part of any medical record. She had tried to express private concerns to keep certain disagreements out of the medical records (Tr. at 260-271). She later stated that her personal letters to Dr. Nice had been attempts to get his attention and make him sit down and discuss things with her (Tr. at 304-305). She said that she had written similar letters to Dr. Keith after her fracture care went wrong because he also didn't spend a lot of time trying to discuss her long, difficult situation.

Dr. Kralik's testimony with regard to her interviews with Dr. Brook and Dr. Hall indicated that she considered both their manner and the circumstances under which she saw them, to be unconducive to accurate evaluation. She stated that she had not been comfortable or relaxed with Dr. Brook. She had not felt good about being ordered to see a psychiatrist. She had felt her problem to be orthopedic, not psychiatric, and had seen Dr. Brook's evaluation as another degree of complexity being introduced into an already difficult orthopedic situation. Not only had it been a difficult year, with difficult orthopedic care, but also she had not known

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Dr. Brook and had become worried when she could not find out from her friends how he practiced in the Cleveland area. Dr. Kralik felt that Dr. Brook had been "fairly antagonistic" during their interviews. He had not seemed to want to develop rapport, even though he was going to make a career-affecting decision. Dr. Kralik also felt it obvious that the information provided to Dr. Brook by the State Medical Board had limited his line of questioning. Dr. Kralik stated that, when she had later been ordered to see Dr. Hall, she had felt that he was not going to help an already difficult situation. She had also developed no rapport with Dr. Hall. She had not known who he was, and she had known nothing about his training or the kind of psychology he practiced. He had given her the Rorschach without first discussing what he was going to do or the purpose of the test. She felt that he had misinterpreted just about everything she had said. In Dr. Kralik's opinion, it is difficult for a psychologist to evaluate a physician because they do not have the same training. She felt that, if Dr. Hall had known anything about her, he might not have misinterpreted her responses. She felt that the number of anatomical responses she had given could have been attributed to the fact that she had been doing patient care and looking at x-rays that day, as well as the fact that medical illustration was an avocation of hers. Dr. Kralik stated that the questions and demeanor she had wanted from Dr. Brook and Dr. Hall were only what any patient would have wanted. She felt that they should have told her a little about themselves, then asked something about her, before they "started in on her." The testimony and reports of both Dr. Brook and Dr. Hall, however, indicated that Dr. Kralik had been unwilling to provide personal information about herself (see Findings of Fact #13 and #14).

Although Dr. Gannon found Dr. Kralik to have a "view of the future," Dr. Kralik testified that she had no definite plans for the future because of "these hearing proceedings." She also stated that she was "still waiting on maybe a year more of healing and some assessment from my current orthopedic physician," though she had earlier testified that her wrists were now "fine." Dr. Kralik indicated that she would eventually like to return to patient care. She stated that she loved dealing with patients and did not find it stressful; stress came from interacting with other physicians or people who didn't do things in the excellent fashion in which she would like to see them done. She also indicated that she liked research and would like to get more training so that she could write papers and delve into problems more deeply.

These facts are established by the testimony of Dr. Kralik (Tr. at 23-52, 222-306).

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20. Dr. Kralik, who is Board certified in internal medicine, was engaged in private practice prior to the suspension of her medical license and hospital privileges. Many of her patients were elderly medical and surgical patients with multiple problems. Dr. Kralik sometimes made house calls when patients could not get to the office. Dr. Kralik saw approximately 15 to 20 patients per day, two and one-half days per week. In addition to her office practice, she worked part-time at an urgent care facility and often performed surgical assistance for her father and other surgeons at Geauga Hospital. Dr. Kralik is currently residing with a brother in New York.

    These facts are established by the testimony of Dr. Kralik (Tr. at 23-26, 222-240) and Respondent's Exhibit E.

21. Karen DeWeese, R.N., worked in the offices of Dr. Kralik and her father three to four days per week during the time period in question. She has known Dr. Kralik for approximately eight years. Ms. DeWeese testified that she saw no change in Dr. Kralik's manner of dealing with office staff or patients after her wrist fractures. In Ms. DeWeese's opinion, Dr. Kralik was always an extremely conscientious, thorough, diligent, and caring physician. She felt that Dr. Kralik took each patient on a personal level, delving into their cases and working with them as much as she could in treatment. Ms. DeWeese stated that Dr. Kralik often made house calls and even got medications from the pharmacy for patients who could not come to the office. In addition, she sent flowers, birthday cards, and birthday cakes to hospitalized or special patients. Ms. DeWeese stated that she enjoyed working with Dr. Kralik. Ms. DeWeese was aware that Dr. Kralik's license had been suspended, but was not aware of the reasons for that action.

    These facts are established by the testimony of Ms. DeWeese (Tr. at 199-212).

22. Edward J. Floyd, D.P.M., testified that Dr. Kralik had come to his office in late 1991 because she was still having problems with a toe she had fractured a number of months earlier. Although the fracture was basically healed, she experienced persistent swelling and pain in her toe. Dr. Floyd stated that Dr. Kralik did not require a lot of care, but required a considerable amount of explanation of simple things. Dr. Kralik came to his office many times and also made some phone calls with concerns. He treated her over a period of six to eight months, injecting the toe a few times, until it eventually got to the point where Dr. Kralik felt her toe was the way she wanted it. Dr. Floyd stated that Dr. Kralik was not a typical patient, as she was very knowledgeable. She also had some problems with osteoporsis which required a significant amount of explanation. She had a number of

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opinions regarding ways to hasten recovery and make the toe as normal as possible. Dr. Floyd found it necessary to explain why certain things were or were not done in dealing with the type of fracture and the symptoms Dr. Kralik had. However, once he worked with her and explained the process and treatment plan, he found her to be very compliant with everything he asked her to do. Dr. Floyd stated that he had never had reason in his dealings with Dr. Kralik to become concerned about her mental health or stability. Further, she had referred a number of patients to him for foot care, and none of them had expressed concerns about such things.

These facts are established by the testimony of Dr. Floyd (11/9/92 Depo. Tr.).

23. Joseph A. DiBlasio, M.D., a specialist in general surgery, testified that he had known Dr. Kralik for approximately four years. Their professional relationship involved joint care of patients where they provided consultation services for each other. Dr. Kralik also provided surgical assistance for him. Dr. DiBlasio stated that he had had opportunity to observe the way Dr. Kralik dealt with and cared for patients. In his opinion, she did a very good job and was able to deal with difficult medical problems in an incisive, compassionate, and thorough manner. Dr. DiBlasio saw no change in the quality of Dr. Kralik's care in early 1992. He stated that she remained active in patient care and provided good care at that time. Dr. DiBlasio also saw no indication that Dr. Kralik was having problems with her wrists at that time. During early 1992, Dr. DiBlasio saw Dr. Kralik a couple of times per week, sometimes for as much as an hour or two in the operating room.

An August 12, 1992, letter from Dr. DiBlasio was submitted as evidence. This letter also reflected Dr. DiBlasio's high opinion of Dr. Kralik's professional abilities.

These facts are established by the testimony of Dr. DiBlasio (11/4/92 Depo. Tr.) and Respondent's Exhibit N.

24. In addition to the letter of Dr. DiBlasio, three other letters were submitted on behalf of Dr. Kralik. A January 29, 1991, letter from Anthony F. DiMarco, M.D., MetroHealth Medical Center, was written in support of Dr. Kralik's application for a training program. Although Dr. DiMarco recommended Dr. Kralik highly, his letter did not indicate the nature or extent of his professional contacts with her. Dr. Kralik trained at MetroHealth Medical Center, but held privileges only at Meridia Hillcrest Hospital and Geauga Hospital.

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An October 2, 1992, letter from Stanley P. Ballou, M.D., MetroHealth Medical Center, indicated that Dr. Ballou had limited contacts with Dr. Kralik. Based on his recollection of her as an intelligent and competent resident and his several phone discussions of patient care matters with her, Dr. Ballou stated that Dr. Kralik seemed to be very highly regarded by her patients and committed to high quality, comprehensive, compassionate patient care.

A September 11, 1992, letter from Rev. Sylvester W. Fridrich indicated that he had found Dr. Kralik to be sensitive and perceptive in discussing his personal medical problems with him. She had noted an abnormal blood count on one of his lab reports and had urged him to bring it to the attention of his treating physician.

These facts are established by Respondent's Exhibits E, F, M, and O.

CONCLUSIONS

The testimony and evidence presented in this Matter substantially support a conclusion that the acts, conduct, and/or omissions of Rita Marie Kralik, M.D., as set forth in the above Findings of Fact, constitute "inability to practice according to acceptable and prevailing standards of care by reason of mental illness or physical illness, including, but not limited to, physical deterioration that adversely affects cognitive, motor, or perceptive skills", as that clause is used in Section 4731.22(B)(19), Ohio Revised Code.

The psychiatric opinions presented in this Matter conflicted. While both experts appear to have excellent credentials, the opinion of Dr. Brook must be considered more reliable than that of Dr. Gannon. Both experts agreed that Dr. Kralik was not psychotic or delusional. Yet, in forming his opinion, Dr. Gannon disregarded Dr. Kralik's own statements in her numerous letters to various physicians, as well as other extrinsic evidence. He apparently relied exclusively on what Dr. Kralik and her family chose to reveal to him in his sessions with them. Dr. Kralik admittedly saw Dr. Gannon for the sole purpose of obtaining a favorable evaluation to rebut Dr. Brook's findings. Dr. Gannon's statement that he found no evidence of depressive outlook, abnormal obsessional thinking, self-destructiveness, or suicidal ideation in his sessions with Dr. Kralik may be perfectly accurate, but it does not reflect the basis for a valid psychiatric opinion in view of the extrinsic data available. As indicated by Dr. Brook, Dr. Kralik's statements in her letters to Dr. Nice, Dr. Keith, and others certainly evidence depressive outlook, abnormal obsessional thinking, and self-destructiveness. The reports of disinterested physicians such as

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Dr. Strickland and Dr. DeLuca (State's Deposition Exhibit #9) also provide evidence of such symptoms. Dr. Strickland reported that Dr. Kralik had made semi-suicidal statements in August, 1991; Dr. Gannon discounted that statement because he had not found similar evidence. In Dr. Gannon's opinion, there was also no evidence of long-term maladaption, and Dr. Kralik's inappropriate acts and communications from early 1990 to early 1992 were the result of a transitory, reversible upset confined to a particular circumstance, namely her fracture problems. This opinion also disregards Dr. Kralik's numerous letters, making negative references in inappropriate contexts to her father and detailing perceived abuses and persecutions throughout medical school and postgraduate training. Dr. Gannon acknowledged that Dr. Kralik had perceived difficulties during her medical training, but characterized these difficulties as adaptive. That interpretation seems incompatible with Dr. Kralik's own interpretation of such events, as set forth in her September 23, 1991, letter to Dr. Keith (State's Exhibit #9, pp. 6-10). Dr. Brook found Dr. Kralik's statements in that letter and others to constitute significant evidence of long-term maladaption in a variety of contexts. It is noted that the reliable hearsay statement of Dr. Kralik's mother to Dr. Keith, that Dr. Kralik had "always been that way" and had trouble trusting and dealing with men in general, would also support Dr. Brook's finding of long-term maladaption.

Dr. Brook's opinion, that Dr. Kralik suffers from paranoid personality disorder, is fully supported by his analysis of the extrinsic evidence, as well as by the direct observations of Dr. Brook and Dr. Hall. Dr. Brook indicated that extrinsic data is valuable in diagnosing paranoid personality disorder, as such disorder can otherwise be difficult to detect due to the ability of individuals with this disorder to present themselves in a credible way. Dr. Kralik's self-serving accounts of well-documented incidents and her characterization of her letters are insufficient to rebut the reliability of the extrinsic evidence upon which Dr. Brook relied.

The fact that Dr. Kralik took a second Rorschach test, with quite different results, approximately two months after the Rorschach administered by Dr. Hall, is also insufficient to rebut the findings of Dr. Brook and Dr. Hall. In fact, in view of Dr. Murray's testimony regarding the supportive atmosphere in which Dr. Kralik took the second Rorschach, the different result would appear compatible with Dr. Hall's opinion that Dr. Kralik would be able to function more appropriately under familiar circumstances where she felt less threatened, whereas stress and emotional arousal would lead to deterioration in her functioning. Further, Dr. Murray's personal relationship with Dr. Kralik, and the indication in his report that the number of Dr. Kralik's responses had been agreed to in advance, raise questions about the objectivity of his Rorschach administration.

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In Dr. Brook's opinion, Dr. Kralik lacks the ability to practice medicine according to acceptable and prevailing standards of care by reason of mental illness that adversely affects her perceptive skills, particularly her thinking skills which include judgment, due to her inescapable preoccupation at times with what has happened or is happening to her. Dr. Brook indicated that Dr. Kralik would be able to function quite competently at times, but would be unable to provide adequate attention to patients when her mind was seized by an inescapable preoccupation. He was also concerned that patients might become involved in her persecutory perceptions to which she has demonstrated a tendency to respond with aggressive action.

The Respondent argued that there was no evidence that Dr. Kralik's problems had affected her patient care. However, Dr. Kralik's response to a quality assurance inquiry (State's Deposition Exhibit #3A) indicated that her preoccupation with her own problems not only affected her ability to respond appropriately to such inquiry, but also affected her ability to provide adequate attention to a patient. Further, the documents and testimony presented by Dr. Nice, Dr. Keith, and Dr. Suppes reflected that Dr. Kralik expended an incredible amount of time and energy in seeking consultations, making phone calls, and writing letters regarding her problems, to the point where those physicians and other members of the hospital administration became concerned about her mental stability. After her aggressive confrontations in the offices of Dr. Nice and Dr. Keith, they also became concerned about the safety of having her in the hospital providing patient care. Her inappropriate response to the quality assurance inquiry also caused concern on the part of the hospital administration as to her ability to provide adequate patient care. In addition, Dr. Kralik's comments in letters to Dr. Nice regarding Mrs. Miracle and derogatory references to other patients referred by Dr. Nice strongly suggest that Dr. Kralik's obvious problems in dealing with colleagues could adversely affect her patient care.

Karen DeWeese, R.N., Dr. Joseph DiBlasio, and Dr. Edward Floyd testified that they had seen no reason for concern about Dr. Kralik's mental stability or ability to provide high-quality patient care. However, Dr. Brook testified that individuals with paranoid personality disorder function well in situations where they have built up a certain kind of relationship or others go along with their demands. The testimony of Dr. Floyd especially reflected that he expended a considerable amount of time and effort in establishing a supportive relationship with Dr. Kralik. Ms. DeWeese presented a meek demeanor at hearing. The testimony of these witnesses is simply insufficient to rebut the compelling evidence that supports Dr. Brook's diagnosis of paranoid personality disorder.

In Dr. Brook's opinion, Dr. Kralik's disorder poses potential danger to both patients and herself. Dr. Brook strongly recommended intensive care by a psychiatrist qualified to treat paranoid personality disorder. He also recommended, if Dr. Kralik were permitted to practice, monitoring or supervision to assure consistent, quality patient care.

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PROPOSED ORDER

It is hereby ORDERED that:

1. The certificate of Rita Marie Kralik, M.D., to practice medicine and surgery in the State of Ohio shall be SUSPENDED for an indefinite period of time.

2. The State Medical Board shall not consider REINSTATEMENT of Dr. Kralik's certificate to practice unless and until all of the following minimum REQUIREMENTS are met:

   a. Dr. Kralik shall submit an application for reinstatement, accompanied by appropriate fees.

   b. Within sixty (60) days of the effective date of this Order, or as otherwise approved by the Board, Dr. Kralik shall commence appropriate treatment, as determined by an informed assessment of her current needs. Such assessment and treatment shall be by a psychiatrist or psychiatrists approved in advance by the State Medical Board. The Board's approval or disapproval of any psychiatrist proposed by Dr. Kralik shall be based upon the Board's review of the candidate's credentials and its determination by interview or otherwise the candidate's experience in dealing with paranoid personality disorder and familiarity with developments related to the use of medications in the treatment of such disorder. Prior to the initial assessment, Dr. Kralik shall provide the approved psychiatrist with copies of the Board's Findings of Fact, Conclusions of Law, and Order in this Matter, and the Board may provide any other documentation from the hearing record which it may deem appropriate or helpful to that provider. Within ten (10) days after completion of the initial assessment, Dr. Kralik shall cause a written report to be submitted to the State Medical Board from the approved psychiatrist, which report shall include:

      i. A detailed plan of recommended treatment based upon the psychiatrist's informed assessment of Dr. Kralik's current needs; and

      ii. Any reports upon which the treatment recommendation is based, including reports of physical examination and psychological or other testing.

      The Board may request additional information as it sees fit.

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c. Dr. Kralik shall provide the Board with acceptable documentation evidencing her compliance with the plan of recommended treatment required under paragraph 2.b., above, for a period of at least six (6) months.

d. Dr. Kralik shall provide the Board with a written report by her approved treating psychiatrist indicating that she is currently capable of consistently practicing in accordance with acceptable and prevailing standards of care. Said report shall describe with particularity the bases for this determination and shall set forth any recommended limitations upon Dr. Kralik's practice.

e. Dr. Kralik shall submit to the Board and receive its approval for a plan of practice in Ohio which, unless and until otherwise determined by the Board, shall be limited to a supervised structured environment in which Dr. Kralik's activities will be directly supervised and overseen by another physician approved by the Board. Such practice plan shall also conform to any limitations recommended pursuant to paragraph 2.d., above, and any additional limitations the Board may deem appropriate as a condition for reinstatement.

f. In the event that Dr. Kralik has not been engaged in the active practice of medicine and surgery for a period in excess of two (2) years prior to her application for reinstatement, the Board may exercise its discretion under Section 4731.222, Ohio Revised Code, to require additional evidence of Dr. Kralik's fitness to resume practice.

3. Upon reinstatement, Dr. Kralik's certificate shall be subject to the following PROBATIONARY terms, conditions, and limitations for a period of at least five (5) years:

a. Dr. Kralik shall obey all federal, state, and local laws, and all rules governing the practice of medicine in Ohio.

b. Dr. Kralik shall submit quarterly declarations under penalty of perjury stating whether or not there has been compliance with all the provisions of probation.

c. Dr. Kralik shall appear in person for interviews before the full Board or its designated representative at three (3) month intervals, or as otherwise requested by the Board.

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d. In the event that Dr. Kralik should leave Ohio for three (3) consecutive months, or reside or practice outside the State, Dr. Kralik must notify the State Medical Board in writing of the dates of departure and return. Periods of time spent outside of Ohio will not apply to the reduction of this probationary period, unless otherwise determined by motion of the Board in instances where the Board can be assured that probationary monitoring is otherwise being performed.

e. Dr. Kralik shall obtain the Board's prior approval for any alteration to the practice plan which was approved by the Board prior to the reinstatement of her certificate. Dr. Kralik's supervising physician under this practice plan, or another physician approved by the Board, shall monitor Dr. Kralik's progress, status, and patient care, and shall immediately report to the Board any instance of substandard care or any indication that Dr. Kralik is currently unable to practice in accordance with acceptable and prevailing standards of care. In addition, said monitoring physician shall provide the Board with quarterly reports on Dr. Kralik's progress and status. Dr. Kralik shall ensure that said reports are forwarded to the Board on a quarterly basis. In the event that Dr. Kralik's supervising physician under her approved practice plan and/or her approved monitoring physician becomes unable or unwilling to so serve, Dr. Kralik shall immediately notify the Board in writing, and make arrangements aceptable to the Board for supervision and/or monitoring by another physician as soon as practicable. Dr. Kralik shall refrain from practicing unless and until acceptable supervision and monitoring is in place, unless otherwise determined by the Board.

f. Dr. Kralik shall comply with any and all limitations imposed by the Board as a condition for reinstatement of her certificate pursuant to paragraphs 2.d. and 2.e., above.

g. Dr. Kralik shall continue treatment with a psychiatrist approved by the Board, at such intervals as are deemed appropriate by the treating psychiatrist but not less than once per month, until such time as the Board determines that no further treatment is necessary. To make this determination, the Board shall require quarterly reports from the approved treating psychiatrist. Dr. Kralik shall ensure that these reports are forwarded to the Board on a quarterly basis, or as otherwise directed by the Board. In its discretion, the Board may request additional information from the treating psychiatrist.

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h. Dr. Kralik shall provide a copy of this Order to all employers and the Chief of Staff at each hospital where she has, applies for, or obtains privileges.

4. If Dr. Kralik violates probation in any respect, the Board, after giving Dr. Kralik notice and the opportunity to be heard, may institute whatever disciplinary action it deems appropriate, up to and including the permanent revocation of Dr. Kralik's certificate to practice.

5. Upon successful completion of probation, as evidenced by a written release from the Board, Dr. Kralik's certificate will be fully restored, except for any permanent limitations or restrictions the Board deems fit to impose as a condition of release from probation.

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

Wanita J. Sage

Wanita J. Sage
Attorney Hearing Examiner

STATE MEDICAL BOARD OF OHIO
77 South High Street, 17th Floor • Columbus, Ohio 43266-0315 • (614) 466-3934

EXCERPT FROM THE MINUTES OF MARCH 10, 1993

REPORTS AND RECOMMENDATIONS

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

Dr. Agresta asked whether each member of the Board had received, read, and considered the hearing record, the proposed findings, conclusions, and orders, and any objections filed in the matters of: Rita M. Kralik, M.D.; and Nelson H. Kraus, M.D. A roll call was taken:

ROLL CALL:	Dr. O'Day	- aye
	Mr. Albert	- aye
	Dr. Stienecker	- aye
	Dr. Hom	- aye
	Dr. Gretter	- aye
	Dr. Heidt	- aye
	Ms. Noble	- aye
	Dr. Garg	- aye
	Ms. Rolfes	- aye
	Dr. Agresta	- aye

Dr. Hom stated that she did not read the materials relating to Dr. Kraus.

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

ROLL CALL:	Dr. O'Day	- aye
	Mr. Albert	- aye
	Dr. Stienecker	- aye
	Dr. Hom	- aye
	Dr. Gretter	- aye
	Dr. Heidt	- aye
	Ms. Noble	- aye
	Dr. Garg	- aye
	Ms. Rolfes	- aye
	Dr. Agresta	- aye

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

STATE MEDICAL BOARD OF OHIO
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REPORT AND RECOMMENDATION IN THE MATTER OF RITA M. KRALIK, M.D.

.....

MS. ROLFES MOVED TO APPROVE AND CONFIRM MS. SAGE'S PROPOSED FINDINGS OF FACT, CONCLUSIONS, AND ORDER IN THE MATTER OF RITA M. KRALIK, M.D. DR. HEIDT SECONDED THE MOTION.

.....

A roll call vote was taken on Ms. Rolfes' motion:

ROLL CALL VOTE:	Mr. Albert	- aye
	Dr. Stienecker	- aye
	Dr. Hom	- aye
	Dr. Gretter	- aye
	Ms. Noble	- aye
	Dr. Garg	- aye
	Ms. Rolfes	- aye

The motion carried.

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NOTICE OF SUMMARY SUSPENSION AND OPPORTUNITY FOR HEARING

June 19, 1992

Rita Marie Kralik, M.D.
6803 Mayfield Rd., Suite 312
Mayfield Heights, OH 44124

Dear Doctor Kralik:

Enclosed please find certified copies of the Entry of Order, the Notice of Opportunity for Hearing, and an excerpt of the Minutes of the State Medical Board, meeting in regular session on June 17, 1992, including a Motion adopting the Order of Summary Suspension and issuing the Notice of Opportunity for Hearing pursuant to Section 4731.22(D), Ohio Revised Code.

You are advised that continued practice after receipt of this Order shall be considered practicing without a certificate, in violation of Section 4731.41, Ohio Revised Code.

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

Additionally, pursuant to Chapter 119, Ohio Revised Code, you are hereby advised that you are entitled to a hearing on the allegations set fourth in the Notice of Opportunity for Hearing. If you wish to request such hearing, that request must be

made in writing and be received in the offices of the State Medical Board within thirty (30) days of the time of mailing of this notice. Further information concerning such hearing is contained within the Notice of Opportunity for Hearing.

THE STATE MEDICAL BOARD OF OHIO

Carla S. O'Day, MD

Carla S. O'Day, M.D.
Secretary

CSO:men

CERTIFIED MAIL #P 055 326 039
RETURNED RECEIPT REQUESTED

Enclosures

CERTIFICATION

I hereby certify that the attached copies of the Entry of Order of the State Medical Board of Ohio; the Notice of Opportunity for Hearing; and the Motion by the State Medical Board, meeting in regular session on June 17, 1992, to Adopt the Order of Summary Suspension and to Issue the Notice of Opportunity for Hearing, constitute true and complete copies of the Notice of Opportunity for Hearing, Motion, and Order of the State Medical Board of Ohio in the matter of Rita Marie Kralik, M.D., as they appear in the Journal of the State Medical Board of Ohio.

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

Carla S. O'Day, M.D.

Carla S. O'Day
Secretary

(SEAL)

6/19/92
Date

STATE MEDICAL BOARD OF OHIO

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

BEFORE THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF	:	
	:	
RITA MARIE KRALIK, M.D.	:	

ENTRY OF ORDER

This matter came on for consideration before the State Medical Board of Ohio the 17th day of June, 1992.

Pursuant to Section 4731.22(D), Ohio Revised Code, and upon recommendation of Carla S. O'Day, M.D., Secretary, and Timothy S. Jost, Esq., Supervising Member; and

Pursuant to their determination that there is clear and convincing evidence that Rita Marie Kralik, M.D., has violated Section 4731.22(B)(19), Ohio Revised Code, as alleged in the Notice of Opportunity for Hearing which is attached hereto and fully incorporated herein, which determination is based upon review of records and expert testimony; and

Pursuant to their further determination that Dr. Kralik's continued practice presents a danger of immediate and serious harm to the public;

The following Order is hereby entered on the Journal of the State Medical Board of Ohio for the 17th day of June, 1992:

> It is hereby ORDERED that the certificate of Rita Marie Kralik, M.D., to practice medicine or surgery in the State of Ohio be summarily suspended.
>
> It is further ORDERED that Rita Marie Kralik, M.D., shall immediately close all her medical offices and immediately refer all active patients to other appropriate physicians.

This Order shall become effective immediately.

Carla S. O'Day, M.D.

Carla S. O'Day, M.D.
Secretary

(SEAL)

6/17/92

Date

STATE MEDICAL BOARD OF OHIO
77 South High Street, 17th Floor • Columbus, Ohio 43266-0315 • (614) 466-3934

EXCERPT FROM THE MINUTES OF JUNE 17, 1992

RITA MARIE KRALIK, M.D.- ORDER OF SUMMARY SUSPENSION AND CITATION LETTER

.....

DR. GARG MOVED TO ENTER AN ORDER OF SUMMARY SUSPENSION AND TO ISSUE THE NOTICE OF OPPORTUNITY FOR HEARING IN THE MATTER OF RITA MARIE KRALIK, M.D. DR. KAPLANSKY SECONDED THE MOTION. A roll call vote was taken:

ROLL CALL VOTE:	Dr. O'Day	- abstain
	Mr. Albert	- aye
	Dr. Stienecker	- aye
	Dr. Stephens	- aye
	Mr. Jost	- abstain
	Dr. Garg	- aye
	Dr. Kaplansky	- aye
	Dr. Heidt	- aye
	Dr. Hom	- aye
	Dr. Agresta	- aye

The motion carried.

STATE MEDICAL BOARD OF OHIO
77 South High Street, 17th Floor • Columbus, Ohio 43266-0315 • (614) 466-3934

June 19, 1992

Rita Marie Kralik, M.D.
6803 Mayfield Rd. Suite 312
Mayfield Heights, OH 44124

Dear Doctor Kralik:

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

(1) By a letter hand-delivered on April 23, 1992, the State Medical Board of Ohio notified you that you were possibly in violation of Section 4731.22(B)(19), Ohio Revised Code, and ordered you to undergo a psychiatric examination.

This determination was based upon one or more of the following reasons:

(a) Numerous professional colleagues of yours were of the opinion that you required psychiatric assistance. These opinions were based upon personal contacts, conversations, correspondence and observations;

(b) On April 14, 1992 at approximately 10:15 a.m. you stormed into the office of a physician where you engaged in bizarre, hysterical behavior and told the patients in the waiting area to get another physician because this physician had "ruined" you;

(c) On April 14, 1992 at approximately 11:15 a.m. you arrived at the office of a subsequent physician and demanded to see him in spite of being informed that he was in surgery. You refused to leave, became hysterical, and on several occasions began banging your wrists on a conference table in an apparent attempt to break them. You were subsequently restrained by hospital security after a small skirmish and forcibly removed "in a semi-hysterical and incoherent state;" and

(d) By letter dated April 17, 1992 you were informed by the Meridia Hillcrest Hospital that your Medical Staff membership and privileges were being summarily suspended, effective April 18, 1992, "based on your behavior the past years."

(2) On May 1 and May 8, 1992 you reported to Marvin G. Brook, M.D. for purposes of the mental examination as ordered by the Board. Further on May 19, 1992 you reported to Thomas W. Hall, Ph.D. for the purposes of psychological testing.

(3) Based upon Dr. Brook's psychiatric examinations of you, the results of the psychological testing, and Dr. Brook's review of materials forwarded to him by the Board, Dr. Brook made a working diagnosis of paranoid personality disorder. This diagnosis was based on "evidence of depressive outlook, of obsessional thinking, of hypochondriacal focus, of significant narcissistic attitude, and of being persecuted, abused, harmed." Dr. Brook also concluded that "suicide is a meaningful consideration" for you and that "aggressive attacks on those (you) see as persecuting (you) cannot be ruled out." Dr. Brook further concluded that you have "severe mental pathology" and "should be under intensive psychiatric care."

Based on the aforementioned, Dr. Brook concluded that you are unable to practice according to acceptable and prevailing standards of care by reason of mental illness and that your continued practice presents a danger of immediate and serious harm to the public.

Your acts, conduct, and/or omissions as alleged in paragraphs (1) and (3) above, individually and/or collectively, constitute "inability to practice according to acceptable and prevailing standards of care by reason of mental illness or physical illness, including, but not limited to, physical deterioration that adversely affects cognitive, motor, or perceptive skills," as that clause is used in Section 4731.22(B)(19), Ohio Revised Code.

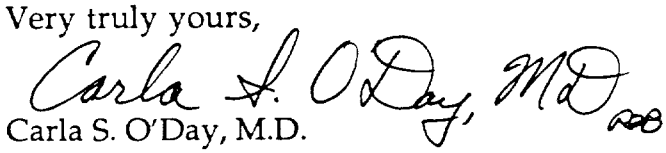
Pursuant to Chapter 119., Ohio Revised Code, you are hereby advised that you are entitled to a hearing in this matter. If you wish to request such hearing, the request must be made in writing and must be received in the offices of the State Medical Board within thirty (30) days of the time of mailing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

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

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

Copies of the applicable sections are enclosed for your information.

Very truly yours,



Carla S. O'Day, M.D.
Secretary

CSO:men

CERTIFIED MAIL P# 055 326 039
RETURNED RECEIPT REQUESTED

Enclosures:

cc: Gabriel Kralik, Esq.