



# State Medical Board of Ohio

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October 13, 2004

Michael Paul Parker, M.D.  
259 Autumn Leaf Court  
Columbus, OH 43235

Dear Doctor Parker:

Please find enclosed certified copies of the Entry of Order; the Report and Recommendation of Siobhan R. Clovis, Attorney Hearing Examiner, State Medical Board of Ohio; and an excerpt of draft Minutes of the State Medical Board, meeting in regular session on October 13, 2004, including motions approving and confirming the Findings of Fact and Conclusions of the Hearing Examiner, and adopting an amended Order.

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

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. Any such appeal must be filed within fifteen (15) days after the mailing of this notice and in accordance with the requirements of Section 119.12, Ohio Revised Code.

THE STATE MEDICAL BOARD OF OHIO

*Lance A. Talmage, M.D.*  
Lance A. Talmage, M.D. /TAD  
Secretary

LAT:jam  
Enclosures

CERTIFIED MAIL NO. 7000 0600 0024 5149 9405  
RETURN RECEIPT REQUESTED

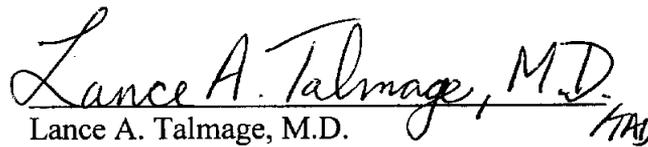
Cc: Douglas E. Graff, Esq.  
CERTIFIED MAIL NO. 7000 0600 0024 5149 9429  
RETURN RECEIPT REQUESTED

*Mailed 11-05-04*

CERTIFICATION

I hereby certify that the attached copy of the Entry of Order of the State Medical Board of Ohio; Report and Recommendation of Siobhan R. Clovis, State Medical Board Attorney Hearing Examiner; and excerpt of draft Minutes of the State Medical Board, meeting in regular session on October 13, 2004, including motions approving and confirming the Findings of Fact and Conclusions of the Hearing Examiner, and adopting an amended Order; constitute a true and Michael Paul Parker, 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.

  
Lance A. Talmage, M.D.  
Secretary

(SEAL)

October 13, 2004  
Date

**BEFORE THE STATE MEDICAL BOARD OF OHIO**

IN THE MATTER OF

\*

\*

MICHAEL PAUL PARKER, M.D.

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ENTRY OF ORDER

This matter came on for consideration before the State Medical Board of Ohio on October 13, 2004.

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

It is hereby ORDERED that:

1. **SUSPENSION OF CERTIFICATE:** The certificate of Michael Paul Parker, M.D., to practice medicine and surgery in the State of Ohio shall be **SUSPENDED** for an indefinite period of time, but not less than twelve months.
2. **CONDITIONS FOR REINSTATEMENT OR RESTORATION:** The Board shall not consider reinstatement or restoration of Dr. Parker's certificate to practice medicine and surgery until all of the following conditions have been met:
  - A. **Application for Reinstatement or Restoration:** Dr. Parker shall submit an application for reinstatement or restoration, accompanied by appropriate fees, if any.
  - B. **Controlled Substances Prescribing Course:** At the time he submits his application for reinstatement or restoration, Dr. Parker shall provide acceptable documentation of successful completion of a course dealing with the prescribing of controlled substances. The exact number of hours and the specific content of the course or courses shall be subject to the prior approval of the Board or its designee. Any courses taken in compliance with this

provision shall be in addition to the Continuing Medical Education requirements for relicensure for the Continuing Medical Education period(s) in which they are completed.

- C. **Personal Ethics Course**: At the time he submits his application for reinstatement or restoration, Dr. Parker shall provide acceptable documentation of successful completion of a course or courses dealing with personal ethics. The exact number of hours and the specific content of the course or courses shall be subject to the prior approval of the Board or its designee. Any courses taken in compliance with this provision shall be in addition to the Continuing Medical Education requirements for relicensure for the Continuing Medical Education period(s) in which they are completed.
- D. **Medical Records Course**: At the time he submits his application for reinstatement or restoration, Dr. Parker shall provide acceptable documentation of satisfactory completion of a course on maintaining adequate and appropriate medical records, such course to be approved in advance by the Board or its designee. Any courses taken in compliance with this provision shall be in addition to the Continuing Medical Education requirements for relicensure for the Continuing Medical Education period(s) in which they are completed.
- E. **Additional Evidence of Fitness To Resume Practice**: In the event that Dr. Parker 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 or restoration, the Board may exercise its discretion under Section 4731.222 of the Revised Code to require additional evidence of his fitness to resume practice.

3. **PROBATION**: Upon reinstatement or restoration, Dr. Parker's certificate shall be subject to the following PROBATIONARY terms, conditions, and limitations for a period of at least five years:

- A. **Obey the Law**: Dr. Parker shall obey all federal, state, and local laws, and all rules governing the practice of medicine and surgery in Ohio.
- B. **Declarations of Compliance**: Dr. Parker shall submit quarterly declarations under penalty of Board disciplinary action or criminal prosecution, stating whether there has been compliance with all the conditions of this Order. The first quarterly declaration must be received in the Board's offices on or before the first day of the third month following the month in which Dr. Parker's certificate is restored or reinstated. Subsequent quarterly declarations must be received in the Board's offices on or before the first day of every third month.
- C. **Personal Appearances**: Dr. Parker shall appear in person for an interview before the full Board or its designated representative during the third month

following the month in which his certificate is restored or reinstated, or as otherwise directed by the Board. 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.

- D. **Monitoring Physician**: Within thirty days of the date of Dr. Parker's reinstatement or restoration, or as otherwise determined by the Board, Dr. Parker 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. Parker and who is engaged in the same or similar practice specialty.

The monitoring physician shall monitor Dr. Parker and his medical practice, and shall review Dr. Parker'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. Parker and his medical practice, and on the review of Dr. Parker's patient charts. Dr. Parker 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. Parker's quarterly declaration.

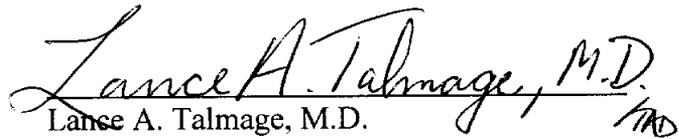
In the event that the designated monitoring physician becomes unable or unwilling to serve in this capacity, Dr. Parker must immediately so notify the Board in writing. In addition, Dr. Parker shall make arrangements acceptable to the Board for another monitoring physician within thirty days after the previously designated monitoring physician becomes unable or unwilling to serve, unless otherwise determined by the Board. Furthermore, Dr. Parker 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.

- E. **Noncompliance Will Not Reduce Probationary Period**: In the event Dr. Parker is found by the Secretary of the Board to have failed to comply with any provision of this Order, and is so notified of that deficiency in writing, such period(s) of noncompliance will not apply to the reduction of the probationary period under this Order.

4. **TERMINATION OF PROBATION:** Upon successful completion of probation, as evidenced by a written release from the Board, Dr. Parker's certificate will be fully restored.

**EFFECTIVE DATE OF ORDER:** This Order shall become effective immediately upon the mailing of notification of approval by the Board.

(SEAL)

  
Lance A. Talmage, M.D.  
Secretary

October 13, 2004

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Date

**REPORT AND RECOMMENDATION  
IN THE MATTER OF MICHAEL PAUL PARKER, M.D.**

The Matter of Michael Paul Parker, M.D., was heard by Siobhan R. Clovis, Esq., Hearing Examiner for the State Medical Board of Ohio, on July 23, 2004.

**INTRODUCTION**

I. Basis for Hearing

- A. By letter dated May 14, 2003, the State Medical Board of Ohio [Board] notified Michael Paul Parker, M.D., that it had proposed to take disciplinary action against his certificate to practice medicine and surgery in Ohio. The Board based its proposed action on allegations that Dr. Parker had improperly prescribed phentermine to Patient 1; had improperly prescribed controlled substances to Patient 1, a "family member" as defined by Rule 4731-11-08(C), Ohio Administrative Code; and had submitted a false statement in response to interrogatories propounded by the Board.

The Board alleged that Dr. Parker's acts, conduct, and/or omissions, individually and/or collectively, constitute the following:

- "violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provisions of this chapter or any rule promulgated by the board' as that clause is used in Section 4731.22(B)(20), Ohio Revised Code, to wit: 4731-11-04(C), Ohio Administrative Code." The Board advised that "[p]ursuant to Rule 4731-11-04, Ohio Administrative Code, as in effect prior to June 30, 2000, violation of Rule 4731-11-04, Ohio Administrative Code, also violates Sections 4731.22(B)(2), (3), and (6), Ohio Revised Code."
- "violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provisions of this chapter or any rule promulgated by the board,' as that clause is used in Section 4731.22(B)(20), Ohio Revised Code, to wit: 4731-11-02(D), Ohio Administrative Code, as in effect from November 17, 1986, through August 31, 2000, and since September 1, 2000." The Board advised that "[p]ursuant to Rule 4731-11-02(F), Ohio Administrative Code, violation of Rule 4731-11-02(D), Ohio Administrative Code, also violates Sections 4731.22(B)(2) and (6), Ohio Revised Code."

- ““violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provisions of this chapter or any rule promulgated by the board,’ as that clause is used in Section 4731.22(B)(20), Ohio Revised Code, to wit: 4731-11-08, Ohio Administrative Code, as in effect from November 11, 1998, through March 14, 2001, and since March 15, 2001.”
- ““making a false, fraudulent, deceptive, or misleading statement in the solicitation of or advertising for patients; in relation to the practice of medicine or surgery, or a limited branch of medicine; or in securing or attempting to secure any certificate to practice or certificate of registration issued by the board,’ as that clause is used in Section 4731.22(B)(5), Ohio Revised Code.”
- ““[c]ommission of an act in the course of practice that constitutes a misdemeanor in this state, regardless of the jurisdiction in which the act was committed,’ as that clause is used in Section 4731.22(B)(12), Ohio Revised Code, to wit: Section 2921.13, Ohio Revised Code, Falsification.”
- ““[f]ailure to cooperate in an investigation conducted by the board under division (F) of this section, including . . . failure to answer truthfully a question presented by the board at a deposition or in written interrogatories,’ as those clauses are used in Section 4731.22(B)(35), Ohio Revised Code.”

Accordingly, the Board advised Dr. Parker of his right to request a hearing in this matter. (State’s Exhibit 1A).

- B. On June 11, 2003, Douglas E. Graff, Esq., submitted a written hearing request on behalf of Dr. Parker. (State’s Exhibit 1B).

## II. Appearances

- A. On behalf of the State of Ohio: Jim Petro, Attorney General, by Kyle C. Wilcox, Assistant Attorney General.
- B. On behalf of the Respondent: Douglas E. Graff, Esq.

## EVIDENCE EXAMINED

### I. Testimony Heard

#### A. Presented by the State

1. Michael Paul Parker, M.D., as upon cross-examination
2. Deputy Warren Berry
3. Kevin R. Beck
4. Patient 1

#### B. Presented by the Respondent

1. Patient 1
2. Dr. Parker

### II. Exhibits Examined

#### A. Presented by the State

1. State's Exhibits 1A through 1Y: Procedural exhibits. (Note: Copies of the Patient Key attached to State's Exhibits 1A, 1X, and 1Y have been redacted. The Patient Key appears in the record as State's Exhibit 5. Further note: Patient 1's name has been redacted from State's Exhibit 1W).
2. State's Exhibit 2: Notarized April 9, 2003, letter from Ronald F. Albrecht, M.D., to the Board.
- \* 3. State's Exhibit 3: March 11, 2003, responses of Michael Paul Parker, M.D., to interrogatories issued by the Board. (Note: The Hearing Examiner numbered the pages.)
- \* 4. State's Exhibit 4: Copies of three Ritalin prescriptions written by Dr. Parker for Patient 1 in 2002.
- \* 5. State's Exhibit 5: Patient Key.
6. State's Exhibit 6: Rule 4731-11-04, Ohio Administrative Code, as in effect from October 31, 1998, through June 30, 2000.

7. State's Exhibit 7: Rule 4731-11-08, Ohio Administrative Code.

B. Presented by the Respondent

- \* 1. Respondent's Exhibit A: Copies of medical records for Patient 1, as provided by Patient 1 to counsel for Dr. Parker. (Note: The Hearing Examiner numbered the pages.)
- \* 2. Respondent's Exhibit B: Copy of a September 26, 2003, prescription for Ritalin written for Patient 1 by Hakim Hussein, M.D.
- 3. Respondent's Exhibit C: Copies of web pages about narcolepsy and Arnold-Chiari malformation. (Note: The Hearing Examiner numbered the pages.)
- \* 4. Respondent's Exhibit E: Copies of medical records maintained by Dr. Hussein about Patient 1.
- \* 8. Respondent's Exhibit F: Copies of three Ritalin prescriptions written by Dr. Parker for Patient 1 in 2002, including pharmacy information for the two prescriptions that were filled. (Note: The Hearing Examiner numbered the pages.)

C. Admitted sua sponte by the Hearing Examiner post hearing

- 1. Board Exhibit Z: Section 2921.13, Ohio Revised Code, "Falsification."
- 2. Board Exhibit Y: Copy of the 1993 Physicians Desk Reference [PDR] entry for Fastin. (Note: "Fastin" was not found in the more current editions of the PDR available to the Hearing Examiner.)

Note: All exhibits marked with an asterisk [\*] have been sealed to protect patient confidentiality.

### **PROFFERED EXHIBITS**

At hearing, Dr. Parker introduced copies of credit card statements as Respondent's Exhibit D. The State objected to the admission of these copies, because they had not been certified. The Hearing Examiner sustained the State's objection, and excluded Respondent's Exhibit D from evidence, because the copies did not appear to be reliable evidence. Not only did the copies lack any sort of certification, but the name of the credit-card holder was not apparent from the copies.

As the State also pointed out, the copies did not indicate if more than one person had had access to the credit cards. (Hearing Transcript at 203-206).

Accordingly, Respondent's Exhibit D was neither admitted to the hearing record nor considered by the Hearing Examiner, but is being sealed and held as proffered material. Should the Board choose to do so, however, the Board may vote to overrule the decision of the Hearing Examiner, and admit Respondent's Exhibit D into evidence.

It should also be noted that Dr. Parker and Patient 1 testified about the contents of the credit card statements, without any objection from the State. (Hearing Transcript at 147-148, 150-151, 168-176).

### **PROCEDURAL MATTERS**

1. The hearing record in this matter was held open until August 6, 2004, to allow the State an opportunity to submit copies of the 2002 Ritalin prescriptions which also included pharmacy information copied from the backs of the prescriptions. The submission of this evidence was requested by Respondent, with the understanding that the copies obtained by the State would replace documents used at hearing as Respondent's Exhibit F. The copies were timely submitted and entered into the record as Respondent's Exhibit F. (Hearing Transcript at 149, 216-217).
2. The electronic transcript of the July 23, 2004, hearing, has been sealed because of numerous references to Patient 1 by name, which could not be redacted. These references to Patient 1 have been redacted from the paper transcript, which has not been sealed.

### **SUMMARY OF THE EVIDENCE**

All exhibits and transcripts of testimony, even if not specifically mentioned, were thoroughly reviewed and considered by the Hearing Examiner before preparing this Report and Recommendation.

1. Michael Paul Parker, M.D., testified that he had completed one year of undergraduate education at Michigan University, and then transferred to the pre-med program at Case Western Reserve University. Dr. Parker stated that he had attained his medical degree in 1984 from the Medical College of Ohio in Toledo, and that he had subsequently completed a one-year internship in internal medicine at Henry Ford Hospital in Detroit. (Hearing Transcript [Tr.] at 13-14).

Dr. Parker testified that he had then fulfilled a four-year public health service commitment in Waverly, Ohio, at a "community action center group." He stated that, during that time,

he had also worked as an emergency room physician for National Emergency Room Services, which placed him in different hospitals. (Tr. at 15-16).

Dr. Parker further testified that, in 1991, after he had completed his service requirement, he had moved to Columbus and had continued to work for National Emergency Room Services at various hospitals, including Columbus Community Hospital and Grant Hospital. He stated that he had continued *locum tenens* work until 2001, when he had begun a three-year residency in anesthesiology at the University of Illinois in Chicago. Dr. Parker testified that he would complete his residency within six days of the hearing held in this matter. (Tr. at 11-12, 16, 197).

Dr. Parker stated that, apart from the certificate in Illinois which allows him to practice within his residency, his only medical license is in Ohio. He further testified that he holds an Ohio DEA certificate only. He advised that he has not been required to prescribe any medications in his residency program. (Tr. at 12-13).

Dr. Parker testified that he has no plans to practice in Chicago after completing his residency. He testified that his "home is here." He stated that he has not obtained future employment, because he is waiting until these proceedings have been resolved. (Tr. at 196-198).

2. Patient 1 is a 41-year-old female. Dr. Parker stipulated that he had begun dating Patient 1 in April or May 1999. Dr. Parker's testimony indicates that Patient 1 had moved in with him soon after the relationship began. Dr. Parker stated that Patient 1 had moved out of his home "about a month ago," when their relationship had ended. (Tr. at 19, 31, 82-83; Respondent's Exhibit [Resp. Ex.] A at 4).

Patient 1 testified that, in the mid-90s, she had been diagnosed with narcolepsy by Ann Pakalnis, M.D., a neurologist. She further testified that, due to this condition, she has problems with falling asleep while driving. She advised that she goes through phases where this happens often, and others in which it will not happen at all. She testified that the problem seems to worsen during the winter. (Tr. at 116-117, 121).

Patient 1 stated that, additionally, she has Arnold Chiari syndrome, which has caused her pain and severe migraines. She testified that she had previously had surgery for this problem. She advised that she is not sure if the syndrome is related to her narcolepsy. (Tr. at 134-136). A web page provided by Dr. Parker explains the following about Arnold-Chiari syndrome:

Arnold-Chiari malformation, sometimes referred to as the Chiari malformation, is an anomaly of the brain in which the brainstem is

elongated, and pushed down through the opening of the base of the skull. The brainstem, cranial nerves and the lower portion of the cerebellum may be stretched or compressed. Therefore, any of the functions controlled by these areas may be affected.

(Resp. Ex. C at 1).

Patient 1 further stated that she has mitral valve prolapse, a cardiac condition. She testified, "it's nothing serious. I've never been medicated for it or anything like that." Patient 1 indicated that she has also had trouble with her weight in the past. She advised that her weight had fluctuated as high as 170 pounds. Dr. Parker testified that Patient 1 is 5'7" tall. (Tr. at 29, 118-120, 136, 138).

### **November 1999 Prescription for Phentermine**

3. At hearing and in his March 11, 2003, answers to Board-issued interrogatories, Dr. Parker admitted prescribing phentermine to Patient 1 on or about November 4, 1999. Phentermine is a schedule IV controlled substance used for weight reduction. (Tr. at 20-23; State's Exhibit [St. Ex.] 3 at 8; Board Exhibit [Bd. Ex.] Y). Accordingly, its use is regulated by Rule 4731-11-04, Ohio Administrative Code, which provides, in pertinent part,<sup>1</sup>:

(C) A physician may utilize a schedule III or IV controlled substance for purposes of weight reduction in the treatment of obesity only as an adjunct, in accordance with F.D.A. approved labeling for the product, in a regimen of weight reduction based on caloric restriction, provided that all of the following conditions are met:

- (1) Before initiating treatment utilizing a schedule III or IV controlled substance, the physician determines through review of the physician's own records of prior treatment, or through review of the records of prior treatment which another treating physician or weight-loss program has provided to the physician, that the patient has made a

substantial good-faith effort to lose weight in a treatment program utilizing a regimen of weight reduction based on caloric restriction, nutritional counseling, behavior modification, and exercise, without the utilization of controlled substances, and that said treatment has been ineffective.

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<sup>1</sup> The Rule as quoted and applied in this case is the version that was in effect in November 1999. (St. Ex. 6).

- (2) Before initiating treatment utilizing a schedule III or IV controlled substance, the physician obtains a thorough history, performs a thorough physical examination of the patient, determines that the patient has a BMI of at least thirty, or at least twenty-seven with comorbid factors, and rules out the existence of any recognized contraindications to the use of the controlled substance to be utilized.
4. Dr. Parker admitted that he had prescribed phentermine for Patient 1 for weight loss purposes. He further admitted that he had not obtained any of Patient 1's records from previous weight-loss efforts before prescribing the drug. Dr. Parker also admitted that he had not determined Patient 1's Body Mass Index [BMI] before prescribing her phentermine. (Tr. at 22, 25, 27).

Dr. Parker indicated that he had not been familiar with Rule 4731-11-04, Ohio Administrative Code, when he had prescribed phentermine to Patient 1. He stated that he is now familiar with the Rule. (Tr. at 23). At hearing, Dr. Parker was asked to explain his current understanding of the Rule:

A. [Dr. Parker] My understanding now is that you have to have a certain BMI.

Q. [Mr. Wilcox] What does that mean, "BMI"?

A. Body Mass Index.

Q. Can you tell us what that is?

A. No.

Q. You don't know what Body Mass Index is?

A. I think it is something to do with the surface—I don't know.

Q. Okay. That's fine. What else is your understanding of the rules?

A. They are very strict about it.

Q. Who is very strict about it?

A. The State Board.

Q. Okay. Anything else that you can tell us about the rules?

A. That's it.

Q. Okay. Do you know why the Board has rules regarding diet drugs like [p]hentermine?

A. Yeah, there's potential for drug abuse.

Q. Is this drug addictive, do you know?

A. I think it is.

(Tr. at 24-25).

5. Dr. Parker further indicated that he had not completed or maintained any medical records about his treatment of Patient 1, as required by Rule 4731-11-02(D), Ohio Administrative Code, which states:

A physician shall complete and maintain accurate medical records reflecting the physician's examination, evaluation, and treatment of all the physician's patients. Patient medical records shall accurately reflect the utilization of any controlled substances in the treatment of a patient and shall indicate the diagnosis and purpose for which the controlled substance is utilized, and any additional information upon which the diagnosis is based.

(Tr. at 30).

Dr. Parker claimed that, while examining Patient 1, he may have written her weight, which he recalled as "around 175" pounds, on a loose piece of paper, which he no longer has. However, he admitted that he had made no notes about Patient 1's BMI, her height, her previous weight loss efforts, the physical examination, or his diagnosis. (Tr. at 27-30).

6. Patient 1 indicated that, prior to meeting Dr. Parker, she had been prescribed phentermine for weight loss by Paul E. Detty, M.D., her obstetrician/gynecologist. She stated that the phentermine had also helped her narcolepsy, particularly her problem of falling asleep while driving. (Tr. at 117-118).

Dr. Parker testified that Patient 1 had informed him that she had been prescribed phentermine three or four times by Dr. Detty, and that he had relied upon that information, since he had not obtained any of Patient 1's medical records. Patient 1's medical records indicate that Dr. Detty had prescribed her Fastin, a brand name for phentermine

hydrochloride, at least 16 times from January 1991 through July 1994.<sup>2</sup> (Tr. at 49-50; Resp. Ex. A at 9-15; Bd. Ex. Y).

Patient 1 testified that she had asked Dr. Parker to prescribe her phentermine in November 1999, while they were in a romantic relationship, because she had needed to lose weight. She stated that she had weighed “probably 155 or 160” pounds. She also indicated that she had believed that the phentermine would help her narcolepsy. (Tr. at 117-119, 136). When asked why she had not seen Dr. Detty for another prescription of phentermine, she replied:

Well, I really don't have an answer. I mean I didn't have insurance. I was working as—Well, at that time I was between jobs, uh, going in to get my real estate license.

(Tr. at 118).

Patient 1 indicated that Dr. Parker had examined her before prescribing her phentermine. She testified that he had listened to her heart and lungs, and taken her blood pressure. She stated that this was done in Dr. Parker's home office, which she described as “not a doctor's office. . . . [I]t's like a study with the computer, all the medical books . . . .” Patient 1 advised that Dr. Parker had been concerned about palpitations because of her mitral valve prolapse. She stated that Dr. Parker had consulted the cardiologist who had diagnosed her mitral valve prolapse before prescribing the phentermine. (Tr. at 119-121, 139).

Patient 1 testified that she had eventually lost weight on the Atkins diet and by exercising with a personal trainer. (Tr. at 145).

7. Dr. Parker claimed that he had not prescribed phentermine to Patient 1 so that she could lose “vanity pounds.” (Tr. at 186). He testified that he had prescribed the phentermine to treat Patient 1's narcolepsy, which he had believed to be caused by obstructive sleep apnea. Dr. Parker explained:

When you get to a certain weight, the structures around the larynx can get big enough to a point where at night you obstruct your airway and so you can't sleep properly. You kind of fall asleep and then because you are so heavy, you then start to wake up, uh, and because of the obstruction, you don't quite actually wake up, but it prevents you from getting proper sleep at night, so as a result, you fall asleep very easily during the day.

(Tr. at 29).

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<sup>2</sup> These records may not be complete. They are not certified copies; rather, they were provided to counsel for Respondent by Patient 1. (Tr. at 131-132, 201-202; Resp. Ex. A).

Dr. Parker testified that he had examined Patient 1 before prescribing her phentermine, although he admitted that he had kept no record of the examination. He stated that he had also spoken with Patient 1's cardiologist about her mitral valve prolapse and Dr. Parker's concerns about palpitations. Dr. Parker indicated that he would not have prescribed phentermine to Patient 1 if she had had a drug problem, or if she had possibly been pregnant. He testified that he had not thought that Patient 1 had a drug problem, and that he had been aware that she had previously had a tubal ligation. (Tr. at 25-26, 28, 189-190).

8. Dr. Parker indicated that Patient 1 had advised him that Dr. Detty had prescribed her phentermine for various reasons in addition to weight loss. However, although Dr. Detty's medical records allude to Patient 1's narcolepsy, the records do not demonstrate that phentermine was prescribed to Patient 1 for anything other than weight loss.<sup>3</sup> (Tr. at 29-30, 187; Resp. Ex. A at 9-15).

Dr. Parker testified that he had had "major concerns with starting anybody on stimulants" and that he had been "uncomfortable" prescribing phentermine. He further stated that he "really [doesn't] think that the [p]hentermine really does a whole lot of anything with regards to weight loss." Despite these purported reservations, Dr. Parker testified that he had prescribed phentermine to Patient 1 because he had thought "it seemed reasonable and prudent to continue the medication that [Dr. Detty] had prescribed for [Patient 1]." (Tr. at 187-188).

Dr. Parker admitted that, prior to his November 1999 treatment of Patient 1, he had never treated narcolepsy, assisted a patient in a weight reduction program, or prescribed phentermine. Dr. Parker also admitted that he did not know the schedule for phentermine. (Tr. at 22, 188, 199-200).

#### **Ritalin Prescriptions to a "Family Member"**

9. Dr. Parker prescribed Ritalin, a schedule II prescribed substance, to Patient 1 on three occasions: January 27, February 27, and June 13, 2002. The first prescription was for a 30-day supply of Ritalin; the other two were each for a 90-day supply. (St. Ex. 3 at 8-9; St. Ex. 4; Resp. Ex. F).

Dr. Parker admitted that he had failed to complete and maintain any medical records reflecting any examination or evaluation of Patient 1; the utilization of controlled substances and/or treatment of Patient 1; the diagnosis and purpose for which the Ritalin was utilized; or any additional information upon which any diagnosis was based. (Tr. at 44, 47, 52).

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<sup>3</sup> There is one record that includes the note "narcolepsy?" in close proximity to a note indicating a Fastin prescription. However, when viewed in context, this does not suggest that Fastin was prescribed for narcolepsy. (Tr. at 132-133; Resp. Ex. A at 10).

10. Dr. Parker testified that, when he had written prescriptions for Patient 1, he had not been familiar with Rule 4731-11-08(B), Ohio Administrative Code, which prohibits a physician from treating a family member with controlled substances, except in an emergency situation with proper documentation. (Tr. at 31-33). The Rule defines “family member” as:

a spouse, parent, child, sibling or other individual in relation to whom a physician’s personal or emotional involvement may render that physician unable to exercise detached professional judgment in reaching diagnostic or therapeutic decisions.

Ohio Adm. Code 4731-11-08(C).

Dr. Parker indicated that, when he had written the Ritalin prescriptions for Patient 1, they had been in a romantic relationship, and Patient 1 had been living at Dr. Parker’s home. Dr. Parker admitted that there had been no emergency situation justifying the prescriptions, “other than the fact that [Patient 1] didn’t have insurance at the time.” He further admitted that he had not properly documented an emergency situation. (Tr. at 19, 33-35, 43-44, 82-83; St. Ex. 3 at 8-9).

11. Patient 1 testified that, in January 2002, she had been concerned about her recurring problem of falling asleep while driving because she had almost had an accident. (Tr. at 121). She further testified:

I told [Dr. Parker] that Dr. Pakalnis had suggested that I go on Ritalin before. He was concerned about it and I was concerned about it. So we thought we would give me—let me try it and see if it was going to help me.

(Tr. at 121). When asked why she had not seen her neurologist about her concerns, Patient 1 replied, “[h]onestly, it’s because I didn’t have the money.” (Tr. at 122).

Patient 1 advised that the Ritalin had helped her condition. She further advised that, subsequent to Dr. Parker’s treatment of her, she had been prescribed Ritalin for her narcolepsy by Hakim Hussein, M.D., a neurologist. (Tr. at 145, 165-167; Resp. Ex. E).

12. Dr. Parker testified that, by January 2002, Patient 1 had lost a significant amount of weight, but that she had continued to have episodes of narcolepsy while driving. He indicated that he had been concerned about her safety because of the winter weather conditions. He advised that Patient 1 had informed him that her neurologist had recommended that she

start taking Ritalin for the condition. (Tr. at 36, 42). He stated:

It is my practice to usually prescribe or, you know, try to investigate the same lines of thought as another physician, uh, and if he was thinking that she needed to be on this medication, that it would help her problem, I thought maybe it would be something that we could try to see if it would work.

(Tr. at 38-39).

Despite his claim that he had prescribed Ritalin based upon Patient 1's neurologist's advice to Patient 1, Dr. Parker also maintained that Patient 1's previous physicians had failed to correctly diagnose and treat her problem. Dr. Parker admitted that he had not obtained any medical records from Patient 1's neurologist. (Tr. at 38-41, 47, 52, 182-184).

Dr. Parker testified that he had prescribed Ritalin to Patient 1 instead of advising her to see her neurologist because Patient 1 "didn't have insurance. It was kind of an urgent thing." In his answers to the Board's interrogatories, Dr. Parker claimed that it had been his understanding that Patient 1 would seek medical care from her previous treatment providers as soon as possible. He further stated that he had not felt "comfortable" about prescribing Ritalin to Patient 1. He admitted that he had never previously prescribed Ritalin. (Tr. at 37-38, 182).

13. During the time period in which Dr. Parker wrote Patient 1 the three prescriptions for Ritalin, he had been a resident at the University of Illinois in Chicago. Dr. Parker testified that he owns a home in Columbus, Ohio, and that Patient 1 had stayed there while Dr. Parker was living in Chicago. Dr. Parker advised that he had tried to visit Columbus as much as possible, usually on the weekends when he was not on call. (Tr. at 11-13, 38, 43; St. Ex. 2).

Dr. Parker stated that he had kept his prescription pad in Columbus while staying in Chicago, but that he had no longer practiced in Ohio. The prescription pad used by Dr. Parker to write the Ritalin prescriptions for Patient 1 indicates an outdated Columbus, Ohio, practice address for Dr. Parker. (Tr. at 42, 86, 173; St. Ex. 3 at 8; St. Ex. 4; Resp. Ex. F).

14. The three Ritalin prescriptions written for Patient 1 by Dr. Parker are dated: January 25, February 27, and June 13, 2002. In response to an inquiry from the Board, Ronald F. Albrecht, M.D., of the University of Illinois Anesthesiology Department, reported that Dr. Parker had been present at his residency on each of these dates. (St. Ex. 2 & 4; Resp. Ex. F.).

Dr. Parker claimed that he had been in Columbus with Patient 1 when he wrote each of the prescriptions. He explained that he must have misdated the prescriptions because he is “not very good with dates.” Patient 1 also testified that Dr. Parker has trouble with dates. She stated that he had always forgotten her birthday, and that once he had advised her of the wrong date for a flight reservation. (Tr. at 60, 67-68, 141-142, 173, 181-182).

To explain why the first Ritalin prescription was dated January 25, 2002 (a Friday) when Dr. Parker had been at his residency in Chicago on that date, Dr. Parker testified during cross-examination that he had probably flown home after work. He advised that he must have written the prescription that night after arriving in Columbus. (Tr. at 70-71; St. Ex. 2).

On direct examination, when questioned about the same prescription, Dr. Parker testified that his credit card statements indicate that he had driven to Columbus from Chicago on Saturday, January 26, 2002, and driven back to Chicago on Sunday, January 27, 2002. He stated that he must have written the prescription while he was in Columbus, but misdated the prescription. (Tr. at 168-174).

Dr. Parker had a similar explanation for the prescription dated February 27, 2002. He testified that a credit card statement indicates that he had been in Columbus on Saturday, March 2, 2002, through Sunday, March 3, 2002. He maintained that he must have written the February 2002 prescription while in Columbus on the weekend of March 2-3, but misdated it.<sup>4</sup> (Tr. at 175-176).

Dr. Parker conceded that he had not been in Columbus on June 13, 2002, when the third prescription was purportedly written. He testified, “I think in that particular case I probably came home, crashed, and probably took care of this on Saturday which would have been the 15<sup>th</sup>. So probably I could be off by two days.” (Tr. at 67-68).

15. Dr. Parker acknowledged that misdating a prescription is a significant error, and maintained that he could be trusted to no longer make that mistake.

Q. [Mr. Wilcox] Is it competent for a physician to not know the date they are writing on a prescription?

A. [Dr. Parker] In this case, no. This has caused a lot of problems.

Q. Is it important to write the correct date on a prescription?

A. Absolutely.

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<sup>4</sup> The credit card statements were not admitted into evidence, for reasons explained in the “Procedural Matters” section, *supra*.

Q. Why is it important?

A. It creates confusion. It should be accurate.

Q. Are you aware of any laws or regulations that require physicians to correctly date their prescriptions?

A. Yeah. Any controlled substance, it's very important to write the correct date as well as the address, correct phone number, correct DEA. There are a whole lot of laws.

Q. Could this Board trust you, Doctor, to be able to do that in the future if they allowed you to continue to practice in Ohio?

A. Oh, yeah.

Q. Why do you think that?

A. I never want to go through anything like this again. You know, writing any controlled substance requires specific things. They have to be very detailed. You can't just write a date that you think is a date.

(Tr. at 194-195).

16. Patient 1 indicated that Dr. Parker had written the prescriptions while in Columbus, and that he had not mailed them to her from Chicago. She further advised that the pharmacy had refused to fill the June 2002 prescription. Dr. Parker had written that prescription for 30 mg, a nonexistent dosage. (Tr. at 126-127, 142-143, 146, 148-153; St. Ex. 4).

Dr. Parker testified that, at the request of Patient 1, he had called the pharmacy about the June 2002 prescription. He stated that the pharmacist had believed that the prescription was a forgery. Dr. Parker indicated that he had advised the pharmacist of the prescription's legitimacy. Dr. Parker testified that the pharmacist had not questioned him about the dosage. (Tr. at 79-82).

17. Deputy Warren Berry, of the Delaware County Sheriff's Office, testified for the State. He advised that, in June 2002, he had been a detective primarily assigned to the Delaware County Drug Task Force. He stated that, in that capacity, he had investigated all narcotic violations in Delaware County. (Tr. at 84-85).

Deputy Berry indicated that, in June 2002, he had been contacted by a Giant Eagle pharmacy about the June 2002 prescription that Dr. Parker had purportedly written for

Patient 1. He testified that the pharmacist had been concerned about the prescription because it was written for the wrong dosage, and because the pharmacist had been unable to contact the physician, because the physician's address and phone number, as stated on the prescription, had not been current. (Tr. at 85-87).

Deputy Berry advised that he had contacted the Board and had worked on the case with Kevin R. Beck, a Board investigator. Deputy Berry testified that, during the investigation, he had never spoken with Dr. Parker. (Tr. at 87, 89). He testified about his attempts to reach Dr. Parker:

Over a three- or four-day period I made numerous attempts. I called him on the cell phone and pager. He did return one phone call. He told me to call him back. I tried numerous times but was never able to speak with him directly.

(Tr. at 89).

Deputy Berry testified that he and Mr. Beck had visited Dr. Parker's home in an effort to discuss the situation with Patient 1. Deputy Berry further testified that, at the home, they had spoken with a woman who had advised them that Patient 1 was unavailable. Deputy Berry stated that he had later learned that the woman had been Patient 1. Patient 1 explained that, when Deputy Berry and Mr. Beck had initially approached her, they had not identified themselves. She advised that she had thought that they had been bill collectors. Deputy Berry testified that Patient 1 had later agreed to meet with him and Mr. Beck, and that the meeting had taken place on August 29, 2002, at a local restaurant. (Tr. at 88-90, 104-106, 128-129).

Deputy Berry testified about the meeting with Patient 1:

Patient 1 was on one side of the table and myself and Investigator Beck was on the other. We explained to her the investigation that we were conducting. She told us that she had received the prescriptions from the doctor; that there wasn't any medical records that was available; that the doctor conducted somewhat of an examination, basics of breathing, blood pressure, stuff of that nature. That was primarily it \* \* \*.

(Tr. at 90). Mr. Beck testified that he thought that the interview had gone very well, and that he believed that Patient 1 had been honest. (Tr. at 106). He advised:

She maintained good eye contact with us. When we asked her questions, she was clear in her answers.

(Tr. at 106).

Deputy Berry advised that, after hearing Patient 1's explanation about the Ritalin prescriptions, it had been determined that no crime had been committed in Delaware County. Deputy Berry further advised that a crime may have occurred in Franklin County, and that he had referred the investigation to "Columbus Narcotics." He stated that he did not know whether any charges had been filed on the basis of the investigation. (Tr. at 93-95).

### **False Statements in Interrogatories**

18. On March 11, 2003, Dr. Parker submitted sworn responses to interrogatories propounded by the Board. In his responses, he averred that he had examined Patient 1 on the date of each prescription that he had written for her. (St. Ex. 3 at 9).

Deputy Berry each testified that, during the August 2002 investigatory interview of Patient 1, she had advised that Dr. Parker had examined her "just one specific time. It was just some blood pressure, breathing, stuff of that nature, maybe he made an indication on a piece of paper." Mr. Beck also testified that Patient 1 had stated that Dr. Parker had examined her on only one of the occasions before he had prescribed her Ritalin. (Tr. at 91, 113-114).

Patient 1 stated that she had been very nervous during her interview with Deputy Berry and Mr. Beck, and that she was also nervous testifying at the hearing. She claimed that she could not recall what she had said to Mr. Beck and Deputy Berry about the examinations during the August 2002 meeting. She further claimed that Dr. Parker had, in fact, examined her on each occasion before prescribing her Ritalin. She advised that Dr. Parker had always listened to her heart and checked her blood pressure and that, prior to the first Ritalin prescription, Dr. Parker had also checked her reflexes with "a little pointy thing for [her] knee." (Tr. at 121-122, 124-125, 130, 143-144, 149, 155).

Dr. Parker also testified that he had examined Patient 1 before each prescription. He described his 2002 examinations as "very thorough neurological examinations," but admitted that he had documented none of them. He explained that he had considered it important to thoroughly examine Patient 1 because he had believed that Patient 1 might have had other neurological issues that had been missed by her previous physicians. However, he also stated that, since he was familiar with Patient 1, "the only thing needed to be done really was to test her reflexes." (Tr. at 47, 52, 168, 184-186).

When asked to describe his examination of Patient 1 prior to the January 2002 prescription, Dr. Parker responded:

She had a history of Arnold-Chiari malformation, so I did a neurological evaluation. That meant finger-to-nose testing and—

\* \* \*

I wanted to make sure that she didn't have any focal or neurological deficits. My concern was that after her surgery that she had some type of a problem that would cause her to have narcolepsy. That meant that I needed to evaluate her cognitive function which was fine. I needed to evaluate her extraocular muscles, her cranial nerves. I needed to make sure that she had good motor function bilaterally, uh, that her reflexes were intact. I listened to her heart and lungs. I wanted to hear her—see if she had a systolic murmur consistent with mitral valve prolapse. I think I checked her pulse, her blood pressure, uh, and I believe we weighed her. At that time, I think that was the time that I was concerned with regards to the possibility of palpitations. Ritalin was not a medication that I prescribed in my practice. I knew that it could potentially cause palpitations, you know, so that was something that was of a concern to me.

\* \* \*

I also asked her, you know, if she had any addiction problems of any drugs in the past. In my practice as an emergency room physician, we are trained to look for people that are drug seeking. We purposely try not to—You know, we usually can tell if somebody is looking for medication for addiction. She indicated nothing of the sort.

(Tr. at 45-46).

Dr. Parker was asked if he had repeated these same tests prior to the subsequent Ritalin prescriptions:

Q. [Mr. Wilcox] Doctor, you just testified that you put Patient No. 1 through several tests—

A. [Dr. Parker] Yes.

Q. —prior to the first prescription in January of 2002? Did you use those same tests in the follow-up prescription in February of 2002 and June of 2002?

A. Some of those tests are things that you can tell right away by just looking at you and—

Q. That was not my question, Doctor.

A. What are you asking?

Q. My question is: Did you repeat those same tests prior to those next two prescriptions?

A. I didn't check her reflexes, but her extraocular movement you can tell—Just looking at you, I can tell you what type of neurological disorders you have, if any.

Q. Did you conduct any other—any tests for those additional prescriptions?

A. I would say that I performed pretty much the same neurological assessment that I would have done on the first exam without the reflexes. I don't know that I tested her motor function, but I could tell that she was able to walk and had good range of motion of her extremities, very good motor strength. Her cognitive function would be the same, nothing had changed there. The cranial similars [sic] were intact. Nothing had changed there.

Q. Would you have done the—checked the pulse rate and the blood pressure?

A. Yes. Vitals are essential for every evaluation.

(Tr. at 51-52).

19. Dr. Parker acknowledged that there were inaccuracies and inconsistencies in his answers to the Board's interrogatories. Specifically, the answers for questions two, three, and six set forth different dates for the three Ritalin prescriptions at issue. He stated that he had taken the matter seriously, but that he had been confused and nervous. (Tr. at 178-181; St. Ex. 3 at 8-9).
20. Dr. Parker testified that he had not intended to mislead or deceive the Board with his answers to the interrogatories. (Tr. at 180-181).

**Additional Information**

21. When asked whether he had learned anything from these proceedings, Dr. Parker testified:

Well, never to prescribe something that you don't really know that much about; not to prescribe to somebody that is a relative; to keep patient charts and document everything no matter what, and to keep the same standard that you keep in the hospital, uh, at home.

\* \* \*

\* \* \* I should have kept the records, kept the same standard especially in regards to a controlled substance. This would never have had happened to any patient in the hospital. Also, keep records of everything and dictate it.

(Tr. at 193-194).

**FINDINGS OF FACT**

1. Michael Paul Parker, M.D., prescribed schedule II and IV controlled substances to Patient 1.
  - a. Dr. Parker admitted in interrogatories to the Board that, on or about November 4, 1999, he had prescribed phentermine, a schedule IV controlled substance, to Patient 1, in part, for weight loss purposes. Before initiating treatment of Patient 1 with controlled substance anorectics, Dr. Parker failed to determine and/or failed to document that Patient 1 had made a substantial effort to lose weight in a treatment program utilizing a regimen of weight reduction based on caloric restriction, nutritional counseling, behavior modification, or exercise, without the use of controlled substances, and that said treatment had been ineffective.

Further, in Dr. Parker's treatment of Patient 1 with controlled substance anorectics, he failed to determine and/or failed to document in medical records that he had obtained a thorough history, that he had performed a thorough physical examination of Patient 1, and that Patient 1 had had a Body Mass Index [BMI] of at least 30, or a BMI of at least 27 with comorbid factors. Dr. Parker also failed to complete and maintain any medical records reflecting any examination, evaluation, the utilization of anorectic controlled substances and/or treatment of Patient 1, or any diagnosis and purpose for which the anorectic controlled substances was utilized, and any additional information upon which any diagnosis was based.

- b. During the period on or about January 27, 2002, through June 13, 2002, Dr. Parker prescribed controlled substances to Patient 1, then a family member as defined by Rule 4731-11-08(C), Ohio Administrative Code, as follows:

<b>Date</b>	<b>Quantity</b>	<b>Drug</b>	<b>Schedule</b>
1/27/02	30	Ritalin SR	II
2/27/02	90	Ritalin SR	II
6/13/02	90	Ritalin SR	II

Dr. Parker failed to complete and maintain any medical records reflecting any examination, evaluation, the utilization of controlled substances and/or treatment of Patient 1 as well as any diagnosis and purpose for which the controlled substances reflected in the above prescriptions were utilized, and any additional information upon which any diagnosis was based. Further, Dr. Parker failed to document any justification for prescribing controlled substances to Patient 1 that would constitute an emergency.

2. On March 11, 2003, Dr. Parker submitted sworn responses to interrogatories propounded by the Board, in which he testified that he had examined Patient 1 on the date of each prescription listed in paragraph 1 above. In fact, he failed to examine Patient 1 on one or more occasions including, but not limited to, June 13, 2002.

### **CONCLUSIONS OF LAW**

1. The acts, conduct, and/or omissions of Michael Paul Parker, M.D., as set forth in Findings of Fact 1(a), individually and/or collectively constitute “violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provisions of this chapter or any rule promulgated by the board,” as that clause is used in Section 4731.22(B)(20), Ohio Revised Code, to wit: Rule 4731-11-04(C), Ohio Administrative Code. Pursuant to Rule 4731-11-04(E), Ohio Administrative Code, as in effect prior to June 30, 2000, violation of Rule 4731-11-04, Ohio Administrative Code, also violates Sections 4731.22(B)(2), (3) and (6), Ohio Revised Code.
2. The acts, conduct, and/or omissions of Dr. Parker, as set forth in Findings of Fact 1, individually and/or collectively constitute “violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provisions of this chapter or any rule promulgated by the board,” as that clause is used in Section 4731.22(B)(20), Ohio Revised Code, to wit: Rule 4731-11-02(D), Ohio Administrative Code, as in effect from November 17, 1986, through August 31, 2000, and since September 1, 2000. Pursuant to Rule 4731-11-02(F), Ohio Administrative Code, violation of Rule 4731-11-02(D), Ohio Administrative Code, also violates Sections 4731.22(B)(2) and (6), Ohio Revised Code.

3. The acts, conduct, and/or omissions of Dr. Parker, as forth in Findings of Fact 1(b), individually and/or collectively constitute “violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provisions of this chapter or any rule promulgated by the board,” as that clause is used in Section 4731.22(B)(20), Ohio Revised Code, to wit: Rule 4731-11-08, Ohio Administrative Code, as in effect from November 11, 1998, through March 14, 2001, and since March 15, 2001.
4. The acts, conduct, and/or omissions of Dr. Parker, as set forth in Findings of Fact 2, individually and/or collectively constitute “[m]aking a false, fraudulent, deceptive, or misleading statement in the solicitation of or advertising for patients; in relation to the practice of medicine and surgery, osteopathic medicine and surgery, podiatric medicine and surgery, or a limited branch of medicine; or in securing or attempting to secure any certificate to practice or certificate of registration issued by the board,” as that clause is used in Section 4731.22(B)(5), Ohio Revised Code.
5. The acts, conduct, and/or omissions of Dr. Parker as set forth in Findings of Fact 2, individually and/or collectively constitute “[c]ommission of an act in the course of practice that constitutes a misdemeanor in this state, regardless of the jurisdiction in which the act was committed,” as that clause is used in Section 4731.22(B)(12), Ohio Revised Code, to wit: Falsification, as prohibited by Section 2921.13, Ohio Revised Code.
6. The acts, conduct, and/or omissions of Dr. Parker, as set forth in Findings of Fact 2, individually and/or collectively constitute a “[f]ailure to cooperate in an investigation conducted by the board under division (F) of this section, including . . . failure to answer truthfully a question presented by the board at a deposition or in written interrogatories,” as those clauses are used in Section 4731.22(B)(35), Ohio Revised Code.

\* \* \* \* \*

Dr. Parker’s treatment of Patient 1 demonstrates a significant lack of judgment. Patient 1 was suffering from serious conditions, with which Dr. Parker had no experience treating. He unlawfully prescribed her controlled substances with which he was not familiar. In one instance, he demonstrated his ignorance of the schedule II controlled substance he was prescribing by writing for an incorrect dosage. Further, Dr. Parker maintained no medical records to assist any subsequent treatment providers, despite his claim that it had been his understanding that Patient 1 would soon find other medical care.

Moreover, the Hearing Examiner finds that Patient 1’s initial account, that Dr. Parker had examined her prior to only one of the three Ritalin prescriptions, to be more credible than her later account, and more credible than Dr. Parker’s testimony, that she had been examined each time. When Patient 1 met with the investigators in August 2002, her memory about the relevant

events had been fresher. Her hearing testimony was given more than two years after the prescriptions had been written. Further, she had no reason to lie about the examination history when first interviewed, because, at that point, she probably had not known that Dr. Parker could be disciplined specifically for his failure to examine her. Lastly, it is incredible that Dr. Parker would perform "thorough neurological evaluations" before each prescription, yet fail to take the time to date the prescription correctly. This compels the conclusion that Dr. Parker lied in his interrogatories and in his testimony at hearing.

Given this deception, one has to question whether Dr. Parker's claim that he had misdated Patient 1's prescriptions is also a lie. But even if Dr. Parker's defense is believed, the circumstances are extremely troubling. To fail to properly date prescriptions, a simple detail, and to write prescriptions on a pad which indicates an outdated address and phone number, again demonstrates Dr. Parker's carelessness in his treatment of Patient 1.

Dr. Parker appeared agitated and upset at hearing, but this seemed to be from a failure to cope with an unpleasant situation, rather than from genuine remorse for his misconduct. He demonstrated no sincere intent or desire to learn from his mistakes. Despite facing an allegation that he had misprescribed a weight-loss drug, he had not yet familiarized himself with the weight-loss prescribing rule. He testified that he did not even know the meaning of the term "Body Mass Index," a concept that even many laypersons understand.

Dr. Parker's deceitful attempts to cover up his errors, the careless and unlawful manner in which he prescribed controlled substances to a loved one, his ignorance of Board rules (in which he persists), and his lack of remorse compel the conclusion that Dr. Parker's continued practice in this state is a threat to the public. Accordingly, permanent revocation is warranted.

### **PROPOSED ORDER**

It is hereby ORDERED that:

The certificate of Michael Paul Parker, M.D., to practice medicine and surgery in the State of Ohio shall be PERMANENTLY REVOKED.

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

  
Stobhan R. Clovis, Esq.  
Hearing Examiner



# State Medical Board of Ohio

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## EXCERPT FROM THE DRAFT MINUTES OF OCTOBER 13, 2004

### REPORTS AND RECOMMENDATIONS

Ms. Sloan announced that the Board would now consider the findings and orders appearing on the Board's agenda. She asked whether each member of the Board had received, read, and considered the hearing records, the proposed findings, conclusions, and orders, and any objections filed in the matters of: Ghassan Haj-Hamed, M.D.; Sam Hill, D.O.; Barry Alan Fultz, M.T.; Sandra Kay Harewood, M.D.; Jeanne M. Kirkland, M.D.; Michael Paul Parker, M.D.; Jinka R. Sathya, M.D.; Animesh Chandulal Shah, M.D.; Hisham H. Soliman, M.D.; and Mary Mei-Ling Yun, M.D. A roll call was taken:

ROLL CALL:	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Dr. Robbins	- aye
	Dr. Garg	- aye
	Ms. Sloan	- aye

The motion carried.

Ms. Sloan 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. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Dr. Robbins	- aye
	Dr. Garg	- aye
	Ms. Sloan	- aye

Ms. Sloan noted that, in accordance with the provision in Section 4731.22(F)(2), 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 these matters.

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

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

Dr. Davidson returned to the meeting at this time and advised that she received, read, and considered the hearing records, the proposed findings, conclusions, and orders, and any objections filed in the Reports and Recommendations appearing on today's agenda. She further advised that she 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.

Subsequent to the meeting, Mr. Browning, who arrived later in the proceedings, confirmed that he also received, read, and considered the hearing records, the proposed findings, conclusions, and orders, and any objections filed in the Reports and Recommendations appearing on today's agenda, and that he 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.

.....

Dr. Kumar left the meeting at this time.

MICHAEL PAUL PARKER, M.D.

Ms. Sloan directed the Board's attention to the matter of Michael Paul Parker, M.D. She advised that objections were filed to Hearing Examiner Clovis' Report and Recommendation and were previously distributed to Board members.

Ms. Sloan continued that a request to address the Board had been timely filed on behalf of Dr. Parker. Five minutes would be allowed for that address.

Dr. Parker was accompanied by his attorney, Douglas E. Graff.

Mr. Graff stated that he would speak very briefly and he apologized to the Board for any earlier inconvenience of the Board.

Mr. Graff stated that Dr. Parker is here because he wrote one prescription for phentermine to a significant other. It had previously been prescribed by others, but Dr. Parker wrote that it was for narcolepsy and for weight loss. Dr. Parker did not follow the Board's rules and, actually, was totally unaware of the Board's

rules for prescribing of phentermine. Moreover, no records were kept. Two years later, Dr. Parker wrote three prescriptions for Ritalin to the same individual, also for narcolepsy. Two of those prescriptions were, in fact, negotiated; one caused a pharmacist to call and that brought Dr. Parker before the Board today. Mr. Graff continued that, to compound the problem, in an inconceivable lack of insight, Dr. Parker didn't take the Board's interrogatories seriously. That's why he's here before the Board today.

Mr. Graff continued that they don't ask that the Board excuse his conduct, nor do they ask the Board to look past that conduct. This individual didn't know and needed to find out. They do ask that the Board allow Dr. Parker to continue to practice medicine. Mr. Graff noted that Dr. Parker just graduated from his residency program in anesthesia. He just became board certified in that area. Dr. Parker has learned dramatically from this event. Mr. Graff asked that the Board listen to Dr. Parker and find that permanent revocation is inappropriate.

Dr. Parker thanked the Board for the opportunity that medicine has offered to him in allowing him to make a difference to the many patients that he has encountered in this rewarding, but difficult, journey. He reflects back on the many cases that he's encountered, and the small amount of good that he's been able to accomplish, and he's truly grateful that he's been allowed this opportunity. Dr. Parker stated that, although there may not be a "Mr. Holland's Opus" today, he feels thankful for the many lives and families upon which he might have made some small impact in a positive way.

Dr. Parker continued that he wants to truly apologize for his actions and the lack of common sense that precipitated the events surrounding his appearance here before the Board. Having never been involved in a malpractice situation in years of practice, it is astonishing to him that he now finds himself in danger of losing his license. Dr. Parker stated that, nevertheless, he takes full responsibility for his actions and the egregious errors he's made in violation of the law. Dr. Parker stated that he is thankful that the Board has set him straight and forever impressed upon him the consequences of what could happen to those who violate the laws.

Dr. Parker stated that, although this was the one and only time he prescribed these medications, he has forever learned that it only takes one time to end up before the Board. In this case, Fastin had been prescribed by another practitioner, and Ritalin had been recommended by a Board certified neurologist, but he makes no excuses. In essence, he has no defense since he violated both the Board rules and his own rules in not keeping a chart, not to mention prescribing for someone who, in essence, was a family member. Dr. Parker stated that he is truly sorry for his actions, and added that there is really no defense or excuse for his egregious errors in judgment. He knows from the bottom of his heart that this will never happen again. Dr. Parker stated that he is at the mercy and judgment of this Board.

Dr. Parker referred to a previous settlement offer, which he now regrets turning down. In his past he has excelled in emergency medicine, despite not having the residency opportunities due to a National Health Service Corps commitment. He is now Board certified and an oral examiner. Dr. Parker added that, having just completed an anesthesia residency, he can state that he scored close to the 90 percentile in his peer group. He just found out that he passed the written boards two weeks ago.

Dr. Parker stated that he has a wealth of knowledge to offer his patients, and added that medicine, to him, has always been about making a difference. Each day he can impact someone's life in a positive way is a successful day, in his mind. Dr. Parker stated that he's truly grateful for what he's received thus far.

Dr. Parker advised that, if the Board allows him to continue, he would be grateful for any opportunity to practice. He would be more than willing to do any community service or pro bono work. He also loves to teach. Dr. Parker stated that he has not worked or attempted to find employment since completing his residency, which was about two and a half months ago. He's done a lot of soul searching, and he finds that he truly enjoys impacting the lives of those around him and making a positive impact. To him, medicine and everyone with whom he's interacted are truly "Mr. Holland's Opus."

Ms. Sloan asked whether the Assistant Attorney General wished to respond.

Mr. Wilcox asked that the Board disregard any statement that Dr. Parker made in regards to settlement negotiations. He stated that the Report and Recommendation does an excellent job in summarizing the facts in this case. There are serious issues before the Board. At the very best, Dr. Parker was very sloppy and indifferent in his responsibilities as a physician. At the worst, he was incompetent to the point of being dangerous.

Mr. Wilcox stated that this case boils down to whether the Board can trust Dr. Parker to properly and safely prescribe scheduled medications for future patients. Dr. Parker's actions in this matter indicate that he may not be able to do so. Mr. Wilcox commented that he doesn't think that Dr. Parker realized the seriousness of this matter at the time of the hearing. He seems to have grasped the seriousness at this point, but it may be too late.

Mr. Wilcox stated that he does agree with the Hearing Examiner's conclusion that, given what is known in this matter, it is very difficult to believe that Dr. Parker conducted examinations before these prescriptions were written. If he wasn't going to bother keeping records, or he couldn't be bothered with knowing the proper date of the prescription, it is very hard to believe that he was going to conduct neurological exams of this patient.

Mr. Wilcox continued that, whether Dr. Parker is salvageable through some suspension period coupled with ethics and recordkeeping courses is debatable, and, obviously, what the Board has to consider that today during its deliberations.

**DR. ROBBINS MOVED TO APPROVE AND CONFIRM MS. CLOVIS' PROPOSED FINDINGS OF FACT, CONCLUSIONS, AND ORDER IN THE MATTER OF MICHAEL PAUL PARKER, M.D. DR. BHATI SECONDED THE MOTION.**

Ms. Sloan stated that she would now entertain discussion in the above matter.

Dr. Buchan stated that he came here today, anticipating that this is a physician that he wasn't sure he could trust. He believes that Dr. Parker lied in his interrogatories and in his testimony. Dr. Buchan stated that, as he reviewed Dr. Parker's comments, he felt that Dr. Parker didn't need to be licensed in this state. Dr. Buchan stated that he thought his mind was made up. However, listening to Dr. Parker today, Dr. Buchan stated that he feels somewhat differently. He has been softened by Dr. Parker's presentation. Dr. Buchan added that he believes that Dr. Parker is a bright fellow, as is evident from his CV, and that he finally understands, or at least speaks as though he now understands. Dr. Buchan stated that he is now willing to give Dr. Parker another chance in this state. He stated that he would at least require a period of suspension, an ethics course, and a recordkeeping course. Dr. Buchan stated that he would be willing to, at least, entertain the thought of allowing Dr. Parker to return to the State of Ohio. Dr. Buchan stated that he would like to hear other Board members' thoughts before moving to table the matter to craft language for an alternative order.

Dr. Davidson stated that she agrees totally with Dr. Buchan. She agreed that Dr. Parker's personal appearance was very compelling. There was, at least, an egregious lack of judgment, but Dr. Parker has learned something from this experience. With course work and a period of probation, the Board can continue to observe his progress and, hopefully, Dr. Parker can become a useful member of the medical profession here in Ohio.

Dr. Robbins stated that he would echo Dr. Buchan's and Davidson's comments. Before this appearance, he thought this case was pretty clear-cut, but, on listening to Dr. Parker, he thinks a suspension of some length with courses in ethics, prescribing and recordkeeping would be reasonable. Dr. Robbins stated that he would agree to give Dr. Parker a second chance.

Dr. Bhati stated that this is a tragic case. This is a young man who made a serious mistake, and he ought to understand and realize what he did. Initially, Dr. Parker didn't understand that problem. By his statement today it seems that he now does. Dr. Bhati stated that a second chance is reasonable, and he would explore the possibility of a one-year suspension with all of the routine conditions for reinstatement, and three years probation with all of the routine requirements.

Dr. Egner stated that Dr. Parker didn't so much make mistakes as he's a liar. His personal character is terribly flawed, and that's the real problem. What do physicians have to offer? They have their knowledge, and they have their integrity to confer that knowledge in order to help someone. Dr. Egner stated that she thinks that the Board members all agree that Dr. Parker is good on the knowledge part, but she doesn't know that he has the integrity so that when he administers anesthesia he will do so with honesty and integrity. Dr. Parker didn't show it in his interrogatories, nor did he show it in the hearing. Dr. Parker sits before the Board for five minutes and members are completely changing their minds. Dr. Egner stated that if the Board is going to give Dr. Parker another chance, she would strongly urge that this not be a light amendment. Dr. Parker needs time out. He needs to understand the seriousness of his conduct, and that character is a crucial part of practicing medicine. Dr. Parker needs to be watched very closely. This will follow him for a very long time. Dr. Egner stated that she is very concerned, and was not at all in favor of a change in the Report and Recommendation. She stated that she isn't now, but she

can tell that she may be in the minority, and so she feels compelled to stress that any Order has to be very strict because she doesn't believe that Dr. Parker is a trustworthy person.

Dr. Bhati agreed with Dr. Egner, but added that the issue is whether the Board should permanently revoke based on his lying about one situation. Or does the Board give him another chance with very strict conditions. Dr. Bhati stated that, if other Board members want a suspension longer than one year, he doesn't have any problem with that. He added that he feels that one year will give Dr. Parker the chance to sit out and think about the courses he's taking, and hopefully he won't make the same mistakes again. Dr. Bhati added that he would also agree to a five-year probationary period. Dr. Bhati stated that the conditions need to be as strict as the Board can make them. Dr. Bhati added that Dr. Parker is lucky to be getting another chance.

Mr. Browning asked whether the Board should table this to write an alternative order.

Dr. Bhati answered yes, unless they can take it as routine suspension conditions and probationary conditions.

Mr. Dilling stated that Dr. Bhati has to direct staff as to what he wants in the Order.

Dr. Buchan suggested the following: a one-year suspension, ethics, prescribing and recordkeeping courses, and probationary terms for five years.

Dr. Bhati stated that there should be all the routine bells and whistles.

Dr. Egner asked whether he would have a monitoring physician.

Dr. Bhati stated that he would.

Ms. Thompson asked whether Dr. Buchan is suggesting a one-year suspension or an indefinite suspension, with a minimum of one year.

Board members indicated that it should be an indefinite suspension, not less than one year.

Ms. Thompson asked whether the courses would be included as part of the reinstatement conditions.

Dr. Buchan and Dr. Bhati both stated that they would.

Dr. Egner stated that she would prefer a longer suspension period. She stated that what Dr. Parker did is so very serious. Dr. Parker made a mockery of writing these prescriptions. She asked whether the Board honestly thinks that it has an idea of what went on here? Did he write the prescriptions in Chicago, or did he write them in Columbus? Did he write the prescriptions, or did the girlfriend write the prescriptions? Did he answer any of the questions truthfully? Dr. Egner stated that she doesn't know. She added that

there aren't many hearing records that she can read from front to back and she still doesn't know what happened. Dr. Egner stated that Dr. Parker should be out of practice for a minimum of two years. She added that Dr. Parker should have a one-on-one ethics courses, more tailored to honesty and integrity, with a report back from that person giving the course, saying whether Dr. Parker gets it or not. For Dr. Parker to go up to the Cleveland Clinic and take a course in ethics is just not enough.

Mr. Browning stated that Dr. Egner is raising very legitimate questions, but the Board has to go on the evidence, and there is no evidence that what Dr. Egner is feeling is accurate. He suggested splitting the difference at 18 months.

Dr. Bhati agreed to 18 months.

**DR. BUCHAN MOVED TO TABLE THE MATTER. DR. BHATI SECONDED THE MOTION. A**  
vote was taken:

Vote:	Dr. Egner	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Dr. Davidson	- aye
	Dr. Garg	- abstain
	Dr. Steinbergh	- aye

The motion carried.

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**DR. BHATI MOVED TO REMOVE THE MATTER OF MICHAEL PAUL PARKER, M.D.,**  
**FROM THE TABLE. MR. BROWNING SECONDED THE MOTION. A vote was taken:**

Vote:	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- abstain
	Ms. Sloan	- aye

The motion carried.

**DR. BHATI MOVED THAT THE PROPOSED ORDER IN THE MATTER OF MICHAEL PAUL PARKER, M.D., BE AMENDED TO READ AS FOLLOWS:**

It is hereby ORDERED that:

1. **SUSPENSION OF CERTIFICATE:** The certificate of Michael Paul Parker, M.D., to practice medicine and surgery in the State of Ohio shall be SUSPENDED for an indefinite period of time, but not less than 18 months.
2. **CONDITIONS FOR REINSTATEMENT OR RESTORATION:** The Board shall not consider reinstatement or restoration of Dr. Parker's certificate to practice medicine and surgery until all of the following conditions have been met:
  - A. **Application for Reinstatement or Restoration:** Dr. Parker shall submit an application for reinstatement or restoration, accompanied by appropriate fees, if any.
  - B. **Controlled Substances Prescribing Course:** At the time he submits his application for reinstatement or restoration, Dr. Parker shall provide acceptable documentation of successful completion of a course dealing with the prescribing of controlled substances. The exact number of hours and the specific content of the course or courses shall be subject to the prior approval of the Board or its designee. Any courses taken in compliance with this provision shall be in addition to the Continuing Medical Education requirements for relicensure for the Continuing Medical Education period(s) in which they are completed.
  - C. **Personal Ethics Course:** At the time he submits his application for reinstatement or restoration, Dr. Parker shall provide acceptable documentation of successful completion of a course or courses dealing with personal ethics. The exact number of hours and the specific content of the course or courses shall be subject to the prior approval of the Board or its designee. Any courses taken in compliance with this provision shall be in addition to the Continuing Medical Education requirements for relicensure for the Continuing Medical Education period(s) in which they are completed.
  - D. **Medical Records Course:** At the time he submits his application for reinstatement or restoration, Dr. Parker shall provide acceptable documentation of satisfactory completion of a course on maintaining adequate and appropriate medical records, such course to be approved in advance by the Board or its designee. Any courses taken in compliance with this provision shall be in

addition to the Continuing Medical Education requirements for relicensure for the Continuing Medical Education period(s) in which they are completed.

- E. **Additional Evidence of Fitness To Resume Practice**: In the event that Dr. Parker 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 or restoration, the Board may exercise its discretion under Section 4731.222 of the Revised Code to require additional evidence of his fitness to resume practice.
3. **PROBATION**: Upon reinstatement or restoration, Dr. Parker's certificate shall be subject to the following PROBATIONARY terms, conditions, and limitations for a period of at least five years:
- A. **Obey the Law**: Dr. Parker shall obey all federal, state, and local laws, and all rules governing the practice of medicine and surgery in Ohio.
- B. **Declarations of Compliance**: Dr. Parker shall submit quarterly declarations under penalty of Board disciplinary action or criminal prosecution, stating whether there has been compliance with all the conditions of this Order. The first quarterly declaration must be received in the Board's offices on or before the first day of the third month following the month in which Dr. Parker's certificate is restored or reinstated. Subsequent quarterly declarations must be received in the Board's offices on or before the first day of every third month.
- C. **Personal Appearances**: Dr. Parker shall appear in person for an interview before the full Board or its designated representative during the third month following the month in which his certificate is restored or reinstated, or as otherwise directed by the Board. 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.
- D. **Monitoring Physician**: Within thirty days of the date of Dr. Parker's reinstatement or restoration, or as otherwise determined by the Board, Dr. Parker 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. Parker and who is engaged in the same or similar practice specialty.

The monitoring physician shall monitor Dr. Parker and his medical practice,

and shall review Dr. Parker'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. Parker and his medical practice, and on the review of Dr. Parker's patient charts. Dr. Parker 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. Parker's quarterly declaration.

In the event that the designated monitoring physician becomes unable or unwilling to serve in this capacity, Dr. Parker must immediately so notify the Board in writing. In addition, Dr. Parker 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. Parker 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.

E. **Noncompliance Will Not Reduce Probationary Period:** In the event Dr. Parker is found by the Secretary of the Board to have failed to comply with any provision of this Order, and is so notified of that deficiency in writing, such period(s) of noncompliance will not apply to the reduction of the probationary period under this Order.

4. **TERMINATION OF PROBATION:** Upon successful completion of probation, as evidenced by a written release from the Board, Dr. Parker's certificate will be fully restored.

**EFFECTIVE DATE OF ORDER:** This Order shall become effective immediately upon the mailing of notification of approval by the Board.

**DR. ROBBINS SECONDED THE MOTION.**

Dr. Buchan stated that he thinks that this amendment looks good. He stated that the amendment enables Dr. Parker to get back into practice. He stated that he would only speak to the length of the suspension. Dr. Buchan stated that the message is clear; the opportunities are ahead of him. He questioned an 18-month suspension versus a one-year suspension, or a six-month suspension. Dr. Buchan stated that he would vote for a one-year suspension. He again stated that the message is clear, and he doesn't think the Board needs to pile on.

Dr. Bhati asked for other Board members' viewpoints.

Dr. Davidson stated that the Board has had extensive discussions about the purpose, benefits and detractions from long suspension or any suspension. On the downside, here's a fellow that has just completed an anesthesiology residency. It's fairly technical and those skills will start to decay. That's kind of the downside. Hopefully, the Board is sending a message. The Board wants an order that has some relationship to the severity of the issues here and the importance. Dr. Davidson stated that the Board would love to be able to bestow integrity and character on every physician that the Board sees that has had a brush with that issue and problem. She added that she's not sure that the Board can, and she's not sure that six more months accomplishes that. Dr. Davidson stated that she would be in favor of a one-year suspension.

Dr. Robbins also spoke in favor of a one-year suspension. He stated that he doesn't personally think that the additional time out, as long as everything is done as stipulated, makes a lot of difference.

Dr. Bhati asked whether Dr. Egner would agree to that.

Dr. Egner stated that it really wasn't additional time. It was less than two years. That's how the Board got to 18 months. It didn't tack on six months, it took away six months. She added that she doesn't want to haggle over six months, she just wants to make it clear that the motion is for six less months rather than six more.

**DR. BHATI CHANGED THE SUSPENSION PERIOD OF HIS MOTION TO ONE YEAR.  
DR. ROBBINS, AS SECOND, AGREED TO THE CHANGE.**

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

Vote:	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- abstain
	Ms. Sloan	- aye

The motion carried.

**DR. BHATI MOVED TO APPROVE AND CONFIRM MS. CLOVIS' PROPOSED FINDINGS OF FACT, CONCLUSIONS, AND ORDER, AS AMENDED, IN THE MATTER OF MICHAEL PAUL**

**PARKER, M.D. DR. BUCHAN SECONDED THE MOTION.** A vote was taken:

Vote:	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- abstain
	Ms. Sloan	- aye

The motion carried.



# State Medical Board of Ohio

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

May 14, 2003

Michael Paul Parker, M.D.  
259 Autumn Leaf Court  
Columbus, OH 43235

Dear Doctor Parker:

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, permanently 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) You prescribed Schedule II and IV controlled substances to Patient 1 (as identified on the attached Patient Key- Key confidential to be withheld from public disclosure).
  - a. You admitted in interrogatories to the State Medical Board of Ohio [Board] that, on or about November 4, 1999, you prescribed phentermine, a schedule IV controlled substance, to Patient 1, in part, for weight loss purposes. Prior to initiating your treatment of Patient 1 with controlled substance anorectics, you failed to determine and/or you failed to document that Patient 1 had made a substantial effort to lose weight in a treatment program utilizing a regimen of weight reduction based on caloric restriction, nutritional counseling, behavior modification, or exercise, without the use of controlled substances, and that said treatment had been ineffective.

Further, in your treatment of Patient 1 with controlled substance anorectics, you failed to determine and/or you failed to document in your records that you obtained a thorough history, that you performed a thorough physical examination of Patient 1, and that Patient 1 had a Body Mass Index [BMI] of at least thirty, or a BMI of at least twenty-seven with comorbid factors. You also failed to complete and maintain any medical records reflecting any examination, evaluation, the utilization of anorectic controlled substances and/or treatment of Patient 1 as well as any diagnosis and purpose for which the anorectic controlled substances reflected in the above prescription was utilized, and any additional information upon which any diagnosis was based.

*Mailed 5/15/03*

- b. During the period on or about January 27, 2002, through June 13, 2002, you prescribed controlled substances to Patient 1, then a family member as defined by Rule 4731-11-08(C), Ohio Administrative Code as follows:

<b>Date</b>	<b>Quantity</b>	<b>Drug</b>	<b>Schedule</b>
01/27/02	30	Ritalin SR	II
02/27/02	90	Ritalin SR	II
06/13/02	90	Ritalin SR	II

You failed to complete and maintain any medical records reflecting any examination, evaluation, the utilization of controlled substances and/or treatment of Patient 1 as well as any diagnosis and purpose for which the controlled substances reflected in the above prescriptions were utilized, and any additional information upon which any diagnosis was based. Further, you failed to document any justification for prescribing controlled substances to Patient 1 that would constitute an emergency.

- (2) On or about March 11, 2003, you submitted sworn responses to interrogatories propounded by the Board, in which you testified that you examined Patient 1 on the date of each prescription listed in paragraph 1 above. In fact, you failed to examine Patient 1 on one or more occasions including, but not limited to, June 13, 2002.

Your acts, conduct, and/or omissions as alleged in paragraph (1)(a) above, individually and/or collectively, constitute "violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provisions of this chapter or any rule promulgated by the board," as that clause is used in Section 4731.22(B)(20), Ohio Revised Code, to wit: 4731-11-04(C), Ohio Administrative Code. Pursuant to Rule 4731-11-04(E), Ohio Administrative Code, as in effect prior to June 30, 2000, violation of Rule 4731-11-04, Ohio Administrative Code, also violates Sections 4731.22(B)(2), (3) and (6), Ohio Revised Code.

Further, your acts, conduct, and/or omissions as alleged in paragraph (1) above, individually and/or collectively, constitute "violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provisions of this chapter or any rule promulgated by the board," as that clause is used in Section 4731.22(B)(20), Ohio Revised Code, to wit: 4731-11-02(D), Ohio Administrative Code, as in effect from November 17, 1986, through August 31, 2000, and since September 1, 2000. Pursuant to Rule 4731-11-02(F), Ohio Administrative Code, violation of Rule 4731-11-02(D), Ohio Administrative Code, also violates Sections 4731.22(B)(2) and (6), Ohio Revised Code.

Further, your acts, conduct, and/or omissions as alleged in paragraph (1)(b) above, individually and/or collectively, constitute "violating or attempting to violate, directly

or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provisions of this chapter or any rule promulgated by the board,” as that clause is used in Section 4731.22(B)(20), Ohio Revised Code, to wit: 4731-11-08, Ohio Administrative Code, as in effect from November 11, 1998, through March 14, 2001, and since March 15, 2001.

Further, your acts, conduct, and/or omissions as alleged in paragraph (2) above, individually and/or collectively, constitute “[m]aking a false, fraudulent, deceptive, or misleading statement in the solicitation of or advertising for patients; in relation to the practice of medicine and surgery, osteopathic medicine and surgery, podiatric medicine and surgery, or a limited branch of medicine; or in securing or attempting to secure any certificate to practice or certificate of registration issued by the board,” as that clause is used in Section 4731.22(B)(5), Ohio Revised Code.

Further, your acts, conduct, and/or omissions as alleged in paragraph (2) above, individually and/or collectively, constitute “[c]ommission of an act in the course of practice that constitutes a misdemeanor in this state, regardless of the jurisdiction in which the act was committed,” as that clause is used in Section 4731.22(B)(12), Ohio Revised Code, to wit: Section 2921.13, Ohio Revised Code, Falsification.

Further, your acts, conduct, and/or omissions as alleged in paragraph (2) above, individually and/or collectively, constitute a “[f]ailure to cooperate in an investigation conducted by the board under division (F) of this section, including ... failure to answer truthfully a question presented by the board at a deposition or in written interrogatories,” as those clauses are used in Section 4731.22(B)(35), 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 days of the time of mailing of this notice.

You are further advised that, if you timely request a hearing, 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 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, permanently revoke, suspend, refuse to register or reinstate your certificate to practice medicine and surgery or to reprimand or place you on probation.

Please note that, whether or not you request a hearing, Section 4731.22(L), Ohio Revised Code, provides that “[w]hen the board refuses to grant a certificate to an

applicant, revokes an individual's certificate to practice, refuses to register an applicant, or refuses to reinstate an individual's certificate to practice, the board may specify that its action is permanent. An individual subject to a permanent action taken by the board is forever thereafter ineligible to hold a certificate to practice and the board shall not accept an application for reinstatement of the certificate or for issuance of a new certificate."

Copies of the applicable sections are enclosed for your information.

Very truly yours,



Anand G. Garg, M.D.  
Secretary

AGG/blt  
Enclosures

CERTIFIED MAIL # 7000 0600 0024 5148 1196  
RETURN RECEIPT REQUESTED

Duplicate mailing to: 633 South Laflin #4  
Chicago, IL 60608

CERTIFIED MAIL # 7000 0600 0024 5148 1189  
RETURN RECEIPT REQUESTED

cc: Douglas C. Boatwright, Esq.  
The Midland Building  
250 East Broad Street  
Columbus, OH 43215-3742

CERTIFIED MAIL # 7000 0600 0024 5148 1110  
RETURN RECEIPT REQUESTED