

WISCONSIN DEPARTMENT OF REGULATION & LICENSING



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STATE OF WISCONSIN
BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF THE DISCIPLINARY :
PROCEEDINGS AGAINST : FINAL DECISION AND ORDER
:
BRUCE LYNN KLINK, D.O., : ORDER 0000555
RESPONDENT. :

Division of Enforcement Case No. 09 MED 359

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Bruce Lynn Klink, D.O.
N55 W21724 Adamdale Drive
Menomonee Falls, WI 53051

Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935
Madison, WI 53708-8935

Medical Examining Board
Department of Regulation and Licensing
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Board. The Board has reviewed this Stipulation and considers it acceptable.

Accordingly, the Board adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Bruce Lynn Klink, D.O. (DOB May 9, 1951) is licensed and currently registered by the Wisconsin Medical Examining Board to practice medicine and surgery in the state of Wisconsin pursuant to license number 20842, which was first granted on July 6, 1977.
2. Respondent's address of record with the Department of Regulation and Licensing is N55 W21724 Adamdale Drive, Menomonee Falls, Wisconsin 53051.
3. Beginning in 1995, Respondent was employed as a physician by Aurora Advanced Healthcare in Germantown, Wisconsin. In early 2009, Respondent was having some altered mental status and had changes in his behavior at work due to physical conditions.

4. Respondent has acknowledged to the Division of Enforcement that during this time he may have post dated prescriptions for controlled substances for patients, but said he was not certain because he does not remember and everything was a blur to him. In February 2009, Respondent and his employer agreed that he would begin a medical leave of absence from his employment. Respondent was asked to refrain from contact with his patients while he was on leave. Later, Respondent admitted to his employer that while on leave he contacted one patient and attempted to contact another, both regarding narcotic prescriptions. Respondent's employer reviewed Respondent's patients' records from prior to his leave and they showed an excessive amount of narcotics prescribed.

5. Following the commencement of his leave of absence from work, Respondent had a series of admissions to Community Memorial Hospital in Menomonee Falls. They included:

a. From March 12 through 16, 2009, Respondent was hospitalized with complaints of nausea, vomiting and abdominal pain. He was diagnosed with kidney stones, among other things, and a cystoscopy was performed and a stent placed. A few hours after discharge, on March 16, 2009, Respondent was transported by ambulance to Community Memorial Hospital following an event witnessed by his wife which was noted to be a new onset convulsive seizure. He was hospitalized through March 26, 2009. Respondent was placed on Dilantin.

b. Shortly after midnight on June 29, 2009, Respondent's wife found him unresponsive on their bathroom floor. An ambulance was called and the EMTs reported that Respondent's pupils were pinpoint and nonreactive, his hand strength was strong on the right and weak on the left and he was unable to speak. Respondent "started coming around" shortly after they administered naloxone, a drug used to counter the effects of opioid overdose. Respondent was transported by ambulance to Community Memorial Hospital and was discharged on June 30 with diagnoses of altered mental state thought to be caused by seizure.

c. On July 9, 2009, Respondent had decreased responsiveness and was transported to the hospital. In the ER, he was very somulent but later woke up. He was diagnosed with seizure disorder and released the next day.

d. On August 10, 2009 Respondent's wife was unable to fully wake him at 8 a.m. and he was taken to the hospital and arrived with altered mental status. He became more lethargic and his respirations decreased to 6. He was given doses of flumazenil, a benzodiazepine antagonist, which woke him until the flumazenil wore off and he went back to sleep until being given another dose. Respondent had recently been prescribed diazepam and a possible benzodiazepine overdose was considered. However, Respondent's wife said all the benzodiazepines were accounted for. On August 13, 2009 Respondent was transferred to Aurora St. Luke's Medical Center in Milwaukee.

6. On August 13, 2009, Respondent was admitted to Aurora St. Luke's Medical Center in Milwaukee because of his seizure in March and his periods of unresponsiveness, mental status change and presumed subclinical or unrecognized seizures. Respondent was seen by a neurologist and testing and video EEG monitoring was performed. Respondent's anti-seizure medications were discontinued on August 14. No seizures were observed. At the time Respondent was discharged on August 17, 2009, the neurologist concluded that it was unlikely

Respondent's history was the result of epileptic seizures. She felt the first event may have been an episode of convulsive syncope following the renal stenting, the anti-seizure medications may have contributed to later cognitive issues and that issues regarding positive tox screens and responses to flumazenil needed to be clarified.

7. On December 29, 2009, Respondent returned to the neurologist to get forms completed to regain his driver's license which had been suspended because of his seizure history. The neurologist asked Respondent to have further assessment of substance abuse history before she could complete the form. In July 2009, because of concerns that Respondent's altered mental status could be due to substance abuse, Respondent had been referred to Dr. Lance Longo, a psychiatrist who specializes in assessing and treating individuals with alcohol and other drug abuse or dependency issues. On January 11, 2010, the neurologist spoke by telephone with Dr. Longo who recommended an updated evaluation of Respondent because he had not seen Respondent since July. The neurologist called Respondent and told him she was recommending further substance abuse evaluation before she could complete the form for his driver's license.

8. In October 2009, Respondent resigned his position at Aurora Advanced Healthcare. Respondent has not practice medicine or surgery since that date.

CONCLUSIONS OF LAW

1. The Wisconsin Medical Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. § 448.02(3), and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. Respondent by engaging in the conduct set out above, violated Wis. Admin. Code §§ Med 10.02(2)(i) and 10.02(2)(p) and is subject to discipline pursuant to Wis. Stat. § 448.02(3).

ORDER

NOW, IT IS THEREFORE ORDERED:

1. The SURRENDER by Bruce Lynn Klink, D.O., of his license to practice medicine and surgery in the state of Wisconsin is effective immediately.

2. If Respondent ever makes application to the Board for any credential:

a. He shall provide proof sufficient to the Board that he does not suffer from any physical, psychological or alcohol or drug related condition which impairs his ability to function as a physician.

b. Whether to grant Respondent a credential and whether to impose any limitations or restrictions on any credential granted shall be in the sole discretion of the Board.

c. Respondent shall, prior to becoming credentialed, pay to the Department of Regulation and Licensing costs of this proceeding in the amount of \$1,375.00 pursuant to Wis. Stat. § 440.22(2).

3. Payment of costs shall be mailed or delivered to:

Department Monitor
Department of Regulation and Licensing
Division of Enforcement
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935
Telephone: (608) 267-3817
Fax: (608) 266-2264

4. This Order is effective on the date of its signing.

MEDICAL EXAMINING BOARD

By Skailas MD MBA
A Member of the Board

11/17 - NOV - 2010
Date