

## WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



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BEFORE THE STATE OF WISCONSIN  
MEDICAL EXAMINING BOARD

1986  
83 MED 110  
re Complaints  
I + II

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IN THE MATTER OF THE DISCIPLINARY :  
PROCEEDINGS AGAINST : FINAL DECISION  
: AND ORDER  
WILLIAM W. WOOD, M.D., :  
RESPONDENT. :  
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The parties to this matter for the purposes of Wis. Stats. sec. 227.16 are:

William W. Wood, M.D.  
P.O. Box 41188  
Brecksville, OH 44141-0588

Medical Examining Board  
P.O. Box 8935  
Madison, WI 53708

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

A party aggrieved by this decision may petition the board for rehearing within twenty (20) days after service of this decision pursuant to Wis. Stats. sec. 227.12. The party to be named as respondent in the petition is William W. Wood, M.D.

A party aggrieved by this decision who is a resident of this state may also petition for judicial review by filing the petition in the office of the clerk of the circuit court for the county where the party aggrieved resides within thirty (30) days after service of this decision. A party aggrieved by this decision who is not a resident of this state must file the petition for judicial review in the office of the clerk of circuit court for Dane County. A party aggrieved must also serve the board and other parties with a copy of the petition for judicial review within thirty (30) days after service of this decision pursuant to Wis. Stats. sec. 227.16. The party to be named as respondent in the petition is the Medical Examining Board.

On February 19, 1986, the Medical Examining Board received a Proposed Decision in the above-captioned matter submitted by Hearing Examiner William Dusso. David D. Relles, attorney for respondent, filed objections to the Proposed Decision, and complainant's attorney, John R. Zwieg, responded to those objections by reply dated April 14, 1986.

At its meeting of April 24, 1986 the board heard oral arguments by Mr. Relles and Mr. Zwieg relating to respondent's objections. The board thereafter considered the matter in closed session.

Based upon the pleadings, the Proposed Decision, and other documents and evidence of record herein, the Medical Examining Board makes the Following Findings of Fact, Conclusions of Law and Order. The Findings of Fact and Conclusions of Law adopt those recommended by the hearing examiner. The Order varies from the examiner's recommendation and an explanation of variance is included herein.

#### FINDINGS OF FACT

1. William W. Wood, M.D., respondent, is a physician licensed to practice medicine and surgery in the State of Wisconsin. Respondent's current address is P.O. Box 41188, Brecksville, Ohio 44141-0588. His license bears number 21938 and was granted August 7, 1978. Respondent specializes in the area of psychiatry. His current place of practice is at the Brecksville Unit of the Cleveland Veterans Administration Medical Center, Brecksville, Ohio.

2. Respondent was born August 9, 1944. He received a B.S. degree in biology from Concord College, Athens, West Virginia in 1968, an M.S. degree from the State University of New York (S.U.N.Y.) at Buffalo in 1972 and an M.D. degree, also from S.U.N.Y., in 1976. Respondent completed a combined internship and residency program at the University of Wisconsin Hospitals and Clinics in Madison, Wisconsin in 1979. Respondent became board certified in psychiatry in April, 1983.

3. In June, 1979 respondent became employed at Madison Psychiatric Associates in Madison, Wisconsin. Later in 1979 he also began working as a consulting psychiatrist for the Unified 51.42 Board for Grant and Iowa counties. In December, 1982, respondent left Madison Psychiatric Associates and with a psychologist, Katherine Kavanaugh, established Shorewood Psychiatric Associates. Respondent worked at Shorewood Psychiatric Associates until June 21, 1983. Respondent stopped working at the Shorewood Psychiatric Associates because he became depressed and could not provide his patients with appropriate care. The principal cause of his depression was that Patient X had made a complaint to the Medical Examining Board and had sued him for malpractice. On September 12, 1983 respondent became employed at the Veterans Administration Medical Center in Tomah, Wisconsin as a staff psychiatrist. Respondent became employed at the Brecksville Unit of the Cleveland Veterans Administration Medical Center in September, 1985.

4. Beginning in 1979 and continuing thereafter through 1980, respondent worked substantially more than 40 hours per week in his practice. Also during this period respondent was having marital difficulties. In 1982 and 1983 respondent continued to have marital problems. In June, 1983 respondent had acquired debts of approximately \$350,000.00 and his annual income was approximately \$150,000.00. Respondent's daughter, Hilary Ann, was born on August 29, 1980. Respondent was divorced from his wife Helene in December, 1984. Respondent's current indebtedness is approximately \$150,000.00 and his approximate current salary at the Cleveland Veterans Administration Medical Center in Brecksville, Ohio is \$75,000.00 per year.

5. Respondent is and has been a patient in psychotherapy. Between 1976 and 1982 respondent was a patient of Norman Greenfield, a psychologist in Madison, Wisconsin. He saw Greenfield because of the stress of being an intern and a resident, the feeling that he was overworking, general stress, anxiety, marital problems and unhappiness. Respondent and his wife saw psychologists Asher Pacht and Lorna Benjamin in 1982 and 1983 about marital problems. Respondent became a patient of Leigh Roberts, a Madison psychiatrist in May, 1983. Respondent became a patient of Roberts' because he was concerned about harming himself and thought that prescription medication might be necessary to treat his condition. Respondent was having monthly therapy sessions with Roberts until he moved to Ohio.

6. Patient X was born in 1945. She has been married three times and has three children. Patient X is licensed in Wisconsin as a licensed practical nurse. Her work experience includes 10 years of experience as a practical nurse in a Madison, Wisconsin hospital beginning in about 1974.

7. Patient X was hospitalized for depression on September 21, 1979. On September 28, 1979 respondent, while acting in his professional capacity, commenced psychiatric consultation and therapy with Patient X, his patient, treating her for depression. At the time Patient X was first treated by respondent in 1979 she was unmarried, her most recent marriage having ended in divorce in 1972. Patient X had been in therapy for several years prior to her hospitalization on September 21, 1979. She had been hospitalized in 1978 for 2 months and participated in an outpatient group therapy program following that period of hospitalization. Prior to her hospitalization on September 21, 1979 she was taking medication prescribed by Wanda Bincer, specifically Imipramine, 300 milligrams.

8. The records of Methodist Hospital of Madison, Wisconsin, which are included in the record and marked Exhibit A are the records of Patient X for a hospitalization from September 21, 1979 to October 13, 1979, at which hospitalization respondent began treating Patient X because respondent's associate, Dr. Wanda Bincer, was not available.

9. Respondent's billing records show that he billed Patient X for psychotherapy sessions as follows:

A. The following were billed, submitted and paid:

- i. From the first hospital visit of September 28, 1979 through April, 1980, 59 visits, other than visits at the hospital for the hospitalization noted at paragraph 8, above, all sessions were at respondent's office;
- ii. May, 1980--3 visits;
- iii. June, 1980--9 visits;
- iv. July, 1980--6 visits;

- v. August, 1980--4 visits;
- vi. September, 1980--6 visits;
- B. The following were billed, submitted, but not paid, and subsequently written off:
  - i. October, 1980--1 visit;
  - ii. December, 1980--1 visit;
- C. The following were billed, but not submitted or paid, and subsequently written off:
  - i. June, 1981 hospital treatments, which the parties agree are billing errors;
  - ii. July, 1981--2 visits;
  - iii. August, 1981--1 visit.

10. Several months after he began treating Patient X, respondent diagnosed her as a mixed character disorder, having some elements of a histrionic character disorder, antisocial personality disorder, borderline personality disorder and narcissistic personality disorder.

11. In the latter part of July, 1980 respondent and Patient X had sexual intercourse for the first time in Respondent's office.

12. No termination of the psychiatrist-patient relationship of any kind, as defined by the consensus of the psychiatric profession or otherwise, took place prior to the time respondent and Patient X began having physical contact and sexual intercourse.

13. Between July, 1980 and September, 1980, Patient X and respondent had a sexual relationship at therapy sessions in Wood's office. In September, 1980 respondent told her that he was suspending therapy. In September, 1980, Patient X believed that she loved respondent and that he loved her.

14. Respondent and Patient X continued to have a sexual relationship until February, 1983.

15. Exhibit B (included in the record) is a list of prescriptions issued by respondent to Patient X, from December, 1981 to January, 1983. During this period of time respondent prescribed drugs for Patient X on 12 occasions.

16. The parties agree that there are no existing records of clinical notes or other medical records regarding Patient X's office psychotherapy sessions with respondent.

17. Because mention is made in one of the depositions of a Patients Compensation Panel proceeding brought by Patient X against respondent, the parties believe that the examiner and the Medical Examining Board should be aware that the matter was settled prior to any hearing being held with payment to the claimant but without any admission of negligence or malpractice by the respondent.

18. Respondent's conduct exposed Patient X to unacceptable risks of possible harm, which are:

- A. The sexual contact had the potential to exacerbate Patient X's pre-existing depression;
- B. Effective therapy requires a patient to put his/her complete trust in the therapist. When a patient feels that the trust has been betrayed, there is a potential risk that the patient will not seek further therapy for a pre-existing depression and any increased depression. If a patient did seek further therapy with other therapists, there would be a potential risk that the therapy would not be effective because the patient might be unable to place complete trust in that therapist;
- C. The parties in this matter took no position as to whether or not such harm came to Patient X.

19. For determining the proper discipline to be imposed on the findings of unprofessional conduct in Complaint I, the examiner and the Medical Examining Board may consider the following stipulated facts:

- A. In November or December of 1976, respondent began his treatment of Patient Y. Patient Y was at that time a pre-med student and has subsequently become a licensed physician. At that time, respondent was a first year psychiatric resident at UW Hospital in Madison, and was licensed to practice medicine pursuant to a temporary educational permit. The patient was in therapy for depression. Over a period of months, the patient told respondent that she had a "crush" on him, and at the end of one of their regular sessions, in respondent's office, he held her hand, hugged her, and the activity progressed to include sexual contact. No clothes were removed by either Patient Y or respondent at that session. They did not engage in sexual intercourse at that session.
- B. At the following therapy session which took place in Respondent's office, he told the patient that in light of the sexual contact which had occurred, the physician-patient relationship would have to be terminated, and further told her that he would refer her to another therapist. After discussing the termination of the physician-patient relationship, they had sexual intercourse at that session in respondent's office.

- C. Since the patient had not yet been formally referred to another therapist, the physician-patient relationship could not have been considered properly and finally terminated. That single act of intercourse took place within the context of the physician-patient relationship.
- D. Immediately after that therapy session respondent referred Patient Y to another therapist where she continued her treatment. Respondent was quite concerned about having allowed himself to get involved in this situation with a patient and discussed the occurrence with his therapist, Dr. Norman Greenfield.
- E. For purposes of considering respondent's conduct with Patient Y, the parties stipulate that the act of having physical sexual contact with the patient constituted conduct which fell below the standard of minimal competency for a psychiatrist, according to the consensus of that profession.

#### CONCLUSIONS OF LAW

1. That the conduct of respondent in having sexual intercourse in his office with Patient X as described in the Findings of Fact, above, is conduct which tends to constitute a danger to the health, welfare and safety of a patient and constitutes unprofessional conduct within the meaning of the term "unprofessional conduct" as used in sec. 448.02(3), Wis. Stats. and s. Med 10.02(2)(h), Wis. Adm. Code.

2. In having become personally involved with a patient or former patient, Patient X, before there had been a proper termination of the patient-physician relationship as described in the Findings of Fact, above, respondent engaged in unprofessional conduct contrary to sec. 448.02(3), Wis. Stats. and s. Med 10.02(2)(h), Wis. Adm. Code.

3. Respondent's conduct of having had physical sexual contact and intercourse with a patient or former patient, Patient X, as described in the Findings of Fact, above, constitutes conduct which is below the standards of minimal competency for a psychiatrist, according to the consensus of the profession and constitutes unprofessional conduct within the meaning of sec 448.02(3), Wis. Stats.

#### ORDER

NOW, THEREFORE, IT IS ORDERED that the allegations of unprofessional conduct made against respondent in Complaint II are dismissed.

IT IS FURTHER ORDERED that the license of William W. Wood, M.D., to practice medicine and surgery in Wisconsin be, and hereby is, revoked. Pursuant to Wis. Stats. sec. 448.02(6), respondent may apply for reinstatement of his license after one year from the effective date of this Order, and the board may in its discretion at that time restore the license on such terms and conditions as it may deem appropriate.

### EXPLANATION OF VARIANCE

The examiner's Proposed Decision in this matter recommends that respondent's license be suspended for one year, followed by a three year period of license limitation. The board instead orders that respondent's license be revoked. In so ordering, the board is mindful of a number of factors. First, the violation found in this case is an extremely serious one, and is aggravated by the stipulated finding at paragraph 19 of the Findings of Fact that respondent had previously entered into a sexual relationship at the end of 1976 with another patient within the context of a physician-patient relationship. The board cannot emphasize too strongly its concern for the danger to a patient arising from sexual contact between physician and patient within the context of a physician-patient relationship. Revocation is the strongest possible discipline, but the board considers that in these circumstances, considerations of deterrence and public protection demand severe discipline.

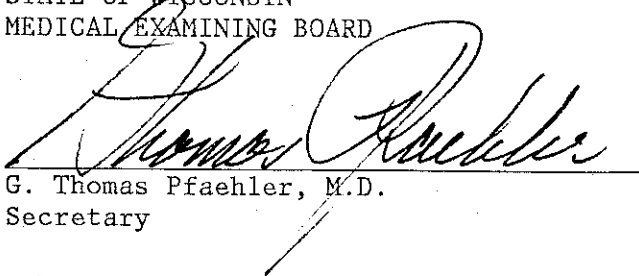
Second, while the board will entertain an application for reinstatement of respondent's license after one year, revocation rather than suspension of the license will permit the board to exercise its discretion at that time to determine whether respondent's rehabilitation appears to be progressing satisfactorily and whether he is otherwise fit to resume his practice of medicine.

Finally, while the board does not deem the license limitations proposed by the examiner to be inappropriate based upon the findings of this case, it is concluded that it is more appropriate to establish what limitations, if any, should be imposed at the time a decision is made that respondent's license may be restored to him. It is at that time, assuming that that time arrives, when the best judgment may be made as to appropriate practice limitations.

Dated at Madison, Wisconsin this 5 day of May, 1986.

STATE OF WISCONSIN  
MEDICAL EXAMINING BOARD

by

  
G. Thomas Pfaehler, M.D.  
Secretary

GTP:WRA:jrb  
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