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STATE OF WISCONSIN
BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF THE DISCIPLINARY PROCEEDINGS AGAINST

FINAL DECISION & ORDER
Case No. LS-9602061-MED

JUNE L. HADLEY, M.D.,
RESPONDENT.

The parties in this matter for purposes of review under § 227.53, Stats., are:

June L. Hadley, M.D.
3066 West Main Street
East Troy, Wisconsin 53120

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

Department of Regulation & Licensing
Division of Enforcement
P.O. Box 8935
Madison, Wisconsin 53708

This matter was commenced by the filing of a Notice of Hearing and Complaint on February 6, 1996. An Amended Notice of Hearing and Complaint was filed on February 7, 1996. Respondent's Answer was filed on February 28, 1996. A hearing was held from June 3, 1996, to June 5, 1996. Atty. John R. Zwieg appeared on behalf of the Department of Regulation and Licensing, Division of Enforcement. Dr. Hadley appeared in person and by her attorney, John O. Olson, Law Offices of Braden and Olson. The hearing transcript was filed on July 24, 1996, and the Administrative Law Judge filed her *Proposed Decision* on November 4, 1996. Respondent filed her *Objections to Proposed Decision* on November 14, 1996; complainant filed his *Complainant's Objections to Proposed Decision* on November 22, 1996; and respondent filed her *Response to Objection* on December 5, 1996. The board considered the matter on December 20, 1996.

Based upon the entire record herein, the Medical Examining Board adopt as its Final Decision and Order in this matter, the following Findings of Fact, Conclusions of Law and Order.

FINDINGS OF FACT

1. June L. Hadley, M.D., respondent, d.o.b., June 1, 1932, is licensed by the Medical Examining Board as a physician to practice medicine and surgery in the state of Wisconsin, pursuant to license number 22693, which was first granted on October 19, 1979.

2. Respondent's last address reported to the Department of Regulation and Licensing is 3066 West Main Street, East Troy, WI 53120.

3. Respondent specializes in the area of psychiatry.

COUNTS I, II

4. During 1991 through October 1993, respondent was in practice in East Troy, Wisconsin with Madge Moody, Ph.D., a psychologist.

5. Between December 19, 1991, and September 26, 1993, Dr. Hadley issued at least 32 prescriptions for hydrocodone/APAP, naming Dr. Moody as the patient.

6. Dr. Hadley had the 32 prescriptions for hydrocodone filled at two different pharmacies, kept the drugs and used substantially all of them herself.

7. Dr. Moody had no knowledge until the end of 1993, that respondent was using her name for the hydrocodone prescriptions.

8. Hydrocodone is a Schedule III controlled substance as defined in s. 161.18 (5), Stats. Under sec. 161.38(5), Stats., a practitioner is prohibited from prescribing a controlled substance for the practitioner's own use.

COUNTS III, IV, V

9. From at least 1991 through August 1994, respondent provided psychiatric services to Patient KC for depression, among other things.

10. From November 1993, through July 25, 1994, respondent issued five prescriptions for hydrocodone/APAP using Patient KC's name as the patient for whom the drugs were intended. Hydrocodone is a Schedule III controlled substances as defined in s. 161.18 (5), Stats, and, under sec. 161.38(5), Stats., a practitioner is prohibited from prescribing a controlled substance for the practitioner's own use.

11. On at least two occasions, respondent had Patient KC take the prescriptions for hydrocodone to a pharmacy, had the pharmacist fill the prescriptions and bring the hydrocodone back to respondent for respondent's personal use.

12. For the rest of the prescriptions for hydrocodone written for Patient KC, respondent obtained the filled prescriptions herself for her own personal use.

13. It is below the minimum standards of the profession for a psychiatrist to ask a patient to allow the psychiatrist to use the patients name to obtain controlled substances for the

psychiatrist's personal use and, in doing so, Dr. Hadley exposed Patient KC to unreasonable risks of harm, including involving the patient in illegal activities, risking the possibility of causing the patient's psychiatric condition to worsen, and impairing the trust required in the relationship between a psychiatrist and a patient.

COUNT VI

14. During the time respondent was providing professional services to Patient KC, respondent issued prescriptions to Patient KC, including Prozac, an antidepressant. Patient KC was initially started on 2 to 3 doses of Prozac (20mg) daily. At some point in time, in weekly intervals, the dosage was increased up to 6, then in April, 1994, to 7 doses of Prozac daily. The prescriptions for Prozac written by respondent for Patient KC in 1992-1994, were as follows:

Date	Dosage	Units
12/22/92	20mg	180
01/25/93	20mg	180
02/24/93	20mg	180
04/11/93	20mg	180
08/31/93	20mg	180
10/14/93	20mg	180
11/17/93	20mg	180
01/19/94	20mg	180
02/27/94	20mg	180
04/01/94	20mg	210
05/10/94	20mg	30
06/24/94	20mg	210
08/04/94	20mg	210
09/08/94	20mg	210

15. The usual starting dose for Prozac in 1992 was 20mg. (1 dose) daily. An initial dosage of 20 mg. of Prozac may be sufficient to obtain a satisfactory anti-depressant response. A dose increase may be considered after a minimum of a one month period if no clinical improvement is observed. Seven doses of Prozac (20 mg) daily is an experimental dosage.

16. It is below the minimum standards of the profession for a practitioner to fail to wait a suitable period of time before increasing the dosage of Prozac and, in failing to do so, Dr. Hadley exposed Patient KC of unreasonable risks of harm, including drug-induced hepatitis and seizures.

17. During the time respondent was providing professional services to Patient KC, respondent kept no clinical records regarding the treatment or medications prescribed.

COUNTS VII, VIII, IX

18. From at least 1993 through June, 1994, respondent provided psychiatric services to Patient DG for treatment of depression.

19. On June 14, 1994, respondent issued a prescription in Patient DG's name for 48 units of hydrocodone (7.5 mg./750). At respondent's request, Patient DG picked up the filled prescription from the pharmacy and returned the drugs to respondent for respondent's personal use. Hydrocodone is a Schedule III controlled substances as defined in s. 161.18 (5), Stats., and, under sec. 161.38(5), Stats., a practitioner is prohibited from prescribing a controlled substance for the practitioner's own use.

20. It is below the minimum standards of the profession for a psychiatrist to ask a patient to allow the psychiatrist to use the patients name to obtain controlled substances for the psychiatrist's personal use and, in doing so, Dr. Hadley exposed Patient DG to unreasonable risks of harm, including involving the patient in illegal activities, risking the possibility of causing the patient's psychiatric condition to worsen, and impairing the trust required in the relationship between a psychiatrist and a patient.

COUNT X

21. In approximately 1984, Patient SA was addicted to codeine products and was hospitalized for rehabilitation.

22. At least from June 1985 to August 1994, Patient SA received psychiatric services from Dr. Hadley.

23. During the time period Patient SA received psychiatric services from Dr. Hadley, Patient SA advised respondent that she had chronic pelvic pain.

24. In approximately 1988, respondent suggested to Patient SA that Patient SA take Vicodin, a brand of hydrocodone, for Patient SA's chronic pelvic pain and also Patient SA's emotional pain. Hydrocodone is a Schedule III controlled substances as defined in s. 161.18 (5), Stats. Respondent was aware of Patient SA's history of drug addiction, and advised Patient SA that Vicodin was not addicting. Respondent told Patient SA that she took Vicodin herself.

25. Psychic dependence, physical dependence and tolerance may develop upon repeated administration of Vicodin.

26. From April 1, 1992, through at least July 30, 1994, respondent issued prescriptions to Patient SA. During that time period, respondent prescribed Vicodin, 120 (7.5/750 tab) units per week to Patient SA on numerous occasions and 240 (7.5/750 tab) units on at least two occasions. For tablets containing 7.5 mg. of Vicodin, the usual adult dose is one tablet every four to six

hours as needed for pain. The total 24 hour dose should not exceed 5 tablets. During the time period that respondent prescribed Vicodin to Patient SA, Patient SA developed an addiction to Vicodin.

27. During the same time that respondent was prescribing Vicodin to Patient SA, respondent prescribed in excess of 120, 100 mg., Darvocet capsules, a brand of propoxyphene, per week to Patient SA. Propoxyphene is a Schedule IV controlled substance as defined by s. 161.20 (3), Stats. The maximum recommended dose of propoxyphene is 600 mg./day.

28. During the time period that respondent prescribed Vicodin to Patient SA, Patient SA was depressed and suicidal. The Physicians' Desk Reference warns that practitioners should not prescribe propoxyphene for patients who are suicidal. It warns that practitioners should prescribe propoxyphene with caution for patients taking tranquilizers or anti-depressant drugs and patients that use alcohol in excess. It warns practitioners to tell patients not to exceed the recommended dose and to limit their intake of alcohol.

29. It is below the minimum standards of the profession for a psychiatrist to prescribe propoxyphene in the amounts and in the circumstances prescribed and, in doing so, Dr. Hadley exposed Patient SA to unreasonable risks of harm, including addiction to controlled substances, risking the possibility of causing the patient's psychiatric condition to worsen, and impairing the trust required in the relationship between a psychiatrist and a patient.

30. On occasion respondent would meet with Patient SA outside of professional contacts and respondent and Patient SA would consume alcohol.

31. During the entire time that respondent provided professional services to Patient SA, respondent kept no treatment or clinical records regarding Patient SA's treatment or the medications respondent prescribed to Patient SA.

32. It is below the minimum standards of the profession for a psychiatrist to fail to keep clinical records of Patient SA's treatment and the medications prescribed and, in doing so, Dr. Hadley exposed Patient SA to unreasonable risks of harm, including the possibility of overdose, potential adverse reactions with other drugs, difficulty in tracking drug seeking behavior, and unavailability of treatment records to subsequent health care providers.

COUNT XI

33. Patient JS has been receiving psychiatric services from respondent at least since 1993, and continues to take Effexor, an antidepressant drug, which was prescribed by respondent.

34. In 1994, while Patient JS was receiving professional services from respondent, respondent asked Patient JS to provide respondent with $5,000.

35. Patient JS obtained a bank loan, through refinancing her home, and provided the $5,000 to respondent. Respondent has not repaid the $5,000 to Patient JS.

36. In August 1994, respondent asked Patient JS to purchase respondent's airline ticket so respondent could go to the Mayo Clinic for alcohol and drug abuse treatment. Patient JS purchased a $700.00 airline ticket for respondent. Respondent has repaid Patient JS for the cost of the airline ticket.

37. It is below the minimum standards of the profession for a psychiatrist to request or accept a gift or loan of money and an airline ticket from Patient JS because of the inequality of the psychiatrist-patient relationship and, in doing so, Dr. Hadley exposed Patient JS to unreasonable risks of harm, including boundary violations and impairing the trust required in the relationship between a psychiatrist and a patient.

COUNT XII

38. Respondent provided psychiatric services to Patient JA from the late 1980's through at least May 26, 1992. Respondent's diagnosis of Patient JA was "bipolar, mixed type recurrent, severe."

39. In April of 1992, Patient JA called respondent seeking medication and respondent provided Patient JA with a telephone prescription for Prozac, 20 mg., 120 units, with three refills, which prescription was filled on April 29, 1992.

40. The instructions provided to the pharmacy by respondent indicated Patient JA was to take one 20 mg. capsule, four times a day.

41. Respondent did not see Patient JA during the period of time the Prozac was prescribed and did not have any laboratory tests done to determine his blood level of Prozac.

42. An initial dosage of 20 mg., of Prozac may be sufficient to obtain a satisfactory anti-depressant response. A dose increase may be considered after a minimum of a one month period if no clinical improvement is observed.

COUNT XIII

43. In 1974, respondent was treated at Mercy Hospital in Chicago for alcoholism.

44. Through approximately 1991 respondent abstained from the use of alcohol. In 1991, respondent began using alcohol again.

45. Between December, 1991 and July, 1994, respondent issued numerous prescriptions using the names of other individuals, including some of her patients, to obtain hydrocodone for her own personal use.

46. In 1993, respondent began drinking alcohol quite heavily with patients, including Patient KC and Patient SA.

47. During 1993 and 1994, respondent consumed alcohol during sessions in which she was providing psychiatric services to Patient JW and Patients PD and RD.

48. On approximately August 4, 1994, respondent was confronted by several of her patients, including Patients KC, SA and JS regarding her alcohol and controlled substance abuse. Those patients drove respondent to the Milwaukee Psychiatric Hospital to see Dr. Michael Logan, a psychiatrist. Respondent stayed overnight at the hospital and left the following day.

49. On August 5, 1994, respondent was admitted for inpatient evaluation and treatment for alcohol and drug abuse at the Mayo Clinic in Rochester, Minnesota. Respondent was discharged from the Mayo Clinic on September 14, 1994. A few days later, respondent was admitted to the Milwaukee Psychiatric Hospital Harrington House where she resided until December 21, 1994.

50. Since December 1994, respondent has been providing random urine screens which have all been negative for alcohol and controlled substances.

CONCLUSIONS OF LAW

1. The Medical Examining Board has jurisdiction in this matter pursuant to s. 448.02 (3), Wis. Stats.

2. Respondent's prescribing of controlled substances using the names of Madge Moody, Patient KC, and Patient DG, for the purpose of obtaining drugs for her own personal use was not within the course of legitimate professional practice and constituted unprofessional conduct within the meaning of s. 448.02 (3), Stats., and s. MED 10.02 (2)(p), Wis. Adm. Code.

3. Respondent, by issuing prescriptions for controlled substances using the names of Madge Moody, Patient KC and Patient DG, for the purpose of obtaining drugs for her own personal use, made false statements with fraudulent intent while practicing under her license, in violation of s. 448.02 (3), Stats., and s. MED 10.02. (2) (m), Wis. Adm. Code.

4. Respondent, by consuming alcohol during sessions in which she was providing psychiatric services to Patients JW and Patients PD and RD, and by drinking in between therapy sessions during the workday, practiced under her license when unable to do so with reasonable skill and safety to patients, in violation of s. 448.02 (3), Stats., and s. MED 10.02 (2) (i), Code.

5. Respondent's conduct in using the names of Patient KC and Patient DG to obtain controlled substances for her own personal use and in asking the patients to pick-up the drugs from the pharmacy and delivery them to her was below the minimum standards of care established by the medical profession; exposed the patients to risks to which a minimally competent physician would not expose a patient, and constituted a danger to the health, welfare and safety of the patients, in violation of s. 448.02 (3), Stats., and s. MED 10.02 (2) (h), Code.

6. Respondent's conduct in failing to maintain adequate medical records for Patient KC and Patient SA was below the minimum standards of care established by the medical profession, exposed the patient to risks to which a minimally competent physician would not expose a patient, and constituted a danger to the health, welfare and safety of the patients, in violation of s. 448.02 (3), Stats., and s. MED 10.02 (2) (h), Wis. Adm. Code.

7. Respondent's conduct, in soliciting and obtaining $5,000 from Patient JS and in asking Patient JS to purchase a $700.00 airline ticket so that respondent could go to the Mayo Clinic for alcohol and drug abuse treatment was below the minimum standards of care established by the medical profession, exposed the patient to risks to which a minimally competent physician would not expose a patient, constituted a danger to the health, welfare and safety of the patient, in violation of s. 448.02 (3), Stats., and s. MED 10.02 (2) (h), Wis. Adm. Code.

8. Respondent's conduct, in prescribing Prozac for Patient KC, including starting Patient KC on an initial dose of 2-3 doses of Prozac (20mg) daily; failing to wait an acceptable period of time before increasing the dosage level of Prozac for Patient KC from 2-3 doses (20mg) daily up to 7 doses (20mg) daily, and prescribing an experimental dosage level of 7 doses of Prozac (20mg.) daily, was below the minimum standards of the medical profession, exposed the patient to risks to which a minimally competent physician would not expose a patient, constituted a danger to the health, welfare and safety of the patient, in violation of s. 448.02 (3), Stats., and s. MED 10.02 (2) (h), Code.

9. Respondent's conduct in prescribing Vicodin and Darvocet for Patient SA, including advising Patient SA that Vicodin was not addicting and prescribing Vicodin and Darvocet doses for Patient SA which exceeded the recommended dosage levels for those drugs, was below the minimum standards of the medical profession, exposed the patient to risks to which a minimally competent physician would not expose a patient, constituted a danger to the health, welfare and safety of the patient, in violation of s. 448.02 (3), Stats., and s. MED 10.02 (2) (h), Code.

10. Respondent's conduct in providing psychiatric care and treatment to Patient JA, as described herein in Findings of Fact #38-42, does not constitute a violation of s. 448.02 (3), Stats., or s. MED 10.02 (2)(h), Wis. Adm. Code.

ORDER

NOW, THEREFORE, IT IS ORDERED, that the license of JUNE L. HADLEY to practice medicine and surgery in the state of Wisconsin be, and hereby is, **SUSPENDED** for a period of not less than five (5) years.

IT IS FURTHER ORDERED that:

1) **Petition for Stay of Suspension**

(a) Respondent may petition the Board at any time after a period of six (6) months following the effective date of this Order for a three (3) month stay of suspension of this Order, which, if granted, shall be subject to respondent's compliance with the conditions and limitations set forth herein. In conjunction with such petition, respondent shall submit to the Board documentation of an assessment performed by a health care provider acceptable to the Board, of respondent's abstinence from the use of alcohol and controlled substances. The assessment shall be current (conducted within the 60 day period prior to the date of the petition), and shall consider and render an opinion as to whether respondent can practice with skill and safety to patients and the public, and whether any conditions are necessary to permit her to do so.

(b) If the initial petition for stay of suspension is granted, respondent may apply for consecutive three (3) month extensions of the stay of suspension, which shall be granted upon acceptable demonstration of compliance with the conditions and limitations imposed upon respondent's practice during the prior three (3) month period.

(c) If the Board denies the petition by respondent for an extension of the stay of suspension order, the Board shall afford an opportunity for a hearing in accordance with the procedures set forth in ch. RL 1, Wis. Adm. Code, upon timely receipt of a request for a hearing.

(d) Upon a showing by respondent of complete, successful and continuous compliance for a period of five (5) years with the terms of this Order, including the conditions of stay and limitations set forth herein, and abstention from the use of alcohol and drugs, the Board may grant a petition by respondent for return to full licensure.

2. **Conditions of Stay**

(a) If the assessment report referred to in paragraph (1) (a) above recommends treatment for alcohol and/or controlled substance abuse, respondent shall successful participate in a treatment program at a health care facility acceptable to the Board. If alcohol and/or drug screenings are recommended, respondent shall supply urine, blood and/or hair specimen as directed. If continued treatment is recommended, respondent shall arrange for submission of quarterly reports to the Board from her health care provider evaluating her attendance and progress. Respondent shall appear before the Board annually, at its option, to review the progress of treatment and rehabilitation.

(b) If the assessment report referred to in paragraph (1) above recommends practice restrictions, respondent shall comply with all restrictions recommended.

(c) Respondent shall provide and keep on file with all treating health care professionals and facilities, current releases which comply with all applicable state and federal laws, authorizing the release of her medical and treatment records and reports to the Board and which permit her treating health care professionals to disclose the progress of her treatment to the Board.

(d) Respondent shall, within four (4) months of the effective date of the initial stay of suspension order, participate in an assessment of her knowledge and skills in the area of controlled substance management. This assessment shall be conducted by the University of Wisconsin Continuing Medical Education Program, or some other program or individual approved by the Board. Participation in the assessment shall be approved by the Board or its designee prior to commencement. In the event the assessment identifies areas of deficiency in this area, respondent shall participate in and successfully complete any recommended retraining set forth by the individual (s) conducting the assessment. Such retraining program shall be approved by the Board or its designee prior to respondent's participation.

(e) Respondent shall, within five (5) months of the effective date of the initial stay of suspension order, participate in and successfully complete a total of 60 hours of medical education, 30 hours in the area of psychopharmacology and 30 hours in medical record keeping, which shall be preapproved by the Board. This coursework shall be in addition to the continuing medical education required under s. 448.13, Stats.

(f) Respondent shall, within thirty (30) days of the effective date of the initial stay of suspension order, surrender her Drug Enforcement Administration ("DEA") Certificate of Registration for Schedules I, II, III and IV Controlled Substances, as appropriate, and shall not reapply for registration until after successful completion of the knowledge and skills assessment required under paragraph (2) (d), above, and then may prescribe, dispense, administer or order controlled substances only through consultation with a physician approved by the Board.

(g) Respondent shall be responsible for all costs associated with the assessment referred to in paragraph (1) (a) above, and for all treatment, education and reporting required under the terms of the stay order.

3. <u>Petition for Modification of Terms</u>

Respondent may petition the Board in conjunction with any application for an additional stay to revise or eliminate any of the above conditions. Denial in whole or in part of a petition under this paragraph shall not constitute denial of a license and shall not give rise to a contested case within the meaning of s. 227.01 (3) and 227.42, Stats.

IT IS FURTHER ORDERED that during the time period when a stay of suspension order issued under paragraph (1) above is in effect, respondent's license to practice medicine and surgery shall be LIMITED as follows:

1. <u>Alcohol and Controlled Substances</u>

a) Respondent shall abstain from the use of alcohol.

b) Respondent shall abstain from all personal use of controlled substances, except when necessitated by an appropriately diagnosed medical condition and under the supervision of respondent's personal physician.

2. <u>Record Keeping Requirements</u>

a) Respondent shall maintain medical records which are dictated and transcribed, and which contain, at a minimum, the following information for each patient: 1) the dates of visits;

2) bases for psychiatric assessment; 3) treatment plan; 4) awareness of past treatments; 5) contact with other health care providers, consultations or supervision, and 6) ongoing treatment, including the prescribing of medications. Documentation relating to the prescribing of medications shall, at a minimum, include the name of the medicine, dosage strength, the number of tablets or amount of fluid dispensed, the date, directions given to the patient and the number of refills. The medical records shall be adequate to allow a successor physician to immediately and adequately treat the patient in respondent's absence. In the event the dictation and transcription do not occur within 10 days of the patient's visit, the above information shall be entered by respondent in legible, handwritten notes. The Board or its designee may conduct random visits without prior notice of respondent's medical records to ensure compliance with this requirement.

3. Prescribing Restrictions

a) Respondent shall not prescribe, dispense, administer or order any controlled substance until respondent has successfully completed the assessment required under paragraph (2) (d) above, and then only through consultation with a physician approved by the Board or its agent.

IT IS FURTHER ORDERED that Respondent shall attend and satisfactorily complete the 44 hour medical reeducation course for practitioners whose licenses have been suspended for the injudicious prescribing of controlled substances, entitled *Mini-Residency in the Proper Prescribing of Controlled Substances*, co-sponsored by the Kennedy Memorial Hospital - University Medical Centers, and conducted on May 5-9, 1997, in Philadelphia, PA.

IT IS FURTHER ORDERED that, pursuant to s. 440.22, Stats., the cost of this proceeding shall be and hereby is assessed against respondent.

This order is effective on the date on which it is signed by a designee of the Medical Examining Board.

EXPLANATION OF VARIANCE

While the board fully accepts the Findings of Fact recommended by the Administrative Law Judge, it has added a number of findings and revised others for the exclusive purpose of meeting the formulaic approach to fact-finding mandated by the Wisconsin Court of Appeals in *Gimenez v. State Medical Board*, 203 Wis.2d 863 (1996). The court in that case decided that where the board concludes that there has been a violation of the so-called "danger rule" at sec. Med 10.02(2)(h), Code[1], the board's findings must satisfy a five-prong test in order to support that conclusion. Those five elements include findings as to the course of treatment provided by the

[1] **Med 10.02 Definitions.** (2) The term "unprofessional conduct" is defined to mean and include but not be limited to the following, or aiding or abetting the same:

* * * *

(h) Any practice or conduct which tends to constitute a danger to the health, welfare, or safety of patient or public.

physician, the minimum treatment required, how the physician's treatment varied therefrom, how the treatment created an unacceptable level of risk, and what course of treatment a minimally qualified physician would have taken. These elements, while not in every instance textually included within the ALJ's proposed Findings of Fact, are without question both implicit therein and fully supported by the evidence. These variations from the ALJ's proposed findings may be found at Findings of Fact #8, 10 & 19 (clarifying that a practitioner is prohibited from self-prescribing a controlled substance); #13 & 16 (added to establish how respondent's actions fell below minimum standards and created an unacceptable risk to the patient KC); #20 (added to establish how respondent's actions fell below minimum standards and created an unacceptable risk to the patient DG); #26 (combines the ALJ's recommended Findings #23-25); #28 (combines the ALJ's recommended Findings # 27 & 28); #29 &32 (added to establish how respondent's actions fell below minimum standards and created an unacceptable risk to the patient SA); and #37 (added to establish how respondent's actions fell below minimum standards and created an unacceptable risk to the patient JS).

The other variance from the ALJ's Proposed Decision is found in the Order. In light of respondent's misprescribing of controlled substances, the board orders that she attend and satisfactorily complete the 44 hour medical reeducation course for practitioners whose licenses have been suspended for the injudicious prescribing of controlled substances entitled *Mini-Residency in the Proper Prescribing of Controlled Substances*, co-sponsored by the Kennedy Memorial Hospital - University Medical Centers, and conducted on May 5-9, 1997, in Philadelphia, PA. The board has previously determined that the course is a valuable remedial tool for physicians who have engaged in misconduct similar to Dr. Hadley's

Dated this 8th day of January, 1997.

STATE OF WISCONSIN
MEDICAL EXAMINING BOARD

by W.R. Schwartz MD
W.R. Schwartz, M.D.
Secretary

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STATE OF WISCONSIN
DEPARTMENT OF REGULATION AND LICENSING
BEFORE THE MEDICAL EXAMINING BOARD

In the Matter of the Disciplinary Proceedings Against

June L. Hadley, M.D.,

Respondent.

AFFIDAVIT OF MAILING

STATE OF WISCONSIN)
)
COUNTY OF DANE)

I, Kate Rotenberg, having been duly sworn on oath, state the following to be true and correct based on my personal knowledge:

1. I am employed by the Wisconsin Department of Regulation and Licensing.

2. On January 10, 1997, I served the Final Decision and Order dated January 8, 1997, LS9602061MED, upon the Respondent June L. Hadley, M.D.'s attorney by enclosing a true and accurate copy of the above-described document in an envelope properly stamped and addressed to the above-named Respondent's attorney and placing the envelope in the State of Wisconsin mail system to be mailed by the United States Post Office by certified mail. The certified mail receipt number on the envelope is P 213 340 378.

John O. Olson, Attorney
P.O. Box 940
Lake Geneva WI 53147

Kate Rotenberg

Kate Rotenberg
Department of Regulation and Licensing
Office of Legal Counsel

Subscribed and sworn to before me
this 10th day of January, 1997.

Notary Public, State of Wisconsin
My commission is permanent.

NOTICE OF APPEAL INFORMATION

Notice Of Rights For Rehearing Or Judicial Review, The Times Allowed For Each. And The Identification Of The Party To Be Named As Respondent.

Serve Petition for Rehearing or Judicial Review on:

STATE OF WISCONSIN MEDICAL EXAMINING BOARD

1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708.

The Date of Mailing this Decision is:

January 10, 1997

1. REHEARING

Any person aggrieved by this order may file a written petition for rehearing within 20 days after service of this order, as provided in sec. 227.49 of the *Wisconsin Statutes*, a copy of which is reprinted on side two of this sheet. The 20 day period commences the day of personal service or mailing of this decision. (The date of mailing this decision is shown above.)

A petition for rehearing should name as respondent and be filed with the party identified in the box above.

A petition for rehearing is not a prerequisite for appeal or review.

2. JUDICIAL REVIEW.

Any person aggrieved by this decision may petition for judicial review as specified in sec. 227.53, *Wisconsin Statutes* a copy of which is reprinted on side two of this sheet. By law, a petition for review must be filed in circuit court and should name as the respondent the party listed in the box above. A copy of the petition for judicial review should be served upon the party listed in the box above.

A petition must be filed within 30 days after service of this decision if there is no petition for rehearing, or within 30 days after service of the order finally disposing of a petition for rehearing, or within 30 days after the final disposition by operation of law of any petition for rehearing.

The 30-day period for serving and filing a petition commences on the day after personal service or mailing of the decision by the agency, or the day after the final disposition by operation of the law of any petition for rehearing. (The date of mailing this decision is shown above.)

STATE OF WISCONSIN
BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	NOTICE OF FILING PROPOSED DECISION
JUNE L. HADLEY, M.D., RESPONDENT.	:	LS9602061MED

TO: John O. Olson, Attorney
P.O. Box 940
Lake Geneva, WI 53147
Certified P 213 148 683

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

PLEASE TAKE NOTICE that a Proposed Decision in the above-captioned matter has been filed with the Medical Examining Board by the Administrative Law Judge Ruby Jefferson-Moore. A copy of the Proposed Decision is attached hereto.

If you have objections to the Proposed Decision, you may file your objections in writing, briefly stating the reasons, authorities, and supporting arguments for each objection. If your objections or argument relate to evidence in the record, please cite the specific exhibit and page number in the record. Your objections and argument must be received at the office of the Medical Examining Board, Room 178, 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53708, on or before November 14, 1996. You must also provide a copy of your objections and argument to all other parties by the same date.

You may also file a written response to any objections to the Proposed Decision. Your response must be received at the office of the Medical Examining Board no later than seven (7) days after receipt of the objections. You must also provide a copy of your response to all other parties by the same date.

The attached Proposed Decision is the Administrative Law Judge's recommendation in this case and the Order included in the Proposed Decision is not binding upon you. After reviewing the Proposed Decision, the Medical Examining Board will issue a binding Final Decision and Order.

Dated at Madison, Wisconsin this 4th day of November, 1996.

Ruby Jefferson-Moore
Ruby Jefferson-Moore
Administrative Law Judge

STATE OF WISCONSIN
BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF THE DISCIPLINARY PROCEEDINGS AGAINST

JUNE L. HADLEY, M.D.,
RESPONDENT.

PROPOSED DECISION
Case No. LS-9602061-MED

PARTIES

The parties in this matter under § 227.44, Stats., and for purposes of review under § 227.53, Stats., are:

June L. Hadley, M.D.
3066 West Main Street
East Troy, Wisconsin 53120

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

Department of Regulation & Licensing
Division of Enforcement
P.O. Box 8935
Madison, Wisconsin 53708

This matter was commenced by the filing of a Notice of Hearing and Complaint on February 6, 1996. An Amended Notice of Hearing and Complaint was filed on February 7, 1996. Respondent's Answer was filed on February 28, 1996. A hearing was held from June 3, 1996, to June 5, 1996. Atty. John R. Zwieg appeared on behalf of the Department of Regulation and Licensing, Division of Enforcement. Dr. Hadley appeared in person and by her attorney, John O. Olson, Law Offices of Braden and Olson. The hearing transcript was filed on July 24, 1996.

Based upon the record herein, the Administrative Law Judge recommends that the Medical Examining Board adopt as its final decision in this matter, the following Findings of Fact, Conclusions of Law and Order.

FINDINGS OF FACT

1. June L. Hadley, M.D., respondent, d.o.b., June 1, 1932, is licensed by the Medical Examining Board as a physician to practice medicine and surgery in the state of Wisconsin, pursuant to license number 22693, which was first granted on October 19, 1979.

2. Respondent's last address reported to the Department of Regulation and Licensing is 3066 West Main Street, East Troy, WI 53120.

3. Respondent specializes in the area of psychiatry.

COUNTS I, II

4. During 1991 through October 1993, respondent was in practice in East Troy, Wisconsin with Madge Moody, Ph.D., a psychologist.

5. Between December 19, 1991, and September 26, 1993, Dr. Hadley issued at least 32 prescriptions for hydrocodone/APAP, naming Dr. Moody as the patient.

6. Dr. Hadley had the 32 prescriptions for hydrocodone filled at two different pharmacies, kept the drugs and used substantially all of them herself.

7. Dr. Moody had no knowledge until the end of 1993, that respondent was using her name for the hydrocodone prescriptions.

8. Hydrocodone is a Schedule III controlled substances as defined in s. 161.18 (5), Stats.

COUNTS III, IV, V

9. From at least 1991 through August 1994, respondent provided psychiatric services to Patient KC for depression, among other things.

10. From November 1993, through July 25, 1994, respondent issued five prescriptions for hydrocodone/APAP using Patient KC's name as the patient for whom the drugs were intended. Hydrocodone is a Schedule III controlled substances as defined in s. 161.18 (5), Stats.

11. On at least two occasions, respondent had Patient KC take the prescriptions for hydrocodone to a pharmacy, had the pharmacist fill the prescriptions and bring the hydrocodone back to respondent for respondent's personal use.

12. For the rest of the prescriptions for hydrocodone written for Patient KC, respondent obtained the filled prescriptions herself for her own personal use.

COUNT VI

13. During the time respondent was providing professional services to Patient KC, respondent issued prescriptions to Patient KC, including Prozac, an antidepressant. Patient KC was initially started on 2 to 3 doses of Prozac (20mg) daily. At some point in time, in weekly intervals, the dosage was increased up to 6, then in April, 1994, to 7 doses of Prozac daily. The prescriptions for Prozac written by respondent for Patient KC in 1992-1994, were as follows:

Date	Dosage	Units
12/22/92	20mg	180
01/25/93	20mg	180
02/24/93	20mg	180
04/11/93	20mg	180
08/31/93	20mg	180
10/14/93	20mg	180
11/17/93	20mg	180
01/19/94	20mg	180
02/27/94	20mg	180
04/01/94	20mg	210
05/10/94	20mg	30
06/24/94	20mg	210
08/04/94	20mg	210
09/08/94	20mg	210

14. The usual starting dose for Prozac in 1992 was 20mg. (1 dose) daily. An initial dosage of 20 mg., of Prozac may be sufficient to obtain a satisfactory anti-depressant response. A dose increase may be considered after a minimum of a one month period if no clinical improvement is observed. Seven doses of Prozac (20 mg) daily is an experimental dosage.

15. During the time respondent was providing professional services to Patient KC, respondent kept no clinical records regarding the treatment or medications prescribed.

COUNTS VII, VIII, IX

16. From at least 1993 through June, 1994, respondent provided psychiatric services to Patient DG for treatment of depression.

17. On June 14, 1994, respondent issued a prescription in Patient DG's name for 48 units of hydrocodone (7.5 mg./750). At respondent's request, Patient DG picked up the filled prescription from the pharmacy and returned the drugs to respondent for respondent's personal use. Hydrocodone is a Schedule III controlled substances as defined in s. 161.18 (5), Stats.

COUNT X

18. In approximately 1984, Patient SA was addicted to codeine products and was hospitalized for rehabilitation.

19. At least from June 1985 to August 1994, Patient SA received psychiatric services from Dr. Hadley.

20. During the time period Patient SA received psychiatric services from Dr. Hadley, Patient SA advised respondent that she had chronic pelvic pain.

21. In approximately 1988, respondent suggested to Patient SA that Patient SA take Vicodin, a brand of hydrocodone, for Patient SA's chronic pelvic pain and also Patient SA's emotional pain. Hydrocodone is a Schedule III controlled substances as defined in s. 161.18 (5), Stats. Respondent was aware of Patient SA's history of drug addiction, and advised Patient SA that Vicodin was not addicting. Respondent told Patient SA that she took Vicodin herself.

22. Psychic dependence, physical dependence and tolerance may develop upon repeated administration of Vicodin.

23. During the time period that respondent prescribed Vicodin to Patient SA, Patient SA developed an addiction to Vicodin.

24. From April 1, 1992, through at least July 30, 1994, respondent issued prescriptions to Patient SA. During that time period, respondent prescribed Vicodin, 120 (7.5/750 tab) units per week to Patient SA on numerous occasions and 240 (7.5/750 tab) units on at least two occasions.

25. For tablets containing 7.5 mg. of Vicodin, the usual adult dose is one tablet every four to six hours as needed for pain. The total 24 hour dose should not exceed 5 tablets.

26. During the same time that respondent was prescribing Vicodin to Patient SA, respondent prescribed in excess of 120, 100 mg., Darvocet capsules, a brand of propoxyphene, per week to Patient SA. Propoxyphene is a Schedule IV controlled substance as defined by s. 161.20 (3), Stats. The maximum recommended dose of propoxyphene is 600 mg./day.

27. The Physicians' Desk Reference warns that practitioners should not prescribe propoxyphene for patients who are suicidal. It warns that practitioners should prescribe propoxyphene with caution for patients taking tranquilizers or anti-depressant drugs and patients that use alcohol in excess. It warns practitioners to tell patients not to exceed the recommended dose and to limit their intake of alcohol.

28. During the time period that respondent prescribed Vicodin to Patient SA, Patient SA was depressed and suicidal.

29. On occasion respondent would meet with Patient SA outside of professional contacts and respondent and Patient SA would consume alcohol.

30. During the entire time that respondent provided professional services to Patient SA, respondent kept no treatment or clinical records regarding Patient SA's treatment or the medications respondent prescribed to Patient SA.

COUNT XI

31. Patient JS has been receiving psychiatric services from respondent at least since 1993, and continues to take Effexor, an antidepressant drug, which was prescribed by respondent.

32. In 1994, while Patient JS was receiving professional services from respondent, respondent asked Patient JS to provide respondent with $5,000.

33. Patient JS obtained a bank loan, through refinancing her home, and provided the $5,000 to respondent. Respondent has not repaid the $5,000 to Patient JS.

34. In August 1994, respondent asked Patient JS to purchase respondent's airline ticket so respondent could go to the Mayo Clinic for alcohol and drug abuse treatment. Patient JS purchased a $700.00 airline ticket for respondent. Respondent has repaid Patient JS for the cost of the airline ticket.

COUNT XII

35. Respondent provided psychiatric services to Patient JA from the late 1980's through at least May 26, 1992. Respondent's diagnosis of Patient JA was "bipolar, mixed type recurrent, severe".

36. In April of 1992, Patient JA called respondent seeking medication and respondent provided Patient JA with a telephone prescription for Prozac, 20 mg., 120 units, with three refills, which prescription was filled on April 29, 1992.

37. The instructions provided to the pharmacy by respondent indicated Patient JA was to take one 20 mg. capsule, four times a day.

38. Respondent did not see Patient JA during the period of time the Prozac was prescribed and did not have any laboratory tests done to determine his blood level of Prozac.

39. An initial dosage of 20 mg., of Prozac may be sufficient to obtain a satisfactory anti-depressant response. A dose increase may be considered after a minimum of a one month period if no clinical improvement is observed.

COUNT XIII

40. In 1974 respondent was treated at Mercy Hospital in Chicago for alcoholism.

41. Through approximately 1991 respondent abstained from the use of alcohol. In 1991, respondent began using alcohol again.

42. Between December, 1991 and July, 1994, respondent issued numerous prescriptions using the names of other individuals, including some of her patients, to obtain hydrocodone for her own personal use.

43. In 1993, respondent began drinking alcohol quite heavily with patients, including Patient KC and Patient SA.

44. During 1993 and 1994, respondent consumed alcohol during sessions in which she was providing psychiatric services to Patient JW and Patients PD and RD.

45. On approximately August 4, 1994, respondent was confronted by several of her patients, including Patients KC, SA and JS regarding her alcohol and controlled substance abuse. Those patients drove respondent to the Milwaukee Psychiatric Hospital to see Dr. Michael Logan, a psychiatrist. Respondent stayed overnight at the hospital and left the following day.

46. On August 5, 1994, respondent was admitted for inpatient evaluation and treatment for alcohol and drug abuse at the Mayo Clinic in Rochester, Minnesota. Respondent was discharged from the Mayo Clinic on September 14, 1994. A few days later, respondent was admitted to the Milwaukee Psychiatric Hospital Harrington House where she resided until December 21, 1994.

47. Since December 1994, respondent has been providing random urine screens which have all been negative for alcohol and controlled substances.

CONCLUSIONS OF LAW

1. The Medical Examining Board has jurisdiction in this matter pursuant to s. 448.02 (3), Wis. Stats.

2. Respondent's prescribing of controlled substances using the names of Madge Moody, Patient KC, and Patient DG, for the purpose of obtaining drugs for her own personal use was not within the course of legitimate professional practice and constituted unprofessional conduct within of s. 448.02 (3), Stats., and s. MED 10.02 (2)(p), Wis. Adm. Code.

3. Respondent, by issuing prescriptions for controlled substances using the names of Madge Moody, Patient KC and Patient DG, for the purpose of obtaining drugs for her own personal use, made false statements with fraudulent intent while practicing under her license, in violation of s. 448.02 (3), Stats., and s. MED 10.02. (2) (m), Wis. Adm. Code.

4. Respondent, by consuming alcohol during sessions in which she was providing psychiatric services to Patients JW and Patients PD and RD, and by drinking in between therapy sessions during the workday, practiced under her license when unable to do so with reasonable skill and safety to patients, in violation of s. 448.02 (3), Stats., and s. MED 10.02 (2) (i), Code.

5. Respondent's conduct in using the names of Patient KC and Patient DG to obtain controlled substances for her own personal use and in asking the patients to pick-up the drugs from the pharmacy and delivery them to her was below the minimum standards of care established by the medical profession; exposed the patients to risks to which a minimally competent physician would not expose a patient, and constituted a danger to the health, welfare and safety of the patients, in violation of s. 448.02 (3), Stats., and s. MED 10.02 (2) (h), Code.

6. Respondent's conduct in failing to maintain adequate medical records for Patient KC and Patient SA was below the minimum standards of care established by the medical profession, exposed the patient to risks to which a minimally competent physician would not expose a patient, and constituted a danger to the health, welfare and safety of the patients, in violation of s. 448.02 (3), Stats., and s. MED 10.02 (2) (h), Wis. Adm. Code.

7. Respondent's conduct, in soliciting and obtaining $5,000 from Patient JS and in asking Patient JS to purchase a $700.00 airline ticket so that respondent could go to the Mayo Clinic for alcohol and drug abuse treatment was below the minimum standards of care established by the medical profession, exposed the patient to risks to which a minimally competent physician would not expose a patient, constituted a danger to the health, welfare and safety of the patient, in violation of s. 448.02 (3), Stats., and s. MED 10.02 (2) (h), Wis. Adm. Code.

8. Respondent's conduct, in prescribing Prozac for Patient KC, including starting Patient KC on an initial dose of 2-3 doses of Prozac (20mg) daily; failing to wait an acceptable period of time before increasing the dosage level of Prozac for Patient KC from 2-3 doses (20mg) daily up to 7 doses (20mg) daily, and prescribing an experimental dosage level of 7 doses of Prozac (20mg.) daily, was below the minimum standards of the medical profession, exposed the patient to risks to which a minimally competent physician would not expose a patient, constituted a danger to the health, welfare and safety of the patient, in violation of s. 448.02 (3), Stats., and s. MED 10.02 (2) (h), Code.

9. Respondent's conduct in prescribing Vicodin and Darvocet for Patient SA, including advising Patient SA that Vicodin was not addicting and prescribing Vicodin and Darvocet doses for Patient SA which exceeded the recommended dosage levels for those drugs, was below the minimum standards of the medical profession, exposed the patient to risks to which a minimally competent physician would not expose a patient, constituted a danger to the health, welfare and safety of the patient, in violation of s. 448.02 (3), Stats., and s. MED 10.02 (2) (h), Code.

10. Respondent's conduct in providing psychiatric care and treatment to Patient JA, as described herein in Findings of Fact #35-39, does not constitute a violation of s. 448.02 (3), Stats., or s. MED 10.02 (2)(h), Wis. Adm. Code.

ORDER

NOW, THEREFORE, IT IS ORDERED, that the license of JUNE L. HADLEY to practice medicine and surgery in the state of Wisconsin be, and hereby is, **SUSPENDED** for a period of not less than five (5) years.

IT IS FURTHER ORDERED that:

1) **Petition for Stay of Suspension**

(a) Respondent may petition the Board at any time after a period of six (6) months following the effective date of this Order for a three (3) month stay of suspension of this Order, which, if granted, shall be subject to respondent's compliance with the conditions and limitations set forth herein. In conjunction with such petition, respondent shall submit to the Board documentation of an assessment performed by a health care provider acceptable to the Board, of respondent's abstinence from the use of alcohol and controlled substances. The assessment shall be current (conducted within the 60 day period prior to the date of the petition), and shall consider and render an opinion as to whether respondent can practice with skill and safety to patients and the public, and whether any conditions are necessary to permit her to do so.

(b) If the initial petition for stay of suspension is granted, respondent may apply for consecutive three (3) month extensions of the stay of suspension, which shall be granted upon acceptable demonstration of compliance with the conditions and limitations imposed upon respondent's practice during the prior three (3) month period.

(c) If the Board denies the petition by respondent for an extension of the stay of suspension order, the Board shall afford an opportunity for a hearing in accordance with the procedures set forth in ch. RL 1, Wis. Adm. Code, upon timely receipt of a request for a hearing.

(d) Upon a showing by respondent of complete, successful and continuous compliance for a period of five (5) years with the terms of this Order, including the conditions of stay and limitations set forth herein, and abstention from the use of alcohol and drugs, the Board may grant a petition by respondent for return to full licensure.

2. Conditions of Stay

(a) If the assessment report referred to in paragraph (1) (a) above recommends treatment for alcohol and/or controlled substance abuse, respondent shall successful participate in a treatment program at a health care facility acceptable to the Board. If alcohol and/or drug screenings are recommended, respondent shall supply urine, blood and/or hair specimen as directed. If continued treatment is recommended, respondent shall arrange for submission of quarterly reports to the Board from her health care provider evaluating her attendance and progress. Respondent shall appear before the Board annually, at its option, to review the progress of treatment and rehabilitation.

(b) If the assessment report referred to in paragraph (1) above recommends practice restrictions, respondent shall comply with all restrictions recommended.

(c) Respondent shall provide and keep on file with all treating health care professionals and facilities, current releases which comply with all applicable state and federal laws authorizing the release of her medical and treatment records and reports to the Board and which permit her treating health care professionals to disclose the progress of her treatment to the Board.

(d) Respondent shall, within four (4) months of the effective date of the initial stay of suspension order, participate in an assessment of her knowledge and skills in the area of controlled substance management. This assessment shall be conducted by the University of Wisconsin Continuing Medical Education Program, or some other program or individual approved by the Board. Participation in the assessment shall be approved by the Board or its designee prior to commencement. In the event the assessment identifies areas of deficiency in this area, respondent shall participate in and successfully complete any recommended retraining set forth by the individual (s) conducting the assessment. Such retraining program shall be approved by the Board or its designee prior to respondent's participation.

(e) Respondent shall, within five (5) months of the effective date of the initial stay of suspension order, participate in and successfully complete a total of 60 hours of medical education, 30 hours in the area of psychopharmacology and 30 hours in medical record keeping, which shall be preapproved by the Board. This coursework shall be in addition to the continuing medical education required under s. 448.13, Stats.

(f) Respondent shall, within thirty (30) days of the effective date of the initial stay of suspension order, surrender her Drug Enforcement Administration ("DEA") Certificate of Registration for Schedules I, II, III and IV Controlled Substances, as appropriate, and shall not reapply for registration until after successful completion of the knowledge and skills assessment required under paragraph (2) (d), above, and then may prescribe, dispense, administer or order controlled substances only through consultation with a physician approved by the Board.

(g) Respondent shall be responsible for all costs associated with the assessment referred to in paragraph (1) (a) above, and for all treatment, education and reporting required under the terms of the stay order.

3. Petition for Modification of Terms

Respondent may petition the Board in conjunction with any application for an additional stay to revise or eliminate any of the above conditions. Denial in whole or in part of a petition under this paragraph shall not constitute denial of a license and shall not give rise to a contested case within the meaning of s. 227.01 (3) and 227.42, Stats.

IT IS FURTHER ORDERED that during the time period when a stay of suspension order issued under paragraph (1) above is in effect, respondent's license to practice medicine and surgery shall be LIMITED as follows:

1. Alcohol and Controlled Substances

a) Respondent shall abstain from the use of alcohol.

b) Respondent shall abstain from all personal use of controlled substances, except when necessitated by an appropriately diagnosed medical condition and under the supervision of respondent's personal physician.

2. Record Keeping Requirements

a) Respondent shall maintain medical records which are dictated and transcribed, and which contain, at a minimum, the following information for each patient: 1) the dates of visits; 2) bases for psychiatric assessment; 3) treatment plan; 4) awareness of past treatments; 5) contact with other health care providers, consultations or supervision, and 6) ongoing treatment, including the prescribing of medications. Documentation relating to the prescribing of medications shall, at a minimum, include the name of the medicine, dosage strength , the number of tablets or amount of fluid dispensed, the date, directions given to the patient and the number of refills. The medical records shall be adequate to allow a successor physician to immediately and adequately treat the patient in respondent's absence. In the event the dictation and transcription do not occur within 10 days of the patient's visit, the above information shall be entered by respondent in legible, handwritten notes. The Board or its designee may conduct random visits without prior notice of respondent's medical records to ensure compliance with this requirement.

3. Prescribing Restrictions

a) Respondent shall not prescribe, dispense, administer or order any controlled substance until respondent has successfully completed the assessment required under paragraph (2) (d) above, and then only through consultation with a physician approved by the Board or its agent.

IT IS FURTHER ORDERED that:

Pursuant to s. 440.22, Stats., the cost of this proceeding shall be and hereby is assessed against respondent.

This order is effective on the date on which it is signed by a designee of the Medical Examining Board.

OPINION

The Complainant alleges in its Amended Complaint ("Complaint") that on one or more occasions Dr. Hadley violated s. 161 38 (5), Stats., and subs. MED 10.02 (h), (i), (m) and (p), Wis. Adm. Code. Dr. Hadley denies violating these provisions

APPLICABLE LAW

s. 161. 38 (5), Stats.

> (5) No practitioner shall prescribe, orally or in writing, or take without a prescription a controlled substance included in schedule I, II, III or IV for the practitioner's own use.

s. MED 10.02 (2) (h), (i), (m) and (p), Code

> (2) The term "unprofessional conduct" is defined to mean and include but not be limited to the following, or aiding or abetting the same:
>
> (h) Any practice or conduct which tends to constitute a danger to the health, welfare, or safety of patient or public.
> (i) Practicing or attempting to practice under any license when unable to do so with reasonable skill and safety to patients.
> (m) Knowingly making any false statement, written or oral, in practicing under any license, with fraudulent intent ...
> (p) Administering, dispensing, prescribing, supplying or obtaining controlled substances as defined in s. 161.04, Stats., otherwise than in the course of legitimate professional practice, or as otherwise prohibited by law.

EXPERT WITNESSES

Dr. Robert M. Factor testified at the request of the Division of Enforcement. Dr. Factor is a Professor of Psychiatry at the University of Wisconsin Medical School, Madison, Wisconsin. As part of his practice at the University, he works at the University of Wisconsin Hospital and Clinics. In addition, Dr. Factor works at the Mental Health Center of Dane County and also at a community support program run by the Madison VA Hospital. He has been board certified in psychiatry since 1985. *Tr. p. 330-332; Exhibit #12.*

Dr. John Gedo testified at the request of Dr. Hadley. Dr. Gedo, now retired, was at some point in time board certified in psychiatry and was for many years a clinical professor of psychiatry at the University of Illinois. Dr. Gedo was Dr. Hadley's supervisor during her first year residency at Michael Reese Hospital. *Tr. p. 15, 445-446.*

MADGE MOODY

COUNTS I and II

COUNT I

The Complainant alleges that during 1991 through 1993, Dr. Hadley issued at least 32 prescriptions for hydrocodone/APAP, naming another individual as the patient, and that she took those prescriptions to pharmacies, had them filled and kept the hydrocodone for her personal use, in violation of s. 161.38 (5), Wis. Stats., and s. MED 10.02 (2) (p), Wis. Adm. Code.

Section MED 10.02 (2) (p), Code provides that it is unprofessional conduct to administer, dispense, prescribe, supply or obtain controlled substances as defined in s. 161.04, Stats., otherwise than in the course of legitimate professional practice, or as otherwise prohibited by law. The evidence presented establishes that Dr. Hadley violated this provision.

During 1991 through October, 1993, Dr. Hadley was in practice with Madge Moody, a psychologist. Dr. Hadley admits that during that time period she issued 32 prescriptions for hydrocodone/APAP, naming Dr. Moody as the patient, and that she had the prescriptions filled, kept the drugs and used substantially all of them herself. She testified that, in general, the prescriptions were for her own use, but that on one or more occasions Dr. Moody used the hydrocodone which she prescribed. *Tr. p. 36-38; 41; 139-140; 145-148; Answer, par. 2.*

Dr. Moody testified that she has had prescriptions for Vicodin written by other physicians. However, she said that she has never taken Vicodin in her life. She said that she first became aware at the end of 1993, that Dr. Hadley was writing prescriptions for hydrocodone using her name. She said that in preparation for doing income taxes, she went to the pharmacy to get a list of the drugs that were purchased by both she and Dr. Hadley and learned for the first time that certain prescriptions were listed under her name. *Tr. p. 133-134, 145; Ex. 1, 6, 7.*

COUNT II

The Complainant alleges that by issuing the prescriptions for hydrocodone in Dr. Moody's name and presenting the prescriptions to a pharmacist so that she could obtain the drugs for her own use, Dr. Hadley engaged in conduct in violation of s. MED 10.02 (2) (m), Wis. Adm. Code.

Section MED 10.02 (2)(m), Code states, in part, that it is unprofessional conduct for a licensee to knowingly make any false statement, written or oral, in practicing under any license, with fraudulent intent.

The terms "false statement" and "fraudulent intent" are not defined in the statutes or rules. False means "contrary to fact or truth". Fraudulent means "engaging in fraud; deceitful". Fraud is defined as "a deception deliberately practiced in order to secure unfair or unlawful gain". *The American Heritage Dictionary, Second College Edition.*

Dr. Hadley admits issuing prescriptions for hydrocodone naming Dr. Moody as the patient and that she used substantially all of the drugs herself. The evidence establishes that Dr. Hadley made false statements with fraudulent intent to the pharmacists who filled the prescriptions by representing to them that the drugs were prescribed for Dr. Moody, when they were for her use.

PATIENT KC

COUNTS III, IV, V and VI

COUNT III

Complainant alleges that Dr. Hadley violated s. MED 10.02 (2) (p), Wis. Adm. Code. That provision state that it is unprofessional conduct to administer, dispense, prescribe, supply or obtain controlled substances as defined in s. 161.04, Stats., otherwise than in the course of legitimate professional practice, or as otherwise prohibited by law. The evidence presented establishes that the violation occurred.

From at least 1991 through August 1994, Dr. Hadley provided psychiatric services to Patient KC for depression, among other things. From November 1993, through July 1994, Dr. Hadley issued five prescriptions for hydrocodone/APAP using Patient KC's name as the patient for whom the drugs were intended. *Tr. p. 43; 63-65; Exhibit #3.*

Dr. Hadley admits that she issued two prescriptions for Vicodin with Patient KC's name on the prescription with the intent that the medications come back to her. *Tr. p. 63-65.*

Patient KC also testified that there were two occasions, that she was aware of, on which Dr. Hadley used her name on a prescription to obtain Vicodin. The first instance occurred in November, 1993. Patient KC testified that Dr. Hadley told her that since she (Dr. Hadley) was not with Dr. Moody anymore, she could not use Dr. Moody's name to get her Vicodin. According to Patient KC, Dr. Hadley asked her to obtain the Vicodin for her. Patient KC agreed to do so. Patient KC testified that she went to the pharmacy and obtained the Vicodin in her name and then gave the drugs to Dr. Hadley. *Tr. p. 243-244; Exhibit 3.*

The second instance in which Patient KC obtained Vicodin for Dr. Hadley occurred in July, 1994. Patient KC testified that Dr. Hadley told her that "she'd had a real hard day and that she had called in a script to East Troy Pharmacy for her for Vicodin". Patient KC told Dr. Hadley that she could not do that anymore; that it made her uncomfortable and that it was illegal. Patient KC stated that Dr. Hadley then said "well, you got it for me before so you're just as guilty as I am". Patient KC stated that she was scared and said fine, but that it would be the last time she'd ever do it. Sometime thereafter, Patient KC picked up the drugs from the pharmacy and gave them to Dr. Hadley. *Tr. p. 244-246; Exhibit #3.*

In reference to the remaining 3 prescriptions written in Patient KC's name, two in January, 1994 and one in May, 1994, the evidence establishes that Dr. Hadley obtained those drugs for her own personal use.

Dr. Hadley testified that she issued two prescriptions "that she knows of", using Patient KC's name. She did not admit to issuing the remaining 3 prescriptions using Patient KC's name. To the contrary, she testified that she prescribed Vicodin on more than one occasion for Patient KC's own use. However, Patient KC testified that she took Vicodin only once and that was in 1992 when she was hurt in a car accident. She said that when she took the Vicodin she had an allergic reaction and for that she reason cannot take it. Patient KC also testified that she did not consume Vicodin in 1994. *Tr. p. 63-64, 243-246.*

COUNT IV

The Complainant alleges that by issuing prescriptions in the name of another person and presenting those prescriptions to a pharmacist so that she could obtain the controlled substances for her own use, Dr. Hadley engaged in unprofessional conduct as defined in s. MED 10.02 (2)(m),Wis. Adm. Code. The evidence presented establishes that the violation occurred.

Section MED 10.02 (2) (m), Code provides that it is unprofessional conduct for a licensee to knowingly make any false statement, written or oral, in practicing under any license, with fraudulent intent. As noted previously in the discussions relating to Count II, the term false means "contrary to fact or truth"; fraudulent means "engaging in fraud; deceitful", and fraud is defined as "a deception deliberately practiced in order to secure unfair or unlawful gain".

Dr. Hadley admits that she issued two prescriptions for Vicodin with Patient KC's name on the prescription with the intent that the medications come back to her. Patient KC confirmed that on at least two occasions, at Dr. Hadley's request, she picked up Vicodin from two different pharmacists and delivered the drugs to Dr. Hadley for Dr. Hadley's own personal use. In addition, as noted previously the evidence establishes that Dr. Hadley presented the three remaining prescriptions to pharmacists and obtained the drugs for her own personal use. *Tr. p. 63-65, 242, 246.*

The evidence establishes that Dr. Hadley made false statements with fraudulent intent to the pharmacists who filled the prescriptions when she represented on the prescriptions that the drugs were being prescribed for Patient KC, when in fact, the drugs were intended for her own use.

COUNT V

The Complainant alleges that Dr. Hadley, by asking Patient KC to allow her to use Patient KC's name to obtain Vicodin, engaged in unprofessional conduct as defined in s. MED 10.02 (2)(h), Wis. Adm. Code. That provision state that it is unprofessional conduct for a licensee to engage in any practice or conduct which tends to constitute a danger to the health, welfare or safety of patient or public. The evidence establishes that the violation occurred.

The essence of this allegation is that it is below the minimal standards of the profession for a psychiatrist to ask a patient to allow the psychiatrist to use the patients' name to obtain controlled substances for the psychiatrist. *Amended Complaint, par. 22-25.*

Dr. Factor testified that, in general, such conduct is below the minimal standards of the profession of psychiatry and that such conduct exposes the patient to a number of risks of boundary violations. One risk is that it is illegal behavior or against the regulations that are in fact usually printed on every prescription bottle. Dr. Factor further stated that if the patient's doctor asks the patient to obtain the drugs, the doctor is not only involving the patient in improper, illegal behavior, but also modeling such behavior for the patient. To model such behavior is harmful because it may cause a patient to get worse. *Tr. p. 337-340.*

Dr. Factor testified that the second risk of harm is that such conduct involves the patient in illegal behavior which could subject the patient to legal consequences. Third, it is a boundary crossing and boundary violation in that the patient trusts the doctor. Such conduct sets up the doctor and the patient for risk of future boundary violations in not only this area but other areas. Boundary violations also produce future harm because to the extent that a doctor violates a patient's trust, it makes it more difficult for the patient to seek subsequent care. *Tr. p. 337-340.*

Dr. Hadley testified that she did not consider her asking Patient KC to allow her to use her name on a prescription for Vicodin to be a boundary violation because Patient KC was not a patient. She said that her treatment of Patient KC ended in May 1993, when the therapeutic sessions ended.

The evidence reflects that Dr. Hadley continued to prescribe controlled substances, including Prozac and hydrocodone, for Patient KC until August, 1994. According to Dr. Factor, if a psychiatrist is providing antidepressant drugs to an individual, the individual is a patient of the psychiatrist, and that there is no requirement that the psychiatrist provide psychotherapy to the patient in addition to the drugs. *Tr. p. 43; 56-61; 69; 336-337.*

COUNT VI

The Complainant alleges that Dr. Hadley, by issuing prescriptions to Patient KC in the manner described in Findings of Fact #13 and 14 herein, and by failing to maintain clinical records regarding the treatment or medications prescribed, violated s. MED 10.02 (2) (h), Wis. Adm. Code. The evidence presented establishes that the violation occurred.

A. Prescribing Practices

During the time Dr. Hadley was providing professional services to Patient KC, she issued prescriptions to Patient KC, including Prozac, an anti-depressant, as follows (Ex. #3):

Date	Dosage	Units
12/22/92	20mg	180
01/25/93	20mg	180
02/24/93	20mg	180
04/11/93	20mg	180
08/31/93	20mg	180
10/14/93	20mg	180
11/17/93	20mg	180
01/19/94	20mg	180
02/27/94	20mg	180
04/01/94	20mg	210
05/10/94	20mg	30
06/24/94	20mg	210
08/04/94	20mg	210
09/08/94	20mg	210

Dr. Hadley testified that she started seeing Patient KC in late 1991. Her diagnosis was "borderline condition, possible rule out disassociative identity disorder". When she began treatment, Patient KC had been on Prozac previously at the level of one or two doses a day. She started Patient KC on two, three at the most, doses a day. The lowest dose of Prozac that she would prescribe to a patient would be 1 a day, the highest would be 8 a day. *Tr. p. 43-49.*

According to Dr. Hadley, Prozac is "a little slow". In general, you wait a week usually before increasing the dose, unless you have a really emergent situation. She said if she waited four weeks before increasing the dose she would lose a lot of patients. Patients don't have the leisure of being disabled that completely for that long. She testified that it is common practice to not wait for a full month to increase the dose. She cited a study conducted at McClain Hospital in Boston as support for her position that Prozac will react within 5 days. *Tr. p. 49-52; Ex. #14.*

Dr. Hadley further testified that at some point in time Patient KC's dosage was increased to six a day and then to seven a day. She said, in reference to the increase from two to three a day to six a day, that there would have been usually an increase of one and only rarely would she have increased two at a time. She said that if you feel that the person may be suicidal, which Patient KC was from time to time, you want to have a rapid increase to insure that there is sufficient serotonin available to the patient because "that is the real problem with the suicidals, the neurotransmitter serotonin ... if it drops too low, it's very risky. So you may increase rapidly". Subsequent increases after the initial increase would have been after a trial period of around seven days. "Five days would not be out of the box". *Tr. p. 53-55.*

Dr. Factor testified that the usual starting dosage of Prozac in 1992 was 20 mg. (1 dose). He stated that a minimally competent psychiatrist would prescribe the least amount of a drug which has the desired result. In reference to increasing the dosage, he stated that if one begins a patient on Prozac at a specific dose level, it would take a minimum of a month, maybe longer before it can be determined if the dose level is adequate. Barring some exceptional circumstance, that would be the usual procedure. Prozac and its active metabolites have a very long half life, from 5 to 7 days. Antidepressant drugs with half lives of a day take approximately 1 to 3 weeks, and sometimes even longer, to reach their full effect. Prozac, having the half life of 5 to 7 days, would not reach full steady state for about a month. The actual time to achieve its full effect may be longer. Without some specific justification to the contrary, it would be poor prescribing for a psychiatrist to start a patient on two or three Prozac (20mg) dose a day and then increase it after one week. He further stated that it is below the minimal standards of the profession for a practitioner to fail to wait a suitable period of time to make certain that any increase in dosage of Prozac was effective or ineffective before increasing it again. *Tr. p. 353-361; 355-356; 380-382.*

In reference to the risks of harm to the patient in taking large doses of Prozac, Dr. Factor testified that risks include: drug induced hepatitis, seizures and, in the case of patients with bipolar disorder, episodes of major depression and also mania. *Tr. p. 358.*

In reference to the McClain report, Dr. Factor testified that the study involved only 27 cases. It discussed doses up to 160 mg., except in 5 of the cases where the doses went up to 320 mg. Fourteen out of the 27 patients had significant side effects. A small number improved significantly, another number improved slightly, and a number got worse. All of the patients involved in the study had "treatment resistant depression", which means that they had tried a number of other more conventional treatments and failed to get better. *Tr. p. 359-361; Ex. #14.*

B. Medication and Treatment Records

Dr. Hadley did not deny in her Answer that during the time period when she provided professional services to Patient KC she did not keep clinical records regarding the treatment or medications which she prescribed; therefore, the allegation is deemed admitted. *RL 2.09 (3), Wis. Adm. Code; Amended Complaint, par. 27; Answer, p. 2; Exhibit 3.*

In addition, Dr. Hadley testified that, in general, during the time period between 1984 and 1994, the records that she kept on patients for whom she provided treatment consisted of demographic records, which contained the patient's "name, address, telephone number, relatives, who referred by, and diagnosis". Those records did not contain any information regarding evaluation or treatment of the patients other than the diagnosis. *Tr. p. 19-22.*

In reference to medication records, Dr. Hadley testified that she found it useless to maintain medication records because patients were never taking what she told them to take and that the records were not very accurate or helpful at all. She said that she has always kept track of the patient medications "in her head". She stated that at least in 1991, she had approximately 50 active patients and that she "kept track in her head" of the medication and the approximate range (low or high dose) prescribed for each patient. *Tr. p. 19-29.*

In addition, Dr. Hadley testified that in 1991 and 1992, she kept a card file which contained medications and dosages of patient prescriptions. She said that she discontinued it later on because she felt that it was not that useful to her and because she kept most of the medications in her head anyway. She said, if needed, she could always obtain the records from the drug store. According to Dr. Hadley, the card file was destroyed in 1993, when she moved from the Booth Lake Heights location to her new office in town in East Troy. *Tr. p. 19-22.*

It should be noted that, other than Dr. Hadley's testimony, there is no evidence in the record which supports the conclusion that the card files ever existed. On this issue, Dr. Hadley's testimony is not credible. She was asked by the Complainant on at least two occasions, in November 1994, and April 1996, regarding whether she maintained any patient records and on both occasions she did not mention the card file. *Tr. p. 20-21.*

In reference to process notes, Dr. Hadley testified that she never systematically kept process notes relating to the actual content of given sessions because of her psychoanalytic background and training. She stated that it is common practice among the analytic community even to this day, in Chicago, that written process notes not be written in the first place, or that they be annotated in some way, to protect confidentiality. *Tr. p. 23-25.*

Finally, Dr. Hadley testified that she has accepted the necessity for recording certain things and of keeping records with respect to prescriptions and medications. She said that she had already started the practice a few months earlier. *Tr. p. 502-504.*

Dr. Factor testified, in reference to the minimal requirements for record keeping by a competent practitioner of psychiatry, that a psychiatrist must have some basis to substantiate the treatment that is provided. One has to document the occurrence of visits (i.e., dates); bases for psychiatric assessment; treatment plan, and the ongoing treatment. According to Dr. Factor, the specific ways in which one describes ongoing treatment vary depending on the sort of treatment. The most obvious or the easiest treatment to document is the prescribing of medications. One documents the name of the medicine, the dosage strength, the number of tablets or amount of fluid dispensed, the date, directions given to the patient and the number of refills. One should also document other things such as awareness of past treatments, contacts with other providers, consultation or supervision. *Tr. p. 344-346.*

In reference to unreasonable risks of harm to the patient if one fails to keep records, Dr. Factor testified that it would depend on the type of record involved. In terms of prescriptions issued or samples dispensed, there are a number of risks or potential risk of harm. One risk is that the doctor may be unaware of exactly what he or she is prescribing and "in what doses and what quantities". Other risks include the risk of overdose; potential adverse interactions with other drugs; inability to review past prescribing; difficulty in tracking drug-seeking behavior; inability to evaluate contraindications in the presence of other medical conditions, and unavailability of treatment records to subsequent health care providers. *Tr. p. 344-348; 388-389.*

In reference to Patient KC, Dr. Factor testified that in his opinion, based upon a review of the prescriptions issued by Dr. Hadley to Patient KC, it is below the minimal standards of the profession to issue those prescriptions without keeping records of the issuance of the prescriptions. Dr. Factor further stated, in reference to the risks of harm to a patient to whom the drugs were prescribed, that not knowing the actual dose the patient was taking makes it very difficult to evaluate whether the medicine is achieving the desired clinical efficacy. *Tr. p. 351-352; Exhibit 3.*

Dr. Gedo testified, in reference to appropriate records that a psychiatrist should maintain with respect to patients, that he kept only financial records. He admitted that his opinion is one that not too many others would share and that probably more people would agree to his fall back position, which is that if one must keep some record of the patient's illness, it should contain no information whatsoever about the patient's private life or activities. He stated that the record should contain only data about what he refers to as a "patient's mental status". Dr. Gedo testified during cross-examination, in reference to minimally appropriate record required when prescribing psychotropic medications, that he "would think it would be appropriate to note .... the specific medication and the dosage". *Tr. p. 450-452.*

PATIENT DG

COUNTS VII, VIII and IX

COUNT VII

The Complainant alleges that Dr. Hadley, by issuing a prescription in Patient DG's name for 48 units of hydrocodone and having the patient obtain the drugs and return them to her for her own personal use, violated s. MED 10.02 (2) (p), Wis. Adm. Code. That provision state that it is unprofessional conduct to administer, dispense, prescribe, supply or obtain controlled substances as defined in s. 161.04, Stats., otherwise than in the course of legitimate professional practice, or as otherwise prohibited by law. The evidence presented establishes that the violation occurred.

At least from 1993 through June, 1994, Dr. Hadley provided psychiatric services to Patient DG for depression. *Tr. p. 322; Exhibit #4.*

On June 14, 1994, Dr. Hadley issued a prescription in Patient DG's name for 48 units of hydrocodone (7.5 mg./750 mg.). At Dr. Hadley's request, Patient DG picked up the prescription from the pharmacy and delivered the drugs to Dr. Hadley for Dr. Hadley's own use.

Dr. Hadley admitted that she provided Patient DG with medication samples and issued prescriptions for her including, but not limited to Paxil, an antidepressant drug. *Tr. p. 111-114; Exhibit #4.*

In reference to the Vicodin prescription, Dr. Hadley testified that she called in a prescription for Vicodin on one occasion using Patient DG's name. Dr. Hadley stated that she told Patient DG that she needed something for her headache and asked if she would pick up a pack of cigarettes or two for her also. Dr. Hadley testified that Patient DG went and picked up a "closed bag" and brought the cigarettes and the Vicodin back to her. According to Dr. Hadley, Patient DG did not know what she was picking up from the pharmacy. *Tr. p. 111-114; Exhibit #4.*

Patient DG testified that she went to see Dr. Hadley because she was having trouble with depression. She said that initially Dr. Hadley provided her with medication through samples then later through prescriptions. She said that she never received Vicodin from Dr. Hadley. She stated at some point in time she helped Dr. Hadley by running errands and doing basic office, clerical work. One errand included picking up a package for Dr. Hadley from East Troy Drugs. She said that she knew she was picking up a prescription and she knew there were cigarettes because the cigarettes were sticking out the top of the box. She said that she was not aware that a prescription had been written using her name until she was told by an Investigator with the Division of Enforcement. She did not learn until the day of the hearing that the prescription had been written by Dr. Hadley. *Tr. p. 322-325; Exhibit 4.*

COUNT VIII

It is alleged in the Complaint that by obtaining the drugs in the manner described in Count VII, Dr. Hadley engaged in unprofessional conduct, in violation of s. MED 10.02 (2) (m), Wis. Adm. Code. That provision state, in part, that it is unprofessional conduct for a licensee to knowingly make any false statement, written or oral, in practicing under any license, with fraudulent intent. The evidence presented establishes that the violation occurred.

As noted previously in the discussions under Count VII, Dr. Hadley admitted that she called in a prescription for Vicodin using Patient DG's name and that Patient DG did in fact pick up the drugs and deliver them to Dr. Hadley for her own use. *Tr. p. 111-114, 341-343; Exhibit 4.*

The evidence establishes that Dr. Hadley made false statements with fraudulent intent to the pharmacist who filled the prescription when she represented to the pharmacist that the drugs were being prescribed for Patient DG, when in fact, the drugs were intended for her own use.

COUNT IX

The Complainant alleges that Dr. Hadley violated s. MED 10.02 (2) (h), Wis. Adm. Code, by engaging in the conduct described in Count VII above. Section MED 10.02 (2) (h), Code provides that it is unprofessional conduct to engage in any practice or conduct which tends to constitute a danger to the health, welfare, or safety of patient or public. The evidence presented establishes that a violation occurred.

Dr. Factor testified that it is below the minimal standards of the profession of psychiatry for a psychiatrist to ask a patient with depression to go out and obtain a package from a pharmacy and bring the package back to the doctor when the package contains drugs filled from a prescription the psychiatrist had called to the pharmacy in that patient's name and the purpose of the trip unbeknownst to the patient was for the doctor to obtain Vicodin for the doctor's own use. *Tr. p. 341-342.*

In addition, Dr. Factor testified that such conduct would expose the patient to risks of harm. He stated that asking a patient to go and pick up a package at a pharmacy in and of itself would be a boundary crossing. One possible risk could be boundary violations which could then subject the patient to a number of other risks. Other risks include exposing the patient to participation in illegal behavior and creating a false medical entry on the pharmacy profile for that patient. *Tr. p. 341-342.*

PATIENT SA

COUNT X

The Complainant alleges that by providing medical care and treatment to Patient SA in the manner described in the Complaint, Dr. Hadley engaged in unprofessional conduct as defined in s. MED 10.02 (2) (h), Wis. Adm. Code. That provision state that it is unprofessional conduct for a licensee to engage in any practice or conduct which tends to constitute a danger to the health, welfare, or safety of patient or public. The evidence presented establishes that the violation occurred.

A. Patient History

Patient SA received psychiatric services from Dr. Hadley at least from June 1985 to August 1994. Patient SA is a Licensed Practical Nurse. *Tr. p. 151, 158.*

At some point in time in 1984, Patient SA was addicted to Tylenol with codeine and was hospitalized at the Dewey Center of Milwaukee Psychiatric Hospital for rehabilitation. Then she participated in an aftercare treatment program for chemical dependency for one year. In June 1985, she began receiving psychiatric services from Dr. Hadley. She was referred to Dr. Hadley by Velma Ginsburg, a practitioner at the Lakeland Counseling Center. From Patient's SA history, Dr. Hadley determined that Patient SA had been treated approximately a year earlier for codeine dependence and that she had been sexually exploited by another psychotherapist at Lakeland Counseling Center. *Tr. p. 69-70, 152-153.*

B. Diagnosis

Dr. Hadley testified that at the time of the referral, Patient SA was quite severely depressed and that since Ms. Ginsburg is not an M.D., she requested Dr. Hadley to evaluate Patient SA and to meet with Patient SA once monthly. Dr. Hadley stated that when she first evaluated Patient SA in 1985, Patient SA's diagnosis was adjustment disorder only. Soon thereafter, the diagnosis of borderline personality disorder was made. In the summer of 1991 or 1992, Patient SA's diagnosis was changed to multiple personality disorder. [1] *Tr. p. 70-73.*

1. In DSM-IV, "multiple personality disorder" is classified as "disassociative identity disorder" ("DID"). The Diagnostic and Statistical Manual of Mental Diseases ("DSM") is published by the American Psychiatric Association.

C. Prior Treatment Records

The Complainant alleges that during the time period Patient SA received psychiatric services from respondent Patient SA advised respondent that Patient SA had chronic pelvic pain; that respondent never obtained any treatment records from any other health care provider regarding Patient SA's complaints of chronic pelvic pain, and never contacted any of Patient SA's other health care providers for information regarding Patient SA's chronic pelvic pain. The respondent denies the allegations. *Complaint, par. 44; Answer, par. 31.*

Although the Complainant alleges that Dr. Hadley did not obtain any treatment records from any other health care provider regarding Patient SA's complaints of chronic pelvic pain and never contacted any of Patient SA's other health care providers for information regarding her chronic pelvic pain, there is no evidence in the record relating to this issue.

D. Vicodin Prescriptions

The Complainant alleges that in approximately 1988, respondent suggested to Patient SA that Patient SA take Vicodin, a brand of hydrocodone, for Patient SA's chronic pelvic pain and also Patient SA's emotional pain. Respondent was aware of Patient SA's history of drug addiction, and advised Patient SA that Vicodin was not addicting. Respondent told Patient SA that respondent herself took Vicodin. Hydrocodone is a Schedule III controlled substance as defined by sec. 161.18 (5), Stats. Contrary to what respondent told Patient SA, psychic dependence, physical dependence and tolerance may develop upon repeated administration of Vicodin.

The Complainant further alleges that from April 1, 1992, through August 5, 1994, respondent issued prescriptions to Patient SA, as indicated on Exhibit C, which is attached to the Complaint. The Physician's Desk Reference indicates that for tablets containing 7.5 mg. of Vicodin" "The usual adult dose is one tablet every four to six hours as needed for pain. The total 24 hour dose should not exceed 5 tablets". Respondent was prescribing more than 120 Vicodin per week to Patient SA.

Dr. Hadley testified that Patient SA was having chronic pelvic pain from the first time that she met her back in 1985. *Tr. p. 74.*

In approximately 1988, Dr. Hadley suggested to Patient SA that Patient SA take Vicodin, a brand of hydrocodone, primarily for Patient SA's severe pain and secondarily for reward deficiency syndrome. Dr. Hadley testified that prior to the time she began prescribing Vicodin to Patient SA, she had the "distinct impression" that Patient SA was obtaining medications, Tylenol with codeine, for her pain from some unknown source. She admitted that she had no actual knowledge that anyone had provided Patient SA with a controlled substance following her treatment in 1984 for codeine dependence. She stated that when she first prescribed Vicodin to Patient SA she was aware that it had a potential for a "mild" addiction and that she told Patient SA that the addiction potential for Vicodin was lower than most of the other potentials. *Tr. p. 74-76, 78-79.*

From April 1, 1992, through July 30, 1994, Dr. Hadley issued prescriptions to Patient SA. During that time period, she prescribed Vicodin, 120 (7.5/750 tab) units per week to Patient SA on numerous occasions and 240 (7.5/750 tab) units per week on at least two occasions. *Ex. #2.*

Dr. Hadley testified that she did not recall what dose she first started Patient SA on. She stated that 3 to 4 per day is not unusual for someone who is in considerable pain. In reference to how she determined the appropriate dose level, Dr. Hadley testified that the level was based upon whether Patient SA was able to function, not only reasonably pain free, but also at the same time with some degree of minimal enjoyment of life and an ability to conduct business. *Tr. p. 84-86.*

Dr. Hadley further stated that in attempting to deal with Patient SA's pain other than through medications, she was Patient SA three times a week for ongoing discovery therapy with periods of light trance in order to help her recall her regressed memories. In addition, she said that she talked with Patient SA about the possibility of going to a pain clinic, but Patient SA did not follow through on that. *Tr. 89-91.*

Finally, Dr. Hadley testified that she believed the quantities of Vicodin (and Darvocet) which she prescribed for Patient SA were appropriate because they were humane. She said that she wouldn't do it again because it is no longer absolutely necessary. Effexor plus Ritalin, which do a much better job without any addiction or side effects, are available now. *Tr. p. 98.*

Patient SA testified that she was not taking any controlled substances at the time that she started treatment with Dr. Hadley. She stated that 2 years after she left the Dewey Center she took "over-the-counter" Tylenol and Ibuprofen to alleviate pain. She stated that the first occasion when she took any kind of controlled substance for her pain following her treatment at the Dewey Center was when Dr. Hadley suggested to her that she take Vicodin for her pain. She said that one day, while in Dr. Hadley's office, she was "in quite a bit of pain". Dr. Hadley gave her a pill. Patient SA said that she was hesitant to take the Vicodin because she was very careful not to take anything that she would get "readdicted to". She said that she discussed her hesitancy with Dr. Hadley and that Dr. Hadley told her that although it was chemically related to codeine, it was not the same thing and that she could not get physically addicted to it. She said that after she became addicted to Vicodin, Dr. Hadley told her that Vicodin could be psychological addicting. *Tr. p. 157-158; 182.*

Patient SA further stated that she believes that she was harmed by Dr. Hadley in that she had been addicted to Vicodin for 9 years and that prior to seeing Dr. Hadley she was drug free. She stated that she feels she was manipulated and controlled by someone who pretended to be a mother figure, when she was incredibly vulnerable and that it has most definitely affected her relationship with people to the extent that she does not trust people. In addition, she said that she took Vicodin, Darvocet and Tylenol 3's from her place of employment as a nurse, due to her addiction. She said that she called the "State" and told them that she was addicted, and that her employer was very supportive. She said that she was unable to work.[2] *Tr. p. 181-182.*

Finally, Patient SA testified that she is no longer taking Vicodin. In 1995, after her therapy with Dr. Hadley ended, she received treatment at Charter Hospital in West Allis for her addiction to Vicodin. *Tr. p. 179-180.*

2. The reference to the "State" is to the Board of Nursing.

Patient SA's husband, JM, testified that he attended therapy sessions with Patient SA and Dr. Hadley. He said that Dr. Hadley did discuss the potential for physical addiction from Vicodin with Patient SA and that she specifically said it was not physically addicting. He said that there were a number of such discussions over the last three years of the therapy sessions. Finally, he testified that Dr. Hadley discussed with Patient SA the potential of psychological addiction. He said that Dr. Hadley said that Patient SA was psychologically addicted to Vicodin. *Tr. 204-206.*

Dr. Factor testified that if a psychiatrist were to know that a patient that the psychiatrist was treating was a former drug abuser, who had gone through treatment for drug abuse, and the psychiatrist felt that there was a legitimate reason to put that patient on Vicodin, it would be below the minimal standards of the profession for that psychiatrist to tell the patient that Vicodin was not physically addicting. *Tr. p. 343-344.*

In reference to risks of harm, he testified that the patient would be starting a treatment with a medication that if the patient actually believed the doctor, the patient would assume was of low risk, when in fact the literature supports a statement that such patient would be at extremely high risk of becoming dependent once again. He said if the patient actually did not believe the doctor, and the exchange were "more of the patient with the drug abuse conning the doctor", then it's exposing the patient to harm because it's reinforcing the patient's drug dependent behavior which is the opposite of what the overall treatment plan for such a person should be. *Tr. p. 344.*

Dr. Factor further testified that the doses of Vicodin prescribed for Patient SA, as reflected on Exhibit #2, are the maximal doses. He said that assuming that Dr. Hadley was aware that Patient SA had been treated for a chemical dependency in the past, in order for such prescribing of Vicodin not to have been below the minimal standards of the profession, a psychiatrist would have had to make sure the patient's pain was refractory to other methods of pain control. That would involve the use of non-narcotic methods. The use of other non-pharmacological methods, a number of which are fairly non-invasive, such as biofeedback, hypnosis or a combination of such methods. If the patient's pain was not responsive, one would need to increase the dose in a very careful way, setting very clear limits so that it's not the patient who's dictating the dose. If the patient begins to use more medication, that's a sign that the treatment plan may not be working. *Tr. p. 362-363; 382-387; 393-395.*

Finally, Dr. Factor testified that another element of minimal competence would require the psychiatrist to obtain a consultation, either by sending a patient to another practitioner or by obtaining a consultation on one's own treatment. *Tr. p. 363-364.*

E. Darvocet Prescriptions

The Complainant alleges that at the same time as respondent was prescribing Vicodin to Patient SA, respondent was prescribing in excess of 120, 100 mg., Darvocet capsules, a brand of propoxyphene, a Schedule IV controlled substance as defined by s. 161.20 (3), Stats. The Physician's Desk Reference indicates that the maximum recommended dose of propoxyphene is 600 mg./day. The Physician's Desk Reference warns that practitioners should not prescribe propoxyphene for patients who are suicidal. It warns that practitioners should prescribe propoxyphene with caution for patients taking tranquilizers or anti-depressant drugs and patients that use alcohol in excess. The Physician's Desk Reference warns practitioners to tell patients not to exceed the recommended dose and to limit their intake of alcohol.

Complainant also alleges that during that same period of time Patient SA was depressed and suicidal. On occasion respondent would meet with Patient SA outside of professional contacts and respondent and Patient SA would consume alcohol to inebriation.

At least from November 1992, to May 1994, during the same time period Dr. Hadley was prescribing Vicodin to Patient SA, she prescribed in excess of 120, 100 mg., Darvocet capsules, a brand of propoxyphene, per week to Patient SA.

Dr. Hadley testified that she added the Darvocet as an attempt to decrease the addiction potential for the Vicodin by providing both at a lower dose. However, she did not decrease the Vicodin at the same time she started the Darvocet. Her response was that she was "scrambling hysterically along about that point, in order to find something to hold the line with ..." *Tr. p. 88-89; Exhibit #2.*

Dr. Hadley stated, in reference to whether Patient SA was suicidal during the time that she provided treatment to her, that "you have to be constantly vigilant with a borderline, vis-à-vis that issue ... you never know. It's always possible". When asked if she was concerned about the fact that she was giving Propoxyphene to Patient SA, she said that she would have been more concerned if she hadn't had some relief from the pain. "It was a judgment call. There was no good judgment call at that point". When asked whether it is true that a significant number of overdose deaths are caused by a combination of alcohol and Propoxyphene, she said yes if you give them enough at a time. She usually try to keep the dosages contained. She said that she also saw Patient SA almost daily and that she was in almost constant phone contact with her. *Tr. p. 104-105.*

Dr. Factor testified that a minimally competent psychiatrist would not have issued the prescriptions for the drugs for Patient SA as described in Exhibit #2, and would not have failed to maintain a record of the prescribing of those drugs. *Tr. p. 349-350.*

In reference to the risk of harm of prescribing Propoxyphene to individuals who are depressed, Dr. Factor testified that Propoxyphene has a very high degree of lethality and overdose; therefore, it is contraindicated in people who are depressed and may have a significant risk of drug overdose. According to Dr. Factor, "high lethality" means that the "drug and overdose has a very high probability of causing death" relative to many other drugs, including many other analgesics. *Tr. p. 349-351; 364-365.*

Finally, Dr. Factor testified that the very high dose levels of Propoxyphene also exposes the patient to fairly substantial amounts of acetaminophen which is the other drug that's combined in Darvocet. Acetaminophen is also contain in Vicodin. Acetaminophen in high doses, especially chronically high doses, can be toxic to the liver. [3] *Tr. p. 365; Exhibit #2.*

The Complainant also alleges in its Complaint that on occasions Dr. Hadley met with Patient SA outside of professional contacts and she and Patient SA consumed alcohol to inebriation.

Dr. Hadley testified that there were a couple of occasions when she consumed alcohol with Patient SA. She stated that at least twice when she was with a "friend of a friend" Patient SA intruded herself in the evening's activities. She stated that she should have "hauled off or left or something" but she did not and that was her bad judgment. *Tr. p. 103.*

Patient SA testified that she did in fact drink alcohol in Dr. Hadley's presence during therapy sessions and social occasions as well. She said that her social relationship with Dr. Hadley sometimes included swimming, going to movies and plays and on at least one occasion they went out to a bar. She stated that towards the end of her sessions with Dr. Hadley it was difficult to determine when she was in a social situation with Dr. Hadley and when she was in therapy session. *Tr. p. 169-170;173.*

F. Treatment Records

As previously discussed herein, under Count VI, the evidence presented establishes that during the entire time that Dr. Hadley provided professional services to Patient SA, she kept no treatment or clinical records regarding Patient SA's treatment or the medications she prescribed to her. In addition, Patient SA testified that Dr. Hadley told her that she did not keep treatment records. *Tr. p. 19-25, 28-29, 171-172.*

As noted in the discussions under Count VI, Dr. Factor testified, in reference to the minimum requirements for record keeping by a competent practitioner of psychiatry, that a psychiatrist must have some basis to substantiate the treatment provided.

3. The Vicodin dose levels identified in Exhibit #2 are "7.5/750 tab". The "750 part" in the dose level refers to acetaminophen. *Tr. p. 365.*

In addition to the risks of harm identified in the discussions under Count VI, Dr. Factor testified that based upon a review of Exhibit #2, a minimally competent psychiatrist would not have issued those prescriptions without keeping a record of the drugs. He said that there are a couple of risks to Patient SA, one of which is the rather large number of Vicodin tablets that were being consumed by the patient. Which one ought to track extremely carefully. The second is the large number of Propoxyphene tablets, including a couple of prescriptions for 100, 200, and 240, which has a fairly high risk of lethality and overdose. Finally, Dr. Factor testified that the fact that Patient SA had been treated for codeine dependence provides an additional reason for keeping track of the record of the prescriptions. Such a patient would be at risk of becoming dependent again. So that's something that a competent practitioner should be attending to fairly actively. *Tr. p. 349-351; 364-365; 373; 376-379; 387-389.*

PATIENT JS

COUNT XI

The Complainant alleges that Dr. Hadley's conduct in soliciting money from Patient JS, violated s. MED 10.02 (2) (h), Wis. Adm. Code. That provision state that it is unprofessional conduct for a licensee to engage in any practice or conduct which tends to constitute a danger to the health, welfare, or safety of patient or public. The evidence presented establishes that the violation occurred.

Dr. Hadley testified that she has been providing antidepressants, in the form of prescriptions and samples, to Patient JS on and off for a number of years. She said that she initially provided Patient JS with Prozac, then Paxil, then later Effexor when it became available. Patient JS continues to take Effexor provided by Dr. Hadley. *Tr. p. 106; 107, lines 1-4; 108; 304, 306.*

A. $5,000 Loan

Dr. Hadley admits that in 1994 she asked Patient JS to provide her with $5,000, which Patient JS did, and that she also accepted a $700.00 airline ticket from Patient JS. She said that she did not consider Patient JS to be a patient since she was not receiving psychotherapy. She said that if Patient JS had been a patient she would not have accepted the money nor the airline ticket. She said that she does not accept gifts from patients and that it would be counterproductive to therapy. Slight blackmail. *Tr. p. 106; 110; 111.*

Dr. Hadley further testified that at the time she left practice with Dr. Moody she was under severe duress because of Dr. Moody's misbehavior and that she was forced into bankruptcy to avoid her claims that she owed her a great deal of money. She stated that she needed to set up another office and that Patient JS offered to lend her some money. Their agreement relating to the $5,000 was not in writing, did not include terms for interest or provisions for repayment and did not require Dr. Hadley to sign a note. Earlier this year, Patient JS told Dr. Hadley that she needed the money to pay taxes. Dr. Hadley told Patient JS that she would make every effort to repay the money. *Tr. p. 106-110.*

Patient JS testified that on one occasion when Dr. Hadley got out of the hospital, Dr. Hadley was in a bind. She included a note to Dr. Hadley in her bill telling Dr Hadley how much her friendship meant to her and asked if she could help in any way. Patient JS indicated that she did not have money, but that she could get 5, 10 or 20 thousand dollars, whatever she needed. She said that sometime thereafter, Dr. Hadley called her and asked if she meant what she said about lending her the money. She told Dr. Hadley that she could go to the bank and get a small note for 5 or $10,000. For purposes of obtaining the loan from the bank, Patient JS testified that she and Dr. Hadley decided to have Patient KC, who was working in Dr. Hadley's office at that time, make up a bill reflecting that Patient JS had gone to therapy sessions with Dr. Hadley when in fact Patient JS had not gone to the sessions. *Tr. p. 310-312.*

Dr. Factor testified that in his opinion, it is below the minimal standard of the psychiatric profession for a psychiatrist to accept $5,000 as a loan from a patient with no specified interest and no specified period as to when it should be repaid. He stated that in addition to the risks of harm he noted previously relating to boundary violations, it creates a risk of exploitation. This would be a boundary crossing that is very much in the nature of a boundary violation. A doctor has a fiduciary relationship with a patient. The patient trusts the doctor. According to Dr. Factor, it would make the patient potentially less likely to demand repayment of a loan or to accept or to negotiate from an equal position. *Tr. p. 339; 365-366.*

B. Airline Ticket

In August 1994, Patient JS purchased a $700.00 airline ticket for Dr. Hadley so that Dr. Hadley could go to the Mayo Clinic for treatment. Dr. Hadley testified that it was mandatory that she check into the Mayo Clinic within 24 hours. She said that Patient JS offered to buy and produced a plane ticket for her to travel to the Clinic and she accepted. She said that she has since repaid Patient JS for the ticket. *Tr. p. 111.*

Patient JS testified that Dr. Hadley told her that she had to go to the Mayo Clinic, but she did not know how she was going to get the money to go there. Patient JS told Dr. Hadley that she could put it on her credit card. Initially, Dr. Hadley said no that she didn't want her to do that but later agreed to accept the ticket and repay the money. Patient JS stated that she charged the ticket on her credit card and that Dr. Hadley paid her at the end of 1995 or early 1996, for the cost of the ticket. Dr. Hadley did not pay Patient JS any interest on the loan. *Tr. p. 317-318.*

Dr. Factor testified that in his opinion it is below the minimal standards of the profession for a psychiatrist to allow a patient, who offered without solicitation, to pay for the psychiatrist's plane ticket to her treatment facility. In reference to the risks of harm to the patient, he stated that this is another example of the potential for exploitation in that "someone says I'm in trouble and someone else says here, I will make you an offer of something which would help you out". He said that it sounds very generous and worthy. The problem is that between a doctor and a patient, the relationship is not equal. The presumption in fact is that the gift was not freely given even though it may have appeared on the surface to be such. In addition, Dr. Factor stated that the risks of harm include distortion of the doctor-patient relationship and the risks of difficulty obtaining subsequent treatment because of lack of trust as a result of exploitation by a health care provider. *Tr. p. 366-368.*

PATIENT JA

COUNT XII

It is alleged in the Complaint that that Dr. Hadley's conduct in prescribing Prozac to Patient JA in the manner described below constitutes a violation of s. MED 10.02 (2) (h), Code, which provides that it is unprofessional conduct for a licensee to engage in any practice or conduct which tends to constitute a danger to the health, welfare, or safety of patient or public. The Complaint alleges that:

> 1) The Physician's Desk Reference indicates that an initial dosage of 20 mg. of Prozac may be sufficient to obtain a satisfactory anti-depressant response. It also states that a dose increase may be considered after several weeks if no clinical improvement is observed, but that dosage should not exceed a maximum of 80 mg./per day. *Complaint, par. 71.*
>
> 2) Although the instructions which Dr. Hadley provided to the pharmacy indicated that Patient JA was to take one 20 mg. capsule, four times a day, she told Patient JA over the telephone to increase his dose to 12 to 15 capsules daily. *Complaint, par. 69.*
>
> 3) Dr. Hadley did not see Patient JA during the period of time the Prozac was prescribed and did not have any laboratory tests done to determine the blood level of Prozac. *Complaint, par. 70.*

The evidence presented does not establish that the violation occurred.

Prescribing Practices

A. In General

Dr. Hadley provided psychiatric services to Patient JA intermittently from early 1983 through at least July, 1992. Her diagnosis of Patient JA was bipolar, mixed type recurrent, severe. *Tr. p. 115-116; Answer, par. 51, Exhibit #5.*

It is not clear from the evidence when Dr. Hadley first started prescribing medications for Patient JA. It can be concluded, based upon a review of Exhibit #5, that a prescription for "Perphen/Amitrip" was filled for Patient JA on November 21, 1990. Prescriptions for various other medications prescribed by Dr. Hadley were filled between November, 1990 and August 20, 1992. There are two "original" prescriptions for Prozac noted on Exhibit #5. The first Prozac prescription for 20 mg., 30 units was filled on February 20, 1991. The second prescription for 20 mg., 120 units, with three refills was filled on April 29, 1992. *Exhibit #5.*

B. Initial 80 mg., Dosage

The Complainant states in its Complaint that the Physician's Desk References indicates that an initial dosage of 20 mg. of Prozac may be sufficient to obtain a satisfactory anti-depressant response. A dose increase may be considered after several weeks if no clinical improvement is observed, but that dosage should not exceed a maximum of 80 mg./per day. *Complaint, par. 71*

Dr. Hadley testified that she gave directions to Patient JA to take one 20 mg. capsule, four times a day. She stated that she believed the dosage she recommended was the appropriate dosage. She further stated that there are no special concerns in prescribing Prozac to people who are bipolar and that, in fact, when coupled with Tegretol, "you get ... an exceptionally good stability with bipolars". *Tr. p. 116-117; 122-123; 488-490.*

Dr. Factor testified that in his opinion, a minimally competent psychiatrist and minimally competent physician would prescribe the least amount of a drug which has the desired result. The usual starting dose of Prozac in 1992 was one 20 mg., capsule daily. Today a smaller dosage, 10 mg. capsule, is available because a large number of clinicians, as well as publications, suggested that 20 mg a day was too much. He said that given the drug has a very long half life, a lot of practitioners had been putting people on an "every other day" dose of 20 mg a day. *Tr. p. 356-357.*

In reference to Patient JA, Dr. Factor testified that it is extremely unusual to start someone cold on Prozac at 80 mg daily. He said that it would be more appropriate to "taper him up", rather than start him at that dose. Such dosage exposes the patient to the risk of being on a higher dose than he really needs, which is especially troublesome since the patient has a diagnosis of bipolar disorder. According to Dr. Factor, antidepressants expose patients to the risk of a manic episode. *Tr. p. 370-371; 374-375.*

The Complainant has the burden of proof to establish that the violation occurred. Based upon the evidence presented, it cannot be concluded that Dr. Hadley started Patient JA "cold on Prozac at 80 mg daily" or that Patient JA was not "tapered up" to the 80mg daily dosage by some other health care practitioner.

Dr. Factor's opinion is based upon the assumption that Patient JA did not take Prozac during the time period between February, 1991 and April 1992. He relies upon the fact that the first prescription for Prozac issued by Dr. Hadley was filled by Patient JA on February 20, 1991 for 20 mg., one capsule daily, and that the second prescription for 20 mg., four times daily was not filled until April 29, 1992. *Tr. p. 374-375; Exhibit #5.*

Patient JA testified that he saw other health care providers in 1991 and 1992, the same time period during which Dr. Hadley prescribed Prozac for him. He specifically stated that at least one other health care practitioner prescribed Prozac for him during that time period. There is no evidence in the record relating to the prescription (s) for Prozac provided by the "other" practitioner in reference to: 1) the dosage of Prozac prescribed; 2) the number of prescriptions written; 3) the date of the prescription (s), or 4) the extent of Dr. Hadley's knowledge of the dosage prescribed. Therefore, no determination can be made regarding whether Dr. Hadley started Patient JA "cold on 80 mg daily" nor whether she failed to "taper him up" to that amount.

C. Dosage Increase

The Complainant alleges that although the instructions which Dr. Hadley provided to the pharmacy indicated that Patient JA was to take one 20 mg. capsule, four times a day, she told Patient JA over the telephone to increase his dose to 12 to 15 capsules daily. *Complaint, par. 69.*

In April of 1992, Patient JA called Dr. Hadley seeking medication. She provided him with a telephone prescription for Prozac, 20 mg., 120 units, with three refills, which prescription was filled on April 29, 1992 for 60 units. He obtained an additional 60 units of Prozac on 5/12/92 and 112 units on 5/26/92. *Complaint, par. 68; Answer, p. 3; Exhibit #5.*

Patient JA testified that Dr. Hadley told him over the telephone to increase his Prozac dosage, but that he did not recall the amount of the increase. After reading the Complaint which he filed with the Department of Regulation and Licensing in June, 1995, to refresh his memory, he testified that Dr. Hadley recommended he increase the Prozac dosage to appropriately 12 to 15 capsules per day. *Tr. p. 404-406; 406-421.*

Dr. Hadley testified that she gave directions to Patient JA to take one 20 mg. capsule, four times a day, and that there are no circumstances under which she would have told Patient JA to take 12-15 Prozacs a day. She said that she would never give a range to a patient and that she would tell the patient specifically one single number to use. In general, eight capsules, or 160 mg., a day would be the highest dosage of Prozac she would prescribe to a patient. *Tr. p. 49; 116-117; 122-123; 488-490.*

Dr. Factor testified that 140 mg., of Prozac a day is considered experimental or extraordinary and that large doses expose a patient to the risk of seizures, drug induced hepatitis and in the case of bipolars, episodes of major depression and also mania. He said that the one study cited by Dr. Hadley involving 27 cases that discussed doses up to 160 mg., except in five of the cases where the doses went up to 320 mg. Fourteen out of the 27 patients had significant side effects. A small number improved significantly, another number improved slightly, and a number got worse. All of the patients involved in the study had "treatment resistant depression", which means that they had tried a number of other more conventional treatments and failed to get better. *Tr. p. 359-361; Ex. #14.*

Patient JA's testimony is the only evidence in the record which supports the allegation that Dr. Hadley told him to take 12-15 units of Prozac daily. In my opinion, there are several reasons why credence should not be given to Patient JA's recollection of events. First, the number of Prozac units which he received at the time the prescriptions were filled on April 29, 1992 and May 12, 1992, total approximately the same number of units which would have been required to comply with the instructions given by Dr. Hadley to the pharmacy. *Tr. p. 122-123.*

Second, Patient JA saw other health care providers during the same time period Dr. Hadley prescribed Prozac for him. He specifically testified that at least one other health care provider prescribed Prozac for him during that time period. *Tr. p. 414-416.*

Finally, Patient JA's recollection of events is based upon his review of the Complaint which he filed with the Department in June, 1995. The Complaint was filed three years after he says that his conversation with Dr. Hadley took place.

D. Personal Contact and Lab Tests

Finally, the Complainant alleges in its Complaint that Dr. Hadley did not see Patient JA during the period of time she prescribed Prozac to him and did not have any laboratory tests done to determine his blood level of Prozac. *Complaint, par 70.*

Dr. Hadley did not specifically deny this allegation in her Answer; therefore, the allegation is deemed admitted. *s. RL 2.09 (3), Wis. Adm. Code; Complaint, par. 70; Answer, p. 3.*

In addition, Dr. Hadley testified that she issued a prescription to Patient JA in mid-1992. She said that she saw him a "couple of times in that time frame", but could not recall whether she saw him on the day she prescribed Prozac to him. Her "hunch" is that she called the prescription in to the pharmacy. Dr. Hadley's statement that she saw Patient JA "a couple of time in that time frame" refers to her contact with him in late June or early July, 1992. *Tr. p. 114-116.*

Although the evidence presented establishes that Dr. Hadley did not see Patient JA during the period of time she prescribed Prozac to him, and did not have any laboratory tests done to determine his blood level of Prozac, no opinion was offered by Dr. Factor regarding whether such conduct is below the minimum standards of the profession or that such conduct constituted a danger to health, welfare or safety of the patient. The evidence does not establish that the violation occurred.

USE OF ALCOHOL AND CONTROLLED SUBSTANCES

COUNT XIII

The Complainant alleges that in 1993 and 1994, Dr. Hadley's conduct in consuming alcohol and controlled substances violated s. MED 10.02 (2) (i), Code. That provision state that it is unprofessional conduct for a licensee to practice or attempt to practice under any license when unable to do so with reasonable skill and safety to patients. The evidence presented establishes that the violation occurred.

A. Alcohol Use

The Complainant alleges that Dr. Hadley was treated for alcoholism in 1974; abstained from the use of alcohol through approximately 1991, then in 1991, began using alcohol again. *Complaint par. 75-77; Answer par. 56.*

Dr. Hadley admits that she was treated at Mercy Hospital in Chicago for alcoholism in 1974; that through approximately 1991 she abstained from the use of alcohol, and then in 1991, she began using alcohol again. *Complaint, par. 75-77; Answer, page 3; Tr. p. 131, lines 8-11.*

Dr. Hadley testified in reference to drinking in 1993 and 1994, that except during a three-month hospital stay in 1994, when she did not consume alcohol, she consumed "very little during the day" and "drank every night". *Tr. p. 119-120.*

Dr. Moody testified that prior to May 1993, before she and Dr. Hadley began working in separate office areas, Dr. Hadley was consuming about a liter of vodka every two or three days. *Tr. p. 135.*

Patient KC testified that during the time that Dr. Hadley lived with her, Dr. Hadley would go out many nights to a bar and drink. One night Patient KC's husband called her up at the bar and said "if you are drinking, don't come home". And she didn't. The next day Dr. Hadley moved out of Patient KC's home. *Tr. p. 255-256.*

Patient KC further testified that one day Dr. Hadley invited her into a therapy session with Patient JW and Patient JW's husband. Later, she and Dr. Hadley left the session and went into the "other room", where vodka was kept in a closet. Patient KC stated that Dr. Hadley said she needed a drink. Dr. Hadley had a drink and then went back into the therapy session with Patient JW and JW's husband. *Tr. p. 267-268.*

B. Use of Controlled Substances

The Complainant alleges that beginning in 1991, Dr. Hadley began consuming controlled substances for non-medical purposes. *Complaint par. 77 ; Answer par. 56.*

Dr. Hadley admitted using hydrocodone, but denied that she consumed the drug for non-medical purposes. She testified that her first experience with hydrocodone was approximately 1988, around either the time she fractured her pelvis from skating or when she fractured one of her limbs. She said that her orthopedist prescribed the drug for her. That was just an isolated experience. She said that the major reason that she got started using it was she found it very successful in treating her migraine. She also said that she found it helped boost her energy level, and her "focusing ... attentiveness". She said that there was no "high" involved in her experience and that she is of a category of individual who is described as having "reward deficient syndrome". *Tr. p. 38-40.*

In addition, Dr. Hadley admitted that between December, 1991 and July, 1994, she issued numerous prescriptions using the names of other individuals, including some of her patients, to obtain hydrocodone for her own personal use. *Tr. p. 36-37; 63, 112.*

Patient KC testified that there was a time during her employment by Dr. Hadley when she became concerned about Dr. Hadley's use of medications. She stated that she knew Dr. Hadley was taking a lot of medication; that she had gotten drugs from her and used them and that her purse was always full of drugs. Tr. p. *269.*

C. Drinking Alcohol With Patients

The Complainant alleges that in 1993, Dr. Hadley began drinking alcohol quite heavily with patients. *Complaint par. 78; Answer par. 57.*

Patient SA testified that she drank alcohol in Dr. Hadley's presence during therapy sessions and on social occasions as well. JM, Patient SA's husband, testified that there were occasions outside of therapy sessions where Patient SA and Dr. Hadley consumed alcohol. *Tr. p. 169, 210.*

Patient KC testified that in May 1993, Dr. Hadley invited her to bring her tent to the Booth Lake Heights Road residence and camp out for a few days. Patient KC said that one night while she was camping out, they both got very drunk. She said that Madge Moody came out and said something off color at one point. *Tr. p. 266.*

Madge Moody testified that there was an occasion when Patient KC pitched a tent out in the area of her residence. She said that Patient KC was "walking around the yard singing and sounded very drunk". She said that she saw them drinking in Dr. Hadley's office, but she did not know if Dr. Hadley was inebriated. *Tr. p. 137.*

D. Use of Alcohol During Therapy Sessions

The Complainant alleges that in 1993 and 1994, Dr. Hadley consumed alcohol during sessions in which she was providing psychiatric services to patients. *Complaint par. 79.*

Dr. Factor testified that it is below the minimal standards of the psychiatric profession for a psychiatrist to consume alcohol during sessions in front of a patient, or to leave a psychotherapy session, go out of the room, consume alcohol, and come back in the room and complete the psychiatric session. According to Dr. Factor, the psychiatrist would be unable to practice with reasonable skill and safety to patients under such circumstances. *Tr. p. 372-373.*

Dr. Hadley testified that except during a three-month hospital stay in 1994, when she did not consume alcohol, she consumed "very little during the day" and "drank every night". She denied that she consumed alcohol during or between therapy sessions. *Tr. p. 102; 119, 121-122.*

Dr. Moody testified that prior to May 1993, before she and Dr. Hadley began working in separate office areas, Dr. Hadley was consuming about a liter of vodka every two or three days. In reference to Dr. Hadley drinking in between therapy sessions, Dr. Moody stated that prior to May, 1993, she saw Dr. Hadley "come up" to the house "in between patients" and drink, but she "never stood there and watch her drink it" so she does not know how much Dr. Hadley consumed each hour. *Tr. p. 135-137; 142-143; 149-150.*

Patient SA testified that although she did not see Dr. Hadley drink alcohol during her therapy session, there were times when she suspected that Dr. Hadley was drinking. She said that when Dr. Hadley was in the East Troy office "she would go downstairs to the bathroom and come back up smelling of alcohol". She stated that she did see Dr. Hadley drinking during a therapy session with Patient PD and RD. She said that she was asked to participate in the session because she had some issues with them and they had some with her. *Tr. p. 170;183; 217.*

Patient KC testified that prior to May 1993, she saw Dr. Hadley consume alcohol one time during therapy session. She testified that late one night her husband, who is bipolar, was "really out of it". Dr. Hadley told her to bring him in to see her. Patient KC stated that Dr. Hadley said she was tired and needed a drink. Dr. Hadley then "went out onto her patio ... she had the vodka out there and she poured herself a glass. And my husband got really upset about that. And she said look, if you had as busy a day as I had, you'd want a drink, too". *Tr. p. 264-265.*

Patient KC further testified that one day while she was working in Dr. Hadley's office, Dr. Hadley was in a therapy session with Patient JW and JW's husband. Dr. Hadley asked Patient KC to come in and tell them how she felt about therapy with her. Patient KC went into the session. Soon thereafter, Dr. Hadley walked out of the session with her and they went into the "other room", where vodka was kept in a closet. Patient KC stated that Dr. Hadley said she needed a drink. She had a drink and then went back into the therapy session with Patient JW and Patient JW's husband. Finally, Patient KC said that she saw Dr. Hadley 2 or 3 times in between therapy sessions, consuming alcohol "in the other room" during the workday. *Tr. p. 267-268.*

E. Treatment

Dr. Hadley testified that there was a time in 1994, when she reached the conclusion that she had a substance abuse problem, which she described as chemical dependency on both Vicodin and alcohol. She said that Dr. Benzer called her and said he would like her to come in and chat. Dr. Benzer is with the State Medical Society's program for impaired physicians. She said that she had the impression that someone had contacted him, but that he did not disclose that person's name. She said that she met with Dr. Benzer on June 1, 1994. They had a discussion and he suggested that she have an evaluation at the Mayo Clinic or Milwaukee Psychiatric Hospital. She chose Mayo for other reasons. On that day they made arrangement with the Mayo Clinic for her to be evaluated, beginning August 8, 1994. *Tr. p. 118-119; 490; 509-512.*

Dr. Hadley also testified that on August 4, 1994, Patient SA's husband, JM, came to her apartment to discuss with her some issues that were causing some friction in Patient SA's treatment. She said that she had been confronting Patient SA with the fact that her attachments were indeed pseudo attachments and very faulty. Patient SA was resisting the whole notion. Dr. Hadley said that it was a critical issue because if Patient SA didn't get a solid attachment, she was not going to be able to complete a successful therapy. *Tr. p. 491.*

According to Dr. Hadley, Patient SA's husband, JM, indicated that Patient KC and Patient SA were at Patient KC's home and that there was a "great deal of upset and discussion going on". He indicated that he was trying to quiet that down at the same time that he was trying to intervene for his wife, Patient SA. Dr. Hadley said they left separately and went to Patient KC's home. She said that her perception of what happened at KC's home is that "it was an intervention". She said that she found this very strange since she had made arrangements to go into Mayo. In addition to Patient SA and SA's husband, Patients JS and DG were also at Patient KC's home at that time. *Tr. p. 492.*

Dr. Hadley further stated that during the "intervention", Patient KC asked her to go to Milwaukee for a chemical dependency assessment. She said that she didn't understand why it was necessary for Patient KC to start an intervention when Patient KC had already offered to drive her to the Mayo on the weekend. She said that Patient KC knew that she was going for the Monday morning appointments. On that same day, August 4, 1994, the whole group drove her to Milwaukee in Patient JS's van. Dr. Hadley said that they took her to the Milwaukee Psychiatric Hospital where she stayed overnight and left the following day. *Tr. p. 117-118; 124.*

The next day, August 5, 1994, Dr. Hadley was admitted for inpatient evaluation and treatment for alcohol and drug abuse at the Mayo Clinic in Rochester, Minnesota. She was discharged from the Mayo Clinic on September 14, 1994. A few days later she was admitted to the Milwaukee Psychiatric Hospital Harrington House where she resided until December 21, 1994. Since December 1994, she has been providing random urine screens which have all been negative for alcohol and controlled substances.

In reference to the August 4, 1994, "intervention", Patient KC's stated that when Dr. Hadley arrived at her home, Patients JS and SA were there as well as Patient SA's husband, JM. Patient KC testified, in part, as follows:

Q. All right. After Dr Hadley came over to your house, what was discussed?
A That was a really awful day Prior to anyone coming over, I had put a call in to Dr. Benzer, who is the head of the impaired physician's program.
Q. All right. How did you know about the existence of Dr. Benzer?
A. Hadley had been reported by someone, and we didn't know who, in I think April And she had to go to Milwaukee Psych to meet with Dr. Benzer
Q. All right. Is it possible that that was June 1st?
A. It could be. I remember it was nice out. And it was a sunny day.
Q. Okay So how did you know she went to see Dr. Benzer?
A. She told me and I drove with her.
Q. All right. So that's how you knew who Dr Benzer was?
A. Right.
Q. And that morning you called him?
A. Yeah, I called him to ask what I should do.
Q. What you should do about what?
A. At that point I had found out like two days before that she had taken Vico -- Hadley had taken Vicodin from J... S.. I had found out like one day before that that she had had D. G ... go get her some Vicodin. And I knew she had done it recently with my name because I went and did it myself The drinking had increased. The money spending was just wild.
Q. All right. Money spending by who?
A. By Dr. Hadley.
Q. Okay

A. I was just overwhelmed So that morning when I got up I called Dr. Benzer But he was not in. And who I spoke to is Dr Logan. I think it's Michael Logan
Q. He is a psychiatrist?
A. Yes. And he said get her in here right away. And I said how am I supposed to do that? And he said tell her what you just told me and tell her that if she doesn't come in on her own that you're going to report her.
Q. So, after Dr. --
A. -- now people started showing up, uninvited. We were just all upset and so they were gathering at my house. J.. went to talk to Hadley Hadley came over. She accused us of having an intervention on her.

Patient KC further testified:

Q What is your understanding of what an intervention is?
A My understanding is that an intervention is when people who care about someone who has a problem get together and all talk to that person and say, we love you. We care about you. But you've got to change this, that, whatever, whether it's drinking or drugs or anything.
Q All right. So she --
A. In an attempt to get them to enter some kind of treatment.
Q. All right. And Dr Hadley accused you of having an intervention?
A. She was very angry, very angry And she said you're all against me. Look at this. You're having an intervention against me.
Q. All right. And what happened?

A. I -- the first thing I said was no, we're not. I didn't even invite you over here. I said but if you want to sit down, I do have some things to say to you. And I told her my concerns very thoroughly I said you've been taking drugs from patients. You've been drinking during office hours. You've been taking money from the corporation before we could pay taxes on it. The $5,000 you took from J... is really hurting J .. . I said you've been taking issues that were really your problems and convincing me that they were my problems.
Q. All right.
A. And drinking.
Q. And what was her response to that?
A. She kind of rolled her eyes and said, she looked right at me, she rolled her eyes and she said I really feel sorry for you. If you'd finished your therapy, you could have really been a great person.

Q Did she say anything to anyone else there?
A. Yes. She said J , what do you think of all this? Is that money that I have hurting you? And J . said, oh, no, no, no. And she looked at S .. and S... said something, I don't remember what it was And Hadley said oh, you think that's bad And S. said yes, you're not allowed to do that. And she said but you wanted it, to S.. And S... lost it. She just started crying And I said wait a minute. I said you're the one woman who taught us that when our fathers said you wanted it, it was not fair because he was the one that was older and had the authority Well, you had authority over us And you can't blame S . for wanting it. It was about drinking. It was about drinking in bars with her.
Q. All right.
A. That she wanted to drink.

Finally, Patient KC testified as follows:

Q Okay. In the end, did Dr Hadley agree to go into Milwaukee?

A. She stayed very angry for a long time And finally I said look, it's down to this. You either go in or I call the police, because you've broken federal laws. There are federal laws against what you are doing with Vicodin.

Q And what did she do?

A. She started to cry. And she said she felt really lonely and we all said that we were with her and that we cared about her. And she said how am I even going to make it to Milwaukee Psych And we all said we'd drive her up there. And she said thank you And that was about when D . G .. showed up

Q. All right. And so you all did go into Milwaukee with her?
A. Except D ..
Q. Except D...?
A. Yeah. That's J..., S..., me, Hadley and J. S ., in J... S....'s van.

Q. All right. And did you return to the Lake Geneva area with the others?
A. No.
Q. What happened to you?

A. One doctor took Dr Hadley. The rest of us were kind of milling around. S . and I were both really upset. And I felt myself decompensating. And I just -- I couldn't make sense out of anything and I kept hearing Hadley say, you're sick. You're really sick. And I thought yeah, I am. I didn't know what was right, what was wrong. I felt guilty for turning her in. I felt love for her. I felt -- it was just very, very confusing. So I asked to see a psychiatrist. And I did. I asked to see Dr. Logan, because he's the man I talked to But he had left for the afternoon. So I saw a woman named Sheri Hunt.

Q. And as a result of your talking with Dr Hunt, you were hospitalized?
A. Yes.
Q. For how long?
A. Six days. I think.
Q So by the time you got out of Milwaukee Psychiatric Hospital, Dr. Hadley was already at the Mayo Clinic?
A. I think she left like within a couple of days of that day.

DISCIPLINE

Having found that Dr. Hadley violated statutes and regulations relating to the practice of medicine, a determination must be made regarding what type of discipline, if any, should be imposed.

The Medical Examining Board is authorized under s. 448.02 (3), Stats., to reprimand a licensee or limit, suspend or revoke the license of any licensee if it finds that the licensee has engaged in conduct described under that section.

The purposes of discipline by occupational licensing boards are to protect the public, deter other licensees from engaging in similar misconduct and to promote the rehabilitation of the licensee. *State v. Aldrich*, 71 Wis. 2d 206, 237 N.W. 2d 689 (1976). Punishment of the licensee is not a proper consideration. *State v. McIntyre*, 41 Wis. 2d 481, 164 N.W. 2d 235 (1969).

The Complainant recommends: 1) that Dr. Hadley's license be revoked or alternatively that her license be suspended to deter licensees from exploiting patients in the way she has exploited them; 2) follow the suspension with a requirement that she not be allowed to practice until her practice skills can be assessed and re-mediated, and 3) that limitations be placed on her license to insure that she does not relapse in her chemical and alcohol abuse. *Tr. p. 549.*

Dr. Hadley recommends that, if discipline is imposed, any limitations could include: 1) continuous monitoring with respect to the impaired program; 2) additional monitoring and reporting with respect to record keeping, and 3) restrictions relating to her ability to write prescriptions, such as permitting her to write prescriptions only through consultation by the consulting physician. *Tr. p. 559-560.*

The Administrative Law Judge recommends that Dr. Hadley's licensed be suspended for a period of 5 years and that after a period of six months she be permitted to petition the Board for successive stays of the suspension order, subject to compliance with certain conditions. In addition, it is recommended that Dr. Hadley's license be limited during the period the stay of suspension order is in effect, in the manner set forth in the proposed Order herein. This measure is designed to assure protection of the public, and to deter other licensees from engaging in similar misconduct.

Admittedly, in light of Dr. Hadley's potential for relapse, there is a concern regarding whether even a 5 year suspension period is adequate to assure protection of the public. The concern is legitimate since Dr. Hadley's last relapse occurred after a 17 year period of abstention from the use of alcohol.

Revocation of Dr. Hadley's license is not being recommended for several reasons. First, the record reflects that the violations occurred during a period of relapse from alcohol abstention, between 1991 and 1994. Second, the record reflects that Dr. Hadley obtained intensive treatment for alcohol and drug abuse in 1994, and that she has abstained from the use of alcohol and control substances at least since December of 1994.

In 1974, Dr. Hadley was treated at Mercy Hospital in Chicago for alcoholism. Approximately, five years later, in 1979, she was licensed by the Board to practice medicine and surgery in Wisconsin. Then in 1991, she began using alcohol again. During the period of abstention between 1974 and 1991, approximately 17 years, there is no evidence that Dr. Hadley engaged in any type of unprofessional conduct in Illinois or Wisconsin. All of the violations established in this case, with the exception of the violations involving record keeping and obtaining funds from a patient, relate to Dr. Hadley's use of alcohol and controlled substances.

Dr. Hadley has indicated that she will continue attending her AA sessions and that she will abstain from using alcohol. The proposed five year suspension is designed to provide her an opportunity to seek rehabilitation and to resume practice after the Board determines that she is capable of practicing in a manner which safeguards the interest of her patients and the public. *Tr. p. 497.*

Dr. Hadley received extensive treatment at the Mayo Clinic and aftercare at the Harrington House, which she describes as follows (*Tr. p. 492-497*):

> Q Now, at any rate, you ended up in Mayo on Augusts 5th?
>
> A. That's correct.
>
> Q. What treatment did you undergo there or evaluation or what happened to with respect to the substance abuse problem?
>
> A. It was a full and very thorough and I think possibly one of the best treatment facilities in the country, at this time. That was a full psychological evaluation, including all kinds of tests Everything from I.Q tests to MMPI's and entire battery. There were individual interviews. There were many, many group sessions. There were training sessions. There were educational sessions. There were groups twice a day as I recall, along with occupational therapy and one was busy the entire day, either learning or learning how to take better care of yourself, i.e. exercise and/or recreations. And they also offered, because it's Mayo, a physical evaluation. And I was found to have a very stressed thyroid and placed on replacement therapy. Also, they addressed my migraine, my chronic migraine. And were able to work out a regimen that kept it in a reasonable control, finally, after all these years. And I needed a bladder repair, which was very nicely done for me during the course of the chemical dependency program.
>
> Q. And how long were you at the Mayo Clinic?
>
> A. Five and a half weeks.

A. ... I did go directly into Harrington House the following Monday

Q And what goes on at Harrington House?

A. Harrington House is a three month long, plus or minus a few days here or there, that was designed for impaired professionals, primarily. Most -- more than half of the people in the program at the time I was in were physicians. That, too, is an intensive treatment program. Extended group therapy work every morning Programming was very intense, very packed Daily AA meetings in the evening. Educational sessions Assigned readings. Later on more extensive involvement in leisure activities, such as a very, very sophisticated occupational therapy department. And also we all did volunteer work outside the hospital toward the end of the stay. And it was an experience where one could recover their balance, but also again learn better ways of taking care of themselves.

Q. So --

A. The meals were fabulous

Q You were there about how long?

A. Three months

Q. So all total you were more confined for more than four months?

A. It was virtually entirely five months Because of the length of my stay at Mayo

Q. Doctor, since you entered Mayo Clinic on August 5, 1994, have you been clean?

A. Absolutely

Q. Doctor, let me suppose what you and I hope doesn't happen but, that you lose your license Are you going to go back to alcohol?

A. It would kill me in very short order. I have absolutely no fantasies about being able to ever to use any chemicals other than my antidepressants There's no way.

Q You're going to continue in these programs no matter what?

A. Oh, absolutely I'm very, very addicted to my AA programs.

Finally, Dr. Hadley's loss of control in her professional life is reflected, in part, in her testimony. She testified, in reference to dealing with borderlines that (*Tr. p. 499-500*):

> Q. Now you heard Dr Factor testify that I believe he said borderline personalities would test the boundaries?
> A Constantly. Continuously
> Q And you agree with that?
> A. Yes, I certainly do
> Q. And you knew that then?
> A. Oh, yes, I did.
> Q Well --
> A. I was completely overwhelmed, psychologically, physically and chemically dependent. And I did not have the strength physically or emotionally to hold the line that one has to hold when you're dealing with borderlines

The recommendation to suspend rather than revoke Dr. Hadley's license should not be construed to mean that the violations established in this case are not serious. The seriousness of the violations are undisputed. It is absolutely imperative that no other patient obtaining psychiatric treatment in Wisconsin be subjected to the type of misconduct which Dr. Hadley engaged in this case. The harm to some of Dr. Hadley's patients during her period of relapse can only be described as "devastating". This is a "worse case scenario" of a psychiatrist engaging in conduct constituting a danger to the health, welfare or safety of patients or public.

Consider for example, Patients SA and KC, who were treated by Dr. Hadley for chronic depression, among other things.

Patient SA testified that prior to seeing Dr. Hadley, she had gone through a chemical dependency unit and was drug free. She said that she was harmed by Dr. Hadley because after she started seeing Dr. Hadley she became addicted to Vicodin. She said that her addiction lasted for about nine years. She feels that she was "manipulated and controlled by someone who pretended to be a mother figure" when she was incredibly vulnerable. She said that this has most definitely affected her relationship with people, including her husband. She said that she is not receiving therapy now because she "wouldn't trust a therapist as far as I could throw him". *Tr. p. 155; 181.*

Patient KC testified in reference to her lack of trust in people, as follows:

Q. . prior to May 1993, how did you feel about Dr. Hadley?
A. I felt grateful. I felt lucky to have known her. And I loved her.
Q. And did you continue to feel that way about her after May of 1993?
A. Yes
Q Did that ever change?
A I didn't feel lucky anymore after about April of '94 Because things started getting really, really bad between me and her But also internally, for myself.
Q So you no longer feel lucky?
A. No
Q Did any of your other feelings about Dr. Hadley change?
A. When she started accusing me of things and when she started telling people my diagnosis and stuff, I was no longer grateful
Q All right. And that happened when .?
A. Right after we took her to the clinic --
Q. Milwaukee Psychiatric?
A. Right. On August 4th. ....
A. After that, then I didn't feel grateful anymore because I felt she was attacking me
Q I don't know if I asked this of you, . Many times people with the diagnosis of multiple personality disorder have some traumatic events in their background Do you have something like that?
A. Yes.
Q. And what was it?
A. Incest by my father. Cult ritual abuse. You know, emotional abuse, physical abuse
Q. Do you have difficulties with trust?
A. That's my biggest problem.
Q And how long have you had difficulties with trust?
A. My whole life.
Q All right. And were those difficulties affected in any way by your experience with Dr. Hadley?
A. The only person I trust now is my husband. I don't even want to get close to anybody anymore.
Q. All right. You are in therapy now, is that correct?
A. That's correct.
Q. And do you trust that therapist?
A. Intellectually I know he's the best in the field. But I don't trust him. And it's hard for me to go to therapy because when I went into therapy with Hadley, having a psych background myself, I knew this was the way to get well Now I'm not sure of that. Now I'm always questioning whether he's going to do what she did to me and tell people about my diagnosis. So, no, I don't trust at all

Dr. Hadley testified that she understands the potential for harm to Patients SA and KC was present. She said that the trust issue is always the big issue, or some impairment of further abilities to trust. She said in the case of Patient SA, she was already challenging whether that indeed existed. She said that "it's an issue that needs to be challenged. I ... fell apart, frankly, before I had a chance to pursue that issue". *Tr. p. 500.*

Finally, there were a number of other areas discussed during the hearing relating to Patient KC's relationship with Dr. Hadley which were not specifically identified as "boundary crossing" or "boundary violations", but were raised as areas of concern. For example, at one point in time in 1994, Patient KC was employed as Dr. Hadley's office manager. In such capacity, Patient KC was given authority, by Dr. Hadley, to call in prescriptions to pharmacists. Also, at some other point in time during the relationship, Dr. Hadley lived with Patient KC and Patient KC's husband while she (Dr. Hadley) recovered from an illness. Even Dr. Hadley admitted that moving in with Patient KC was "taking down the borders". *Tr. p. 45; 62; 255-256;339-340; 389-392; 500-502.*

Based upon the record herein, the Administrative Law Judge recommends that the Medical Examining Board adopt as its final decision in this matter, the proposed Findings of Fact, Conclusions of Law and Order as set forth herein.

Dated at Madison, Wisconsin this 4th day of November 1996.

Respectfully submitted,

Ruby Jefferson-Moore

Ruby Jefferson-Moore
Administrative Law Judge

FILE COPY

STATE OF WISCONSIN
BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST JUNE L. HADLEY, M.D., RESPONDENT.	:	ORDER FIXING COSTS Case #LS9602061MED

On January 8, 1997, the Medical Examining Board filed its Final Decision and Order in the above-captioned matter by which the board ordered that pursuant to sec. 440.22, Wis. Stats., 100% of the costs of this proceeding be assessed against respondent. Pursuant to sec. RL 2.18 (4), Wis. Adm. Code, on or about January 23, 1997, the board received the *Affidavit of Costs* in the amount of $8,516.04, filed by Attorney John R. Zwieg. On or about January 23, 1997, the board received the *Affidavit of Costs of Office of Legal Services* in the amount of $3,912.90, filed by Administrative Law Judge Ruby Jefferson-Moore. The board considered the affidavits on February 26, 1997, and orders as follows:

ORDER

NOW, THEREFORE, IT IS ORDERED that pursuant to sec. 440.22, Wis. Stats., the costs of this proceeding in the amount of $12,428.94, which is 100% of the costs set forth in the affidavits of costs of Ruby Jefferson-Moore and John R. Zwieg, which are attached hereto and made a part hereof, are hereby assessed against June L. Hadley, M.D., and shall be payable by her to the Department of Regulation and Licensing. **Failure of respondent to make payment on or before April 19, 1997, which is the deadline for payment established by the board, shall constitute a violation of the Order unless respondent petitions for and the board grants a different deadline.** Under sec. 440.22 (3), Wis. Stats., the department or board may not restore, renew or otherwise issue any credential to the respondent until respondent has made payment to the department in the full amount assessed.

To ensure that payments for assessed costs are correctly receipted, the attached *"Guidelines for Payment of Costs and/or Forfeitures"* should be enclosed with the payment.

Dated this 20 day of March, 1997

A Member of the Board

g:\bdls\costs1

Department of Regulation & Licensing

State of Wisconsin

P.O. Box 8935, Madison, WI 53708-8935
(608)
TTY# (608) 267-2416] hearing or speech
TRS# 1-800-947-3529] impaired only

GUIDELINES FOR PAYMENT OF COSTS AND/OR FORFEITURES

On January 8, 1997, the Medical Examining Board took disciplinary action against your license. Part of the discipline was an assessment of costs and/or a forfeiture.

The amount of the costs assessed is: $12,428.94 Case #: LS9602061MED

The amount of the forfeiture is: _____ Case # _____

Please submit a check or a money order in the amount of $ 12,428.94

The costs and/or forfeitures are due: April 19, 1997

NAME: June L. Hadley LICENSE NUMBER: 22693

STREET ADDRESS: 3066 West Main Street

CITY: East Troy STATE: WI ZIP CODE: 53120

Check whether the payment is for costs or for a forfeiture or both:

X COSTS _____ FORFEITURE

Check whether the payment is for an individual license or an establishment license:

X INDIVIDUAL _____ ESTABLISHMENT

If a payment plan has been established, the amount due monthly is:

_____

For Receipting Use Only

Make checks payable to:

DEPARTMENT OF REGULATION AND LICENSING
1400 E. WASHINGTON AVE., ROOM 141
P.O. BOX 8935
MADISON, WI 53708-8935

#2145 (Rev. 9/96)
Ch. 440.22, Stats.
G:\BDLS\FM2145.DOC

STATE OF WISCONSIN
BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF THE DISCIPLINARY PROCEEDINGS AGAINST

AFFIDAVIT OF COSTS
LS9602061-MED

JUNE L. HADLEY, M.D.,
RESPONDENT.

STATE OF WISCONSIN)
) ss.
COUNTY OF DANE)

Ruby Jefferson-Moore, being first duly sworn on oath deposes and states:

1. That affiant is an attorney licensed to practice law in the State of Wisconsin, and is employed by the Department of Regulation and Licensing, Office of Board Legal Services.

2. That in the course of affiant's employment she was appointed administrative law judge in the above-captioned matter. That to the best of affiant's knowledge and belief, the costs for services provided by affiant are as follows:

ACTIVITY	DATE	TIME
Conduct of Hearing	06/03/96	6 hr.
Conduct of Hearing	06/04/96	6 hr.
Conduct of Hearing	06/05/96	6 hr.
Review record/draft decision	08/15/96	2 hr. 30 min.
Review record/draft decision	08/16/96	3 hr. 30 min.
Review record/draft decision	08/19/96	3 hr. 30 min.
Review record/draft decision	08/20/96	2 hr. 30 min.
Review record/draft decision	08/21/96	4 hr.
Review record/draft decision	08/22/96	3 hr.
Review record/draft decision	08/23/96	3 hr. 30 min.
Review record/draft decision	08/26/96	3 hr.
Review record/draft decision	08/27/96	3 hr. 30 min.
Review record/draft decision	08/28/96	3 hr.
Review record/draft decision	10/24/96	3 hr.
Review record/draft decision	10/25/96	3 hr.
Review record/draft decision	10/31/96	4 hr.
Review record/draft decision	11/04/96	2 hr.

Total costs for Administrative Law Judge: $ 1683.30.

3. That upon information and belief, the total cost for court reporting services provided by Magne-Script is as follows: $2,229.60.

Total costs for Office of Board Legal Services: $ 3,912.90.

Ruby Jefferson-Moore
Administrative Law Judge

Sworn to and subscribed to before me
this 23rd day of January, 1997

Notary Public
My Commission: is permanent

STATE OF WISCONSIN
BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF THE DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	LS 96 02 06 1 MED
JUNE L. HADLEY, M.D., RESPONDENT.	:	

AFFIDAVIT OF COSTS

STATE OF WISCONSIN)
) ss.
COUNTY OF DANE)

John R. Zwieg, being duly sworn, deposes and states as follows:

1. That I am an attorney licensed in the state of Wisconsin and am employed by the Wisconsin Department of Regulation and Licensing, Division of Enforcement.

2. That in the course of those duties I was assigned as the prosecutor in the above captioned matter.

3. That set out below are the costs of the proceeding accrued to the Division of Enforcement in this matter, based upon Division of Enforcement records compiled in the regular course of agency business in the above captioned matter.

PROSECUTING ATTORNEY EXPENSE

Date	Activity	Time Spent	
9/21/94	Initial review & screening of complaint & draft memo		45 min.
1/6/95	Review of Summary of Events memo re' Respondent & draft memo re' course of investigation	1 hrs.	30 min.
1/11/95	Discussion w/ investigative staff		45 min.
3/20/95	Review of file & Primary Investigation Complete Summary & memo to staff re' questions re' file	2 hrs.	45 min.
9/21/95	Tele conv w/ Ms. Connors & draft memo		45 min.
1/3/96	Tele conv w/ Ms. Aldrich & draft memo	1 hr.	15 min.
1/10/96	Review of PDR & draft memo	1 hr.	
1/22/96	Tele conv w/ Ms. Salmon & draft memo		30 min.
1/23/96	Review file & draft Complaint	4 hrs.	30 min.

1/24/96	Review file & draft Complaint	3 hrs.	45 min.
1/25/96	Tele conv w/ Ms. Connors & draft memo		30 min.
2/1/96	Tele conv w/ Ms. Connors & draft memo; draft Notice of Hearing		30 min.
2/2/96	Draft ltr to Atty Olson w/ Complaint, Notice of Hearing & Identification of Patients	1 hr.	
2/6/96	Arrange for service of Complaint to Respondent		15 min.
2/7/96	Draft Amended Complaint & Amended Notice of Hearing; arrange for service. Draft ltr to Atty Olson & Stipulation & Final Decision & Order	2 hrs.	15 min.
2/9/96	Review of memo from investigative staff re' tele conv w/ Respondent		15 min.
2/15/96	Discussion & direction to investigative staff re' 94 NUR 144; tele conv w/ Ms. Aldrich; tele conv w/ Atty Rosenberg & draft memos	1 hr.	45 min.
2/16/96	Tele conv w/ Ms. Aldrich & draft memo		30 min.
2/22/96	Tele conv w/ Ms. Salmon & draft memo		30 min.
2/28/96	Review of Answer and Notice of Appearance		45 min.
3/5/96	Tele conv w/ Atty Olson & draft memo		15 min.
3/6/96	Prehearing conference. Tele conv w/ Dr. Factor re' hearing; tele conv w/ Ms. Connors; tele conv w/ Mr. Connors & draft memos	2 hr.	30 min.
3/7/96	Review of Mem. of Prehearing Conf & Sched Order		15 min.
3/11/96	Draft Complainant's First Requests to Respondent for Production of Documents; Notice of Deposition; ltr to Atty Olson; draft subpoena (Aldrich); tele conv w/ Ms. Connors & draft memo	1 hr.	45 min.
3/14/96	Preparation of Complainant's Preliminary Witness List; ltr to Atty Olson	1 hr.	45 min.
3/19/96	Draft memo to staff re' witness travel expenses; ltrs to Atty's Rosenberg & Greenwald re' hearing	2 hrs.	15 min.

3/28/96	Review of ltr from Atty Olson & Respondent's Preliminary Witness List and direction to inv staff		30 min.
4/11/96	Discussion w/ investigative staff re' tele conv w/ Ms. Garratt		15 min.
4/12/96	Travel to and from Lake Geneva for deposition of Respondent and meet with LGPD	11 hrs.	30 min
4/23/96	Review of ltr from Atty Olson & Amended Witness List and disc with inv staff		30 min.
4/29/96	Tele conv w/ Mr. Munn & draft memo		45 min.
5/6/96	Tele conv w/ Ms. Ostrander (Milw. Journal/Sentinel Reporter) & complete Media Contact Form; tele conv w/ Mr. Munn & draft memo	2 hrs.	30 min.
5/9/96	Memo & direction to staff re' preparing Final Witness List		
5/10/96	Tele conv w/ Mr. Murphy (Janesville Gazette) & complete Media Contact Form; send copy of Complaint		15 min.
5/13/96	Draft Complainant's Final Witness List		30 min.
5/22/96	Preparation for meeting w/ Ms. Connors	2 hrs.	30 min.
5/22/96	Preparation of materials & ltr to Dr. Factor	3 hrs.	15 min.
5/23/96	Travel to & from Lake Geneva & meeting w/ Ms. Connors to prepare for testimony	7 hrs.	
5/24/96	Review of ltr from Atty Awen re' obtaining Complaint; preparation for meeting w/ Ms. Aldrich & Mr. Munn	2 hrs.	30 min.
5/28/96	Travel to & from Milwaukee & meeting w/ Ms. Aldrich & Mr. Munn	8 hrs.	30 min.
5/29/96	Tele convs w/ Atty Olson, Dr. Factor, Dr. Moody & Ms. Garratt; preparation of materials and ltr to Atty Olson; draft Subpoenas Duces Tecum (Kostecki/McCullough's Pharmacy & McCormack/East Troy Drugs); draft Subpoenas (Moody, Salmon & Garratt)	3 hrs.	
5/30/96	Meeting w/ Dr. Factor	2 hrs.	30 min.
6/2/96	Preparation for hearing	4 hrs.	30 min.

6/3/96	Preparation for and attending hearing; meeting with expert witness	15 hrs.	30 min.
6/4/96	Preparation for and attending hearing	11 hrs.	
6/5/96	Preparation for and attending hearing	10 hrs.	
7/25/96	Tele conv w/ Mr. Munn & draft memo		15 min.
11/5/96	Review of ALJ's Proposed Decision		30 min.
11/11/96	Ltr to Bd. re' Objections to Proposed Decision		15 min.
11/13/96	Review of ltr from Atty Austin re' extension for filing objections		15 min.
11/18/96	Review of Respondent's Objection to Proposed Decision		15 min.
11/19/96	Review of Proposed Decision and hearing transcript.	4 hrs.	45 min.
11/20/96	Begin draft of Objections to Proposed Decision	3 hrs.	
11/22/96	Finalize Complainant's Objections to Proposed Decision; ltr to Ms. Neviaser	3 hrs.	30 min.
12/9/96	Review of patients' ltrs submitted by Respondent w/ ltrs of 12/5 and 12/6	2 hrs.	15 min.
1/13/97	Review of Final Decision		45 min.
TOTAL HOURS		137 Hrs.	15 Min.

Total attorney expense for 137 hours 15 minutes at $41.00 per hour (based upon average salary and benefits for Division of Enforcement attorneys) equals: $ 5,627.25

INVESTIGATIVE STAFF EXPENSE

Date	Activity	Time Spent	
9/8/94	Tele conv - interview w/ anonymous caller		30 mın.
9/20/94	Review ltr		15 mın.
10/27/94	Tele conv w/ Ms. Rupnow/WPS & draft memo		30 min.
11/3/94	Tele conv w/ Dr. Moody & draft memo; tele conv w/ Mr. Winslow & draft memo	1 hr.	45 min.
11/7/94	Ltr to Respondent re' allegations		30 min.
11/14/94	Tele conv w/ Respondent re' interview & draft memo		30 min.
11/21/94	Tele conv w/ Ms. Aldrich & draft memo		45 min.
11/23/94	Travel to & from Milwaukee to interview Respondent & draft memo	7 hrs.	
11/25/94	Ltrs to Mayo Clinic, Milwaukee Psychiatric Hospital & Addictive Disease Medical Consultants requesting R's medical records		45 min.
11/30/94	Review of Respondent's records from Addictive Disease Medical Consultants	1 hr	
12/9/94	Review of Respondent's records from Milw. Psychiatric Hospital		45 mın.
12/15/94	Tele conv w/ Mr. Winslow & draft memo		30 min.
12/22/94	Review of Respondent's medical records from Mayo Clinic	2 hrs.	
12/23/94	Preparation of Summary of Events re' R's treatment	1 hr.	30 min.
1/11/95	Discussion w/ Atty Zwieg; review of Respondent's discharge summary from Milw. Psychiatric Hospital		45 min.
1/22/95	Preparation of materials and ltr to Board Advisor	1 hr.	30 min.
1/23/95	Tele conv w/ Ms. Connors & draft memo		45 min.
1/25/95	Tele conv w/ Mr. Winslow & draft memo		15 min.
1/26/95	Tele conv w/ Respondent & draft memo		30 min.
2/1/95	Tele conv w/ Respondent & draft memo		30 mın.

2/2/95	Tele conv w/ Board Advisor & draft memo		45 min.
2/8/95	Tele conv w/ Ms. Aldrich & draft memo		30 min.
3/18/95	Review of file & preparation of Primary Investigation Complete Summary	1 hr.	30 min.
4/25/95	Tele conv w/ Mr. Winslow		15 min.
4/26/95	Draft memo in response to Atty. Zwieg's questions re' file	1 hr.	
5/2/95	Tele conv w/ Respondent & draft memo; tele conv's w/ Mr. Winslow & draft memo		45 min.
5/10/95	Review of ltr from Dr. Engel @ Addiction Medicine Service, Milw. Psychiatric Hosp. re' Respondent; Tele conv's with Respondent & draft memo		45 min.
5/12/95	Tele conv w/ Respondent & draft memo		15 min.
5/24/95	Review of ltr from Respondent		15 min.
5/31/95	Tele conv w/ Ms. Aldrich & draft memo		45 min.
6/2/95	Tele conv w/ Respondent & draft memo		30 min.
6/21/95	Tele conv w/ Respondent & draft memo		15 min.
7/5/95	Review of ltr from Ms. Chase @ Addictive Med. Consultants re' Respondent		15 min.
12/5/95	Tele conv w/ Ms. Rupnow & draft memo		15 min.
1/5/96	Tele conv w/ Respondent & draft memo		15 min.
1/10/96	Ltrs to McCollough's Pharmacy & East Troy Drugs re' patient profiles		30 min.
1/11/96	Review of records from McCullough's Pharmacy (fax)		45 min.
1/16/96	Review of records from East Troy Drugs		45 min.
2/7/96	Preparation of Affidavit of Service for Amended Complaint and Amended Notice of Hearing to Respondent		15 min.
2/9/96	Tele conv w/ Respondent & draft memo		15 min.

2/15/96	Tele conv w/ Ms. Aldrich & draft memo		30 mın.
2/16/96	Tele conv w/ Ms. Aldrich & draft memo		30 min.
2/22/96	Tele conv w/ Ms. Connors & draft memo		45 min.
2/27/96	Review of ltr and materials from Ms. Connors;	1 hr.	15 mın.
2/28/96	Preparatıon of consent forms; travel to & from Lake Geneva & Williams Bay to interview Ms. Aldrich & Ms. Connors & draft memos	8 hrs.	30 min.
2/29/96	Ltrs to Milw. Psychiatric Hosp.; Charter Hosp.; Lakeland Counseling Ctr. & Dr. Olson re' treatment records; preparation of consent forms & ltr to Ms. Aldrich w/ consent forms; ltr to Lake Geneva Police Dept. re' police records re' Respondent	1 hr.	
3/1/96	Ltr to Ms. Connors w/ consent forms		30 min.
3/4/96	Ltr to Ms. Hayes (Lauderdale Shores) re' treatment records.		30 min.
3/4-5/96	Tele conv w/ Ms. Rupnow; ltr to Ms. Rupnow w/ Complaint		.15 min.
3/7/96	Tele conv w/ Capt. Meinel re' police records & draft memo		15 mın.
3/8/96	Tele calls to Wal-Mart Pharmacy, K-Mart Pharmacy & Pharmacy Station re' patient profiles & draft memo		45 min.
3/11/96	Tele conv w/ Ms. Aldrich & draft memo; travel to & from Williams Bay for service of subpoena & draft memo	4 hrs.	30 min.
3/12/96	Review of records from East Troy Drugs (fax)		30 min.
3/14/96	Review of ltr from Ms. Hayes w/ therapy report re' Ms. Aldrich; ltr to Ms. Steen (Therapy Associates of Lake Geneva) re' treatment records (SA)		45 min.
3/15/96	Ltrs to Ms. Aldrich and Ms. Connors w/ summaries of 2/28 interviews; ltrs to Rush Northshore Med. Ctr., Apogee, Inc., Dr. Henderson, Milw. Psychiatric Hosp., Dr. Hunt & Dr. Sorem re' treatment records (KC)		45 min.

3/18/96	Tele call to McCullough's Pharmacy re' prescriptions; tele conv w/ Mr. McCormick (East Troy Drugs) & draft memos; tele conv w/ Ms. Connors & draft memo	1 hr.	
3/19/96	Tele conv w/ Mr. Kane & draft memo		15 min.
3/20/96	Ltr to Ms. Aldrich w/ summary of 2/28 interview (AZ address)		15 min.
3/25/96	Review of Ms. Connor's records from Milw. Psychiatric Hospital	1 hr.	
4/1/96	Review of Ms. Connor's records from Rush Northshore Med. Ctr.	2 hr.	
4/2/96	Tele conv w/ Ms. Aldrich & draft memo; ltr to Ms. Connors w/ consent form; ltr to Atty Greenwald		30 min.
4/3/96	Ltrs to Dr. Yard & St. Mary's Hospital re' treatment records		
4/11/96	Tele conv w/ Ms. Garratt; discussion w/ Atty Zwieg & draft memo; tele conv w/ Mr. McCormick & draft memo; ltr to Atty Rosenberg w/ corrected summary of Aldrich interview	1 hr.	30 min.
4/12/96	Tele conv w/ Ms. Garratt & draft memo; Review of police records from Lake Geneva Police Department	1 hr.	
4/25/96	Review of ltr from Ms. Hunt re' patient records		15 min.
4/26/96	Ltr to Ms. Hove w/ scheduling order		15 min.
5/8/96	Ltr to Mr. Mayer (K-Mart Pharmacy) re' patient profiles/prescriptions		15 min.
5/9/96	Ltr to Pharmacy Station re' patient profile & prescriptions		15 min.
5/10/96	Review of prescription record from Pharmacy Station		30 min.
5/14/96	Tele conv w/ Atty Awens & draft memo; Tele conv w/ Atty Binder & draft memo		30 min.
5/15/96	Tele conv w/ Ms. Bowman & draft memo		30 min.
5/20/96	Review of records from Wal-Mart Pharmacy		45 min.
5/21/96	Ltr to Atty Rosenberg w/ prescription record		15 min.
5/23/96	Tele conv w/ Det. Woodward (Elkhorn Police Dept.) & draft memo		30 min.

5/24/96	Tele call to Wall-Mart Pharmacy & draft memo		15 min.
5/30/96	Travel to & from Burlington, East Troy & Lake Geneva for service of subpoenas & draft memos; ltr to Ms. Connors	6 hrs	30 min.
6/4/96	Review of Ms. Connors' prescription record from Wal-Mart Pharmacy		30 min.
9/27/96	Ltr to Atty Rosenberg w/ prescription table; ltr to Atty Greenwald w/ transcript of hearing		15 min.
11/8/96	Ltrs to Atty's Rosenberg & Greenwald w/ Proposed Decision		15 min.
11/18/96	Ltr to Atty Nelson w/ Proposed Decision		15 min.
12/19-20/96	Tele conv's w/ Ms. Aldrich re' Board's decision & draft memo		15 min.
TOTAL HOURS		74 Hrs.	15 Min.

Total investigator expense for 74 hours and 15 minutes at $20.00 per hour (based upon average salary and benefits for Division of Enforcement investigators) equals: $ 1,485.00

OTHER EXPENSES

Depositions

4/12/96 Deposition of Respondent $ 687.55

Witness Expense

Air fare to bring patient back from Arizona to testify at hearing $ 360.00

Mileage

11/23/94	Mileage to & from Milwaukee to interview Respondent: 160 miles at 20¢/mile	$ 32.00
2/28/96	Mileage to & from Lake Geneva and Williams Bay to interview patients: 150 miles at 20¢/mile	$ 30.00
4/12/96	Mileage to & from Lake Geneva for deposition of Respondent: 150 miles at 20¢/mile	$ 30.00

5/23/96	Mileage to & from Lake Geneva for witness preparation: 150 miles at 20¢/mile	$ 30.00
5/28/96	Mileage to & from Milwaukee for witness preparation: 160 miles at 20¢/mile	$ 32.00
5/30/96	Mileage to & from Lake Geneva, Burlington, East Troy and Waukesha for service of subpoenas: 190 miles at 20¢/mile	$ 38.00.

Copying

3/18/96	Photocopying charges for medical records of Ms. Aldrich from Milwaukee Psychiatric Hospital	$10.49
3/27/96	Photocopying charges for medical records of Ms. Aldrich from Walworth Co. Dept. of Human Services	$68.25
5/2/96	Photocopying charges for medical records of Respondent from Mayo Clinic	$85.50

TOTAL ASSESSABLE COSTS **$ 8,516.04**

John R. Zwieg

Subscribed and sworn to before me
this 23 day of January 1997.

Notary Public
My Commission is permanent

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