

WISCONSIN DEPARTMENT OF REGULATION & LICENSING



Wisconsin Department of Regulation & Licensing Access to the Public Records of the Reports of Decisions

This Reports of Decisions document was retrieved from the Wisconsin Department of Regulation & Licensing website. These records are open to public view under Wisconsin's Open Records law, sections 19.31-19.39 Wisconsin Statutes.

Please read this agreement prior to viewing the Decision:

- The Reports of Decisions is designed to contain copies of all orders issued by credentialing authorities within the Department of Regulation and Licensing from November, 1998 to the present. In addition, many but not all orders for the time period between 1977 and November, 1998 are posted. Not all orders issued by a credentialing authority constitute a formal disciplinary action.
- Reports of Decisions contains information as it exists at a specific point in time in the Department of Regulation and Licensing data base. Because this data base changes constantly, the Department is not responsible for subsequent entries that update, correct or delete data. The Department is not responsible for notifying prior requesters of updates, modifications, corrections or deletions. All users have the responsibility to determine whether information obtained from this site is still accurate, current and complete.
- There may be discrepancies between the online copies and the original document. Original documents should be consulted as the definitive representation of the order's content. Copies of original orders may be obtained by mailing requests to the Department of Regulation and Licensing, PO Box 8935, Madison, WI 53708-8935. The Department charges copying fees. *All requests must cite the case number, the date of the order, and respondent's name as it appears on the order.*
- Reported decisions may have an appeal pending, and discipline may be stayed during the appeal. Information about the current status of a credential issued by the Department of Regulation and Licensing is shown on the Department's Web Site under "License Lookup." The status of an appeal may be found on court access websites at: <http://ccap.courts.state.wi.us/InternetCourtAccess> and <http://www.courts.state.wi.us/wscqa>.
- Records not open to public inspection by statute are not contained on this website.

By viewing this document, you have read the above and agree to the use of the Reports of Decisions subject to the above terms, and that you understand the limitations of this on-line database.

Correcting information on the DRL website: An individual who believes that information on the website is inaccurate may contact the webmaster at web@drl.state.wi.gov

STATE OF WISCONSIN
BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF THE DISCIPLINARY

PROCEEDINGS AGAINST:

DAVID M. ISRAELSTAM, M.D.,

FINAL DECISION AND ORDER

RESPONDENT

LS0009203MED

The parties to this action for the purposes of § 227.53, Stats., are:

David M. Israelstam, M.D.

5705 Arbor Vitae Place

Madison, WI 53705

Wisconsin Medical Examining Board

P.O. Box 8935

Madison, Wisconsin 53708-8935

Department of Regulation and Licensing

Division of Enforcement

P.O. Box 8935

Madison, Wisconsin 53708-8935

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

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. David M. Israelstam, M.D., Respondent, date of birth July 20, 1939, is licensed and currently registered by the Medical Examining Board to practice medicine and surgery in the state of Wisconsin, pursuant to license number 17772, which was first granted October 21, 1971.
2. Respondent's last address reported to the Department of Regulation and Licensing is 5705 Arbor Vitae Place, Madison, WI 53705.
3. Respondent specializes in the area of psychiatry.
4. Ms. A was 36 years old when Respondent first provided professional services to her on December 3, 1993 at Grand Teton Mental Health Consultants. Mental health care professionals had previously diagnosed Ms. A with: bi-polar affective disorder, post traumatic stress disorder and borderline personality disorder. Ms. A was also an alcoholic in recovery.
5. Respondent diagnosed Ms. A with: bi-polar affective disorder and post traumatic stress disorder and began treating her with medication. Respondent had medication check sessions with Ms. A on January 20, February 17, March 17, April 15, May 12, June 16, August 12, September 1, October 13, November 29, and December 29, 1994. During that time, Ms. A was also receiving therapy from a professional counselor in Stoughton.

6. During the December 29, 1994 meeting, Respondent and Ms. A discussed Ms. A having a hypnotherapy session with a psychologist who worked with Respondent for the purpose of recovering childhood memories. They agreed to have such a session and that her counselor would also be present.

7. Ms. A's first hypnotherapy session by the psychologist was held on January 23, 1995, with Respondent and the counselor present. The purpose of the session was childhood memory retrieval. On that occasion, Respondent charted that Ms. A appeared to be a good subject and that she was able to recall fear and sensations at age two of squeezing on her chest while in the basement.

8. A second hypnotherapy session was held by the psychologist on February 2, 1995, with the counselor present, but without Respondent. The psychologist noted that Ms. A "seemed to feel that her mother was abusive to her and perhaps some sexual activity went on also either by the mother or grandfather." It was determined that those issues would be worked on in therapy with the counselor and that there would be no more hypnotherapy sessions at that time.

9. Ms. A continued in therapy with the counselor and attended a "survivors group." Ms. A began to have more memories and dreams of possible childhood abuse. Her third hypnotherapy session with the psychologist was held on May 18, 1995. Ms. A saw Respondent for a medication check session on June 2, 1995.

10. Ms. A had a fourth hypnotherapy session with the psychologist on June 19, 1995. The psychologist described Ms. A as having "a massive block in terms of going into trance." The psychologist then discussed Ms. A with Respondent, who agreed to set up a sodium amytal interview of Ms. A as an outpatient on August 10, 1995.

11. A two hour sodium amytal interview took place on August 10, 1995 with the psychologist, the counselor and Respondent present. Following the session, Ms. A overdosed on prescription medications, in a suicide attempt or gesture. She was admitted to St. Mary's Hospital that day and remained hospitalized until her discharge on October 12, 1995.

12. Respondent conducted Ms. A's admission psychiatric evaluation on August 10, 1995 and provided inpatient psychiatric care to Patient A through September 26, 1995.

13. While hospitalized, Ms. A discussed with Respondent her history of having been sexually abused and continued to report suicidal and depressed feelings.

14. During therapy sessions, Respondent shared information with Ms. A of a personal nature. He told Ms. A about relationship problems Respondent had with his mother and his

ex-wife, and about relationship problems he was having with his daughter. Respondent contends that at the time he disclosed this information, he believed that such disclosure of limited personal information was therapeutic.

15. Respondent and Ms. A hugged on several occasions in the hospital. Respondent contends that Ms. A requested the hugs and that all hugs were in public areas of the hospital where they could be observed by others.

16. Ms. A contends that during a session on August 18, 1995, Respondent told her:

- There was a sexual energy between them.
- He found her to be a very attractive sexual woman and it was difficult being close to her.

17. Respondent denies making the statements set out in paragraph 16. He recalls that on one occasion, presumably August 18, 1995 they had a discussion about sexuality and sexual attraction. Respondent contends that these discussions did not intend to express his sexual interest or attraction toward Ms. A. However, Respondent recognizes that Ms. A may have misunderstood the intent and purpose of their discussions.

18. On September 25, 1995, Respondent asked an occupational therapy assistant (OTA), who had been working with Ms. A on boundary issues, to meet with Respondent and Ms. A. During that meeting, with Ms. A present:

- Respondent told the OTA that he had been sharing with Ms. A details about his life, including his relationship with his daughter.
- The OTA said she thought that might distract the patient's work on her own issues and might make the patient feel like Respondent's caretaker.
- Respondent said he did not expect Ms. A to be his therapist, but that he respected her perspective on issues and enjoyed talking with her.

19. The OTA contends that in addition during the September 26, 1995 meeting:

- Respondent then said that he and Ms. A had a meaningful session a few weeks earlier during which he felt connected to her. He said that there was an outpouring of love on his part and a sexual attraction to her. He said that he did not know if he would ever have a sexual

relationship with Ms. A, but the feelings were there.

- Respondent discussed hugging Ms. A at the end of sessions and his saying "I love you" to Ms. A, which he felt was innocent but he was concerned that staff might misinterpret his intentions.
- The OTA responded that she felt that hugs and expressing feelings of love and sexuality would be confusing to a patient who was struggling with issues of safety and boundaries.

20. Respondent denies that the exchange set out in paragraph 19 occurred and contends the following occurred:

- Respondent stated that at an earlier session he made a statement to Ms. A which may have caused Ms. A to believe he was sexually attracted to Ms. A, and he had not clearly stated that he would never have a sexual relationship with Ms. A because of their doctor/patient relationship.
- Respondent clarified with the OTA and Ms. A that Respondent was not hitting on Ms. A and that Ms. A stated that she understood that.

21. On September 26, 1995, Respondent was notified by St. Mary's Hospital Medical Center that his clinical privileges were summarily suspended, until such time as the alleged comments made to Ms. A could be investigated. Respondent's privileges remained suspended until Respondent resigned the privileges for personal reasons.

22. On September 28, 1995, Ms. A agreed to transfer of her care from Respondent to another psychiatrist for the remainder of her hospitalization.

23. Respondent's conduct, as set out above constitutes violations of professional boundaries for psychiatrists, exposed Ms. A to an unreasonable risk of harm and falls below the minimum standards of the profession.

24. Subsequent to the above events, Respondent voluntarily took and completed the following continuing education courses, which relate to concerns about Respondent's conduct during the events:

- a. "Learning From Women," a 14, category 1 credit course, offered by the Department of Continuing Education of Harvard Medical School, on April 26-27, 1996.
- b. "Professionals at Risk: Boundaries in Human Service, a 6 hour course, offered by the University of Wisconsin – Extension, on August 20, 1996.
- c. "Boundaries: A Discussion About Relationships Between Mental Health Providers and Consumers," a 5.5 contact hour course, offered by Mendota Mental Health Institute on November 6, 1997.
- d. "Professionals at Risk: The Ethical Dilemma," an 8 hour course offered by the University of Wisconsin – Extension, on October 21, 1999.

CONCLUSIONS OF LAW

1. The Wisconsin Medical Examining Board has jurisdiction over this matter pursuant to § 448.02(3), Stats.
2. The Wisconsin Medical Examining Board has authority to enter into this stipulated resolution of this matter pursuant to § 227.44(5), Stats.
3. That Respondent has committed unprofessional conduct as defined by Wis. Adm. Code § MED 10.02(2)(h) for having engaged in conduct which tends to constitute a danger to a patient and is subject to discipline pursuant to § 448.02(3), Stats.

ORDER

1. David M. Israelstam, M.D., is hereby REPRIMANDED for the above conduct.
2. Within 90 days of the date of this Order, Respondent shall provide proof sufficient to the Board, or its designee, of Respondent's satisfactory completion of a full-day program addressing the issue of health care provider - patient relationship boundaries.
3. The courses taken and completed by Respondent, which are set out in Finding of Fact 24, satisfy the requirement of paragraph 2 of this order.

The rights of a party aggrieved by this Decision to petition the Board for rehearing and to petition for judicial review are set forth on the attached "Notice of Appeal Information".

Dated at Madison, Wisconsin this 20th day of September, 2000.

Darold A. Treffert, M.D.

Secretary

Wisconsin Medical Examining Board