

WISCONSIN DEPARTMENT OF REGULATION & LICENSING



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STATE OF WISCONSIN
BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF THE DISCIPLINARY :
PROCEEDINGS AGAINST :
 : FINAL DECISION AND ORDER
JAMES A. LINDBLADE, M.D., : LS0808204MED
RESPONDENT. :

[Division of Enforcement Case # 08 MED 005]

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

James A. Lindblade, M.D.
1542 Comanche Glen
Madison, WI 53704

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Wisconsin Medical Examining Board
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

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

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

FINDINGS OF FACT

1. James A. Lindblade, M.D., Respondent, date of birth June 1, 1936, is licensed and currently registered by the Wisconsin Medical Examining Board to practice medicine and surgery in the state of Wisconsin pursuant to license number 17003, which was first granted October 30, 1969.

2. Respondent's last address reported to the Department of Regulation and Licensing is 1542 Comanche Glen, Madison, WI 53704.

3. Respondent's practice specialty listed with the Department is obstetrics and gynecology.

4. At all times relevant to this matter, Respondent was employed as a physician at University Health Services at the University of Wisconsin-Madison. Respondent retired from the University Health Services in 2005 and has not engaged in the practice of medicine since that time.

5. On October 17, 2003, Ms. A (DOB 4/28/82) was seen at University Health Services for an annual examination. At that exam:

a. A family history was taken which revealed no relatives with breast/uterine/ovarian cancer. Ms. A also provided her personal history which revealed no breast problems including masses or nipple discharge.

b. Ms. A reported a concern about an area of her left breast. Nurses notes showed “seems lumpier past 2 weeks, ? [increased] caffeine, no tenderness.” The area about which Ms. A was concerned was at the 9 o’clock position on the left breast.

c. The registered nurse conducting the examination reviewed her findings with Respondent who confirmed that the exam revealed “fibrocystic breast changes bilateral – no dominant mass.” Respondent did not order any additional diagnostic testing at that time.

d. Ms. A was advised to do self breast exams, take calcium and to “return if any concerns re breast changes.” Ms. A was provided with a hand-out regarding fibrocystic breast changes.

6. On September 30, 2004, Ms. A saw Respondent for her annual exam and to renew a prescription for birth control. Ms. A again mentioned the area of her medial left breast. Respondent pointed out to Ms. A that her rib cage was rather protuberant in that area which made it seem different than the right side. Respondent again noted similar fibrocystic changes but indicated no dominant mass or tenderness was present. Respondent did not order any additional diagnostic testing at that time. Respondent later explained that before March 30, 2005, he had felt only small, round, mobile lumps, consistent with fibrocystic changes. Because the patient was young and had no family history of breast/ovarian cancer, Respondent did not think further testing was warranted.

7. On March 30, 2005, Ms. A saw Respondent, again complaining of a lump in her left breast. Respondent’s notes mentioned Ms. A’s comments that “she thinks there is a lump there that is different than she has ever had before.” Upon examination, Respondent noted that Ms. A’s left breast was completely different than before. Instead of a round, small and mobile lump, there was a 3 cm, irregularly shaped mass with dimpling of the skin, compatible with breast cancer. Respondent immediately referred Ms. A to the UW Breast Clinic.

8. Ms. A had a biopsy performed and on April 7, 2005, was notified that the results were positive for cancer.

9. The minimum standard of care requires that a persistent complaint of a palpable breast abnormality, with abnormal palpatory findings by a physician, warrants diagnostic testing beyond a physical examination.

10. This is the only complaint about Respondent’s practice received by the Board or the Department in the 36 years Respondent had been licensed and practicing in Wisconsin.

CONCLUSIONS OF LAW

1. The Wisconsin Medical Examining Board has jurisdiction over this matter pursuant to Wis. Stat. § 448.02(3) and has authority to enter into this stipulated resolution of this matter pursuant to Wis. Stats. §§ 227.44(5) and 448.02(5).

2. Respondent, by engaging in the conduct as set out above, has engaged in conduct which tends to constitute a danger to the health, welfare, or safety of a patient, which is unprofessional conduct as defined by Wis. Admin. Code § MED 10.02(2)(h) and is subject to discipline pursuant to Wis. Stat. § 448.02(3).

ORDER

NOW, THEREFORE, IT IS HEREBY ORDERED:

1. The voluntary SURRENDER by James A. Lindblade, M.D., Respondent, of his current registration with the Board is hereby ACCEPTED.

2. Respondent shall not attempt to register with the Board in the future.

3. Respondent shall, within 120 days of the date of this Order, pay to the Department of Regulation and Licensing costs of this proceeding in the amount of \$430.00 pursuant to Wis. Stat. § 440.22(2).

4. Payment shall be mailed or delivered to:

Department Monitor
Department of Regulation and Licensing

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

5. This Order is effective upon the date of its signing.

Wisconsin Medical Examining Board

By: Gene Musser MD
A Member of the Board

8/20/08
Date