

**STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION**

In the Matter of the License to Practice
as a Physician and Surgeon of

MICHAEL E. GREER, MD
License No. MD00019765

Respondent

No. M2010-1379

**STIPULATED FINDINGS OF FACT,
CONCLUSIONS OF LAW AND
AGREED ORDER**

The Medical Quality Assurance Commission (Commission), through Michael L. Farrell, Department of Health Staff Attorney, and Respondent, represented by counsel, Gregory Rockwell, stipulate and agree to the following:

1. PROCEDURAL STIPULATIONS

1.1 On December 22, 2010, the Commission issued a Statement of Charges against Respondent.

1.2 In the Statement of Charges, the Commission alleges that Respondent violated RCW 18.130.180(9).

1.3 Respondent understands that the State is prepared to proceed to a hearing on the allegations in the Statement of Charges.

1.4 Respondent understands that if the allegations are proven at a hearing, the Commission has the authority to impose sanctions pursuant to RCW 18.130.160.

1.5 Respondent has the right to defend against the allegations in the Statement of Charges by presenting evidence at a hearing.

1.6 Respondent waives the opportunity for a hearing on the Statement of Charges provided that the Commission accepts this Stipulated Findings of Fact, Conclusions of Law and Agreed Order (Agreed Order).

1.7 The parties agree to resolve this matter by means of this Agreed Order.

1.8 Respondent understands that this Agreed Order is not binding unless and until it is signed and accepted by the Commission.

1.9 If the Commission accepts this Agreed Order, it will be reported to the Health Integrity and Protection Databank (45 CFR Part 61), and it may be reported to the National

Practitioner Databank (45 CFR Part 60) and elsewhere as required by law. It is a public document and will be placed on the Department of Health's website and otherwise disseminated as required by the Public Records Act (Chapter 42.56 RCW) and the Uniform Disciplinary Act, RCW 18.130.110.

1.10 If the Commission rejects this Agreed Order, Respondent waives any objection to the participation at hearing of any Commission members who heard the Agreed Order presentation.

2: FINDINGS OF FACT

Respondent and the Commission acknowledge that the evidence is sufficient to justify the following findings:

2.1 On March 9, 1982, the state of Washington issued Respondent a license to practice as a physician and surgeon. Respondent's license is currently active.

2.2 On July 9, 1998, Respondent entered into a Stipulation to Informal Disposition (1998 STID) in which he agreed, among other things, not to accept new obstetrical patients into his practice.

2.3 On July 7, 2000, the Commission found that Respondent had complied with the 1998 STID and released Respondent from its terms and conditions.

2.4 On September 24, 2004, the Commission issued a Statement of Charges against Respondent. In the Statement of Charges, the Commission alleged that Respondent failed to comply with the 1998 STID by providing prenatal care to a patient, planning to perform the delivery, and delivering the child during the time the STID was in effect. The Commission also alleged that Respondent failed to act in a reasonably prudent manner in his management of the patient's labor and delivery, resulting in the death of the infant.

2.5 On March 16, 2005, the Commission issued an Amended Statement of Charges against Respondent. In the Amended Statement of Charges, the Commission alleged, in addition to the allegations in the initial Statement of Charges, that Respondent prescribed weight-loss medications to five patients without medical justification. The Commission also alleged that Respondent inappropriately prescribed T3 for weight loss.

T3 is a thyroid medication and is not to be used for weight loss because it may produce serious and even life-threatening toxicity.

2.6 With the Amended Statement of Charges, the Commission issued an Ex Parte Order of Summary Action prohibiting Respondent from prescribing any medications pending further disciplinary proceedings. The basis for the summary action was the belief that Respondent's prescribing of medications for weight loss, particularly sustained-release T3, presented an immediate danger to the public.

2.7 On October 12, 2005, the Commission and Respondent entered into Stipulated Findings of Fact, Conclusions of Law and Agreed Order resolving the allegations in the Amended Statement of Charges (2005 Agreed Order). In the 2005 Agreed Order, Respondent's license was suspended for five years, but the suspension was stayed provided Respondent complies with certain conditions of probation.

2.8 Paragraph 4.4 of the 2005 Agreed Order provided:

Respondent shall not prescribe, administer, dispense or otherwise provide thyroid medication to patients without first establishing the diagnosis of hypothyroidism through the use of appropriate laboratory tests which at a minimum must include a T4 and a TSH.

2.9 In May 2009, Patient A made an appointment to see Respondent for several medical conditions, including diabetes, high blood pressure, high cholesterol, uterine fibroids, gallstones, and fatty liver. At the time, Patient A was a 48 year old female who was five feet, eight inches tall and weighed 200 pounds.

2.10 Prior to the first visit, Respondent ordered lab tests. One of the lab tests Respondent ordered was a "TSH with reflex to a T4." A "TSH with reflex to a T4" means that if the patient's TSH is abnormal, the lab tests the patient's T4. If the patient's TSH is within the normal range, the lab does not perform a T4 test.

2.11 Patient A underwent the lab tests on May 16, 2009. The results showed that Patient A had a TSH of 1.939. The lab report indicated that the normal TSH range is 0.45 to 4.50. Since Patient A's TSH was within the normal range, the lab did not run a test to measure Patient A's T4.

2.12 On May 19, 2009, Patient A saw Respondent for the first time. Despite the normal test result and the lack of a T4 test, Respondent faxed a prescription to a

pharmacy for 60 tablets of Armour Thyroid, ½ grain, one per day with six refills, for Patient A.

2.13 A second lab test on July 23, 2009, showed that Patient A had a TSH of 1.47. The lab report indicated that the normal TSH range for person of Patient A's age is 0.45 to 4.50. Since Patient A's TSH was within the normal range, the lab did not run a test to measure Patient A's T4.

2.14 On July 30, 2009, Patient A saw Respondent for the second time. Despite the normal test result and the lack of a T4 test, Respondent prescribed 60 tablets of Armour Thyroid, ½ grain, one per day, with 12 refills to Patient A.

2.15 On September 11, 2009, despite the normal test result and the lack of a T4 test, Respondent faxed a prescription to a pharmacy for 60 tablets of Armour Thyroid ½ grain or Synthroid 0.05mg, no refills, for Patient A.

2.16 In June 2009, the parents of Patient B made an appointment for her to see Respondent for weight loss. On admission to the practice, Patient B declared her reasons for the visit as "staying healthy." At the time, Patient B was a 17-year old female who was 5 foot, six inches tall, weighed 252 pounds, and exhibited dyslipidemia in multiple laboratory measures."

2.17 Prior to the first visit, Respondent ordered lab tests. One of the lab tests Respondent ordered was a "TSH with reflex to a T4." A "TSH with reflex to a T4" means that if the patient's TSH is abnormal, the lab tests the patient's T4. If the patient's TSH is within the normal range, the lab does not perform a T4 test.

2.18 Patient B underwent the lab tests on June 24, 2009. The results showed that Patient B had a TSH of 1.37. The lab report indicated that the normal TSH range for person between the ages of one and 19 is 0.5 to 4.3. Since Patient B's TSH was within the normal range, the lab did not run a test to measure Patient B's T4.

2.19 On July 1, 2009, Patient B saw Respondent for the first time. Despite the normal test result and the lack of a T4 test, Respondent prescribed 60 tablets of Armour Thyroid, ½ grain, one per day, six refills, to Patient B. Respondent wrote Patient B a letter the day of the visit which stated in part: "Your TSH is 1.37 and that goal should be 0.2-2.1. I would like to get your thyroid to a 0.5 level which would give you increased metabolism to lose the weight."

2.20 A second lab test on August 25, 2009, indicated that Patient B had a TSH of 2.26. Since Patient B's TSH was within the normal range, the lab did not run a test to measure Patient B's T4.

2.21 On September 9, 2009, Patient B saw Respondent for the second time. Despite the normal test result and the lack of a T4 test, Respondent prescribed 60 tablets of Synthroid, 0.1mg, one per day, no refills, to Patient B.

2.22 Respondent, who has passed the age of 60, intends to end his practice of medicine effective July 31, 2011 and has no intention of practicing medicine in the future. Respondent plans to continue to lecture about medicine, nutrition, and integrative and holistic health care.

3. CONCLUSIONS OF LAW

The Commission and Respondent agree to the entry of the following Conclusions of Law:

3.1 The Commission has jurisdiction over Respondent and over the subject matter of this proceeding.

3.2 Respondent has committed *unprofessional conduct* in violation of RCW 18.130.180(9).

3.3 The above violation provides grounds for imposing sanctions under RCW 18.130.160.

4. AGREED ORDER

Based on the Findings of Fact and Conclusions of Law, Respondent agrees to entry of the following Agreed Order:

4.1 **Surrender.** Effective July 31, 2011, Respondent agrees to voluntarily SURRENDER his license and retire from the practice of medicine. Respondent will not resume the practice of medicine in the state of Washington including temporary, emergency, or volunteer practice. Respondent has no right to apply for license renewal or reactivation. Respondent will return all copies of his current license to the Commission by August 7, 2011.

4.2 **Additional Action.** If the Commission accepts this Agreed Order, the Commission will not file an Amended Statement of Charges.

4.3 **Compliance Costs.** Respondent is responsible for all of his costs of complying with this Agreed Order.

4.4 **Effective Date.** The effective date of this Agreed Order is the date the Adjudicative Service Unit places the signed Agreed Order into the U.S. mail. If required, Respondent shall not submit any fees or compliance documents until after the effective date of this Agreed Order.

5. COMPLIANCE WITH SANCTION RULES

5.1 The Commission applies WAC 246-16-800, *et seq.*, to determine appropriate sanctions. WAC 246-16-800(2) and (3) require the Commission to apply sanctions based on the appropriate sanction schedule(s).

5.2 WAC 246-16-800(b)(iii) provides that surrender of a license may be imposed when the respondent is at the end of his or her effective practice. Respondent will no longer see and treat patients and will retired from the practice of medicine as of July 31, 2011. He is at the end of his practice; surrender is an appropriate sanction. Identification of a sanction schedule and consideration of mitigating and aggravating factors is unnecessary.

6. RESPONDENT'S ACCEPTANCE

I, Michael E. Greer, MD, Respondent, have read, understand and agree to this Agreed Order. This Agreed Order may be presented to the Commission without my appearance. I understand that I will receive a signed copy if the Commission accepts this Agreed Order.


MICHAEL E. GREER, MD
RESPONDENT

6/22/11
DATE

Gregory Rockwell
GREGORY ROCKWELL, WSBA #3887
ATTORNEY FOR RESPONDENT

June 22, 2011.
DATE

7. COMMISSION'S ACCEPTANCE AND ORDER

The Commission accepts and enters this Stipulated Findings of Fact, Conclusions of Law and Agreed Order.

DATED: 21 July, 2011.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE
COMMISSION

Bruce F. Collier, MD
PANEL CHAIR

PRESENTED BY:

Michael Farrell
MICHAEL FARRELL, WSBA #16022
DEPARTMENT OF HEALTH STAFF ATTORNEY

July 21, 2011
DATE