Monday, April 14, 2014

Sharon Levine, M.D.

President, Medical Board of California

2005 Evergreen St., Ste. 1200

Sacramento, CA 95815

Dear Dr. Levine:

Bakersfield physician, drug dealer, and drug abuser Dr. Richard Wallrath is the poster child for why doctors need to be randomly drug tested, and why California doctors should be required to use CURES, the statewide prescription drug database.

After performing unapproved treatments, failing to prescribe required medication, and injecting a patient with a potentially life-threatening toxin without her informed consent, it took five years for the Medical Board to put Dr. Wallrath on probation for “gross negligence.” During that probation, the Physician Assessment and Clinical Education program rated his progress as a “fail” and Dr. Wallrath was busy illegally prescribing Ambien, Norco, and Vicodin through pseudonyms and to himself, and selling the drugs he did not take. Yet, even after learning that Dr. Wallrath was a clear danger to the public, the Medical Board did not revoke his medical license until last week.

The Medical Board repeatedly violated the public’s trust in failing to monitor and respond to Dr. Richard Wallrath’s persistent and continuous acts of negligence, self-dealing, self-prescribing, and illegal sale of controlled substances over the course of three decades. Indeed, through its inaction, the Board has endangered patients and put lives at risk.

The Medical Board has estimated that nearly one in five physicians have a substance abuse problem at some point during their careers. So it’s especially shocking that the Board stood by and allowed Dr. Wallrath’s abuse and illegal sales of prescription drugs to go on for so many years. How many more Dr. Wallraths will it take before the Medical Board cracks down?

In order to protect the public from drug-dealing and abusing doctors, immediate actions must be taken. This episode has highlighted the institutional failure of doctors to use CURES as intended, as well as the urgent need to randomly drug test doctors.

As we’ve seen, probation as punishment is simply not working. The Medical Board’s current probation system does not adequately monitor dangerous doctors. If Dr. Wallrath had been drug tested during his probation, his addiction to drugs like Ambien, Norco, and Vicodin would have been uncovered.

We call on the Medical Board to (1) immediately drug test every doctor currently on probation; (2) create a random drug testing procedure for doctors on probation; and (3) require that CURES be checked for every doctor placed on probation.

A November ballot measure, the Pack Patient Safety Act, would require the mandatory use of CURES and random drug testing of doctors. If either of these provisions had been in effect, Dr. Wallrath would have been stopped years ago: the Medical Board discovered that none of the six physicians from whom Dr. Wallrath had received prescriptions knew that he was receiving these same medications from other doctors. Use of CURES would have instantly alerted them of Dr. Wallrath’s drug-seeking actions. A single random drug test during his probation would have alerted the Medical Board to his drug abuse.

The three above steps would fulfill an urgent need to prevent future Dr. Wallraths from harming patients until the passage of the Pack Patient Safety Act this November.

This is an eye-opening and cautionary tale about a doctor using and selling prescription narcotics to the public, violating the public’s trust. It’s especially disheartening that the Medical Board repeatedly failed in its responsibility to prevent doctors from harming patients and the public. The Medical Board should want to purge its ranks of dangerous doctors, and its failure to do so in this case is shocking.

After all, isn’t “do no harm” the first rule of medical ethics?

You can begin to remedy these failures by adopting policies at your upcoming Board meeting to require random drug testing and check CURES for every doctor on probation.

Sincerely,

 

Bob Pack Carmen Balber