

BEFORE THE SOUTH CAROLINA STATE BOARD OF MEDICAL EXAMINERS

In the Matter of:

TREADWELL CAMPBELL, M.D.

Medical License #14038

(M-250-97, M-65-00) Respondent.

FINAL ORDER

This matter came before the Board of Medical Examiners (the Board) for hearing on May 7, 2002 as a result of the Notice and Complaint served upon the Respondent and filed on July 16, 2001. A quorum of Board members was present. The hearing was held pursuant to S.C. Code Ann. §§40-47-200 and 211 (Supp. 2001), to determine whether sanctions should be imposed based upon the Certified Report of the Disciplinary Panel. A three member disciplinary panel heard the charges against the Respondent on December 14, 2001, and filed a certified report of the proceedings together with a transcript of the testimony taken and exhibits entered into evidence. Clifford O. Koon, Jr., Esquire, represented the State. Desa Ballard, Esquire, represented the Respondent.

The Respondent was charged with violation of S.C. Code Ann. §§40-47-200(F)(7), (8) and (11) (1976), as amended; and Regulation No. 81-60(A), (B), (C), (D) and (E) (1976), as amended, of the Rules and Regulations of the Board of Medical Examiners.

FINDINGS OF FACT

Based upon the preponderance of the evidence on the whole record, the Board finds the facts of the case to be as follows:

1. The Respondent is a physician duly licensed to practice medicine in South Carolina. He currently practices medicine in Mullins, South Carolina.

Patient A

2. Between January 6, 1997, and June 7, 1999, and especially between February 1997 and May 1997, the Respondent prescribed high dosages of multiple controlled substances, including but not limited to Endocet, Stadol NS, Hydro-APAP, Soma Comp c COD, Lortab, Roxicet, Dilaudid, and Vicoden, to Patient A. These prescriptions were written without indication of valid medical justification, as reflected by Respondent's medical records.

3. The Respondent knew or should have known that this patient had become addicted to controlled substances, that his course of treatment was maintaining and promoting this addiction,

and that the appropriate course of treatment should have included obtaining a consultation with or referring Patient A to an addiction specialist or other physician.

4. The Respondent failed to appropriately and competently treat Patient A by prescribing high dosages of multiple controlled substances to the patient, by failing to address pain management alternatives, and by failing to refer Patient A to a psychiatrist or to an addiction specialist, which failure put the patient at risk to become further addicted to controlled substances.

Patient B

5. The Respondent prescribed 30 Lortab 7.5 tablets to Patient B on March 15, 1997 and 40 Lortab 7.5 tablets to Patient B on April 24, 1997 without performing an appropriate and competent evaluation of the patient. These prescriptions were written without indication of valid medical justification, as reflected by Respondent's medical records.

Patient C

6. The Respondent prescribed high dosages of controlled substances, including but not limited to Stadol NS, Didrex, Hydro-APAP, Hydromorphone, Bontrol PDM, Diethylpropion, Roxicet, Dilaudid, and Vicoden, to Patient C for an extended period of time between January 1996 and May 1999, and especially between January 1, 1997 and June 7, 1999. These prescriptions were written without indication of valid medical justification, as reflected by Respondent's medical records.

7. The Respondent knew or should have known that Patient C had become addicted to controlled substances, that his course of treatment was maintaining and promoting this addiction, and that the appropriate course of treatment should have included obtaining a consultation with or referring Patient C to an addiction specialist or other physician.

8. The Respondent failed to recognize in Patient C obvious signs of addiction, and failed to properly treat Patient C for said addiction or to consult an addiction specialist, pain management specialist, or other physician or specialist with expertise in those fields, which failures contributed to the patient's subsequent dependency on intravenous drugs. Further, the Respondent's failure to provide proper treatment put Patient C at risk to suffer, inter alia, infection and death by drug overdose.

Patient D

9. The Respondent admitted Patient D to the hospital on February 19, 2000, and during the time period Patient D was hospitalized, the Respondent, prescribed high dosages of controlled substances, including Tylenol #3, Tylenol #4, Demerol, Lorcet and Nubain, for this patient. Patient D was discharged on March 22, 2000. These prescriptions were written without indication of valid medical justification, as reflected by Respondent's medical records.

10. The Respondent knew or should have known that Patient D had become addicted to controlled substances, that the Respondent's chosen course of treatment maintained the patient's addiction, and that the appropriate course of treatment should have included consulting with or referring the patient to an addiction specialist or other physician.

11. The Respondent admitted Patient D to the hospital without an appropriate treatment plan for a patient addicted to controlled substances, and without informing the hospital's physicians and other health professionals of the patient's addiction to controlled substances.

Patient E

12. The Respondent prescribed multiple dosages of controlled substances, including Stadol NS, Lorcet, Demerol, and Duragesic, to Patient E during February 2000 and March 2000. These prescriptions were written without indication of valid medical justification, as reflected by Respondent's medical records.

13. The Respondent failed to recognize in Patient E obvious signs of the patient's addiction to controlled substances, failed to provide an appropriate course of treatment, and failed to consult with or refer the patient to an addiction specialist or other physician or specialist with expertise in those fields. Further, the Respondent's failure to appropriately and competently treat Patient E put the patient at risk to become further addicted to controlled substances.

CONCLUSIONS OF LAW

Based upon careful consideration of the facts in this matter, the Board finds and concludes as a matter of law that:

1. The Board has jurisdiction in this matter and, upon finding that a licensee has violated any of the provisions of S.C. Code Ann. §40-47-200, supra, has the authority to order the revocation or suspension of a license to practice medicine or osteopathy, publicly or privately reprimand the holder of a license, or take other reasonable action short of revocation or suspension, such as requiring the licensee to undertake additional professional training subject to the direction and supervision of the Board or imposing restraint upon the medical or osteopathic practice of the licensee as circumstances warrant until the licensee demonstrates to the Board adequate professional competence. Additionally, the Board may require the licensee to pay a civil penalty of up to ten thousand dollars to the Board and the costs of the disciplinary action.

2. The Respondent has violated S.C. Code Ann. §§40-47-200(F)(7) and (8) (1976), as amended; and Regulations No. 81-60(A), (B), (D) and (E) of the Rules and Regulations of the Board of Medical Examiners in the following particulars:

A. The Respondent has violated S.C. Code Ann. §40-47-200(F)(7) (1976), as amended, in that he has violated the following Principles of Medical Ethics adopted by the Board:

- (1) Regulation 81-60(A) in that the Respondent failed to provide competent medical service with compassion and respect for human dignity, as evidenced by his prescribing excessive amounts of controlled substances to patients; failing to keep written medical records justifying the course of treatment; treating patients without medical justification; failing to treat patients for their addiction to controlled substances; and in failing to apply the level of skill recognized by a reasonably prudent physician as being acceptable under similar conditions and circumstances.
- (2) Regulation 81-60(B) in that the Respondent failed to deal appropriately with his patients and colleagues, as evidenced by his prescribing excessive amounts of controlled substances to patients; failing to keep written medical records justifying the course of treatment; treating patients without medical justification; and failing to treat patients addicted to controlled substances. This violation is further evidenced by the Respondent's hospitalization of Patient D without an appropriate treatment plan for a patient addicted to controlled substances, and without informing the hospital's physicians and other health professionals of the patient's addiction to controlled substances.
- (3) Regulation 81-60(D) in that the Respondent failed to respect the rights of his patients, of colleagues, and other health professionals, as evidenced by his failing to make relevant information available when the Respondent hospitalized a patient addicted to controlled substances without an appropriate treatment plan, and without informing the hospital's physicians and other health professionals of the patient's addiction.
- (4) Regulation 81-60(E) in that the Respondent failed to apply and advance scientific knowledge, and make relevant information available to patients and colleagues, as evidenced by the Respondent's hospitalization of a patient addicted to controlled substances without an appropriate treatment plan and without informing the hospital's physicians and other health professionals of the patient's addiction.

(B) The Respondent has violated S.C. Code Ann. §40-47-200(F)(8) (1976), as amended, in that the Respondent has engaged in unprofessional conduct that is likely to harm the public, as evidenced by his prescribing of controlled substances to patients in high doses for extended periods, with inadequate records to justify the use of such high dosages, and by his failure to apply the level of skill recognized by a reasonably prudent physician as being acceptable under

similar conditions and circumstances.

3. The sanction imposed is consistent with the purpose of these proceedings and has been made after weighing the public interest and the need for the continuing services of qualified medical doctors against the countervailing concern that society be protected from professional ineptitude and misconduct.

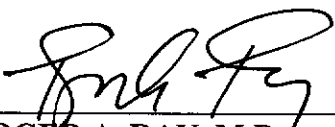
4. The sanction imposed is designed not to punish the physician, but to protect the life, health, and welfare of the people at large.

NOW, THEREFORE, IT IS ORDERED, ADJUDGED, AND DECREED that:

1. The Respondent shall be, and hereby is, issued a public reprimand.
2. The Respondent shall, within ninety (90) days of the date of this final order, pay a fine in the amount of Three Thousand and No/100 (\$3,000.00) Dollars, plus administrative costs of Nine Thousand Sixty-Two and 84/100 (\$9,062.84) Dollars. This fine and administrative costs shall not be deemed paid until received by the Board.
3. Within one year of the effective date of this final order, the Respondent shall attend and successfully complete, at his own expense, a prescribing course pre-approved by the Board. The Respondent must file written proof of compliance with the Board within fifteen (15) days after completing this requirement. Failure to comply with this requirement, or other provisions of this final order, within the time prescribed shall result in the immediate temporary suspension of the Respondent's license until such time as he becomes compliant or until further hearing and order of the Board.
4. This final order shall take effect upon the service of the order upon the Respondent or his counsel.

AND IT IS SO ORDERED.

STATE BOARD OF MEDICAL EXAMINERS

BY: 
ROGER A. RAY, M.D.
President of the Board

May 17, 2002.