

BEFORE THE BOARD OF MEDICAL EXAMINERS

OF THE STATE OF IOWA

IN THE MATTER OF THE COMPLAINT : PROPOSED FINDINGS OF FACT,
AND STATEMENT OF CHARGES AGAINST : CONCLUSIONS OF LAW,
PHILIP R. HASTINGS, M.D., : AND ORDER
RESPONDENT. :

The above entitled matter came on for hearing before the Board of Medical Examiners on March 30, 1983, in the conference room of the Iowa Medical Society, West Des Moines, Iowa. The hearing was held pursuant to a Complaint and Statement of Charges and Order for Hearing.

Julie Pottorff, Assistant Attorney General, presented the evidence for the State of Iowa. Hugh M. Field represented Philip R. Hastings, M.D., who was present.

The Board of Medical Examiners, having considered the testimony and exhibits, makes the following findings of fact, conclusions of law, and order.

FINDINGS OF FACT

1. The Respondent, Philip R. Hastings, M.D., is presently licensed to practice medicine and surgery in the State of Iowa and that he is practicing in the specialty of psychiatry.

2. The Board of Medical Examiners adopted subrule 135.204(18) of the Iowa Administrative Code, which became effective December 3, 1980, establishing as grounds for disciplinary action the prescribing for the treatment of obesity any stimulant anorectic agent classified as Schedule II.

3. On March 24, 1981, the Board of Pharmacy Examiners notified the Board of Medical Examiners that the Respondent may be violating the rule on the anorectic agents classified as Schedule II mentioned above. The memorandum further stated that the Respondent seemed to be prescribing these drugs for an increasing number of patients who were diagnosed as narcoleptics.

4. An investigation was conducted by investigators for the Board of Medical Examiners. A list of 30 patients of the Respondent, who had been issued prescriptions which indicated a diagnosis of narcolepsy on the prescriptions, was developed. The medical records of these patients plus one additional patient were subpoenaed from the office of the Respondent.

5. On 30 of the 31 medical records, a diagnosis of narcolepsy was made by the Respondent. Prior to December 3, 1980, there was no diagnosis of narcolepsy made by the Respondent for the same patients.

6. The Respondent testified at the hearing that he made the diagnosis of narcolepsy to be able to continue to prescribe Schedule II stimulants in his psychiatric practice.

7. The Respondent had a misunderstanding of the rule and believed that it was necessary to diagnose narcolepsy in order to continue to prescribe Schedule II stimulants.

8. Dr. Richard E. Neiman, M.D., who is a Neurologist, testified that there was no documentation in any of the charts to make a diagnosis of narcolepsy. Dr. Neiman testified that he would not have made a diagnosis of narcolepsy in any of the patients. He has seen only 25 to 30 patients with narcolepsy over a period of 10 years of medical practice. An electroencephalograph is required to confirm the diagnosis of narcolepsy. The Respondent made no referrals of the patients and failed to have the diagnosis confirmed.

9. Dr. Vernon Varner, M.D., J.D., who is a Psychiatrist, examined the 31 patient files. All of the patient files except one had a diagnosis of narcolepsy. None of the patients had a diagnosis of narcolepsy prior to December 3, 1980. The records do not meet the criteria for a diagnosis of narcolepsy. In 10 years of psychiatric practice, Dr. Varner has only seen two cases of narcolepsy.

10. Female patient number 31 testified that she requested and received Dexedrine for weight loss from an associate of Dr. Hastings. After January 1981, the associate said because of a law change, it was necessary to make her diagnosis narcolepsy.

11. Dr. Richard Finn, M.D., a Psychiatrist and Professor of Psychiatry at the University of Iowa College of Medicine, testified that he reviewed the records and did not find evidence of indiscriminate prescribing of drugs. He stated that the diagnosis of narcolepsy by the Respondent started only after December 1980. In his practice at University Hospitals, he has not seen a recent case of narcolepsy.

12. Dr. Paul Huston, M.D., who is a Psychiatrist and former Director of the Psychiatric Hospital at the University Hospitals and a current Professor emeritus reviewed 20 of the charts. He stated that he was puzzled why the diagnosis of narcolepsy started suddenly in the files. Dr. Huston stated that he has never diagnosed a narcoleptic. Dr. Huston stated that the treatment method of the Respondent did not indicate a lack of skill.

13. Dr. R.M. Junoid, M.D., is a Psychiatrist who practices in association with the Respondent. He stated that the Respondent carries the most difficult patients in the group practice. He stated that the Respondent was trained at a time when Schedule II stimulants were used as anti-depressants.

14. The evidence is conclusive that the Respondent made a diagnosis of narcolepsy in order to continue to prescribe Schedule II stimulant drugs after a rule change. The evidence is also conclusive that the patients diagnosed by the Respondent as having narcolepsy did not have narcolepsy.

15. The Respondent did not indiscriminately or promiscuously prescribe drugs for other than lawful purpose.

CONCLUSIONS OF LAW

1. Section 148.6(a) of the Iowa Code provides as grounds for disciplinary action, "Knowingly making misleading, deceptive, untrue or fraudulent representations in the practice of his profession."

2. The Board has adopted subrule 470-135.204(3), Iowa Administrative Code, which provides that the Board may impose disciplinary sanctions "including civil penalties in an amount not to exceed \$1000,00 when the Board determines that the licensee is guilty of any of the following acts or offenses which includes: "Knowingly making misleading, deceptive, untrue or fraudulent representations in the practice of a profession..." methods of discipline are found in Rule 470-135.202, Iowa Administrative Code.

3. The evidence is conclusive that the Respondent made an untrue representation that 30 of his patients had narcolepsy in order to continue prescribing Schedule II stimulants for the patients.

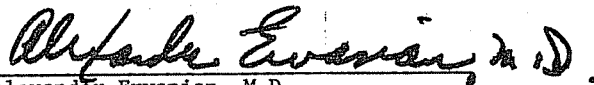
ORDER

1. Because of violation of Rule 470-135.204(3) , Iowa Administrative Code, the Respondent is ordered to pay a civil penalty in the amount of \$1,000.00 within 30 days of the receipt of this Order of the Respondent by check or money order payable to the Treasurer of the State of Iowa and delivered to Ronald V. Saf, Executive Director, Iowa State Board of Medical Examiners.

2. Because of violation of Rule 470-135.204(3), the license of the Respondent to practice medicine and surgery is placed on probation for a period of one year starting May 1, 1983. The probation will end April 30, 1984. As a condition to the probation, the Respondent shall submit at quarterly intervals the patient initials and case summary including diagnosis of all patients of the Respondent who are receiving any stimulant anorectic agent classified as Schedule II and as defined in Rule 470-135.204(18). The reports shall be sent to Ronald V. Saf not later than August 1, 1983, November 1, 1983, February 1, 1984 and May 1, 1984.

Dated this 18th day of April, 1983.

IOWA STATE BOARD OF MEDICAL EXAMINERS


Alexander Ervanian, M.D.
Chairperson, for an on
behalf of the Board

Copies to:
Philip R. Hastings, M.D.
Julie F. Pottorff, Assistant Attorney General
Hugh M. Field, Attorney at Law

BEFORE THE BOARD OF MEDICAL EXAMINERS

OF THE STATE OF IOWA

IN THE MATTER OF THE COMPLAINT :
AND STATEMENT OF CHARGES AGAINST : ORIGINAL NOTICE
PHILIP R. HASTINGS, M.D., :
RESPONDENT. :

TO THE ABOVE NAMED RESPONDENT: PHILIP R. HASTINGS, M.D.

Pursuant to the authority granted to the Iowa Board of Medical Examiners under sections 17A.11 through 17A.18, 147.55, 148.6, 148.7, 258A.5, and 258A.6, of the 1979 Code of Iowa, and Rules 470-135.301(1) through 470-135.301(34) of the Iowa Administrative Code, you are hereby notified that the Complaint and Statement of Charges filed against you by Ronald V. Saf, Executive Director, Iowa Board of Medical Examiners, is now on file in the office of the Board of Medical Examiners, State Capitol Complex, Executive Hills West, Des Moines, Iowa 50319. The said Complaint and Statement of Charges prays for the revocation or suspension of your license to practice medicine and surgery, which was issued to you on the 21st day of July, 1959, for all of the reasons set out in said Complaint and Statement of Charges. For further particulars and for specific rules involved, see a copy of the Complaint and Statement of Charges which is hereby attached and by this reference made a part hereof.

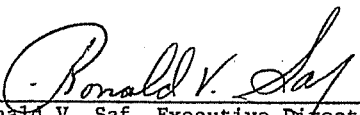
You are also hereby notified that said Complaint and Statement of Charges will be fully heard and considered by the Board at 9 o'clock AM, CST on the 10th day of FEBRUARY, 1983, in the small conference room, Iowa Medical Society, 1001 Grand Avenue, West Des Moines, Iowa 50265, at which time you may appear and show cause, if any, for not granting the relief prayed for in said Complaint and Statement of Charges. If you fail to so appear and defend, the hearing will proceed and a decision will be made.

You are also hereby notified that you may appear personally and be represented by counsel at your own expense, with the right to produce evidence in your behalf, to examine and cross-examine witnesses and to examine documentary evidence produced against you.

You are also hereby notified that within ten days of receipt of Original Notice you must acknowledge receipt of this Notice of Hearing, state whether you will be present at the hearing, state whether you will require an adjustment of the date and time of the hearing, and furnish the Board with a list of witnesses you wish to have subpoenaed in compliance with Rule 135.301(13) of the Iowa Administrative Code.

You are also hereby notified that within twenty days of receipt of this Original Notice, you must file with the Board an answer of the type specified in Rule 135.301(14) of the Iowa Administrative Code.

BY:



Ronald V. Saf, Executive Director
Iowa State Board of Medical Examiners
State Capitol Complex
Executive Hills West
Des Moines, Iowa 50319

BEFORE THE BOARD OF MEDICAL EXAMINERS

OF THE STATE OF IOWA

IN THE MATTER OF THE COMPLAINT :
AND STATEMENT OF CHARGES AGAINST : COMPLAINT AND STATEMENT
PHILIP R. HASTINGS, M.D., : OF CHARGES
RESPONDENT. :

COMES NOW Ronald V. Saf, Executive Director of the Iowa State Board of Medical Examiners on the 9th day of December, 1982, and files this Complaint and Statement of Charges against Philip Hastings, M.D., a physician licensed pursuant to Chapter 147, Code of Iowa, and alleges:

1. That Norman L. Pawlewski is the duly appointed, qualified and acting Commissioner of Public Health of the state of Iowa.
2. That Alexander Ervanian, M.D., Chairman, Rosalie B. Neligh, M.D., Vice-Chairman, Kathryn E. Gammack, Secretary, Alyce M. Fanslow, Ph.D., Joseph B. Baker, D.O., Richard L. Carruthers, D.O., Jack L. Dodd, M.D., John L. Garred, M.D., and Reid E. Motley, M.D., are the duly appointed, qualified and acting officers and members of the Iowa State Board of Medical Examiners.
3. That the Respondent, Philip Hastings, M.D., is a resident of Waterloo, Iowa and was issued a license to practice medicine and surgery in the state of Iowa on July 21, 1959 as evidenced by Certificate No. 15971 and said license is recorded in Book 3 at Page 685 of the records of the Iowa State Department of Health.
4. That the Respondent's license is current through June 30, 1983.
5. That from September 2, 1976 until February 10, 1981, the Respondent treated patient #1, a 38 year old male, with Dexedrine, for a condition described in medical records as hyperactivity syndrome. On February 10, 1981, the Respondent wrote the patient a prescription for Dexedrine and stated that it was for the patient's narcoleptic condition.
6. That on November 26, 1979, patient #2, a 30 year old female, asked for and received from the Respondent, a prescription for Preludin to help control weight. On September 8, 1981, the Respondent changed the patient's prescriptions from Preludin to Dexedrine because the patient could no longer get Preludin from her pharmacy. On September 8, 1981, the Respondent noted for the first time that patient #2 "still has trouble staying awake if she doesn't take Preludin".

7. That on May 14, 1981, patient #3, a 59 year old female, asked the Respondent for Percodan and received it. On August 6, 1981, the patient described herself as tired and sleepy all the time and gaining weight. The Respondent prescribed Dexedrine. On October 29, 1981, the patient asked for and received Valium from the Respondent.

8. That on March 19, 1980, patient #4, a 54 year old female, requested something to pep her up a little and the Respondent prescribed Dexedrine and continues to do so.

9. That on October 11, 1979, patient #5, a 44 year old female, stated that she was gaining weight, that she feels tired and just doesn't feel like getting up in the morning. The Respondent had been prescribing Dexedrine for her from at least March 17, 1981. On June 19, 1981, the Respondent stated that she met the criteria for narcolepsy.

10. That on January 10, 1980, patient #6, a 19 year old female, requested another prescription to help control her weight and the Respondent advised her about his concern on her becoming dependent upon drugs. The Respondent continues to prescribe Dexedrine on a regular basis because the patient complains of feeling tired, no energy and hard to keep going.

11. That on February 1, 1980, patient #7, a 26 year old female, was being prescribed Biphetamines for appetite and weight control. On January 16, 1981, the Respondent made a diagnosis of narcolepsy due to the patient's complaints of feeling tired all the time and has continued prescribing Biphetamines.

12. That on August 26, 1980, patient #8, a 51 year old female, stated that the Dexamyl she has been taking since 1971 was the only thing that made her feel half-way decent and if she stopped she wouldn't get anything done. On December 31, 1980, the Respondent stated on the patient's medication card that the Dexamyl was for anergia. On February 10, 1982, the patient stated she could not relax. On February 10, 1982, the Respondent wrote narcolepsy on the patient's medication card and continued to prescribe Dexedrine.

13. That on May 25, 1979, patient #9, a 34 year old female, requested something to pep her up a little because she could not get going. The Respondent prescribed Preludin 75 (1) A.M. #30. The Respondent wrote more prescriptions for Preludin for the patient on June 15, 1979 and July 6, 1979. On December 10, 1980, the patient stated that she had insomnia. On February 2, 1981, the Respondent began to write narcolepsy on the patient's medication card and continues to prescribe Preludin, Valium and Tussionex on a regular basis.

14. That on February 2, 1981, patient #10, a 25 year old female, had her initial evaluation by the Respondent who noted the patient to be moderately overweight and that the patient stated that since she started school she feels tired and has to push herself and sometimes oversleeps in the morning. On February 2, 1981, the Respondent diagnosed narcolepsy and prescribed Preludin 75 and continued to write prescriptions for Preludin 75 until November 4, 1981 without seeing the patient again.

15. That on January 11, 1973, patient #11, a 25 year old female, had a diagnosis of depressive neurosis. On November 24, 1978, the medical records identify that the patient was having trouble remembering. The Respondent stopped her Biphedamine prescriptions. On December 28, 1978, the patient was again prescribed Biphedamine. On May 1, 1981, the Respondent prescribed Dexedrine 15 mg and noted on the patient's medication card, narcolepsy.

16. That on January 8, 1979, patient #12, a 42 year old female, was seen for an intake summary and was found to have a fairly severe depressive disorder. During a psychiatric evaluation on January 12, 1979, the Respondent identified the patient's 15 year history of Dexamyl #2 use. The Respondent informed the patient that he would just as soon she continue taking Dexamyl because it would take alot more of the antidepressants to do the same thing. On March 3, 1981, the Respondent wrote on the patient's medication card, "for narcolepsy".

17. That on October 30, 1979, patient #13, a 36 year old female, was seen by the Respondent for her initial evaluation. She stated she had felt excessively tired and depressed for the last two weeks but that the Preludin her husband was taking gave her a better feeling. The Respondent, at the patient's request, prescribed Preludin 75. On May 20, 1981, the Respondent noted as part of her diagnosis, narcolepsy due to her feeling quite tired and difficulty staying awake.

18. That on May 13, 1977, patient #14, a 34 year old male, was seen by the Respondent and stated that he was having trouble getting to sleep. The Respondent diagnosed his condition as depressive neurosis. On October 9, 1979, the patient stated that he was having difficulty getting up in the morning and didn't feel like doing much of anything and was oversleeping and needed something like Preludin to motivate him and that he had taken Preludin in the past for obesity and had a favorable experience. The Respondent prescribed Preludin 75 (1) A.M. On March 30, 1981, the Respondent wrote narcolepsy on the patient's medication card.

19. That on July 24, 1981, patient #15, a 26 year old male, had a discharge summary written by the Respondent which stated that the patient showed a pattern of being very drowsy in the morning and having a hard time getting up and going until about noon. The Respondent prescribed Dexedrine to counteract his symptoms of narcolepsy and this enabled him to be more awake during the A.M.

20. That on April 10, 1979, patient #16, a 34 year old male, during a psychiatric evaluation by the Respondent, stated that he was having trouble sleeping at night, getting to sleep and staying asleep and controlling his appetite. The Respondent diagnosed his condition as depressive neurosis, passive aggressive personality. On April 25, 1979, the Respondent, in a progress note, stated that the patient requested medication to lose weight. The Respondent prescribed Biphentamine 20 (1) A.M. On May 9, 1979, the patient requested and received a prescription for Valium because he had stated that he had gotten some from a friend once and it seemed to cool him down. On September 2, 1981, the patient told the Respondent that he was taking two Dexedrine in A.M. and one in P.M. to keep going, and the Respondent wrote a prescription for Dexedrine 15 mg (2) A.M. The Respondent has been writing this patient prescriptions for 80 doses of Percodan per month since at least January 20, 1981, for ankle pain.

21. That on September 26, 1980, patient #17, a 28 year old male, had a discharge summary written by the Respondent which stated that the patient was concerned about being overweight. The patient was prescribed Dexedrine 10 mg (2) A.M. The patient's diagnosis upon discharge was schizophrenia, latent type with upper respiratory infection. On January 27, 1981, the Respondent wrote narcolepsy on the patient's medication card and on December 11, 1981, the Respondent stated in a progress note that the patient had lost about 50 pounds. The patient continues to receive prescriptions for Dexedrine 10 mg (2) A.M.

22. That on September 23, 1980, patient #18, a 73 year old female, told the Respondent that she takes one Dexamyl in the morning when she is not feeling so well. On January 23, 1981, the patient told the Respondent that she still needs Dexamyl to get her out of depression in the morning. The Respondent assured the patient that he would not take away her medications. On March 31, 1981, the Respondent wrote narcolepsy on the patient's medication card and changed the Dexamyl to Dexedrine because Dexamyl was no longer available. On January 15, 1982, the patient told the Respondent that she had not taken any Dexedrine for two weeks and she didn't miss it. The Respondent stopped the Dexedrine.

23. That on November 17, 1980, patient #19, a 55 year old male, had a discharge summary written by the Respondent which included a statement that the patient is to continue taking Dexedrine 15 mg (1) A.M. The Dexedrine was not for the treatment of narcolepsy. There are no notes in the patients records to indicate narcolepsy until January 6, 1981, at which time narcolepsy was written on the patients medical card. On March 17, 1981, the patient told the Respondent that he feels the Dexedrine helps him keep going. On April 26, 1982, the patient told the Respondent that he doesn't feel good all day if not taking Dexedrine in the morning and cannot do much because he was drowsy.

24. That on April 2, 1976, patient #20, a 62 year old male, was diagnosed by a physician other than the Respondent as having a manic depressive illness - depressed bipolar and was prescribed Ritalin 10 mg (1) A.M. On September 2, 1981, the patient who was now seeing the Respondent called wondering why the word narcolepsy appeared on his prescription for Ritalin. On September 3, 1981, the Respondent states that patient describes fighting a tired feeling most of the time and a feeling of wanting to go to sleep all the time and when he takes one Ritalin in the morning the tired feeling is overcome. The patient has been prescribed Ritalin 20 mg (1) A.M. since at least January 17, 1981.

25. That on December 15, 1972, patient #21, a 31 year old female, had a discharge summary written by the Respondent in which he stated that the patient is having trouble getting to sleep and with early awakening. On August 19, 1976, the Respondent noted that patient had lost another 15 pounds and that the patient feels that the diet pills Eskatrol which she was receiving from the Respondent were essential to continue losing weight. On February 5, 1981, the Respondent made an entry in progress notes that this patient felt tired when she didn't take Eskatrol. On April 26, 1981, the Respondent noted that the patient stated that she didn't think she would be able to function without the Dexedrine for she would have no energy because she ran out a month ago and really noticed she felt tired and could not get anything done.

26. That on November 29, 1979, patient #22, a 30 year old female, stated to the Respondent that she was not sleeping well lately and she was overeating when nervous. On November 29, 1979, the Respondent prescribed Preludin 75 (1) A.M. On January 8, 1980, the patient requested the Respondent to continue prescribing Preludin because she had lost about five pounds. On October 28, 1981, the patient requested more Preludin from the Respondent because she had gained weight and the Respondent wrote a prescription for Preludin 74 (1) A.M., and noted on the patient's medication card the word narcolepsy.

27. That on September 11, 1981, patient #23, an 80 year old male, had a discharge summary written by the Respondent which included a statement that the patient had been having trouble getting to sleep and staying asleep. The Respondent was treating this patient with an energizing type of anti-depressant and that the patient was responding very slowly. The Respondent added Dexedrine 10 mg which activated the anti-depressant and produced further improvement of the patient's diagnosed condition of bipolar disorder, depressed type. On September 11, 1981, the Respondent wrote narcolepsy on the patient's medication card.

28. That on September 12, 1980, patient #24, a 36 year old male, informed the Respondent that he felt tired all the time but found it hard to go to sleep. On September 22, 1980, the patient requested a stimulant from the Respondent because he felt sleepy and tired in the daytime and had trouble staying awake. The Respondent wrote prescriptions for Dexedrine 15 mg (1) A.M. and Percodan (1) q4h prn and Doxepin HCL 100 mg (2) H.S. On October 16, 1980, the patient told the Respondent that he felt the Dexedrine had helped and he felt more like doing things and had lost some weight although he had to take two capsules of Dexedrine to feel any effect. On January 2, 1981, in a letter to Mr. Michael Archibald of the Iowa Board of Medical Examiners, the Respondent stated that he was prescribing Dexedrine to this patient because of anergia, tiredness and sleepiness and that this had the hallmarks of the condition referred to as narcolepsy, although in his experience it is also often a manifestation of chronic schizophrenia. On September 16, 1981, a urine sample was obtained from the patient and on September 18, 1981, a drug abuse screen of that specimen indicated no detection of Amphetamine. The Respondent had been prescribing this patient Dexedrine on a monthly basis since September 22, 1980. On November 20, 1981, a discharge summary written by the Respondent stated that the patient indicated that he could not stay awake and keep going if he does not have the Dexedrine during the day. The Respondent stated that his symptoms meet the criteria for narcolepsy. A discharge summary written by the Respondent on February 12, 1982 stated that he thought the patient's problem of not being able to get up in A.M. and stay awake was partly due to excessive amounts of Valium and should be controlled by reduction of Valium in the future.

29. That on July 19, 1981, patient #25, a 62 year old female, was admitted to a hospital with complaints of being nervous and upset and had an earlier medical history and diagnosis of bipolar disorder, mixed type. A discharge summary

written by the Respondent on July 31, 1981 stated that the patient became gradually more alert but was still depressed and withdrawn and that she was placed on Dexedrine 15 mg in A.M. which increased her alertness considerably. On July 31, 1981, the Respondent wrote narcolepsy on the patient's medication card.

30. That on March 21, 1970, patient #26, a 30 year old male, had a discharge summary written by the Respondent which included a diagnosis of depressive reaction and a statement for the patient to continue taking Ritalin 10 mg bid. On August 21, 1971, the patient was seen at a local hospital emergency room with multiple complaints which included insomnia and was diagnosed as having anxiety neurosis. On November 19, 1974, the patient stated that all his visiting with relative and friends had increased his anxiety and had caused him to gain 30 pounds and that he felt the need for a little more medication to help him through. The Respondent wrote prescriptions for Dexamyl #2 and Valium 10 mg. The next time the patient saw the Respondent was on October 19, 1981 at which time the Respondent noted that the patient continued to take Valium for tension and Tylenol #4 for headaches and that the patient had not taken Dexamyl for awhile. The Respondent then wrote a prescription for Dexedrine 15 mg and wrote narcolepsy on his medication card.

31. That on February 7, 1979, patient #27, a 59 year old female, stated to the Respondent on her initial psychological evaluation that she was having lots of trouble sleeping and tends to wake up frequently. The Respondent noted that the patient was quite obese and noted the patient to be suffering from glaucoma. The Respondent contacted a local physician who in turn contacted the patient's eye doctor who stated that her glaucoma was open angled so she should be able to take tricyclic anti-depressants. During the February 7, 1979 evaluation, the patient also stated that she lacked energy and didn't feel like going places. The Respondent diagnosed her condition as depressive neurosis and noted in a March 10, 1980 progress note that the patient states she is still having trouble staying asleep. On September 10, 1980, the patient stated that she still felt tired all the time and realizes it's probably due to boredom. She also stated that she weighs 185 pounds and used to weigh 113 pounds and that she would like to lose weight. The Respondent wrote her a prescription for Dexedrine 15 mg (1) A.M. On October 28, 1980, the patient stated that she

felt better and that the Dexedrine helps her to do alot more and that she had lost six pounds. On December 10, 1981, the patient stated that she had run out of Dexedrine and felt sleepy and blah and couldn't get anything done without it. On March 11, 1981, the patient stated she ran out of Dexedrine and felt much more tired and sleepy and couldn't do much.

32. That on April 4, 1977, patient #28, a 57 year old female, was seen by the Respondent who in his progress notes stated that the patient said she takes extra Quaaludes on days off to get some sleep at night. On July 13, 1977, the Respondent in his consultation report noted that his impression was that the patient had no psychiatric problem at present. On January 25, 1980, a progress note written by the Respondent indicated that the patient had been treated by an orthopedic specialist who would not continue to prescribe Percodan for the patient. On January 25, 1980, the Respondent wrote a prescription for Percodan (1) q4h for pain. On March 20, 1981, in a discharge summary, the Respondent noted that one of her diagnoses was over-dependency on analgesics and sedatives and that he would continue her present medications.

33. That on April 15, 1981, patient #29, a 74 year old male, was diagnosed as a narcoleptic according to the Respondent's notation on the patient medication card. Until April 15, 1981, the patient had never had a diagnosis of anything other than paranoid schizophrenia or psychotic depression and that the patient had been on Ritalin since 1971 and continues to be treated with Ritalin by the Respondent.

34. That on February 5, 1981, patient #30, a 44 year old male, was diagnosed as a narcoleptic according to the Respondent's notation on the patient medication card. Until February 5, 1981, the patient had never been diagnosed anything other than a paranoid schizophrenic and from anxiety neurosis to depressive neurosis. This patient had been on Dexedrine from 1972 until mid 1980 at which time the Dexedrine was stopped. On February 5, 1981, in a progress note, the patient stated to the Respondent that he could not stay awake on auto trips and that he had been thinking about Dexedrine because it was the only thing that helped during his periods of feeling down. The Respondent wrote a prescription for Dexedrine and justified his doing so by noting that the patient was a narcoleptic.

35. That on April 4, 1977, patient #31, a 23 year old female, was discharged from the U.S. Navy with a diagnosis of active psychosis. On July 6, 1977, the Respondent in a progress note indicated that the patient was having increased symptoms of depression with problems getting to sleep. On September 12, 1978, the Respondent began prescribing Eskatrol for weight control because the patient had told the Respondent's social worker that she would rather be crazy than fat. On January 2, 1979, the Respondent began prescribing Dexedrine instead of Eskatrol because the patient's pharmacy was no longer carrying the Eskatrol. On June 25, 1979, in a progress note, it was stated that the patient continues to lose weight and is still depressed and still has nightmares and noted that the diet pills will be re-ordered. On June 13, 1980, the patient indicated that her weight was still going down. On January 19, 1981, the word narcolepsy was written on the patient's medication card. On August 17, 1981, the patient stated that she could not sleep three to four days per week and that she only rests and doesn't sleep. On August 19, 1981, the patient stated that she couldn't get to sleep at night. On April 1, 1982, this patient gave Robert C. Olsen, an investigator for the Iowa Board of Medical Examiners, a statement which describes the way in which she began getting diet pills from the Respondent and how by saying it was for her narcoleptic condition which had never been discussed with her, the Respondent was able to continue prescribing Dexedrine at the patient's request.

36. That the Respondent is guilty of a violation of Section 148.6(a) of the Code of Iowa which states:

148.6(a) Knowingly making misleading, deceptive, untrue or fraudulent representation in the practice of his profession.

37. That the Respondent is guilty of a violation of Rule 470-135.204 (3)(a),(b) and (c) of the Iowa Administrative Code which states:

470-135.204(3) Knowingly making misleading, deceptive, untrue or fraudulent representations in the practice of a profession or engaging in unethical conduct or practice harmful or detrimental to the public. Proof of actual injury need not be established.

a. Knowingly making misleading, deceptive, untrue or fraudulent representations in the practice of a profession includes, but is not limited to an intentional perversion of the truth, either orally or in writing, by a physician in the practice of medicine and surgery, osteopathic medicine

and surgery or osteopathy, and includes any representation contrary to his/her legal or equitable duty, trust or confidence and is deemed by the board to be contrary to good conscience, prejudicial to the public welfare and may operate to the injury of another.

b. Engaging in unethical conduct includes, but is not limited to a violation of the standards and principles of medical ethics and code of ethics as set out in rules 135.401(147,148,258A) and 135.402(147,148,258A), as interpreted by the board.

c. Practice harmful or detrimental to the public includes, but is not limited to the failure of a physician to possess and exercise that degree of skill, learning and care expected of a reasonable prudent physician acting in the same or similar circumstances in this state or when a physician is unable to practice medicine with reasonable skill and safety to patients as a result of a mental or physical impairment or chemical abuse.

38. That the Respondent is guilty of a violation of Rule 470-135.204 (18) of the Iowa Administrative Code which states:

470-135.204(18) Indiscriminately or promiscuously prescribing, administering, or dispensing any drug for other than lawful purpose. Indiscriminately or promiscuously prescribing, administering or dispensing includes, but is not limited to:

a. The prescribing, administering or dispensing for the treatment of obesity any stimulant anorectic agent classified as Schedule II in Section 204.206, The Code, or Schedule IIN of the Federal Controlled Substance Act. An anorectic agent includes, but is not limited to:

(1) Amphetamine, its salts, optical isomers, and salts of its optical isomers, as a single agent or in combination with other agents.

(2) Methamphetamine, its salts, and salts of its isomers, as a single agent or in combination with other agents.

(3) Phenmetrazine and its salts, as a single agent or in combination with other agents.

(4) Methylphenidate as a single agent or in combination with other agents.

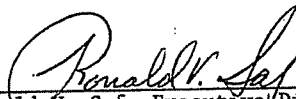
(5) Any other stimulant anorectic agents added to the above schedules.

39. That paragraphs 36, 37, and 38 constitute grounds for which the license to practice medicine and surgery which was issued to the Respondent on the 21st day of July, 1959 can be suspended or revoked.

WHEREFORE, the undersigned charges that Philip R. Hastings, M.D., has violated Section 148.6(a) of the Code of Iowa and Rule 470-135.204 (3)(a),(b) and (c) and Rule 470-135.204(18) of the Iowa Administrative Code, and the undersigned prays that the Board enter an order fixing a time and place of hearing on this Complaint and Statement of Charges.

The undersigned further prays that upon final hearing, the Board enter its Findings of Fact and Decision to suspend or revoke the license to practice medicine and surgery issued to Philip R. Hastings, M.D., on the 21st day of July, 1959, and for such other and further relief as the Board deems just in the premises.

IOWA STATE BOARD OF MEDICAL EXAMINERS



Ronald V. Saf, Executive Director
Iowa State Board of Medical Examiners
State Capitol Complex
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