COMMONWEALTH OF MASSACHUSETTS

Middlesex, SS.

Board of Registration in Medicine

Adjudicatory Case No. 2013-017

In the Matter of

RAYMOND W. KAM, M.D.

STATEMENT OF ALLEGATIONS

The Board of Registration in Medicine (Board) has determined that good cause exists to believe the following acts occurred and constitute a violation for which a licensee may be sanctioned by the Board. The Board therefore alleges that Raymond W. Kam, M.D. (Respondent) has practiced medicine in violation of law, regulations, or good and accepted medical practice, as set forth herein. The investigative docket number associated with this order to show cause is Docket No. 12-241.

Biographical Information

1. The Respondent was born on November 26, 1969. He graduated from the Yale University School of Medicine in 1996. He is certified by the American Board of Psychiatry and Neurology in Psychiatry and in Child and Adolescent Psychiatry. He has been licensed to practice medicine in Massachusetts under certificate number 155699 since 1997.

2. Since completing his training in 2002, the Respondent worked in the community and outpatient psychiatry clinics at Children's Hospital Boston (Children's Hospital).

3. From January 2011 to April 2012, the Respondent also worked in the outpatient psychiatric clinic at Children's Hospital where he supervised child psychiatry fellows.

Factual Allegations

The Respondent's Pre-hospitalization Treatment of Patient A

4. From August 2011 to April 2012, Patient A was seen in Children's Hospital outpatient clinic by a psychiatry fellow. The psychiatry fellow was supervised by her supervisory attending. The supervisory attending did not attend treatment sessions with the fellow and Patient A, but reviewed the fellow's treatment notes and met with the fellow weekly to discuss Patient A.

5. Patient A was suffering from several serious psychiatric symptoms and/or conditions.

6. In the late summer/early fall 2011, Children's Hospital categorized Patient A as a psychopharmacological patient.

7. In October 2011, the Respondent became involved in Patient A's care and attended two of Patient A's sessions with the psychiatry fellow.

8. Patient A, who had been difficult to engage, appeared to communicate more easily with the Respondent in attendance.

9. In January 2012, Patient A's outpatient visits increased in frequency and the Respondent and psychiatry fellow together saw Patient A.

10. In January 2012, the Respondent printed parts of Patient A's medical records and retained them at his home for several months when he sought permission from Patient A's father to retain the records.

11. During one of Patient A's outpatient visits which occurred prior to her hospitalization, the Respondent became concerned with Patient A's spiritual wellbeing. He believed that Patients A's problems were not only the result of her psychiatric symptoms and/or

conditions, but were also spiritual in nature.

12. Without mentioning Patient A by name, the Respondent told some members of his church that he was treating a patient and that he had concerns about that patient's spiritual wellbeing.

Patient A's Hospitalization

13. From on or about February 8, 2012 to February 23, 2012, Patient A was hospitalized in Children's Hospital's psychiatric inpatient unit. While hospitalized, Children's Hospital employees entered Patient A's room to conduct five minute wellness checks.

14. On February 8, 2012, the Respondent came to believe that that there was a significant spiritual component to Patient A's symptoms and condition. During Patient A's hospitalization, the Respondent told Patient A about his belief.

15. The Respondent visited Patient A approximately three times while she was hospitalized. During a part of each visit with Patient A, the Respondent was accompanied by the psychiatry fellow. During the entire time of each visit, Children's Hospital employees conducted five minute wellness checks on Patient A.

16. During Patient A's hospitalization, the Respondent failed to tell Patient A's inpatient treaters about his belief that there was a significant spiritual component to Patient A's symptoms and conditions. However, the Respondent did communicate this to the psychiatry fellow and to the fellow's direct supervisor.

17. On February 14, 2012, the Respondent gave Patient A a cross in exchange for a different religious symbol that she was wearing. The Respondent believed that Patient A believed the symbol was harmful to Patient A and believed that the exchange would help Patient A. Patient A later returned the cross to the Respondent.

18. On February 15, 2012, the Respondent reached the conclusion that he could no longer be part of Patient A's treatment team and shared his understanding of Patient A's condition with the psychiatry fellow and notified the psychiatry fellow that he was signing off the case and, in fact, later did so.

19. On February 17, 2012, the Respondent met with the psychiatry fellow and the fellow's supervisor, a senior practitioner at Children's Hospital and someone who had previously been the Respondent's supervisor and mentor, to discuss the case with him. At this meeting, the Respondent shared his understanding of Patient A's condition with the psychiatry fellow's supervisor and they discussed Patient A's spiritual needs as well as her continued psychiatric treatment at Children's Hospital. They also discussed the Respondent taking on the role of Patient A's spiritual mentor. The psychiatry fellow's supervisor also instructed the Respondent to seek a consultation for Patient A from his own church. The supervisor also directed and introduced the Respondent to a Children's Hospital Christian chaplain for spiritual consultation.

20. On or about February 17, 2012, the Respondent offered to Patient A to become her spiritual mentor.

Patient A's Post-Hospitalization Treatment and Relationship with the Respondent

21. After Patient A was discharged from Children's Hospital, she continued to receive treatment from the psychiatry fellow and the fellow's supervisor at Children's Hospital's outpatient clinic.

22. After Patient A's discharge, the Respondent obtained consent via email and later in person from Patient A's father to act as her spiritual mentor. Subsequently, the Respondent brought Patient A to his church and to church related meetings.

23. The Respondent introduced Patient A to some of the same church members with

whom he had discussed a patient prior to her hospitalization.

24. During the same time period, the Respondent communicated with Patient A on a regular basis, often by text message which were of a personal nature.

25. The Respondent met with Patient A, members of his church and an assistant minister of his church to develop a plan to address Patient A's alleged spiritual issues.

26. The Respondent met with a Children's Hospital's chaplain to develop a plan to address Patient A's alleged spiritual issues.

27. In March 2012, Patient A told the Respondent that her father had evicted her from her home and that she had nowhere to stay at night.

28. The Respondent failed to report to any state agency that Patient A had told him that she had been evicted from her home. Instead, the Respondent and his wife invited Patient A to stay overnight at his home with their family which she did. Subsequently, the Respondent obtained permission from Patient A's father, and she stayed overnight at his home with his wife and family on three more occasions.

29. In March 2012, Patient A told the Respondent that her mother had pushed her down a flight of stairs and had tried to asphyxiate her.

30. The Respondent had reason to believe that Patient A was suffering injury resulting from abuse and never reported to the Department of Children and Families that he had reason to believe that Patient A was suffering injury resulting from abuse.

31. The Respondent imparted his own religious system of belief to Patient A.

32. The Respondent failed to separate his own religious belief for diagnostic concepts and therapeutic practice.

33. According to the American Psychiatric Association's Guidelines Regarding

Possible Conflict Between Psychiatrist's Religious Commitments, "psychiatrists should not impose their own religious systems of belief on their patients nor should they substitute such beliefs or ritual for accepted diagnostic concepts or therapeutic practice."

Legal Basis for Proposed Relief

A. Pursuant to G.L. c. 112, §5, ninth par. (c) and 243 CMR 1.03(5)(a)3, the Board may discipline a physician upon proof satisfactory to a majority of the Board, that he engaged in conduct that places into question the Respondent's competence to practice medicine.

B. Pursuant to 243 CMR 1.03(5)(a)18, the Board may discipline a physician upon proof satisfactory to a majority of the Board, that said physician committed misconduct in the practice of medicine.

C. The Respondent has violated G.L. c. 112, § 5, ninth par. (b) and 243 CMR 1.03(5)(a)2 by committing an offense against a provision of the laws of the Commonwealth relating to the practice of medicine, or a rule or regulation adopted thereunder—to wit:

1. G.L. c.119, §51A which state states that a physician who "has reasonable cause to believe that a child is suffering physical or emotional injury resulting from: . . . abuse . . . shall immediately communicate with the department orally and, within 48 hours, shall file a written report with the department detailing the suspected abuse or neglect . . . ."

D. Pursuant to *Levy v. Board of Registration in Medicine*, 378 Mass. 519 (1979); *Raymond v. Board of Registration in Medicine*, 387 Mass. 708 (1982), the Board may discipline a physician upon proof satisfactory to a majority of the Board, that said physician has engaged in conduct that undermines the public confidence in the integrity of the medical profession.

The Board has jurisdiction over this matter pursuant to G.L. c. 112, §§ 5, 61 and 62. This adjudicatory proceeding will be conducted in accordance with the provisions of G.L. c. 30A and 801 CMR 1.01.

Nature of Relief Sought

The Board is authorized and empowered to order appropriate disciplinary action, which may include revocation or suspension of the Respondent's license to practice medicine. The Board may also order, in addition to or instead of revocation or suspension, one or more of the following: admonishment, censure, reprimand, fine, the performance of uncompensated public service, a course of education or training or other restrictions upon the Respondent's practice of medicine.

Order

Wherefore, it is hereby **ORDERED** that the Respondent show cause why the Board should not discipline the Respondent for the conduct described herein.

By the Board of Registration in Medicine,

Candace Lapidus Sloane, MD

Candace Lapidus Sloane, M.D.
Board Chair

Date: May 8, 2013

SENT CERTIFIED MAIL 5/8/13 (mg)

COMMONWEALTH OF MASSACHUSETTS

MIDDLESEX, ss.

BOARD OF REGISTRATION
IN MEDICINE

Adjudicatory Case No. 2013-017

In the Matter of)
)
Raymond W. Kam, M.D.)

PROBATION AGREEMENT

I. COMPLIANCE WITH AGREEMENT

The Respondent agrees that violation of this Probation Agreement ("this Agreement"), including such provisions which survive this Agreement, shall constitute sufficient grounds for the immediate suspension of the Respondent's license to practice medicine, or any such lesser sanction as the Board may deem fit to impose, without prior notice to the Respondent. The Respondent hereby waives any claim or defense to any subsequent action by the Board to suspend the Respondent's license or impose such other lesser sanction for any such violation or violations of this Agreement, except that the Respondent shall be entitled to defend against the assertion of a violation of this Agreement. The Respondent acknowledges and agrees that by entering into this Agreement, the Respondent is relinquishing important procedural and substantive rights.

II. PARTIES

The parties to this Agreement are the Board of Registration in Medicine (hereinafter "the Board") and Raymond W. Kam, M.D. ("the Respondent").

III. JURISDICTION

The parties agree that the Board has the authority to enter into this Agreement, and that the Board may enforce the terms of this Agreement in accordance with applicable laws and regulations and the provisions of this Agreement.

IV. CONDITIONS OF PROBATION

During the probationary period, which shall be effective on the date the Board accepts this Agreement, the Respondent shall comply with each of the following requirements:

A. The Respondent agrees to undergo monitoring by the Board until at least November 5, 2020 (five years from the date of the Board's acceptance of this Agreement) and for such further period thereafter as the Board shall for reasonable cause order. At the Board's discretion, any periods during which the Respondent is not practicing medicine, during the probationary period, may extend the probationary period.

B. The Respondent may engage in the practice of medicine under conditions that the Board may impose. The Respondent may engage in the practice of medicine only at West Central Family Counseling d/b/a New England Geriatrics, located in West Springfield, Massachusetts. In this position, the Respondent will be providing psychiatric medication management services to residents of skilled nursing facilities. The Respondent will practice in accordance with the specific terms of his practice plan. See Practice Plan at Attachment A. The Respondent may not practice at any location or under any conditions other than those set forth herein, unless the Board, upon the Respondent's petition, approves the clinical setting and practice plan.

C. The Respondent's practice shall be supervised by a worksite monitor, Ricardo A. Mujica, M.D., or any Board-approved successor, throughout this probationary period and pursuant to the terms of the Respondent's practice plan. See Practice Plan at Attachment A. Following a four-

week period of shadowing and a five-week period of directly supervised practice, the Respondent will commence a period of indirectly supervised practice, which will continue through the duration of the probationary period. On a monthly basis during the period of indirectly supervised practice, Dr. Mujica will review ten (10) of the Respondent's cases at random and will meet with the Respondent regarding those cases in order to ensure that the Respondent is maintaining proper boundaries and providing his patients with adequate care. Dr. Mujica shall file monthly reports with the Board and make any recommendations to the Board regarding the Respondent's practice that he deems necessary. Dr. Mujica shall immediately notify the Board by telephone whenever, in his professional judgment, the Respondent poses a potential danger to the health, safety and welfare of the Respondent's patients. In addition, Dr. Mujica shall immediately notify the Board by telephone and in writing in the event that the Respondent terminates monthly consultations or is otherwise non-compliant with the terms of this Agreement. The Respondent hereby waives any privileges concerning such information and disclosures to the Board. Dr. Mujica shall confirm in writing within ten (10) days of the Board's acceptance of this Agreement his agreement and undertaking with respect to the obligations set forth herein, and shall notify the Board if the Respondent withdraws any waiver filed in connection with this Agreement. The Respondent may not change the identity of his worksite monitor without prior Board approval.

D. The Respondent shall attend a Board-approved conference on the subject of psychiatric medication use, risks, side-effects, contraindications, and other related considerations prior to commencing the independent practice and monitoring phase of his practice plan. See Practice Plan at Attachment A. The Respondent shall provide the Board with proof of his completion of

this conference prior to commencing the independent practice and monitoring phase of the practice plan.

E. The Respondent shall familiarize himself with the concept of vascular depression prior to commencing the independent practice and monitoring phase of his practice plan. See Practice Plan at Attachment A. Dr. Mujica shall provide the Board with his opinion, in writing, as to the Respondent's level of familiarity with the concept of vascular depression prior to commencing the independent practice and monitoring phase of the practice plan.

F. The Respondent shall review the American Academy of Child and Adolescent Psychiatry guidelines for evaluating patients prior to commencing the independent practice and monitoring phase of his practice plan. See Practice Plan at Attachment A. The Respondent shall certify, in writing, that he has conducted such a review prior to commencing the independent practice and monitoring phase of the practice plan.

G. During the pendency of the probationary period, the Respondent shall attend live conferences and/or continuing medical education activities in order to re-immerse himself in the psychiatric community. The Respondent shall submit to the Board documentation confirming his attendance at such conferences and/or his participation in other activities.

H. The Respondent shall consult with John Peteet, M.D. ("consulting physician") on a quarterly basis, or more frequently if necessary, concerning any ethical or religious issues that may rise in connection with the Respondent's practice throughout this probationary period and pursuant to the terms of the Respondent's practice plan. See Practice Plan at Attachment A. Dr. Peteet shall file quarterly reports with the Board and make any recommendations to the Board regarding the Respondent's practice that he deems necessary. Dr. Peteet shall immediately notify the Board by telephone whenever, in his professional judgment, the Respondent poses a

potential danger to the health, safety and welfare of the Respondent's patients. In addition, Dr. Peteet shall immediately notify the Board by telephone and in writing in the event that the Respondent terminates quarterly consultations or is otherwise non-compliant with the terms of this Agreement. The Respondent hereby waives any privileges concerning such information and disclosures to the Board. Dr. Peteet shall confirm in writing within ten (10) days of the Board's acceptance of this Agreement his agreement and undertaking with respect to the obligations set forth herein, and shall notify the Board if the Respondent withdraws any waiver filed in connection with this Agreement. The Respondent may not change the identity of the consulting physician without prior Board approval.

I. All agreements whereby third parties are to provide written reports, releases, records or any other information to the Board under this Agreement shall be submitted to the Board for approval within thirty (30) days after this Agreement is approved by the Board. All such releases and agreements must, in addition to waiving any relevant state law privileges or immunities, provide the Board with access to all material covered by 42 CFR, Part 2, and the Criminal Offender Records Information (CORI) Act, so-called, M.G.L. c. 6, §§ 167-178; all such releases and agreements must provide that the released party shall notify the Board if any waiver is withdrawn. In the event that any such releases or waivers are not sufficient to obtain access to any information which the Board in its discretion considers relevant, the Respondent agrees to obtain personally such information and furnish it to the Board, to the extent permitted by law.

J. In the event that the Respondent seeks licensure to practice medicine in another state, the Respondent shall notify the Board of such fact and shall disclose to the licensing authority in such state his status with this Board. The Respondent shall submit to the Board copies of all correspondence and application materials submitted to another state's licensing authority.

K. In the event the Respondent should leave Massachusetts to reside or practice out of the state, the Respondent shall promptly notify the Board in writing of the new location as well as the dates of departure and return. Periods of residency or practice outside Massachusetts will not apply to the reduction of any period of the Respondent's probationary licensure, unless the Respondent enters into a monitoring agreement, approved by the Board, in the new location.

L. The Respondent shall appear before the Board or a committee of its members at such times as the Board may request, upon reasonable advance notice, commensurate with the gravity or urgency of the need for such meeting as determined by the Board or such committee.

M. The Respondent shall provide a complete copy of this Agreement, with all exhibits and attachments within ten (10) days by certified mail, return receipt requested, or by hand delivery to the following designated entities: any in- or out-of-state hospital, nursing home, clinic, other licensed facility, or municipal, state, or federal facility at which he practices medicine; any in- or out-of-state health maintenance organization with whom he has privileges or any other kind of association; any state agency, in- or out-of-state, with which he has a provider contract; any in- or out-of-state medical employer, whether or not he practices medicine there; the Drug Enforcement Agency, Boston Diversion Group; Department of Public Health Bureau of Health Care Safety and Quality; and the state licensing boards of all states in which he has any kind of license to practice medicine. The Respondent shall also provide this notification to any such designated entities with which he becomes associated for the duration of this Agreement. The Respondent is further directed to certify to the Board within ten (10) days that he has complied with this directive. The Board expressly reserves the authority to independently notify, at any time, any of the entities designated above, or any other affected entity, of any action it has taken.

N. The Respondent, and not the Board, shall be responsible for the payment of any fee or charge occasioned by the Respondent's compliance with this Agreement.

O. The Respondent may request that the Board modify any of the conditions set forth above. The Board may, in its discretion, grant such modification. Except for requests for modifications related to the identity of the worksite monitor referenced in Paragraph C, the consulting physician in Paragraph H, and the Respondent's employment, the Respondent may make such a request not more than once in any one year period, nor any sooner than one year from the date of this Agreement.

V. TERMINATION OF PROBATION

A. If the Respondent complies with his obligations as set forth above, the Board, at the expiration of the five-year period, shall, upon petition by the Respondent, terminate the Respondent's probationary period and probation with the Board, unless the Respondent's probation is extended in accordance with paragraph IV(A).

B. If the Respondent fails to comply with his obligations as set forth above, the Respondent's license to practice medicine may be immediately suspended, as agreed in Section I.

Date ______ Respondent

10/20/15 Ellen James

Date ______ Attorney for the Respondent

Accepted this 5th day of November, 2015, by the Board of Registration in Medicine.

Candace Lapidus Sloane, MD

Candace Lapidus Sloane, M.D.
Chair

Attachment A
Practice Plan

Employer

West Central Family Counseling d/b/a New England Geriatrics
103 Myron Street - Suite A
West Springfield MA 01089
413-592-1980

Since 1994, NEG has been providing comprehensive psychiatric services to residents and their families in long term care facilities throughout Massachusetts. NEG also provides inpatient psychiatric services at several hospitals in Massachusetts.

Work Setting and Scope of Work

Dr. Kam will be providing psychiatric medication management services to residents of skilled nursing facilities.

Transition Period

Weeks 1-4

For approximately 5-8 hours during weeks 1-4, Dr. Kam will shadow one of NEG's psychiatrists in the skilled nursing facility setting. Dr. Kam will not have any patient care responsibilities during this period of time. The NEG psychiatrist will document all patient care.

Weeks 5-9

Following successful completion of week 4, Dr. Kam will assume patient care responsibilities under the direct supervision of Ricardo A. Mujica, a NEG psychiatrist for a period of five (5) weeks. Dr. Kam expects to work approximately 5 to 8 hours per week during this period. This direct supervision shall consist of daily discussions of his clinical observations, diagnosis, treatment plan and medication management for each patient. This period may extended by Dr. Mujica as determined by his professional judgment. Dr. Kam agrees to notify the Board if this period is to be extended.

Independent Practice and Monitoring

Following the successful completion of week 9 and for the remainder of the Probation Period, Dr. Kam will practice independently. Dr. Ricardo A. Mujica, a board certified Massachusetts psychiatrist will review ten (10) of Dr. Kam's cases at random each month and will meet with him regarding those cases. Dr. Mujica will file monthly reports with the Board. In addition, although not required by the Consent Order, Dr. John Peteet, a board certified psychiatrist with an expertise in ethical issues will provide consultations quarterly and, more frequently if needed, for any ethical or religious issues that may arise in Dr. Kam's practice. Dr. Kam anticipates that his weekly schedule will increase over a 6-12 month period depending on the completion of recredentialing by third party payers.
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COMMONWEALTH OF MASSACHUSETTS

Middlesex, SS.

Board of Registration in Medicine

Adjudicatory Case No. 2013-017

In the Matter of

RAYMOND W. KAM, M.D.

CONSENT ORDER

Pursuant to G.L. c. 30A, § 10, Raymond Kam, M.D. (Respondent) and the Board of Registration in Medicine (Board) (hereinafter referred to jointly as the "Parties") agree that the Board may issue this Consent Order to resolve the above-captioned adjudicatory proceeding. The Parties further agree that this Consent Order will have all the force and effect of a Final Decision within the meaning of 801 CMR 1.01(11)(d). The Respondent admits to the findings of fact specified below and agrees that the Board may make the conclusions of law and impose the sanction set forth below in resolution of investigative Docket No. 12-241.

Findings of Fact

1. The Respondent-was born on November 26, 1969. He graduated from the Yale University School of Medicine in 1996. He is certified by the American Board of Psychiatry and Neurology in Psychiatry and in Child and Adolescent Psychiatry. He has been licensed to practice medicine in Massachusetts under certificate number 155699 since 1997.

2. Since completing his training in 2002, the Respondent worked in the community and outpatient psychiatry clinics at Children's Hospital Boston (Children's Hospital).

3. From January 2011 to April 2012, the Respondent also worked in the outpatient psychiatric clinic at Children's Hospital where he supervised child psychiatry fellows.

The Respondent's Pre-hospitalization Treatment of Patient A

4. From August 2011 to April 2012, Patient A was seen in Children's Hospital outpatient clinic by a psychiatry fellow. The psychiatry fellow was supervised by her supervisory attending. The supervisory attending did not attend treatment sessions with the fellow and Patient A, but reviewed the fellow's treatment notes and met with the fellow weekly to discuss Patient A.

5. Patient A was suffering from several serious psychiatric symptoms and/or conditions.

6. In the late summer/early fall 2011, Children's Hospital categorized Patient A as a psychopharmacological patient.

7. In October 2011, the Respondent became involved in Patient A's care and attended two of Patient A's sessions with the psychiatry fellow.

8. Patient A, who had been difficult to engage, appeared to communicate more easily with the Respondent in attendance.

9. In January 2012, Patient A's outpatient visits increased in frequency and the Respondent and psychiatry fellow together saw Patient A.

10. In January 2012, the Respondent printed parts of Patient A's medical records and retained them at his home for several months when he sought permission from Patient A's father to retain the records.

11. During one of Patient A's outpatient visits which occurred prior to her hospitalization, the Respondent became concerned with Patient A's spiritual wellbeing. He believed that Patients A's problems were not only the result of her psychiatric symptoms and/or conditions, but were also spiritual in nature.

12. Without mentioning Patient A by name, the Respondent told some members of his church that he was treating a patient and that he had concerns about that patient's spiritual wellbeing.

Patient A's Hospitalization

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14. On February 8, 2012, the Respondent came to believe that there was a significant spiritual component to Patient A's symptoms and condition. During Patient A's hospitalization, the Respondent told Patient A about his belief.

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16. During Patient A's hospitalization, the Respondent failed to tell Patient A's inpatient treaters about his belief that there was a significant spiritual component to Patient A's symptoms and conditions. However, the Respondent did communicate this to the psychiatry fellow and to the fellow's direct supervisor.

17. On February 14, 2012, the Respondent gave Patient A a cross in exchange for a different religious symbol that she was wearing. The Respondent believed that Patient A believed the symbol was harmful to Patient A and believed that the exchange would help Patient A. Patient A later returned the cross to the Respondent.

18. On February 15, 2012, the Respondent reached the conclusion that he could no longer be part of Patient A's treatment team and shared his understanding of Patient A's condition

with the psychiatry fellow and notified the psychiatry fellow that he was signing off the case and, in fact, later did so.

19. On February 17, 2012, the Respondent met with the psychiatry fellow and the fellow's supervisor, a senior practitioner at Children's Hospital and someone who had previously been the Respondent's supervisor and mentor, to discuss the case with him. At this meeting, the Respondent shared his understanding of Patient A's condition with the psychiatry fellow's supervisor and they discussed Patient A's spiritual needs as well as her continued psychiatric treatment at Children's Hospital. They also discussed the Respondent taking on the role of Patient A's spiritual mentor. The psychiatry fellow's supervisor also instructed the Respondent to seek a consultation for Patient A from his own church. The supervisor also directed and introduced the Respondent to a Children's Hospital Christian chaplain for spiritual consultation.

20. On or about February 17, 2012, the Respondent offered to Patient A to become her spiritual mentor.

Patient A's Post-Hospitalization Treatment and Relationship with the Respondent

21. After Patient A was discharged from Children's Hospital, she continued to receive treatment from the psychiatry fellow and the fellow's supervisor at Children's Hospital's outpatient clinic.

22. After Patient A's discharge, the Respondent obtained consent via email and later in person from Patient A's father to act as her spiritual mentor. Subsequently, the Respondent brought Patient A to his church and to church related meetings.

23. The Respondent introduced Patient A to some of the same church members with whom he had discussed a patient prior to her hospitalization.

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25. The Respondent met with Patient A, members of his church and an assistant minister of his church to develop a plan to address Patient A's alleged spiritual issues.

26. The Respondent met with a Children's Hospital's chaplain to develop a plan to address Patient A's alleged spiritual issues.

27. In March 2012, Patient A told the Respondent that her father had evicted her from her home and that she had nowhere to stay at night.

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29. In March 2012, Patient A told the Respondent that her mother had pushed her down a flight of stairs and had tried to asphyxiate her.

30. The Respondent had reason to believe that Patient A was suffering injury resulting from abuse and never reported to the Department of Children and Families that he had reason to believe that Patient A was suffering injury resulting from abuse.

31. The Respondent imparted his own religious system of belief to Patient A.

32. The Respondent failed to separate his own religious belief for diagnostic concepts and therapeutic practice.

33. According to the American Psychiatric Association's *Guidelines Regarding Possible Conflict Between Psychiatrist's Religious Commitments*, "psychiatrists should not impose their own religious systems of belief on their patients nor should they substitute such beliefs or ritual for accepted diagnostic concepts or therapeutic practice."

Conclusion of Law

A. The Respondent has violated G.L. c. 112, § 5, ninth par. (c) and 243 CMR 1.03(5)(a)3 by engaging in conduct that places into question the Respondent's competence to practice medicine.

B. The Respondent has violated 243 CMR 1.03(5)(a)18 by committing misconduct in the practice of medicine.

C. The Respondent has violated G.L. c. 112, § 5, ninth par. (b) and 243 CMR 1.03(5)(a)2 by committing an offense against a provision of the laws of the Commonwealth relating to the practice of medicine, or a rule or regulation adopted thereunder—to wit:

> 1. G.L. c.119, §51A which state states that a physician who "has reasonable cause to believe that a child is suffering physical or emotional injury resulting from: . . . abuse . . . shall immediately communicate with the department orally and, within 48 hours, shall file a written report with the department detailing the suspected abuse or neglect . . . ."

D. The Respondent has engaged in conduct that undermines the public confidence in the integrity of the medical profession. *See Levy v. Board of Registration in Medicine*, 378 Mass. 519 (1979); *Raymond v. Board of Registration in Medicine*, 387 Mass. 708 (1982).

Sanction and Order

The Respondent's license is hereby indefinitely suspended. The suspension may be stayed after a period of 24 months retroactive to June 25, 2012. Any stay of the suspension will be at the Board's discretion and will be contingent upon the Respondent: completing an independent forensic psychiatric evaluation by a Board-approved psychiatrist, showing that he is fit to practice medicine and, more specifically, psychiatry; completing a clinical skills assessment by a Board-approved program to assess the Respondent's ability to practice adult, child, and adolescent psychiatry and his

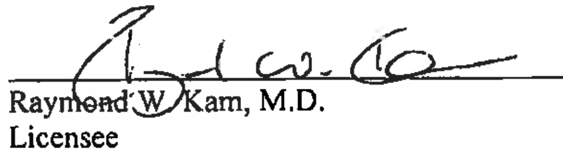
ability to maintain boundaries and comply with the American Psychiatry Association's guidelines regarding religious conflict; entering into a five-year Probation Agreement. Both the psychiatric evaluator and the skills assessment entity shall make recommendations as to any conditions that they deem to be necessary for the Respondent's safe return to practice. The Probation Agreement shall include all conditions that the Board deems appropriate at the time including, but not limited to: any recommendations of the psychiatric evaluator; any recommendations of the skills assessment entity; a Board-approved practice plan; monitoring by a Board-approved psychiatrist who is certified by the American Board of Psychiatry and Neurology in adult, child, and adolescent psychiatry - on a monthly basis, the monitor will review ten of the Respondent's cases at random and meet with the Respondent regarding those cases in order to ensure that the Respondent is maintaining proper boundaries and providing his patients with adequate care; and the Monitor will file monthly reports with the Board and make any recommendations to the Board regarding the Respondent's practice that he or she deems necessary.

Execution of this Consent Order

The Respondent shall provide a complete copy of this Consent Order with all exhibits and attachments within ten (10) days by certified mail, return receipt requested, or by hand delivery to the following designated entities: any in- or out-of-state hospital, nursing home, clinic, other licensed facility, or municipal, state, or federal facility at which the Respondent practices medicine; any in- or out-of-state health maintenance organization with whom the Respondent has privileges or any other kind of association; any state agency, in- or out-of-state, with which the Respondent has a provider contract; any in- or out-of-state medical employer, whether or not the Respondent practices medicine there; the state licensing boards of all states in which the Respondent has any kind of license to practice medicine; the Drug Enforcement Administration Boston Diversion Group; and the Massachusetts Department of Public Health Drug Control Program. The Respondent shall also

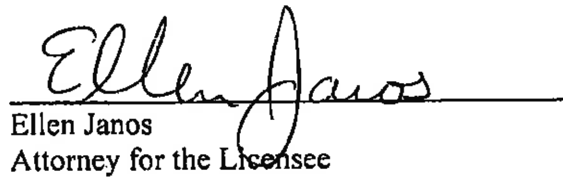
provide this notification to any such designated entities with which he becomes associated for the duration of this suspension. The Respondent is further directed to certify to the Board within ten (10) days that the Respondent has complied with this directive.

The Board expressly reserves the authority to independently notify, at any time, any of the entities designated above, or any other affected entity, of any action it has taken.



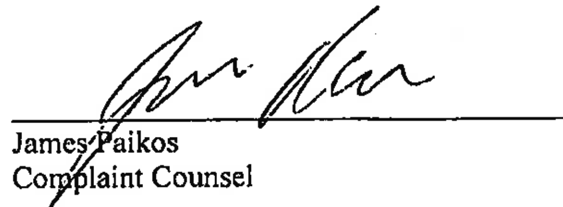
Raymond W. Kam, M.D.
Licensee

4/18/2013
Date



Ellen Janos
Attorney for the Licensee

4/18/03
Date



James Paikos
Complaint Counsel

4/22/13
Date

So ORDERED by the Board of Registration in Medicine this 8th day of May, 2013.

Candace Lapidus Sloane, MD

Candace Lapidus Sloane, M.D.
Board Chair

SENT CERTIFIED MAIL 5/8/13 (mg)

COMMONWEALTH OF MASSACHUSETTS

Middlesex, ss

Board of Registration in Medicine
Docket No. 12-241

In the Matter of)
)
Raymond W. Kam, M.D.)

ORDER

The Board hereby TERMINATES the Respondent's June 26, 2012 Voluntary Agreement Not to Practice Medicine.

Date: May 8, 2013

Candace Lapidus Sloane, MD

Candace Lapidus Sloane, M.D.
Board Chair

SENT CERTIFIED MAIL 5/8/13 mg