

STATE OF MINNESOTA

COUNTY OF RAMSEY

BEFORE THE MINNESOTA  
BOARD OF MEDICAL EXAMINERS

In the Matter of the  
Medical License of  
John P. Curran, MD

STIPULATION  
AND ORDER

IT IS HEREBY STIPULATED AND AGREED, by and between John P. Curran, MD (hereinafter "Respondent"), and the Minnesota Board of Medical Examiners (hereinafter "Board") by George B. Martin, MD, Chairman of the Discipline Committee, as follows:

1. During all times herein, Respondent has been and now is subject to the jurisdiction of the Board from which he holds a license to practice medicine and surgery in the State of Minnesota;

2. For the purpose of this stipulation, the Board may consider the following facts as true:

a. Respondent began treating Patient No. 1 on April 26, 1983, when she was 37 years old. Three months prior she had separated from her abusive husband to whom she had been married for approximately ten years. Respondent initially diagnosed Patient No. 1 as having an adjustment reaction. Later in his treatment of Patient No. 1 he specified the adjustment reaction to be one with anxious mood. Still later in his treatment of Patient No. 1, he added the diagnosis of agoraphobia.

b. Respondent's treatment plan consisted of psychotherapy and Valium. He prescribed Valium, 5 mgs., three times a day based on his observations that the patient had a reduced attention span and her

complaints were suggestive of anxiety. Five milligrams of Valium three times per day is considered a conservative dose.

c. Subsequent to reducing Patient No. 1's Valium, Respondent began to treat the patient with a tricyclic antidepressant, Sinequan, which he continued to prescribe up through February of 1986. The patient was continued on a low dose of Valium at 5 mgs. per day. During the same period medications had a very helpful effect on Patient No. 1's behavior, appearance, insight and her ability to relate to Respondent. At approximately this time, Patient No. 1 reconciled with her husband. Following this, Respondent did not see the patient for seven months but continued to fill the patient's prescriptions by telephone without her seeing him for appointments.

d. On July 28, 1986, Patient No. 1 came back to see Respondent. She reported that she was housebound, very fearful while shopping, and had a fear of encountering people. Respondent's impression was that Patient No. 1 was doing very well mentally except for her avoidant behavior and anticipatory anxiety. She complained that the antidepressants caused her to get bloated, fat and lethargic and did not seem to help her. She indicated that she would like to go on a higher dose of Valium. Respondent increased the patient's Valium to 5 mgs., three times per day, the same dose prescribed earlier in her treatment.

e. On September 10, 1986, the patient indicated that she still needed alcohol to leave home, that the antidepressant Sinequan made her feel too sedated, "like I was in mid-air." Respondent's impression was that Patient No. 1 was worse, using too much alcohol as medication for her agoraphobia. He noted that if there was no substantial improvement in

alcohol use, he would have to withdraw all psychotropic medications and recommend AA. Respondent did not see this patient again until November 23, 1987, a period of 14 months. During the interim he continued to prescribe Valium at 5 mgs. three times a day, by telephone.

f. On October 15, 1987, Respondent learned through the patient's pharmacist that Patient No. 1 was receiving Lithium from another psychiatrist. Respondent continued to refill the Valium prescriptions for another two months.

g. Patient No. 2 was first seen by Respondent on July 13, 1982, when she was 26 years old. She was self-referred. She had previously been seeing another psychiatrist who had diagnosed her as having an anxiety neurosis. This patient had been seen previously by many doctors and, because of this history, Medical Assistance restricted her to seeing one doctor.

h. Patient No. 2 had a variety of complaints when she was first seen by Respondent. The most critical was that of fearfulness and jealousy of other women. She had a very unhappy relationship with an alcoholic and abusive boyfriend and experienced symptoms such as depression, being overweight, rage, fatigue, lack of trust, nervousness, inability to concentrate, and upset stomach. She had an inability to form trusting relationships and had become isolated and withdrawn. Respondent diagnosed Patient No. 2 as having chronic anxiety, secondary to her ability to trust.

i. On August 5, 1982, Respondent prescribed Preludin to Patient No. 2 in response to the patient's request for something to help her

lose weight. The Preludin prescriptions continued through January 16 of 1988, a period of five and one-half years.

j. The 47th Edition of the Physicians Desk Reference states at page 725 as follows:

Preludin is indicated in the management of exogeneous obesity as a short-term (a few weeks) adjunct in a regimen of weight reduction based on caloric restriction. The limited usefulness of agents of this class (see Actions) should be measured against possible risk factors inherent in their use such as those described below. \* \* \* "Warnings," tolerance usually develops within a few weeks. When this occurs, the recommended dose should not be exceeded in an attempt to increase anorexic effect; rather the drug should be discontinued.

k. In administering the Preludin to Patient No. 2, Respondent would take the patient off the Preludin for one week after two or three weeks of use. While on the Preludin, Respondent noticed that this patient became more organized and appropriate and thought a lot "cleaner." Respondent determined that the Preludin was having a paradoxical effect on Patient No. 2; that is, instead of being stimulated, the patient was more relaxed and organized. It was Respondent's retrospective conclusion that the patient had an adult attention disorder.

l. A diagnosis of adult attention disorder has recently been recognized in medical literature. Children who have attention deficit disorders are now recognized to grow up and present with problems that relate to some underlying pathology. The record contains insufficient evidence that Preludin has efficacy in the treatment of childhood attention deficit disorder or adult attention deficit disorder.

m. There is no literature which justifies the use of Preludin for attention deficit disorder and administration of this stimulant was not

in accord with the Physicians Desk Reference. It was not appropriately indicated for this patient's diagnosis of chronic anxiety disorder.

n. Respondent first saw Patient No. 4 on July 26, 1983, when she was 44 years old. She was divorced and self-referred.

o. Patient No. 4 complained of feeling victimized by her ex-husband, her former psychiatrist, and the courts. She was involved in several different court actions and was thinking of suing her former psychiatrist because she felt he had mistreated her with medication and had taken the side of her family against her. Respondent took a detailed history and reviewed her medical records and came to the diagnosis that Patient No. 4 had a serious psychiatric problem which he diagnosed as emotional instability secondary to borderline personality syndrome. He also thought she was very paranoid and delusional.

p. Her medical history also indicated a long history of alcohol abuse and dependency which interfered with her personal and social relationships. However, Respondent determined that it was best to engage in a clarification of her problem and was not yet prepared to recommend that she undergo any time of chemical dependency treatment.

q. Respondent began treating Patient No. 4 with psychotherapy immediately and on September 28, 1983, began prescribing Valium in low doses (approximately 5 mg., three times per day). Respondent noted that Patient No. 4 was less paranoid and less abusive when taking Valium regularly.

r. Respondent interviewed family members of Patient No. 4 who confirmed that she had had problems with alcohol abuse two or three years earlier and continued to use alcohol on an intermittent basis. Her

daughter reported that Patient No. 4's behavior would deteriorate when she would use alcohol. On October 25, 1983, Respondent concluded that Patient No. 4 was alcoholic.

s. Respondent continued to prescribe Valium for Patient No. 4 until May 23, 1986, when it was discontinued. Respondent's last appointment with Patient No. 4 was on March 15, 1985. Respondent saw the patient once more in September of 1985 when he briefly chatted with her in the waiting room of his office. At that point, the patient requested that Respondent give her a note which read: "At present I do not recommend that [Patient No. 4] see me for psychotherapy. Although she truly wants help, when she gets treatment part of her fights against it. Therefore, I am not effective anymore."

t. Despite having terminated his relationship as the patient's therapist and not having seen her for an appointment since March of 1985, Respondent prescribed Valium by telephone for the patient from November 7, 1985 through May 23, 1986. On that date, he prescribed 30 5 mg. tablets to be taken one every four hours, or 20 mg. a day. The telephone prescriptions continued through April 22, 1986, a period of six months, with no intervening office visits.

u. During the course of these telephone refills, Respondent received information that the patient was undergoing evaluation at Abbott-Northwestern for abuse of prescribed drugs on March 2, 1986. Respondent gave the patient five more refills after receiving this information. Respondent also learned from the patient's pharmacist that the patient was obtaining Valium prescriptions from her general practitioner.

v. Patient No. 7 was first seen by Respondent on September 8, 1982, when she was 30 years old. The patient was referred to Respondent by her therapist for a medication evaluation. The therapist's concern was whether Patient No. 7's complaints were due to the medication she was taking or due to anxiety.

w. At the time she first saw Respondent, Patient No. 7 was taking 1500 mg. of Lithium, 30 mg. of Stelazine, and 50 mg. of Benadryl each day. Respondent maintained Patient No. 7 on these medications throughout the time that he saw her. On January 17, 1984, he added the benzodiazepine Valium to her regimen at a dose of 20 mg. per day as needed.

x. Lithium is a mood stabilizing drug used to treat patients who have mood disorders in which the patients are very high or manic at some point and at other points in time are very depressed and low. Lithium is not an innocuous drug. Lithium has a wide range of endocrine effects. Those of greatest clinical concern involve renal function. Lithium is excreted by the kidneys; therefore, it is important to know the condition of the kidneys to determine the appropriate dosage of Lithium in the patient. There is evidence in the medical literature to indicate that Lithium can harm the kidneys over time. Thirty percent of patients on Lithium will show changes associated with hypothyroidism and ten percent of those patients will develop hypothyroidism. A physician must establish a thyroid function baseline to determine whether there is a problem with hypothyroidism with continued treatment with Lithium. Lithium also will reversibly elevate white blood cells. Although this is a benign effect, the

physician needs to know what the baseline white cell count is at the outset of treatment.

y. After baseline studies are obtained, the frequency of monitoring these functions depends upon the patient. Three months, six months, or a year may be reasonable lengths of time between tests for thyroid function and renal function and the monitoring of white blood cell counts. Monitoring of weight, blood pressure, pulse, deep tendon reflexes and palpable thyroid size at least annually is an appropriate substitute for laboratory testing of thyroid and renal function.

z. In addition to the baseline kidney function, thyroid function and white blood cell count, a physician needs to monitor the patient's Lithium serum level. Lithium is an easy substance to measure in the blood. As a result, there is excellent evidence as to the appropriate range for therapeutic effects and for toxicity. Therapeutic effects occur within a range roughly from 0.6 to 1.2 mcg. per liter of serum blood. Beyond 1.2 to 1.4 mcg. patients begin to have dose dependent side effects which may range from gastrointestinal problems to death when the serum level is very high. Accordingly, it is best to be at the lower end of the therapeutic range to avoid dose dependent effects. In addition, the dose dependent effects also are more likely to cause kidney impairment.

aa. When Respondent first saw Patient No. 7, he did not do any baseline thyroid function, kidney function, or white blood cell counts. Nor did he measure her serum Lithium levels. Patient No. 7 told Respondent that she had had blood testing done at Hennepin County General Hospital and the results were unremarkable. However, he did not



obtain this data from Hennepin County and there is no entry in his medical records of this data.

bb. Throughout Patient No. 7's treatment with Respondent, he did not monitor her kidney function, thyroid function, or white blood cell count. Nor did he monitor the patient's weight, blood pressure, pulse, deep tendon reflexes, or palpable thyroid size. He did observe the patient for any obvious clinical signs of thyroid malfunction.

cc. Respondent did obtain serum Lithium levels of Patient No. 7 on October 8, 1982, September 17, 1983, and January 3, 1984. However, the October 8, 1982 monitoring was a review of the patient's blood testing done at Hennepin County General Hospital. No specific notation of the blood level is contained in the medical records of Respondent.

dd. Patient No. 10 first saw Respondent on October 8, 1984, when she was 30 years old. She was self-referred. The patient described herself as disabled by insomnia for many years and requested a referral to the Minnesota Sleep Center. At the time she first saw Respondent, she was employed in a salaried position as a telephone solicitor.

ee. Respondent took a history of this patient wherein she described symptoms of anxiety, panic, self-conscious feelings, and avoidant behavior. In the last year, she had seen a psychiatrist at the University of Minnesota off and on. She had tried medications for depression and sleep but reported no benefit.

ff. On the date of her first appointment, Respondent instituted drug therapy by giving the patient a prescription for 30 5 mg. tablets of Valium. He referred her for a sleep EEG and obtained her

records from the University of Minnesota. Respondent determined that Valium at night for this patient would assist her with her sleep problems and reduce the possibility of panic attacks.

gg. Respondent did not see the patient again until February 19, 1985. In the meantime, he refilled her Valium prescription by telephone on November 15, 1984, January 4, 1985, and February 12, 1985.

hh. Medicaid program records indicate that Respondent provided the patient with renewal prescriptions for Valium from February 25, 1985, through November 11, 1985, a period of nine months. Respondent's records for Patient No. 10 do not reflect these prescriptions nor do they indicate any office contact with the patient during this nine-month period. Respondent's records for this patient do indicate that on December 13, 1985, he refilled a Valium prescription for this patient and continued to refill the prescription by phone until February 27, 1987, with no intervening office appointments.

3. The Board views Respondent's practices as inappropriate in such a way as to require Board action under Minn. Stat. § 147.091, subd. 1(g), and (k) (1988) and Respondent agrees that the conduct cited above constitutes a reasonable basis in law and fact to justify the disciplinary action;

4. Upon this stipulation and all of the files, records, and proceedings herein, and without any further notice or hearing herein, Respondent does hereby consent that until further order of the Board, made after notice and hearing upon application by Respondent or upon the Board's own motion, the Board may make and enter an order conditioning and restricting Respondent's license to practice medicine and surgery in the State of Minnesota as follows:

a. Until he has successfully completed a continuing medical education course of an intensive nature in the area of pharmacology, Respondent is prohibited from prescribing, administering, or dispensing scheduled substances unless he creates a daily record of each scheduled substance prescribed and reviews the record weekly with a physician approved by the Board (hereinafter "supervising physician").

b. The pharmacology course must be approved in advance by the Board. Successful completion shall be determined by the Board and shall be based on an examination to be administered to Respondent.

c. Upon successful completion of an approved pharmacology course, the prohibition against Respondent's prescribing of scheduled substances shall be removed. Respondent's authority to prescribe scheduled substances, however, shall be conditioned upon his maintaining a daily record of his prescriptions for scheduled substances. This record shall list the patient, reason for the prescription, the drug, quantity, dose, and whether any refills are authorized;

d. Respondent's prescribing shall be reviewed on a monthly basis with the supervising physician. If the supervising physician disagrees with Respondent's prescribing, Respondent shall change his prescribing to conform to the supervising physician's recommendations;

e. The supervising physician shall provide a monthly report to the Board indicating that he has reviewed all of Respondent's prescriptions for scheduled substances and shall indicate whether he approved of the prescriptions which were written. The supervising physician shall specifically note any prescription about which he has

questions or concerns and shall specifically indicate the nature of his concern;

f. Respondent shall meet on a quarterly basis with a designated Board member. Such meetings shall take place at a time mutually convenient to Respondent and the designated Board member. It shall be Respondent's obligation to contact the designated Board member to arrange each of the quarterly meetings. The purpose of such meetings shall be to review Respondent's daily prescription record as well as his progress under the terms of this stipulation and order.

g. Respondent shall pay to the Board a civil penalty of \$2,500.

h. One year from the date of the order herein, Respondent may petition the Board for relief from or modification of the above conditions. In reviewing the petition, the Board shall consider whether it demonstrates Respondent's compliance with the terms of the order herein and whether the supervising physician and the monitoring Board member concur in and support the requested relief from or modification of the above conditions.

5. Save for this stipulation and order, Respondent and the Board agree not to disclose the records and proceedings of this matter.

6. If Respondent shall fail, neglect, or refuse to fully comply with each of the terms, provisions, and conditions herein, the license of Respondent to practice medicine and surgery in the State of Minnesota may be suspended immediately upon written notice by the Board to Respondent, such a suspension to remain in full force and effect until Respondent shall petition the Board to terminate the suspension after a hearing. Nothing contained herein shall prevent the Board from revoking or

suspending Respondent's license to practice medicine and surgery in the State of Minnesota after any such hearing;

7. In the event the Board in its discretion does not approve this settlement, this stipulation is withdrawn and shall be of no evidentiary value and shall not be relied upon nor introduced in any disciplinary action by either party hereto except that Respondent agrees that should the Board reject this stipulation and if this case proceeds to hearing, Respondent will assert no claim that the Board was prejudiced by its review and discussion of this stipulation or of any records relating hereto;

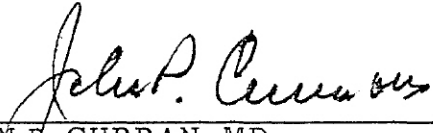
8. In the event Respondent should leave Minnesota to reside or practice outside the state, Respondent shall promptly notify the Board in writing of the new location as well as the dates of departure and return. Periods of residency or practice outside of Minnesota will not apply to the reduction of any period of Respondent's suspended, limited, or conditioned license in Minnesota unless Respondent demonstrates that practice in another state conforms completely with Respondent's Minnesota license to practice medicine;

9. Respondent waives any further hearings on this matter before the Board to which Respondent may be entitled by Minnesota or United States constitutions, statutes, or rules and agrees that the order to be entered pursuant to the stipulation shall be the final order herein;

10. Respondent hereby acknowledges that he has read and understands this stipulation and has voluntarily entered into the stipulation without threat or promise by the Board or any of its members, employees, or agents. This stipulation

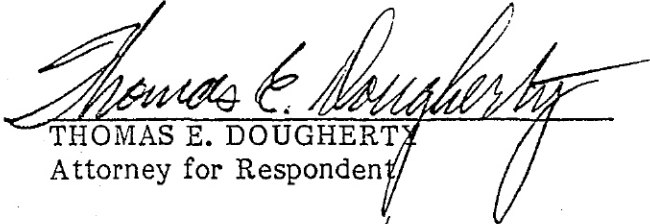
contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this stipulation.

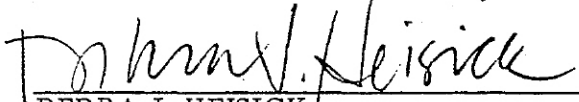
Dated: 1/25, 1989

  
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JOHN F. CURRAN, MD  
Respondent

Dated: January 27, 1989

  
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CATHERINE E. AVINA  
Attorney for Board

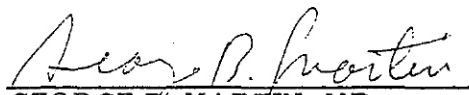
  
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THOMAS E. DOUGHERTY  
Attorney for Respondent

  
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DEBRA J. HEISICK  
Attorney for Respondent

Upon consideration of this stipulation and all the files, records, and proceedings herein,

IT IS HEREBY ORDERED that the terms of this stipulation are adopted and implemented by the Board this 16 day of March, 1989.

MINNESOTA BOARD OF  
MEDICAL EXAMINERS

  
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GEORGE B. MARTIN, MD  
Chairman, Discipline Committee

STATE OF MINNESOTA )  
 ) ss.  
 COUNTY OF HENNEPIN )

Charlotte D. Sommers, being first duly sworn upon oath, deposes and says:

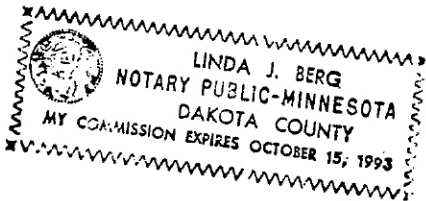
That at the City of Minneapolis, county and state aforementioned, on the 28th day of March, 1989, she served the attached SETTLEMENT STIPULATION AND ORDER by depositing in the United States mail at said city, a true and correct copy thereof, properly enveloped, with first class postage prepaid, and addressed to:

Mr. Thomas E. Dougherty  
 Ms. Debra J. Heisick  
 Mahoney, Dougherty, and Mahoney  
 801 Park Avenue  
 Minneapolis, MN 55404-1189

*Charlotte D. Sommer*

Subscribed and sworn to before me  
 this 28<sup>th</sup> day of March, 1989.

*Linda J. Berg*



Re: In the Matter of the Medical License of John P. Curran, MD

BEFORE THE MINNESOTA  
BOARD OF MEDICAL PRACTICE

In the Matter of the  
Medical License of  
John P. Curran, M.D.

Date of Birth: 3-15-35  
License Number: 17,047

ORDER OF  
UNCONDITIONAL LICENSE

The Minnesota Board of Medical Practice (hereinafter "Board"), having convened on March 13, 1993, to review the petition of John P. Curran, M.D. (hereinafter "Respondent"), for reinstatement of an unconditional license to practice medicine and surgery, and having determined that Respondent complied with and fulfilled the Order issued by the Board on March 16, 1989, does hereby issue the following ORDER:

IT IS HEREBY ORDERED that an unconditional license to practice medicine and surgery in the State of Minnesota be conferred upon Respondent, such license to carry all duties, benefits, responsibilities, and privileges inherent therein through Minnesota statute and rule.

Dated: 3/13, 1993.

STATE OF MINNESOTA  
BOARD OF MEDICAL PRACTICE

*H. Edward Bohne*



AFFIDAVIT OF SERVICE BY MAIL

Re: In the Matter of the Medical License  
of John P. Curran, M.D.  
License Number: 17,047

STATE OF MINNESOTA)  
COUNTY OF RAMSEY ) ss.

Kathleen T. Schlangen, being first duly sworn, hereby deposes and says:

That at the City of Saint Paul on March 16, 1993, she served the attached Order of Unconditional License by depositing in the United States mail at said City of St. Paul, a true and correct copy thereof, properly enveloped, with first class postage prepaid, and addressed to:

John P. Curran, M.D.  
410 Interchange W  
435 Ford Road  
Minneapolis, MN 55426

*Kathleen T. Schlangen*

Subscribed and Sworn to before me  
this 16th day of March, 1993.

*Jane Hagedorn*  
NOTARY PUBLIC

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JANE H. GEDORN  
NOTARY PUBLIC-MINNESOTA  
RAMSEY COUNTY  
MY COMMISSION EXPIRES OCTOBER 28, 1997  
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