



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

RE: Michael G. Deming, MD,
Docket No.: 06-02-A-1096MD
Document: Statement of Allegations

Regarding your request for information about the above-named practitioner, certain information may have been withheld pursuant to Washington state laws. While those laws require that most records be disclosed on request, they also state that certain information should not be disclosed.

The following information has been withheld:

The identity of the complainant if the person is a consumer, health care provider, or employee, pursuant to RCW 43.70.075 (Identity of Whistleblower Protected) and/or the identity of a patient, pursuant to RCW 70.02.020 (Medical Records - Health Care Information Access and Disclosure)

If you have any questions or need additional information regarding the information that was withheld, please contact:

Customer Service Center
P.O. Box 47865
Olympia, WA 98504-7865
Phone: (360) 236-4700
Fax: (360) 586-2171

You may appeal the decision to withhold any information by writing to the Deputy Secretary, Department of Health, P.O. Box 47890, Olympia, WA 98504-7890.

**STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION**

In the Matter of the License to Practice
as a Physician and Surgeon of

MICHAEL G. DEMING, MD,
License No. MD00016655

Respondent.

Docket No. 06-02-A-1096MD

**STATEMENT OF ALLEGATIONS
AND SUMMARY OF EVIDENCE**

The Health Services Consultant of the Medical Quality Assurance Commission (Commission), on designation by the Commission, makes the allegations below, which are supported by evidence contained in program file number 2003-09-0046MD. The patient referred to in this Statement of Allegations and Summary of Evidence is identified in the attached Confidential Schedule.

Section 1: ALLEGED FACTS

1.1 Michael G. Deming, MD, Respondent, was issued a license to practice as a Physician and Surgeon by the state of Washington in July 1978. Respondent's license is currently active.

1.2 Respondent treated Patient A beginning in 1992, when Patient A was 18 years old, through May 2002.

1.3 Patient A died on May [REDACTED] 2002. Pathological findings from Patient A's autopsy report include Desipramine intoxication and electrolyte imbalance. Elevated levels of Desipramine have been associated with cardiac arrhythmias and sudden death.

1.4 Respondent diagnosed Patient A in 1992 as Panic Disorder with Agoraphobia. Patient A was taking Desipramine 300 mg at that time.

1.5 Respondent periodically increased Patient A's dosage of Desipramine to 550 mg. An EKG performed at this dosage was read as abnormal with first degree AV block and a widened QRS.

1.6 Respondent did not see Patient A in follow-up from April 1995 through February 1997 and no EKG or blood testing was performed during that time period, though Respondent continued to prescribe Desipramine 550 mg.

1.7 In February 1997 Respondent ordered an EKG for Patient A; however, Patient A did not comply with the order.

1.8 Respondent did not see Patient A in follow-up from February 1997 through February 1999 and no EKG or blood testing was performed during that time period, though Respondent continued to prescribe Desipramine 550 mg.

1.9 Respondent did not see Patient A in follow-up from February 1999 through June 2001 and no EKG or blood testing was performed during that time period, though Respondent continued to prescribe Desipramine 550 mg.

1.10 In June 2001 Respondent ordered an EKG for Patient A; however, Patient A did not comply with the order. Respondent continued to prescribe Desipramine.

1.11 In February 2002 Respondent ordered an EKG for Patient A; however, Patient A did not comply with the order. Respondent continued to prescribe Desipramine.

1.12 Respondent's medical records for Patient A are irregular and disorganized. Pages are not consecutively numbered, notes are inserted into the handwritten reports and margins in different pen and ink, handwritten reports and notes are illegible, and assessment and diagnosis notes are inadequate.

Section 2: SUMMARY OF EVIDENCE

- 2.1 Investigation files in Case No. 2003-09-0046MD.
- 2.2 Medical records and autopsy report for Patient A.
- 2.3 Medical record review by George Vlahakis, Jr., MD, dated April 26, 2005.
- 2.3 Respondent's written statement dated November 5, 2003.

Section 3: ALLEGED VIOLATIONS

3.1 The facts alleged in Section 1, if proven, would constitute unprofessional conduct in violation of RCW 18.130.180(4), which provides in part:

RCW 18.130.180 Unprofessional conduct. The following conduct, acts, or conditions constitute unprofessional conduct for any license holder or applicant under the jurisdiction of this chapter:

* * *

(4) Incompetence, negligence, or malpractice which results in injury to a patient or which creates an unreasonable risk that a patient may be harmed. The use of a nontraditional treatment by itself shall not constitute unprofessional conduct, provided that it does not result in injury to a patient or create an unreasonable risk that a patient may be harmed;

* * *

Section 4: NOTICE TO RESPONDENT

4.1 The Commission has determined that this case may be appropriate for resolution through a Stipulation to Informal Disposition pursuant to RCW 18.130.172(2). A proposed Stipulation to Informal Disposition is attached, which contains the disposition the Commission believes is necessary to address the conduct alleged in this Statement of Allegations and Summary of Evidence.

4.2 If Respondent agrees that the disposition imposed by the Stipulation to Informal Disposition is appropriate, Respondent should sign and date the Stipulation to Informal Disposition and return it within fourteen (14) days to the Department of Health Legal Unit, Attn:Carolynn Bradley, PO Box 47873, Olympia, WA 98504-7873.

4.3 If Respondent does not agree that the terms and conditions contained in the Stipulation to Informal Disposition are appropriate, Respondent should contact, Lawrence J. Berg, Department of Health Staff Attorney, PO Box 47873, Olympia, WA 98504-7873, (360) 236-4695, within fourteen (14) days.

4.4 If Respondent does not respond within fourteen (14) days, the Commission will assume Respondent has declined to resolve the allegations by means of a Stipulation to Informal Disposition.

4.5 If Respondent declines to resolve the allegations by means of a Stipulation to Informal Disposition pursuant to RCW 18.130.172(2), the Commission may proceed to formal disciplinary action against Respondent by filing a Statement of Charges, pursuant to RCW 18.130.172(3).

4.6 The cover letter enclosed with this Statement of Allegations and Summary of Evidence was mailed to the name and address currently on file for Respondent's license. Pursuant to WAC 246-11-060, Respondent must notify, in writing, the Commission if Respondent's name and/or address changes.

DATED: 28th day of February, 2006.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION



LISA NOONAN
HEALTH SERVICES CONSULTANT



Lawrence J. Berg, WSBA#22334
Department of Health Staff Attorney

FOR INTERNAL USE ONLY:

PROGRAM NO. 2003-09-0046MD

CONFIDENTIAL SCHEDULE

This information is confidential and is NOT to be released without the consent of the individual or individuals named herein. RCW 42.17.310(1)(d).

Patient A





STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

RE: Michael G. Deming, MD,
Docket No.: 06-02-A-1096MD
Document: Informal Disposition

Regarding your request for information about the above-named practitioner, certain information may have been withheld pursuant to Washington state laws. While those laws require that most records be disclosed on request, they also state that certain information should not be disclosed.

The following information has been withheld:

The identity of the complainant if the person is a consumer, health care provider, or employee, pursuant to RCW 43.70.075 (Identity of Whistleblower Protected) and/or the identity of a patient, pursuant to RCW 70.02.020 (Medical Records - Health Care Information Access and Disclosure)

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**STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION**

In the Matter of the License to Practice
as a Physician and Surgeon of

MICHAEL G. DEMING, MD,
License No. MD00016655

Respondent.

Docket No. 06-02-A-1096MD

**STIPULATION TO INFORMAL
DISPOSITION**

Section 1: STIPULATION

The parties to the above-entitled matter stipulate as follows:

1.1 Michael G. Deming, MD, Respondent, is informed and understands that the Health Services Consultant of the Medical Quality Assurance Commission (Commission), on designation by the Commission, has made the following allegations.

A. Michael G. Deming, MD, Respondent, was issued a license to practice as a Physician and Surgeon by the state of Washington in July 1978. Respondent's license is currently active.

B. Respondent treated Patient A beginning in 1992, when Patient A was 18 years old, through May 2002.

C. Patient A died on May 2002. Pathological findings from Patient A's autopsy report include Desipramine intoxication and electrolyte imbalance. Elevated levels of Desipramine have been associated with cardiac arrhythmias and sudden death.

D. Respondent diagnosed Patient A in 1992 as Panic Disorder with Agoraphobia. Patient A was taking Desipramine 300 mg at that time.

E. Respondent periodically increased Patient A's dosage of Desipramine to 550 mg. An EKG performed at this dosage was read as abnormal with first degree AV block and a widened QRS.

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F. Respondent did not see Patient A in follow-up from April 1995 through February 1997 and no EKG or blood testing was performed during that time period, though Respondent continued to prescribe Desipramine 550 mg.

G. In February 1997 Respondent ordered an EKG for Patient A; however, Patient A did not comply with the order.

H. Respondent did not see Patient A in follow-up from February 1997 through February 1999 and no EKG or blood testing was performed during that time period, though Respondent continued to prescribe Desipramine 550 mg.

I. Respondent did not see Patient A in follow-up from February 1999 through June 2001 and no EKG or blood testing was performed during that time period, though Respondent continued to prescribe Desipramine 550 mg.

J. In June 2001 Respondent ordered an EKG for Patient A; however, Patient A did not comply with the order. Respondent continued to prescribe Desipramine.

K. In February 2002 Respondent ordered an EKG for Patient A; however, Patient A did not comply with the order. Respondent continued to prescribe Desipramine.

L. Respondent's medical records for Patient A are irregular and disorganized: pages are not consecutively numbered, notes are inserted into the handwritten reports and margins in different pen and ink, handwritten reports and notes are illegible, and assessment and diagnosis notes are inadequate.

1.2 Respondent is informed and understands that a finding of unprofessional conduct, based on the alleged facts, if proven, would constitute grounds for discipline pursuant to RCW 18.130.180(4).

1.3 The parties wish to resolve this matter by means of a Stipulation to Informal Disposition pursuant to RCW 18.130.172(1).

1.4 Respondent agrees to be bound by the terms and conditions of the Stipulation to Informal Disposition.

1.5 This Stipulation to Informal Disposition is of no force and effect and is not binding on the parties unless and until it is accepted by the Commission.

1.6 Respondent does not admit any of the allegations in the Statement of Allegations and Summary of Evidence or in paragraph 1.1 above. This Stipulation to Informal Disposition (Stipulation) shall not be construed as a finding of unprofessional conduct or inability to practice.

1.7 This Stipulation is not formal disciplinary action. However, It is subject to the federal reporting requirements pursuant to Section 1128E of the Social Security Act and 45 CFR Part 61 and any other applicable interstate/national reporting requirements. It is a public document and will be available on the Department of Health web site.

1.8 This Stipulation is releasable to the public upon request pursuant to the Public Records Act, chapter 42.17 RCW. The Statement of Allegations and Summary of Evidence and the Stipulation to Informal Disposition shall remain part of Respondent's file and cannot be expunged.

1.9 The Commission agrees to forego further disciplinary proceedings concerning the allegations contained in paragraph 1.1 above.

1.10 Respondent agrees to successfully complete the terms and conditions of this informal disposition.

1.11 Respondent is advised and understands that a violation of the provisions of Section 2 of this Stipulation to Informal Disposition, if proven, would constitute grounds for discipline under RCW 18.130.180 and the imposition of sanctions under RCW 18.130.160.

Section 2: INFORMAL DISPOSITION

Pursuant to RCW 18.130.172(2) and based upon the above stipulation, the parties agree to the following Informal Disposition:

2.1 Respondent shall submit a type written report of at least 1,500 words regarding toxicity caused by high doses of tricyclic/tricyclics, physiological risks associated with tricyclic/tricyclics intoxication, monitoring methods for tricyclic/tricyclics intoxication, and how to manage patients who either fail or refuse to comply with physician orders. This report must be submitted to the Commission for review and approval no later than sixty (60) days from the effective date of this Stipulation.

2.2 Respondent shall reimburse costs to the Commission in the amount of one thousand dollars (\$1,000.00) which must be received by the Commission within ninety (90) days of the effective date of this Stipulation. The reimbursement shall be made to the following address:

Department of Health
Accounting Department
Post Office Box 1099
Olympia, Washington 98507-1099.

2.3 Respondent must maintain patient medical records in a regular and organized fashion, including, but not limited to: all reports and notes must be legible; all assessment and diagnoses must follow the SOAP format; all medical chart pages must be separately consecutively numbered; and all reports and notes must be sequential and chronological – treatment notes must not be inserted into the text or margins.

2.4 Respondent agrees that a representative of the Commission will make two unannounced semi-annual visits to Respondent's office in order to monitor compliance with this Stipulation. The representative will select six patient names at random from Respondent's appointment log and review all related patient records. The representative also may interview Respondent and Respondent's employees. Respondent agrees to cooperate during these practice reviews and to permit the investigator to review and copy patient records.

2.5 The Commission will terminate this Stipulation one year after its effective date without any appearance or request by Respondent upon finding that Respondent has fully complied with the terms of this Stipulation to Informal Disposition.

2.6 Respondent shall obey all federal, state and local laws and all administrative rules governing the practice of the profession in Washington.

2.7 Respondent shall assume all costs of complying with this Stipulation.

2.8 If Respondent violates any provision of this Stipulation in any respect, the Commission may take further action against Respondent's license.

2.9 Respondent shall inform the Commission and the Adjudicative Service Unit in writing, of changes in his residential and/or business address within thirty (30) days of such change.

2.10 The effective date of this Stipulation to Informal Disposition is that date the Adjudicative Services Unit places the signed document into the U.S. mail. Respondent shall not submit any fees or compliance documents until after the effective date of the Stipulation.

Section 3: ACKNOWLEDGMENT

I, Michael G. Deming, MD, Respondent, certify that I have read this Stipulation to Informal Disposition in its entirety; that my counsel of record, if any, has fully explained the legal significance and consequence of it; that I fully understand and agree to all of it; and that it may be presented to the Commission without my appearance. If the Commission accepts the Stipulation to Informal Disposition, I understand that I will receive a signed copy.

Mike Deming MD

Michael G. Deming, MD
Respondent

2 MARCH 2006

Date

Teri M. Dettmer, WSBA#11677
Attorney for Respondent

Date

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Section 4: ACCEPTANCE

The Commission accepts this Stipulation to Informal Disposition. All parties shall be bound by its terms and conditions.

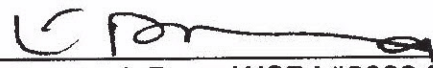
DATED: April 27, 2006.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION



PANEL CHAIR

Presented by:



Lawrence J. Berg, WSBA#22334
Department of Health Staff Attorney

April 27, 2006

Date

FOR INTERNAL USE ONLY:

PROGRAM NO. 2003-09-0046MDMD



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

RE: Michael G. Deming MD
Docket No.: 06-02-A-1096MD
Document: Release from Stipulation to Informal Disposition

Regarding your request for information about the above-named practitioner, certain information may have been withheld pursuant to Washington state laws. While those laws require that most records be disclosed on request, they also state that certain information should not be disclosed.

The following information has been withheld:

Respondent's residential address, including street, city, and zip code pursuant to RCW 42.56.350(2)

If you have any questions or need additional information regarding the information that was withheld, please contact:

Customer Service Center
P.O. Box 47865
Olympia, WA 98504-7865
Phone: (360) 236-4700
Fax: (360) 586-2171

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

September 04, 2007

FILED
SEP 05 2007
Adjudicative Clerk Office

Michael G. Deming MD
[REDACTED]

Re: Docket No. 06-02-A-1096MD
Credential No. MD 16655
Program Case No. 2003-09-0046MD

Dear Dr. Deming:

This letter is to officially inform you and other interested parties that the Medical Quality Assurance Commission has released you from the requirements of the *Stipulation to Informal Disposition (STID)* signed on April 27, 2006. You have demonstrated satisfactory compliance with the terms and conditions of the agreement. You are now released from the requirements of the STID effective upon receipt of this letter.

The Department of Health Medical Quality Assurance Commission wishes you well in your future endeavors as a physician and surgeon.

If you have any questions concerning this matter, please contact me at the number listed below or write to the Department of Health, Medical Program Health Profession Section 5, PO Box 47866, Olympia, WA 98504-7866 or fax to 360.236.4768.

Sincerely,

Dan Newman
Program Manager
360 236.4793

c: Frederick Dore MD Reviewing Commissioner
Larry Berg Staff Attorney
Adjudicative Service Unit

