

STATE OF WISCONSIN
BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF THE DISCIPLINARY :
PROCEEDINGS AGAINST :
 : FINAL DECISION AND ORDER
DONALD F. STONEFELD, M.D., : Case No. LS0508171MED
RESPONDENT. :

[Division of Enforcement Case No. 02 MED 315]

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Donald F. Stonefeld, M.D.
1120 Woodland Drive
Rhineland, WI 54501

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Wisconsin Medical Examining Board
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

A disciplinary complaint and notice of hearing were filed with an Administrative Law Judge and served upon the Respondent on August 17, 2005. A hearing on the allegations is scheduled for March 7-9, 2006.

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Wisconsin Medical Examining Board. The Board has reviewed this Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Donald F. Stonefeld, M.D., Respondent, date of birth March 3, 1936, is licensed and currently registered by the Medical Examining Board to practice medicine and surgery in the state of Wisconsin, pursuant to license number 35255, which was first granted March 25, 1994.
2. Respondent's last address reported to the Department of Regulation and Licensing is 1120 Woodland Drive, Rhineland, WI 54501.
3. Respondent specializes in the area of psychiatry.
4. During the events of this matter, Respondent was the medical director at Gogebic County Community Mental Health (CMH) in Wakefield, Michigan, where he worked approximately three days per week. At that facility, Respondent's responsibilities included providing prescription services, supervision of medical care, counseling and case management.

5. On May 3, 2002, Ms. A, who was then 50 years old, went to CMH seeking mental health services. Ms. A had previously received in-patient treatment for depression at CMH in 1984 and in-patient treatment there in 1993 for treatment of Bipolar Disorder.

6. Ms. A was seen by a clinical social worker and reported a history of Bipolar Disorder, for which she was taking medication, with the last manic episode a month earlier. She also reported chronic Post Traumatic Stress Disorder from childhood sexual abuse and physical abuse. She also reported she had been separated from her husband for a year and was in a sexual relationship with another man.

7. The clinical social worker diagnosed Bipolar I Disorder, Kleptomania, Alcohol Abuse in full remission for 8 years. He recommended that Ms. A begin psychotherapy with him, to which she agreed. He also referred Ms. A to Respondent for a psychiatric consultation.

8. Ms. A saw Respondent on May 23, 2002, for the psychiatric consultation. Respondent reviewed Ms. A's treatment record and they discussed: her strong urge to shoplift, her history of Bipolar Disorder, obsessive/compulsive behavior and past periods of excessive alcohol consumption, her history of being an incest victim, her frequency of masturbation and other sexual activities. Respondent diagnosed Ms. A with Bipolar Disorder, Post Traumatic Stress Disorder (PTSD), Obsessive/Compulsive Disorder and Personality Disorder, NOS. He reviewed and made adjustments to Ms. A's medications and made a return appointment on June 12 for medication management.

9. Two weeks after the consultation, Respondent called Ms. A at her home. He told Ms. A that he wanted to see her socially, but that in order for them to see each other, she would have to stop being his patient. Ms. A claims she was confused but flattered that Respondent would be attracted to her. Ms. A told Respondent that she would see him at her next appointment on June 12.

10. On June 11, 2002, Respondent again called Ms. A. Ms. A told him she had decided not to have therapy or be his patient because she wanted to see him socially. Respondent told her they would discuss it at her appointment the next day.

11. When Ms. A arrived for her appointment on June 12, 2002, Respondent hugged her. He noted in the record that she was bright and orientated, had no delusions or hallucinations and had decided not to pursue counseling at that time and that she would not be returning. He also provided her with an order for laboratory work to determine her Lithium level, gave her a 3-

month supply of medication and instructed her to follow up on medication with her primary care provider. Then he asked Ms. A if they could get together on Tuesday, June 18, 2002 and Ms. A agreed to do so.

12. Ms. A says that following the June 12 appointment, she became anxious, could not sleep and felt shame about meeting Respondent. Ms. A discussed the situation with friends at that time. Ms. A came to believe that the arranged meeting would be about sex and she had “ugly thoughts.” The morning of June 18, 2002, Respondent called Ms. A and left a recorded message on her answering machine that he would be done with work around 5:00 p.m. and they could get together then. Ms. A says that when she heard the message, she felt nervous, scared and disgusted. She did not return Respondent’s call and never met with him for a personal relationship. Respondent did not call again.

13. Ms. A never returned to CMH after June 12, 2002 because of concerns regarding Respondent. She says she felt she was without a doctor and there was no one else she could see near her community. Ms. A did not seek psychotherapy or other treatment from any mental health care provider until October 16, 2002, when she was admitted as an in-patient for three days at Memorial Medical Center in Ashland, Wisconsin.

14. Respondent’s conduct, as set out above, violated appropriate relationship boundaries between a psychiatrist and the psychiatrist’s patient.

15. By agreement with the Division of Enforcement and at his own expense, Respondent was evaluated in December 2005 by Gary Schoener, a Minneapolis psychologist with extensive experience evaluating health care providers who have had issues with professional boundaries. The January 27, 2006 report of the evaluation concludes to a reasonable degree of professional certainty:

- a. Respondent does not have any psychological disorder.
- b. Respondent, as a result of having taken continuing education in the area of professional boundaries, has a good understanding of the subject and does not require further education in the area.
- c. Respondent can safely practice medicine and surgery without limitation.

CONCLUSIONS OF LAW

1. The Wisconsin Medical Examining Board has jurisdiction over this matter pursuant to Wis. Stat. § 448.02(3) and authority to enter into this stipulated resolution of this matter pursuant to Wis. Stat. § 227.44(5).

2. Respondent violated Wis. Adm. Code § MED 10.02(2)(h) and is therefore subject to discipline pursuant to Wis. Stat. § 448.02(3).

ORDER

NOW, THEREFORE, IT IS HEREBY ORDERED:

- 1. Donald F. Stonefeld, M.D., is hereby REPRIMANDED for the above conduct.
- 2. Respondent shall, within 60 days of the date of this Order, pay \$3,650.00 to the Department of Regulation and Licensing, which represents the costs of this proceeding.
- 3. Payment shall be sent to:

Department Monitor
Department of Regulation and Licensing
Division of Enforcement
1400 East Washington Ave.
P.O. Box 8935
Fax (608) 266-2264
Telephone (608) 267-3817
Madison, WI 53708-8935

4. In the event that Respondent fails to pay costs as ordered, Respondent’s license SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Wisconsin Medical Examining Board

By: Bhupinder Saini
A Member of the Board

3/15/06
Date

STATE OF WISCONSIN
BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF THE DISCIPLINARY :
PROCEEDINGS AGAINST :
 : DLSC Case No. 13 MED 082
DONALD F. STONEFELD, M.D., :
RESPONDENT. :

0002454

ORDER OF SUMMARY SUSPENSION

The Petition for Summary Suspension of May 13, 2013, was noticed to be presented at 8:15 a.m. or as soon thereafter as the matter could be heard, on May 15, 2013. At that time, Sandra L. Nowack appeared for the Petitioner, Department of Safety and Professional Services, Division of Legal Services and Compliance (Division).

The Wisconsin Medical Examining Board (Board), having considered the sworn May 13, 2013, Petition for Summary Suspension; the Affidavit of Consumer Protection Investigator Kelley Sankbeil as evidence; the May 14, 2013, Paralegal Beth Cramton's Affidavit of Service of Notice of Presentation and Petition for Summary Suspension, certifying that a true and accurate copy of the Notice of Presentation of Petition for Summary Suspension, Petition for Summary Suspension and Affidavit of Kelley Sankbeil were sent by electronic mail (received by Respondent's attorney on May 13, 2013) and having heard the arguments of counsel, hereby makes the following:

FINDINGS OF FACT

1. Respondent Donald F. Stonefeld, M.D., (dob March 3, 1936), is licensed in the State of Wisconsin to practice medicine and surgery, having license number 35255-20, first issued on March 25, 1994, with registration current through October 31, 2013. Respondent's most recent address on file with the Wisconsin Department of Safety and Professional Services (Department) is 1120 Woodland Drive, Rhinelander, Wisconsin 54501.

2. Respondent practices psychiatry, but he is not certified by any board recognized by the American Board of Medical Specialties.

PRIOR DISCIPLINE 02 MED 315

3. On March 15, 2006, in case number 02 MED 315, the Wisconsin Medical Examining Board issued an Order in which it concluded that Respondent had violated Wis. Admin. Code § Med 10.02(2)(h). The Board reprimanded Respondent and required him to pay the costs. The discipline was ordered pursuant to a stipulated agreement.

4. Respondent's prior discipline was based on his interactions with a fifty year-old female patient, Patient A. Respondent diagnosed Patient A with bipolar disorder, obsessive/compulsive behavior, post traumatic stress disorder and a personality disorder, nos. During their first interview Respondent discussed Patient A's history as an incest victim, her sexual behavior, and prior abuse of alcohol. Respondent issued prescriptions and scheduled another appointment for medication management.

5. Within two weeks of the first meeting, Respondent called Patient A at home and told her that he wanted to see her socially. He explained that he could not see her socially if she was a patient.

6. The day before Patient A's second appointment with Respondent, he called her again. Patient A told Respondent she had decided to terminate their professional relationship, so she could see him socially. Respondent told her they would discuss it the next day at her appointment.

7. The next day Respondent saw Patient A in his office. He hugged her, documented her mental status, ordered lab work and provided a three-month supply of medication. He documented that she had decided to end therapy and instructed her to follow up with her primary care provider for medication needs. He then asked to get together with Patient A within the next week.

8. Respondent called Patient A on the date they had agreed to meet and said he would be off work around 5:00 p.m., and they could get together then.

9. Patient A did not meet Respondent as planned because she felt anxious, disgusted and frightened. She did not seek additional psychotherapy until four months later when she was hospitalized.

10. By stipulation, Respondent agreed that his conduct violated appropriate relationship boundaries between a psychiatrist and his patient.

11. In December 2005, by agreement with the then-Division of Enforcement and at his own expense, Respondent was evaluated in by a Minneapolis psychologist with extensive experience evaluating health care providers in the area of professional boundaries. The Minnesota expert opined, to a reasonable degree of professional certainty:

- a. Respondent did not have any psychological disorder;
- b. Respondent, as a result of having taken continuing education in the area of professional boundaries, obtained a good understanding of the subject and did not require further education in the area;
- c. Respondent could safely practice medicine and surgery without limitation

EVENTS OF 2012

12. At the time of the events set out below, Respondent was employed as a psychiatrist at Multi Cultural Counseling Services, d/b/a Renew Counseling Services, Milwaukee, Wisconsin.

13. On or about May 23, 2012, Respondent began providing psychiatric medication management to Patient B, a 36-year-old female patient. Patient B was diagnosed with obsessive-compulsive disorder and attention deficit disorder. Respondent prescribed multiple medications for Patient B over the next several months.

14. Following the commencement of the physician-patient relationship, Respondent sent text messages to Patient B, in which he: requested a photograph of her; told her that she was "much prettier now"; offered to lend Patient B camper; and told Patient B that he wanted a "partner".

15. On September 18, 2012, Respondent engaged in the following text exchange with Patient B (punctuation and spelling as found):

R: please use other phone. This does not open the big messages. Short messages are okay. I like this phone better. How are you?

P: OK, my kids got doc appointments today... Thank God for the insurance cab to get there. it's all the way on 85th N Capital.

R: OK. I will have your \$ tomorrow as promised.

P: thanks... So much.

R: could not stand the thought of you and children with no lights.

P: that's sweet considering two years ago their dad stole \$1000 from me and he knew it was my bill money and my electric was off for a week then till my family pitched into help me. Thank God it was tax time and everyone had \$ to spare. [...]

R: OK. So both fathers treat you like shit? Son's fathers stole \$1000 from you?

P: my ex-husband stole from me my five-year-old son's dad pays his child support. He's a good dad but if he helps me he expects sex and I am not a prostitute.

R: sex should be with no price. Not in payment.

P: amen DOC... LOL.

R: if you have sex as a debt there can't be any emotions or love. Just physical. I prefer to have emotion involved. What do you think?

P: I try not to think about sex period... My kids bring me more joy than sex.

R: for me the joy is different. But if you had to pay for help with sex I understand it lost the pleasure. Just a duty to perform. Very sad.

P: U hit it on the head that's exactly how I feel like a piece of meat being used. It makes me not to trust a man's word because I've been told a million times it ain't about sex but as soon as I am alone that's what they take.

R: I have never "taken" anything. Never will.

P: that's why I find it hard to let anyone to do things for me. I always depended on myself in this world because if someone gives you a hand they want an arm back...

R: and remember you don't "owe" me anything. If you feel like giving at sometime all is okay. Guess I will hang around and see if you can get beyond that.

P: most men run at the thought of an investment with no return.

R: I am not investing. And if there is a return, it is a gift and that is much better than a debt. Also, I love knowing I made a difference. Guess it is a pride thing, and I am proud I have made a difference. I am also pretty sure if you decided to give it would be 1000%. I have been used too and I did not like it. I am much more cautious now.

16. In a written statement, Patient B stated that between July and September, 2012:

I saw Dr. Stonefeld for medication management while also receiving counseling at Renew. At first he was distant. However, when I began grooming myself and feeling more positive about myself I immediately noticed a change in his behavior towards me, like body language and kind and flattering words. Sessions became longer period he told me I was beautiful. One time he came up from behind me and moved my shirt and bra so he could see my tattoo. He wanted me to show him all of the tattoos I had but I refused. He gave me a private cell phone number and told me I should call him "day or night." As I left he asked me if he could hug me, and did it tightly. He began to call me at various times of day or night, but the conversations were never therapy related. He asked many questions about my life, and told me not to tell anybody about these calls. He also sent dozens and dozens of text messages. I have copies of many of them. One time he arranged a meeting with me and gave me \$920 for personal expenses. I gave the money to my father for him to hold as evidence of the relationship he was trying to have with me. Later that day, he called and wanted to get together for "adult time." I refused. He has made me very uncomfortable with these unwanted advances, calls, and numerous texts, so I ended the consult with Renew and have changed clinics.

17. On April 15, 2013, the Division subpoenaed Respondent to the Department for an investigative interview. The subpoena indicated that it was issued on behalf of the Medical Examining Board; that it was issued pursuant to Wis. Stat. §§ 440.03(4) and 885.12; and that failure to comply with the subpoena could "result in your being disciplined by the Board."

18. The subpoena indicated that Respondent was required to appear to answer questions regarding "the care and treatment you provided [Patient B]." Respondent's attorney had been told the identity of Patient B, and that allegations concerned boundary issues and Respondent's texts to the patient.

19. On April 22, 2013, Respondent reported to the Department as required by the subpoena, and represented by counsel. Respondent answered three questions (name, date of birth and address), but refused to answer any and all remaining questions--including his place of employment--unless and until the Department gave Respondent a more specific description of the allegations and copies of any documentation. Respondent was told that he would get more details of the allegations as the questioning ensued. Respondent's attorney was assured that, during the interview, if the investigator were to ask questions pertaining to particular documentation, Respondent would have an opportunity to discuss the document with the attorney before questioning continued.

20. On April 22, 2013, Respondent did not assert any privilege to withhold his evidence.

21. There is no legal or ethical requirement that the Board or its designee disclose its evidence to a Respondent in an ongoing investigation.

22. To prematurely disclose details of the evidence in the Division's possession would unreasonably compromise, and would continue to unreasonably compromise, the reliability of any subsequent statement the Division might obtain from Respondent.

23. In light of the facts before this Board, and because Respondent has, without legal justification, elected not to cooperate with the Board's investigation, it is reasonable for the Board to conclude that Respondent cannot be relied upon to cooperate with attempts to reduce the risk that he will reoffend with any female patient.

CONCLUSIONS OF LAW

1. The Wisconsin Medical Examining Board has jurisdiction over this matter pursuant to Wis. Stat. § 448.02(3) and has authority to summarily suspend the license and registration of Respondent Donald F. Stonefeld, M.D., to practice medicine and surgery in the State of Wisconsin, pursuant to Wis. Stat. §§ 227.53(3) and 448.02(4) and Wis. Admin. Code ch. SPS 6.

2. There is probable cause to believe that Respondent engaged in unprofessional conduct as defined by Wis. Admin. Code § Med 10.02(2)(h).

3. There is probable cause to believe that Respondent engaged in unprofessional conduct as defined by Wis. Admin. Code § Med 10.02(zc).

4. It is necessary to immediately suspend the license and registration of Respondent Donald F. Stonefeld, M.D., to protect the public health, safety and welfare.

5. Respondent Donald F. Stonefeld, M.D., was given adequate notice of these proceedings, pursuant to Wis. Admin. Code § SPS 6.05.

ORDER

The license and registration to practice medicine and surgery in the State of Wisconsin, of Respondent Donald F. Stonefeld, M.D., is SUMMARILY SUSPENDED until the effective date of a final decision and order issued in the disciplinary proceeding against Respondent Donald F. Stonefeld, M.D., unless otherwise ordered by the Board.

The Division is authorized to file with the Division of Hearings and Appeals a formal complaint based on the findings of fact above, and alleging that Respondent has violated Wis. Admin. Code §§ 10.02(2)(h) and (zc).

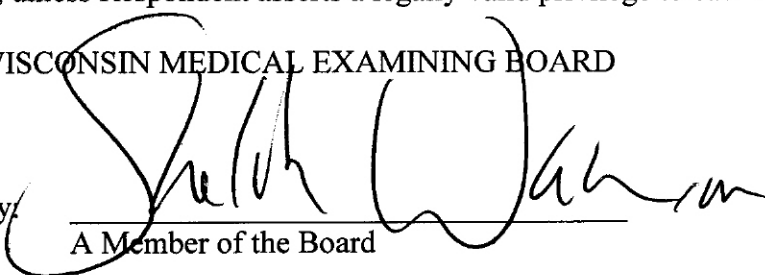
Respondent Donald F. Stonefeld, M.D., is hereby notified of his right, pursuant to Wis. Admin. Code § SPS 6.09, to request a hearing to show cause why this summary suspension order should not be continued and is further notified that any request for a hearing to show cause should be filed with the Wisconsin Medical Examining Board, 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53708.

In the event that Respondent Donald F. Stonefeld, M.D., requests a hearing to show cause why the summary suspension should not be continued, that hearing shall be scheduled to be heard on a date within 20 days of receipt by the Board of Respondent's request for hearing, unless Respondent requests or agrees to a later time for the hearing.

IT IS FURTHER ORDERED: that Respondent, Donald F. Stonefeld, M.D., shall, on May 23, 2013, at 1:00 p.m., appear at the Wisconsin Department of Safety and Professional Services to fully and honestly answer any and all questions pertaining to care he provided Patient B, unless Respondent asserts a legally valid privilege to each and every question.

WISCONSIN MEDICAL EXAMINING BOARD

By


A Member of the Board

Date

5/15/13