

**BEFORE THE IOWA BOARD OF MEDICINE**

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**IN THE MATTER OF THE STATEMENT OF CHARGES AGAINST**

**RUBEN ALTMAN, M.D., RESPONDENT**

**File No. 02-11-509**

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**AMENDED ORDER**

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**COMES NOW** the Iowa Board of Medicine on September 17, 2013, and enters this Amended Order.

1. Respondent was issued Iowa medical license no. 19162 on October 22, 1973.
2. Respondent's Iowa medical license is active and will next expire on October 1, 2013.
3. The Board has jurisdiction in this matter pursuant to Iowa Code Chapters 147, 148 and 272C.
4. Respondent is an Iowa-license physician who practices internal medicine in Council Bluffs, Iowa.
5. **Findings of Fact, Conclusions of Law, Decision and Order:** On June 5, 2013, the Board issued a Findings of Fact, Conclusions of Law, Decision and Order. The Board concluded that Respondent has repeatedly engaged in disruptive behavior. The Board prohibited Respondent from practicing medicine in the hospital setting. Prior to the

reinstatement of Respondent's authority to practice in the hospital setting, Respondent was required to successfully comply with the following terms and conditions:

- A. Demonstrate his timely completion of the Board-approved behavioral program discussed above;
- B. Demonstrate his ongoing participation in therapy with a Board-approved therapist at the frequency recommended by the therapist and approved by the Board. Respondent shall submit the name and CV of a therapist for Board approval.
- C. Demonstrate that he has adequately addressed his medical and dental needs with a primary care physician and a dentist.
- D. Obtain a mentor/monitor who is a licensed physician with commensurate skill and experience to meet with him on a regular basis to discuss and address both his positive and negative experiences with other medical and nursing professionals in the hospital setting.

**6. Application for Termination of Hospital Practice Setting Restriction:**

Recently, Respondent submitted an application to terminate the hospital practice setting restriction. Respondent demonstrated that he has:

- A. Completed a Board-approved behavioral program;
- B. Participated in therapy with a Board-approved therapist;
- C. Taken steps to address his medical and dental needs; and
- D. Obtained a Board-approved mentor/monitor who is an Iowa-licensed physician with commensurate skill and experience to meet with him on a regular basis to discuss and address both his positive and negative experiences with other medical and nursing professionals in the hospital setting.

Respondent has satisfied the requisite conditions to terminate the hospital practice restriction.

7. **Terms of Probation:** Respondent shall fully comply with the remaining terms and conditions of probation established in the June 5, 2013, Findings of Fact, Conclusions of Law, Decision and Order

8. **Board-Approved Therapy and Mentor/Monitor:** Respondent shall fully comply with the following terms and conditions during the duration of his probation:

A. **Board-Approved Therapy:** Respondent shall demonstrate his ongoing participation in therapy with a Board-approved therapist at the frequency recommended by the therapist and approved by the Board.

(1) The therapist shall submit written quarterly reports to the Board concerning Respondent's progress no later than 1/20, 4/20, 7/20, and 10/20 of each year of this Order.

(2) Respondent shall meet with his Board-approved therapist as frequently as recommended by the therapist and approved by the Board.

(3) Respondent shall continue therapy until discharge is recommended by the therapist and approved by the Board.

(4) Respondent is responsible for all costs associated with the therapy.

B. **Board-Approved Mentor/Monitor:** Respondent shall fully comply with his Board-approved mentoring plan.

(1) Respondent shall be required to submit a written physician mentoring plan for Board approval and to share a copy of all Board orders relating to this case with the physician mentor. The physician mentor shall

provide a written statement indicating that the mentor has read and understands all Board orders in this matter and agrees to act as the physician mentor under the terms of this Order.

- (2) The physician mentor shall agree to inform the Board immediately if there is evidence of professional misconduct, a violation of this Order, or a violation of the law and rules governing the practice of medicine in Iowa.
- (3) The physician mentor shall submit written quarterly reports to the Board no later than 1/20, 4/20, 7/20, and 10/20 of each year of this Order;
- (4) Respondent shall continue meeting with the physician mentor until discharge is approved by the Board; and
- (5) Respondent shall meet with the physician mentor as frequently as approved by the Board.

**IT IS HEREBY ORDERED:** that the hospital practice setting restriction placed on Respondent's Iowa medical license is terminated effective on the date of this Amended Order.



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Greg B. Hoversten, D.O., Chairman  
Iowa Board of Medicine  
400 SW 8<sup>th</sup> Street, Suite C  
Des Moines, Iowa 50309-4686

September 17, 2013

**BEFORE THE IOWA BOARD OF MEDICINE**

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**IN THE MATTER OF THE  
STATEMENT OF CHARGES AGAINST**

**FILE NO. 02-11-509  
DIA NO. 12IMB011**

**RUBEN ALTMAN, M.D.**

**FINDINGS OF FACT,  
CONCLUSIONS OF LAW,  
DECISION AND ORDER**

**Respondent**

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**Date:** June 6, 2013.

On July 26, 2012, the Iowa Board of Medicine (Board) filed a Statement of Charges against Ruben Altman, M.D. (Respondent) charging him with engaging in disruptive behavior, which is defined as a pattern of contentious, threatening, or intractable behavior that interferes with, or has potential to interfere with, patient care or the effective functioning of health care staff, in violation of Iowa Code section 148.6(2)(i) and 653 IAC 13.7(5). On September 5, 2012, the Board filed an Amended Statement of Charges, after a ruling was issued that granted the parties joint motion to amend. The amendment corrected a factual error.

The hearing was held on April 26, 2013, before the following quorum of the Board: Greg Hoversten, D.O., Chairman; Hamed Tewfik, M.D. Vice Chair; Michael Thompson, D.O.; Julie Perkins, M.D.; and Diane Clark and Ann Gales, public members. Respondent appeared and was represented by attorney Michael Sellers. Assistant Attorney General Julie Bussanmas represented the state. The hearing was closed to the public, pursuant to Iowa Code section 272C.6(1) and 653 IAC 25.18(12). The hearing was recorded by a certified court reporter. Administrative Law Judge Margaret LaMarche assisted the Board in conducting the hearing and was instructed to prepare a written decision for their review, in accordance with their deliberations.

**THE RECORD**

The record includes Respondent's testimony, State Exhibits 1-9 and Respondent Exhibit A.

## FINDINGS OF FACT

1. Respondent was issued Iowa medical license number 19162 on October 22, 1973. Respondent's license is active and will next expire on October 1, 2013. (Exhibits 5; 8E)

2. After graduating from Harvard Medical School in 1961, Respondent completed a rotating internship in medicine, a two year internal medicine residency, and one year of cardiology training. Respondent then entered the United States Air Force and served as the chief cardiologist at Andrews Air Force Base from 1965-1969. Following his honorable discharge from the Air Force, Respondent joined a group practice in Marshfield, Wisconsin, which he left after just one year. Respondent then started a solo medical practice in Council Bluffs, where he has practiced since 1970. During this time, Respondent has held privileges at two hospitals in Council Bluffs: Mercy Hospital and Jennie Edmondson Memorial Hospital (JEMH). (Respondent testimony; Exhibits 2, 3, 8N)

3. In August 2011, Respondent filed a renewal application for his Iowa medical license and answered "yes" to a question that asked if he had voluntarily surrendered a medical license or health facility privileges since his last renewal. On the renewal application, Respondent explained that he was suspended for 27 days for disruptive conduct at JEMH. This self-report prompted the Board to request further information from Respondent and from JEMH. (Exhibits 8, 8A, 8B, 8C)

4. On November 29, 2011, JEMH responded to the Board's subpoena and provided documentation related to its decision to suspend Respondent's clinical and admitting privileges for 27 days from August 17, 2011, until September 13, 2011. The suspension appeared to be based on a single incident that occurred at JEMH on or about July 27, 2011. (Exhibit 8C)

a) According to a nurse's chart review, one of Respondent's patients was admitted to JEMH at 4:12 p.m. for a possible bowel obstruction. The day shift nurses were unable to get peripheral IV access. At 5:44 p.m. Respondent gave an order for a PICC line insertion. At 5:50 p.m., Respondent gave an order to cancel the PICC line insertion and for a general surgeon to place a central line. The general surgeon inserted the central line at 6:32 p.m., and the x-ray for

placement of the PICC line was done at 6:42 p.m. The central line could not be used for medications until the x-ray came back showing its placement.

b) At 7:30 p.m., the patient became angry and frustrated that he had not received any pain or nausea medication. The patient pulled his IV pole down on top of himself and it hit him just below the knee, leaving a small lump. The patient refused ice for his knee. Respondent was notified of the incident, and he told the nurses to place ice on the area.

c) Respondent also asked the nurse if the central line had been placed. The nurse told Respondent that the central line had been placed, and they had just received the ok that it could be used. Respondent became extremely angry that the patient had not yet been given any Compazine for his nausea and vomiting. He was also angry that the patient had refused a nasogastric (NG) tube. The nurse explained again that they had just received the ok to use the central line, and they would give the patient the Compazine as soon as the pharmacy sent it up. When the nurse asked if Respondent would like to order any other medication to help with the nausea, Respondent began yelling at the nurse and said:

I want him to have the god damn Compazine that I ordered at 4:30 you dumb ass and if there was some problem you should have called and got an order for IM Compazine.

The nurse apologized and told Respondent that she had just started her shift. She told Respondent that she would give the patient the Compazine as soon as it arrived from the pharmacy. Respondent told her that he did not want anything other than the Compazine because nothing else works but that he would rather have the NG tube placed. The nurse explained that the patient had refused the NG tube to both nurses and another physician. Respondent told the nurse to call him if there were any other problems during the night. The Compazine was administered to the patient at 7:55 p.m. (Exhibit 8C)

5. Respondent submitted a written explanation of the July 27, 2011, incident to the Board. Respondent's explanation of the incident is inconsistent with the documentation provided by JEMH. Respondent admitted that he became very upset when he found out that his patient had not received treatment for his nausea and vomiting. According to Respondent, the nurse denied that he had written an order for Compazine and when he showed her the order, she laughed

about it. In addition, Respondent denied that the nurses called him when they were unable to place the IV and the patient refused an NG tube. Respondent wrote that he was unaware that a central line had to be placed, although the chart review indicates that Respondent ordered a PICC line and then canceled the order and ordered a central line. Respondent admits that he was upset and raised his voice but denies calling the nurse a "dumb ass," or ever using any profanity other than "damn." Respondent admitted that he has gotten mad in the past about patients not getting proper care or medications and about not being called for serious medical matters. Respondent denied ever swearing at a nurse or threatening a nurse. Respondent wrote that maybe he shouldn't get angry, but patient care comes first for him and he loves to see his patients get the proper care they deserve. (Exhibit 8D)

6. The Board's investigator contacted JEMH's Senior Director of Revenue Cycle and Compliance, Kim Lammers, for additional information. Kim Lammers explained that there had been several complaints about Respondent's behavior that went back to 2002. The prior complaints resulted in progressive discipline, but the incident leading to the 27 day suspension of privileges was the "final straw." JEMH provided the Board's investigator with documentation of the prior staff complaints against Respondent dating back to 2002. (Exhibit 7)

a) Several witnesses documented that Respondent was observed yelling at a float nurse in an inappropriately loud, hostile, and intimidating manner on March 13, 2002. It was also reported that Respondent was just inches from the nurse's face and was clenching his fist. The nurse reported being scared that Respondent was going to hit her. Respondent was reportedly angry because the nurse had hung an IV drip of normal saline solution. (Exhibit 8G)

b) An emergency medical services (EMS) provider documented that he transported a patient with complaints of chest pain and shortness of breath to the JEMH emergency room on April 1, 2002. The EMS provider started an IV of normal saline and gave the patient .4mg of nitro and 324 mg of baby aspirin. Respondent met the EMS provider at the door of the ER and told him, in front of the patient and the patient's family, that he was going to put the patient into pulmonary edema by giving her an IV. Respondent also called the EMS provider "stupid," in front of the patient and the emergency room staff, for giving the patient aspirin. The EMS provider told Respondent that it was protocol to give aspirin. Respondent replied that the patient was on aspirin, and he did not need to give it to her. (Exhibit 8G)

c) On November 18, 2007, Respondent became very upset with an EKG technician when she could not provide the correct names of the anatomical landmarks for proper placement of the EKG electrodes. The EKG technician reported that after she had placed all the leads on the patient, Respondent came in and ripped the leads off. The EKG technician left and was upset and crying in the break room. Respondent went to the nurse's station and directed the nurse to call the "house supervisor NOW" and then stood over the patient's nurse, and continued to yell about the lead placement. Respondent's voice could be heard all the way down the hall. Respondent continued to yell at the nurse and when she responded that she would not argue with him, Respondent fired the nurse as his patient's nurse. None of the other nurses on duty were willing to take over care of Respondent's patient. Several witnesses documented this incident. (Exhibit 8G)

On November 20, 2007, Respondent submitted a written response to this documented complaint. Respondent wrote that the electrodes were in the wrong position when he entered the room, and the EKG technician could not give him the specific position for the electrodes. Respondent reported that he could not get through to the EKG technician so he went to get the nurse to come into the room with him. The nurse refused, and told him that she was not "going to get into this." When Respondent returned to the room, the electrodes were still in the wrong position, so he pulled them off. Respondent understood that the EKG technician left and was crying in the bathroom. After taking the EKG himself, Respondent went to talk to the nurse. When the nurse said "I am not getting into this," Respondent admitted that he got madder and madder and did raise his voice. Respondent denies swearing at the nurse or threatening her. Respondent wrote that his main concern is patient care and while he does get angry, he has never physically threatened anyone. He further wrote that he tries not to use profanity but sometimes he can't control his underlying anger, especially when his main concern is the patient and everything is progressively going downhill. (Exhibit 8H)

d) On November 28, 2007, Respondent brought one of his patients to the hospital's emergency department in his personal vehicle. The emergency department staff went out to Respondent's car to provide assistance. The patient was blue and had a systolic pressure of about 40. A crash cart was brought in and a decision was made to intubate the patient, whose condition was rapidly declining. Respondent was ordering additional tests and someone hit the

“Code” button for additional assistance. When a physician responded to the code, Respondent looked at the physician and said “get out of the room now you quack.” In addition, upon hearing what general surgeon was on call Respondent responded “Jesus Christ-don’t we have anyone better than that?” (Exhibit 8G)

e) On December 21, 2007, a hospital staff member told Respondent that his patient had been in a lot of pain overnight. Respondent became angry and starting yelling at the staff person that she was not to tell him how to do his job. The staff person later apologized to Respondent but told him she did not appreciate being spoken to that way. Respondent pushed the staff person into a corner and yelled about how he did not appreciate her telling him how to be a doctor. The staff person documented the incident. (Exhibit 8G)

f) On March 4 and 5, 2010, a 40 year old patient of Respondent was hospitalized for a kidney stone block and pyelonephritis. The patient’s nurse for these two days provided documentation of her interactions with Respondent during the care of this patient, who developed persistent respiratory difficulties and eventually had to be intubated. The nurse documented her concerns about Respondent’s lack of response to the patient’s respiratory symptoms and his reluctance to intubate the patient when her respiratory status deteriorated. At one point Respondent stated that the patient’s lungs were clear and her sats were fine after he assessed the patient’s lung sounds and looked at her oximetry. When the nurse commented that the patient continued to be dyspneic, Respondent clenched his hands and shook his body in anger and said, “fine draw some ABG’s and get a PCXR.” In her documentation of the incident, the nurse stated that this was “the most disturbing case” that she had participated in. She felt that the patient was made to suffer unnecessarily and that her hospital stay was probably prolonged due to her treatment. (Exhibit 8G)

7. On April 19, 2012, the Board issued a Confidential Evaluation Order that required Respondent to complete a comprehensive physical, neuropsychological, mental health, unprofessional conduct and/or disruptive behavior evaluation under the direction of Glenn Siegel, M.D. at the Professionals Program at Elmhurst Memorial Healthcare. (Exhibit 4) The evaluation was completed during the week of May 7, 2012, by a psychiatrist, a master’s level nurse, and a psychologist. On May 16, 2012, Elmhurst submitted a written evaluation report outlining the evaluation, its findings, and its recommendations. (Exhibit 2)

a) During one of the psychological tests, Respondent became increasingly agitated. As the test continued, Respondent commented "this is a bunch of crap." Respondent indicated that he did not wish to proceed, and he left the testing room, slamming the door. Respondent was eventually persuaded to complete the rest of the testing but then refused to finish the test when he became upset. During two other tests, Respondent was visibly frustrated and at one point stated "just forget about it" when he could not figure out the answer. He refused to pay attention during the test instructions. (Exhibit 2, pp. 5-6)

b) The psychological testing at Elmhurst indicated that Respondent has difficulty managing stress and expressing strong emotions in a healthy way. When under a greater than usual level of stress, Respondent is prone to temper outbursts where he can be dramatic, insensitive, intolerant, and externalize blame onto others. These outbursts are more often directed at those he considers subordinate to him, since he desires the approval of authority. Respondent may appear arrogant, disapproving, and self-righteous during these episodes and is apt to justify and obscure his criticisms with rules and regulations. Stressful tension and somatic symptoms may also arise when Respondent is not adequately addressing his unresolved resentment and strong emotion. (Exhibit 2, p. 7)

c) The Elmhurst evaluation report lists diagnoses of Occupational Problem on Axis I, Narcissistic Personality Disorder on Axis II, and a GAF (Global Assessment of Functioning) score of 55 on Axis V. The evaluators provided the following recommendation:

Based on the direct interviews, psychological testing, and collateral data, we find [Respondent] fit to practice medicine in the office setting only. We do not advise that he continue hospital work given his enduring difficulties collaborating with nursing staff and his inability to use consultants, particularly with critically ill patients. This ultimately affects patient care and increases risk. [Respondent] is unable to acknowledge his limitations and remains rigidly fixed on externalizing blame. As a result he is not amenable to psychotherapeutic intervention.

(Exhibit 2)

8. On May 10, 2012, the Board received notice from the National Practitioner Data Bank that an Adverse Action Report had been filed against Respondent on March 26, 2012. Respondent was asked to provide a letter explaining the adverse action within twenty days. (Exhibit 8K) On June 18, 2012, Respondent's attorney provided the Board with a copy of a Consent Agreement that Respondent had entered into with JEMH on March 14, 2012, and a letter from Respondent explaining the circumstances that led to the Consent Agreement. (Exhibit 8L)

a) The Consent Agreement included the Parameters of Privileges and Scope of Practice for Respondent at JEMH, effective January 1, 2012 and extending while Respondent continues to practice at JEMH. The Consent Agreement states that it was entered into after a Hearing Committee conducted a hearing regarding Respondent and his privileges at JEMH and issued a Report and Recommendations. In part, the Consent Agreement imposes the following limitations on Respondent's practice at JEMH:

- Respondent will not serve as an attending or consulting physician for patients in the ICU or any critical care patients;
- Respondent will not serve as attending physician for any critical care patient who presents at the JEMH Emergency Department as an unassigned patient. Respondent will remain on the unassigned list for non-critically ill patients;
- Respondent will not see patients in the Emergency Department until the Emergency Department physician has requested that he do so or advised that it is permissible to do so; and
- Respondent will be permitted to admit patients directly to JEMH provided such patients are not in critical condition or critically ill.

(Exhibits 8L, 8N)

b) In his letter of explanation dated June 7, 2012, Respondent admitted that he has had several heated disagreements with the critical care specialists at JEMH over the treatment of a patient, and the critical care specialists now refuse to see any patients that he admits to the hospital. On June 11, 2011, the Credential/Peer Review Committee had asked Respondent to agree to certain conditions, and Respondent requested a hearing. Following a hearing, the hearing committee found that the standard of care in the Omaha/Council Bluffs area requires patients in the Intensive Care Unit to have consultation by pulmonary/critical care physicians. Since the JEMH pulmonary/critical care

physicians refused to consult on Respondent's patients, the committee recommended the partial restrictions on Respondent's practice privileges. Respondent and JEMH signed the Consent Agreement in March 2012. (Exhibit 8M)

c) In this same letter, Respondent further explained that another internal medicine physician had agreed to become the attending consulting physician for any of his patients who became critically ill and had to be transferred to the ICU. After several months, however, the internal medicine physician was no longer willing to serve as the attending consulting physician for Respondent's patients. Because of this, Respondent is no longer admitting patients to JEMH. (Exhibit 8M)

9. On October 1-2, 2012, Respondent pursued a second board-approved comprehensive multi-disciplinary evaluation at Resurrection Behavioral Health in Downer's Grove, Illinois. Resurrection diagnosed Respondent with Anxiety Disorder, DOS on Axis I, Obsessive Compulsive Personality Disorder with Narcissistic Features on Axis II, and a GAF score of 65 on Axis V. It was Resurrection's opinion that Respondent should be able to continue practicing medicine in his office and in the hospital setting with skill and safety, provided that he follows the following recommendations to help him with his anxiety, his limited ability to trust patient care to other caregivers, and his lack of skill in working through conflict resolution with others:

- Attend a course for physicians who have behavioral problems in the workplace;
- Participate in psychotherapy with a therapist who has experience and skill in working with physicians with behavioral problems, including obsessive compulsive disorder;
- Obtain a physician mentor/monitor to help him develop his ability to work as a team member, both with nurses and other physicians;
- Add another full-time physician to his practice to ease his workload, help him to trust someone else to care for his patients, and ease his concerns about what will happen to his patients in his absence;
- Follow up with his primary physician and a dentist regarding the concerns raised in the History and Physical section of the evaluation; and
- Obtain monitoring from the Board or from the Iowa Physician Health Program (IPHP) to ensure that he follows all recommendations.

(Exhibit 3)

10. Respondent has been receiving individual psychotherapy from a licensed independent social worker and a psychologist since May 11, 2012. Respondent's therapist has provided a letter to the Board reporting that they have had 26 sessions focused on anger management issues. (Exhibit A)

11. At hearing, Respondent confirmed that he still does not have admitting privileges at JEMH. Respondent continues to have hospital privileges at Mercy Hospital. Prior to the restriction of his privileges at JEMH, 30% of Respondent's hospital patients were at Mercy and 70% were at JEMH. (Respondent testimony)

### CONCLUSIONS OF LAW

Pursuant to Iowa Code section 148.6(2)(i), the Board is authorized to discipline a licensee who willfully or repeatedly violates a lawful rule or regulation adopted by the Board. Pursuant to 653 IAC 13.7(5), physicians are prohibited from engaging in disruptive behavior. Disruptive behavior is defined as a pattern of contentious, threatening, or intractable behavior that interferes with, or has the potential to interfere with, patient care or the effective functioning of health care staff.

The preponderance of the evidence established that Respondent has repeatedly engaged in disruptive behavior, in violation of Iowa Code section 148.6(1) and 653 IAC 13.7(5). This disruptive behavior has included yelling and raising his voice at nurses and other medical providers, swearing, clenching his fist, and addressing other health care providers in an insulting and intimidating manner. A number of health care providers have separately documented these types of behaviors, and Respondent exhibited some of these behaviors during his first evaluation. These behaviors interfere with patient care and the effective functioning of health care staff by making other health care providers reluctant to call Respondent and reluctant to work with him in providing patient care. In addition, the critical care specialists at JEMH have refused to work with Respondent as a result of his behaviors.

Respondent obtained two comprehensive multi-disciplinary evaluations from facilities that are experienced in working with physicians who have behavioral issues. One of the evaluating facilities concluded that Respondent was only fit to practice medicine in the office setting. The facility concluded that Respondent should no longer practice in the hospital setting due to his enduring difficulties collaborating with nursing staff and his inability to use consultants, particularly

with critically ill patients, which ultimately affects patient care and increases risk. The first evaluating facility concluded that Respondent is not amendable to psychotherapeutic intervention because he is unable to acknowledge his limitations and is rigidly fixed on externalizing blame.

The second evaluating facility concluded that Respondent could safely practice in the hospital setting, but only if he followed the detailed recommendations outlined in the evaluation report. These recommendations included completing a course for physicians with behavioral problems in the workplace, participating in psychotherapy, obtaining a physician mentor/monitor to help him develop his ability to work as a team member, adding another full-time physician to his practice, obtaining necessary medical and dental care, and Board monitoring.

Based on this record, the Board concludes that Respondent is currently unable to safely practice in the hospital setting where a cooperative team approach to patient care is essential. The Board is hopeful that Respondent will be able to successfully return to practice in the hospital setting if he follows the conditions established in this Decision and Order. The Board has adopted most of the recommendations made by Resurrection but agrees that it is impractical to require Respondent to add another full-time physician to his medical practice.

### **DECISION AND ORDER**

**CITATION AND WARNING:** Respondent is hereby **CITED** for engaging in disruptive behavior in violation of the laws and rules governing the practice of medicine in Iowa and is hereby **WARNED** that such conduct in the future may result in further disciplinary action, including suspension or revocation of his Iowa medical license.

**CIVIL PENALTY:** Respondent shall pay a **\$1,000 civil penalty**. The civil penalty shall be paid within twenty (20) days of the date of this Order and shall be made payable to the Treasurer of Iowa and mailed to the Executive Director of the Board. The civil penalty shall be deposited in the State General Fund.

**BOARD-APPROVED BEHAVIORAL PROGRAM:** Respondent shall successfully complete a Board-approved program for physicians who have behavioral problems in the workplace as recommended by Resurrection within ninety (90) days of the date of this order. Respondent shall obtain Board approval of the program prior to

attendance and shall ensure that a report is sent directly to the Board upon completion. Respondent is responsible for all costs associated with the program.

**RESTRICTED LICENSE:** Effective immediately, Respondent shall be prohibited from practicing medicine in the hospital setting. This practice restriction shall continue until further order of the Board. Prior to the reinstatement of Respondent's authority to practice in the hospital setting, Respondent shall:

- A. Demonstrate his timely completion of the Board-approved behavioral program discussed above;
- B. Demonstrate his ongoing participation in therapy with a Board-approved therapist at the frequency recommended by the therapist and approved by the Board. Respondent shall submit the name and CV of a therapist for Board approval.
  - (1) The therapist shall submit written quarterly reports to the Board concerning Respondent's progress no later than 1/20, 4/20, 7/20, and 10/20 of each year of this Order.
  - (2) Respondent shall meet with his Board-approved therapist as frequently as recommended by the therapist and approved by the Board.
  - (3) Respondent shall continue therapy until discharge is recommended by the therapist and approved by the Board.
  - (4) Respondent is responsible for all costs associated with the therapy.
- C. Demonstrate that he has adequately addressed his medical and dental needs with a primary care physician and a dentist.
- D. If Respondent is permitted to resume practicing medicine in the hospital setting, the Board will require Respondent to obtain a mentor/monitor who is a licensed physician with commensurate skill and experience to meet with him on a regular basis to discuss and address both his positive and negative experiences with other medical and nursing professionals in the hospital setting.

- (1) Respondent shall be required to submit a written physician mentoring plan for Board approval and to share a copy of all Board orders relating to this case with the physician mentor. The physician mentor shall provide a written statement indicating that the mentor has read and understands all Board orders in this matter and agrees to act as the physician mentor under the terms of this Order.
- (2) The physician mentor shall agree to inform the Board immediately if there is evidence of professional misconduct, a violation of this Order, or a violation of the law and rules governing the practice of medicine in Iowa.
- (3) The physician mentor shall submit written quarterly reports to the Board no later than 1/20, 4/20, 7/20, and 10/20 of each year of this Order;
- (4) Respondent shall continue meeting with the physician mentor until discharge is approved by the Board; and
- (5) Respondent shall meet with the physician mentor as frequently as approved by the Board.

**FIVE YEAR PROBATION:** It is further ordered that Respondent shall be immediately placed on **PROBATION** for a period of five (5) years, subject to the following terms and conditions:

- A. **Monitoring Program:** Respondent shall establish a monitoring program with Mary Knapp, Compliance Monitor, Iowa Board of Medicine, 400 SW 8<sup>th</sup> Street, Suite C, Des Moines, IA 50309-4686, Ph.#515-281-5525. Respondent shall fully comply with all requirements of the monitoring program.
- B. **Staff Surveillance Forms and Patient Satisfaction Surveys:** Respondent shall utilize Staff Surveillance Forms and Patient Satisfaction Surveys in his medical practice as directed by the Board.

- C. **Quarterly Reports:** Respondent shall file sworn quarterly reports with the Board attesting to his compliance with all the terms and conditions of this Decision and Order. The reports shall be filed no later than 1/10, 4/10, 7/10 and 10/10 of each year of the Respondent's probation.
- D. **Board Appearances:** Respondent shall make appearances before the Board or a Board committee annually or upon request. Respondent shall be given reasonable notice of the date, time and location for the appearances. Such appearances shall be subject to the waiver provisions of 653 IAC 24.2(5)(e)(3).
- E. **Monitoring Fee:** Respondent shall make a payment of \$100 to the Board each quarter for the duration of probation to cover the Board's monitoring expenses in this matter. The monitoring fee shall be received by the Board with each quarterly report from Respondent required by this Order. The monitoring fee shall be sent to: Mary Knapp, Compliance Monitor, Iowa Board of Medicine, 400 SW 8<sup>th</sup> Street, Suite C, Des Moines, IA 50309-4686. The check shall be made payable to the Iowa Board of Medicine.
- F. **Obey All Laws:** Respondent shall obey all federal, state, and local laws, and all rules governing the practice of medicine in Iowa.
- G. **Duration of Probation:** Only those periods of time when Respondent is actively engaged in the practice of medicine in Iowa shall count towards completion of the five year probationary period. Periods in which Respondent does not practice medicine or fails to comply with the terms established in this Order shall not apply to the duration of this Order unless Respondent obtains prior written approval from the Board.
- H. **Failure to Comply With This Order:** If Respondent violates or fails to comply with any of the terms or conditions of this Decision and Order, the Board may initiate action to suspend or revoke Respondent's Iowa medical license or to impose other license discipline as authorized in Iowa Code chapters 148, 272C, and 653 IAC 25.25.

**IT IS FURTHER ORDERED**, in accordance with 653 IAC 25.33, that Respondent shall pay a disciplinary hearing fee of \$75.00. In addition, Respondent shall pay any costs certified by the executive director and reimbursable pursuant to subrule 25.33(3). All fees and costs shall be paid in the form of a check or money order payable to the state of Iowa and delivered to the department of public health, within thirty days of the issuance of a final decision.

Dated this 6<sup>th</sup> day of June, 2013.



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Greg Hoversten, D.O., Chairman  
Iowa Board of Medicine

cc: Julie Bussanmas, Assistant Attorney General  
Michael Sellers, Respondent's Attorney

Judicial review of the board's action may be sought in accordance with the terms of the Iowa administrative procedure Act, from and after the date of this Decision and Order. 653 IAC 25.31.

**BEFORE THE IOWA BOARD OF MEDICINE**

\*\*\*\*\*

**IN THE MATTER OF STATEMENT OF CHARGES AGAINST**

**RUBEN ALTMAN, M.D., RESPONDENT**

**File No. 02-11-509**

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**AMENDED STATEMENT OF CHARGES**

\*\*\*\*\*

**COMES NOW** the Iowa Board of Medicine (Board) on September 5, 2012, and files this Amended Statement of Charges pursuant to Iowa Code Section 17A.12(2). Respondent was issued Iowa medical license no. 19162 on October 22, 1973. Respondent's license is active and will next expire on October 1, 2013.

**A. TIME, PLACE AND NATURE OF HEARING**

1. **Hearing.** A disciplinary contested case hearing shall be held on October 12, 2012, before the Iowa Board of Medicine. The hearing shall begin at 8:30 a.m. and shall be located in the conference room at the Iowa Board of Medicine office at 400 SW 8<sup>th</sup> Street, Suite C, Des Moines, Iowa.

2. **Answer.** Within twenty (20) days of the date you are served this Statement of Charges you are required by 653 IAC 25.10 to file an Answer. In that Answer, you should also state whether you will require a continuance of the date and time of the hearing.

3. Presiding Officer. The Board shall serve as presiding officer, but the Board may request an Administrative Law Judge make initial rulings on prehearing matters, and be present to assist and advise the board at hearing.

4. Prehearing Conference. A prehearing conference was held by telephone on August 15, 2012 at 10:00 a.m., before an Administrative Law Judge from the Iowa Department of Inspections and Appeals (ALJ). Please contact Kent M. Nebel, J.D., Legal Director, Iowa Board of Medicine, at 515-281-7088 with the telephone number at which you or your legal counsel can be reached. Board rules on prehearing conferences may be found at 653 Iowa Administrative Code 25.15.

5. Hearing Procedures. The procedural rules governing the conduct of the hearing are found at 653 Iowa Administrative Code Chapter 25. At hearing, you will be allowed the opportunity to respond to the charges against you, to produce evidence on your behalf, cross-examine witnesses, and examine any documents introduced at hearing. You may appear personally or be represented by counsel at your own expense. If you need to request an alternative time or date for hearing, you must review the requirements in 653 Iowa Administrative Code 25.16. The hearing may be open to the public or closed to the public at the discretion of the Respondent.

6. Prosecution. The office of the Attorney General is responsible for representing the public interest (the State) in this proceeding. Pleadings shall be filed with the Board and copies should be provided to counsel for the State at the following address: Theresa O'Connell Weeg, Assistant Attorney General, Iowa Attorney General's Office, 2<sup>nd</sup> Floor, Hoover State Office Building, Des Moines, Iowa 50319.

7. Communications. You may not contact board members by phone, letter, facsimile, e-mail, or in person about this Notice of Hearing. Board members may only receive information about the case when all parties have notice and an opportunity to participate, such as at the hearing or in pleadings you file with the Board office and serve upon all parties in the case. You may contact Kent M. Nebel, J.D., Legal Director, at 515-281-7088 or to Assistant Attorney General Theresa O'Connell Weeg at 515-281-6858.

## **B. LEGAL AUTHORITY AND JURISDICTION**

8. Jurisdiction. The Board has jurisdiction in this matter pursuant to Iowa Code Chapters 17A, 147, 148, and 272C (2005).

9. Legal Authority: If any of the allegations against you are founded, the Board has authority to take disciplinary action against you under Iowa Code Chapters 17A, 147, 148, and 272C (2005) and 653 Iowa Administrative Code Chapter 25.25.

10. Default. If you fail to appear at the hearing, the Board may enter a default decision or proceed with the hearing and render a decision in your absence, in accordance with Iowa Code Section 17A.12(3) and 653 Iowa Administrative Code 25.20.

## **C. SECTIONS OF STATUTES AND RULES INVOLVED**

### **COUNT I**

11. Respondent is charged pursuant to Iowa Code sections 148.6(2)(i) and 653 IAC 13.7(5) with engaging in disruptive behavior, which is defined as a pattern of contentious, threatening, or intractable behavior that interferes with, or has the potential to interfere with, patient care or the effective functioning of health care staff.

### **STATEMENT OF THE MATTERS ASSERTED**

12. Respondent currently practices internal medicine in Council Bluffs, Iowa.

13. The Board alleges that Respondent has engaged in a pattern of disruptive behavior in violation of the laws and rules governing the practice of medicine in Iowa, including the following:

- A. The Board received information which indicated that Respondent was involved in a number of incidents that involved unprofessional conduct and/or disruptive behavior. The Board ordered Respondent to complete a psychiatric evaluation and subsequently closed the case without taking further action.
- B. The Board received information which indicates that Respondent became angry and yelled at a patient while providing care.
- C. Recently, the Board received information which indicates that on or about March 13, 2002, Respondent became angry and yelled at a nurse in a threatening, intimidating and demeaning manner.

- D. Recently, the Board received information which indicates that on or about April 1, 2002, Respondent became angry and told an emergency medical technician (EMT) that he was “stupid” in the presence of a patient and staff.
- E. Recently, the Board received information which indicates that on or about September 27, 2007, Respondent became angry and called another physician a “quack” and told the other physician to get out of a patient’s room.
- F. Recently, the Board received information which indicates that on or about November 20, 2007, Respondent became angry and yelled at nursing staff in a threatening, intimidating and demeaning manner.
- G. Recently, the Board received information which indicates that on or about December 21, 2007, Respondent became angry and yelled at a nurse in a threatening, intimidating and demeaning manner.
- H. Recently, the Board received information which indicates that Respondent’s hospital privileges in Council Bluffs, Iowa, were suspended from August 17, 2011, to September 13, 2011, due to concerns that Respondent engaged in unprofessional conduct and/or disruptive behavior when he became angry and yelled at a nurse while providing care to a patient.
- I. Recently, the Board received information which indicates that Respondent has taken steps which prevent cardiologists in the community from providing appropriate care to Respondent’s patients. The information raises concerns

that Respondent's conduct prevents the cardiologists from effectively managing cardiac patients who receive primary care from Respondent. The cardiologists have chosen not to provide care to Respondent's patients.

14. On April 19, 2012, the Board issued a Confidential Evaluation Order requiring Respondent to complete a comprehensive physical, neuropsychological, mental health, unprofessional conduct and/or disruptive behavior evaluation at the Professionals Program in Elmhurst, Illinois. Respondent completed the evaluation on May 8, 2012. The Professionals Program recommended that Respondent not practice in a hospital setting.

#### **E. SETTLEMENT**

15. Settlement. This matter may be resolved by settlement agreement. The procedural rules governing the Board's settlement process are found at 653 IAC 25.17. If you are interested in pursuing settlement of this matter, please contact Kent M. Nebel, J.D., Legal Director at 515-281-7088.

#### **F. PROBABLE CAUSE FINDING**

16. On September 5, 2012, the Iowa Board of Medicine found probable cause to file this Amended Statement of Charges.

*Colleen K. Stockdale MD MS*

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Colleen K. Stockdale, M.D., M.S., Chairwoman  
Iowa Board of Medicine  
400 SW 8<sup>th</sup> Street, Suite C  
Des Moines, Iowa 50309-4686

BEFORE THE IOWA BOARD OF MEDICINE

\*\*\*\*\*

IN THE MATTER OF THE STATEMENT OF CHARGES AGAINST

RUBEN ALTMAN, M.D., RESPONDENT

FILE No. 02-11-509

\*\*\*\*\*

RULING GRANTED JOINT MOTION TO AMEND STATEMENT OF CHARGES

\*\*\*\*\*

The original charges were filed in this matter on July 26, 2012. On August 31, 2012, the parties filed a Joint Motion to Amend Statement of Charges to delete the last sentence of paragraph 14 and to replace it with the following sentence: "The Professionals Program recommended Respondent not practice in a hospital setting." The Board delegated the motion to the undersigned for ruling.

**IT IS HEREBY ORDERED** that the Joint Motion to Amend Statement of Charges is **GRANTED**. The Board shall issue a First Amended Statement of Charges with this correction.

DATED THIS 31<sup>st</sup> DAY OF AUGUST, 2012.



Margaret LaMarche  
Administrative Law Judge  
Department of Inspections and Appeals  
Administrative Hearings Division  
3rd Floor, Wallace State Office Building  
Des Moines, IA 50319  
[FOR THE IOWA BOARD OF MEDICINE]

cc: Michael Sellers, Sellers, Haraldson&Binford, 400 Locust, Suite 170, Des Moines, IA 50309

Julie Bussanmas, Theresa Weeg, Assistant Attorney General, Hoover Bldg.

Kent Nebel, Iowa Board of Medicine, 400 SW 8<sup>th</sup> Street, Suite C

**BEFORE THE IOWA BOARD OF MEDICINE**

\*\*\*\*\*

**IN THE MATTER OF STATEMENT OF CHARGES AGAINST**

**RUBEN ALTMAN, M.D., RESPONDENT**

**File No. 02-11-509**

\*\*\*\*\*

**STATEMENT OF CHARGES**

\*\*\*\*\*

**COMES NOW** the Iowa Board of Medicine (Board) on July 26, 2012, and files this Statement of Charges pursuant to Iowa Code Section 17A.12(2). Respondent was issued Iowa medical license no. 19162 on October 22, 1973. Respondent's license is active and will next expire on October 1, 2013.

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## **B. LEGAL AUTHORITY AND JURISDICTION**

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that Respondent's conduct prevents the cardiologists from effectively managing cardiac patients who receive primary care from Respondent. The cardiologists have chosen not to provide care to Respondent's patients.

14. On April 19, 2012, the Board issued a Confidential Evaluation Order requiring Respondent to complete a comprehensive physical, neuropsychological, mental health, unprofessional conduct and/or disruptive behavior evaluation at the Professionals Program in Elmhurst, Illinois. Respondent completed the evaluation on May 8, 2012. After careful consideration, the Board concluded that Respondent is unfit to continue practicing medicine in a hospital setting.

#### **E. SETTLEMENT**

15. Settlement. This matter may be resolved by settlement agreement. The procedural rules governing the Board's settlement process are found at 653 IAC 25.17. If you are interested in pursuing settlement of this matter, please contact Kent M. Nebel, J.D., Legal Director at 515-281-7088.

#### **F. PROBABLE CAUSE FINDING**

16. On July 26, 2012, the Iowa Board of Medicine found probable cause to file this Statement of Charges.



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Colleen K. Stockdale, M.D., M.S., Chairwoman  
Iowa Board of Medicine  
400 SW 8<sup>th</sup> Street, Suite C  
Des Moines, Iowa 50309-4686