

**BEFORE THE IOWA BOARD OF MEDICINE**

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

**ERIC L. PAULSON, M.D., RESPONDENT**

**FILE NO. 02-05-683**

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**TERMINATION ORDER**

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**COMES NOW** the Iowa Board of Medicine (Board), on November 18, 2011, and issues this Termination Order.

1. Respondent was issued Iowa medical license no. 22537 on July 1, 1981.
2. Respondent's Iowa medical license was revoked by the Board on September 7, 2006.
3. The Board has jurisdiction in this matter pursuant to Iowa Code Chapters 147, 148 and 272C.
4. Respondent currently practices medicine in Red Oak, Iowa.
5. On January 11, 1996, the Board charged Respondent with alcohol abuse and placed him on probation for five (5) years subject to monitoring for alcohol abuse.
6. On July 15, 1999, the Board charged Respondent with violating his Board Order and placed him on a new probation for five (5) years.

7. On January 21, 2001, the Board again charged Respondent with violating his Board Order and he was ordered to pay a \$7,500 civil penalty.

8. On May 29, 2002, the Board again charged Respondent with violating his Board Order and his license was suspended for fourteen (14) days and he was ordered to pay a \$5,000 civil penalty.

9. On December 9, 2005, the Board charged Respondent with engaging in unprofessional conduct when he slapped an elderly female patient, who suffered from a behavioral disorder, across the face after she shoved food in his face.

10. On March 2, 2006, the Board suspended Respondent's Iowa medical license because he repeatedly violated the Board's disciplinary orders.

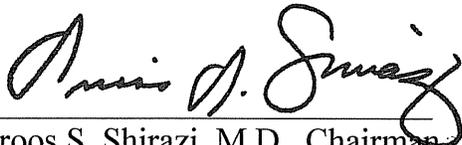
11. On September 7, 2006, following a disciplinary hearing, the Board revoked Respondent's Iowa medical license due to his long history of repeatedly violating the Board's disciplinary orders.

12. On August 6, 2008, the Board issued an Order reinstating Respondent's Iowa medical license and place him on indefinite probation subject to monitoring.

13. On November 18, 2011, after careful consideration, the Board voted to terminate all terms and conditions placed on Respondent's Iowa medical license.

**THEREFORE IT IS HEREBY ORDERED:** that the terms and conditions placed on Respondent's Iowa medical license are terminated and his Iowa medical license is returned to its full privileges, free and clear of all restrictions.

This Order is approved by the Board on November 18, 2011.

A handwritten signature in black ink, reading "Siros S. Shirazi". The signature is written in a cursive style with a large, looping initial "S".

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Siros S. Shirazi, M.D., Chairman  
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

ERIC L. PAULSON, M.D., RESPONDENT

FILE NO. 02-05-683

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REINSTATEMENT ORDER

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COMES NOW the Iowa Board of Medicine (the Board), and Eric L. Paulson, M.D., (Respondent), on August 6, 2008, and pursuant to Iowa Code sections 17A.10(2) and 272C.3(4) (2007), file this Reinstatement Order in this matter.

1. Respondent was issued Iowa medical license no. 22537 on July 1, 1981.
2. Respondent's Iowa medical license was revoked by the Board on September 7, 2006.
3. The Board has jurisdiction in this matter pursuant to Iowa Code Chapters 147, 148 and 272C.
4. Respondent is an internist living in Carroll, Iowa.
5. On January 11, 1996, the Board charged Respondent with alcohol abuse and placed him on probation for five (5) years subject to monitoring for alcohol abuse.
6. On July 15, 1999, the Board charged Respondent with violating his Board Order and placed him on a new probation for five (5) years.

7. On January 21, 2001, the Board again charged Respondent with violating his Board Order and he was ordered to pay a \$7,500 civil penalty.

8. On May 29, 2002, the Board again charged Respondent with violating his Board Order and his license was suspended for fourteen (14) days and he was ordered to pay a \$5,000 civil penalty.

9. On December 9, 2005, the Board charged Respondent with engaging in unprofessional conduct when he slapped an elderly female patient, who suffered from a behavioral disorder, across the face after she shoved food in his face.

10. On March 2, 2006, the Board suspended Respondent's Iowa medical license because he repeatedly violated the Board's disciplinary orders.

11. On September 7, 2006, following a disciplinary hearing, the Board revoked Respondent's Iowa medical license due to his long history of repeatedly violating the Board's disciplinary orders.

12. Respondent has completed significant counseling under the direction of several healthcare professionals since his license was revoked. Respondent's counselors indicate that he now takes responsibility for his prior conduct and he has made great progress in his counseling.

13. Respondent has completed 125 Category I Continuing Medical Education units in the last two years. Respondent has agreed to complete the Medical Knowledge Self Assessment Program (MKSAP) prior to returning to the practice of medicine.

14. **REINSTATEMENT:** Recently, after careful consideration, the Board voted to reinstate Respondent's Iowa medical license and place him on **indefinite probation** subject to appropriate monitoring terms and conditions. The Board concluded that the basis for the revocation no longer exists and it will be in the public interest for the license to be reinstated. The Board determined that Respondent has taken responsibility for his prior conduct and he has benefited significantly from ongoing counseling. The Board warns Respondent that if he fails to comply with any of the terms or conditions of this Order, the Board will likely initiate further disciplinary action to suspend or revoke his Iowa medical license.

15. **INDEFINITE PROBATION:** Respondent shall be placed on **indefinite probation** subject to certain terms and conditions, including, but not limited to the following:

- A. **Monitoring Program:** Respondent shall establish a monitoring program with Shantel Billington, Compliance Monitor, Iowa Board of Medicine, 400 SW 8<sup>th</sup> Street, Suite C, Des Moines, IA 50309-4686, Ph. #515-281-3654. Respondent shall fully comply with the Board's monitoring program.
- B. **Alcohol Consumption:** Respondent shall not consume alcohol.
- C. **Drug Consumption:** Respondent shall not use any controlled or prescription drug unless the controlled or prescription drug has been prescribed for his use by another duly licensed treating health care provider. Respondent shall provide the Board written notice within 72 hours of the use of any controlled or prescription drug. Respondent shall inform any treating health care provider of his history of substance abuse prior to receiving any prescription drug.

- D. **Drug Screening Program:** Respondent shall comply with the Board's drug screening program and shall provide witnessed random blood or urine samples when required. Respondent shall also provide random blood or urine specimens on demand by an agent of the Board.
- E. **Substance Abuse Meetings:** Respondent shall attend at least two AA meetings each week and shall obtain a sponsor. The Respondent shall include copies of documentation of his attendance with his quarterly reports. The documentation shall include the signature or initials of another person in attendance at the AA meeting and the time, date, and location of the meetings attended.
- F. **Counseling:** Respondent shall continue to receive Board-approved counseling on a frequency as recommended by his counselor and approved by the Board. Respondent shall ensure that his counselor submits quarterly reports to the Board detailing his progress not later than January 10, April 10, July 10, and October 10 of each year of this Order.
- G. **Worksite Monitor:** Respondent shall submit for Board approval the name of a physician who regularly observes and/or supervises Respondent at his primary practice location to serve as worksite monitor. The Board shall share a copy of all Board orders relating to this matter with the worksite monitor. The worksite monitor shall provide a written statement indicating that they have read and understand all materials relating to this disciplinary action and agrees to act as the worksite monitor under the terms of this agreement. The worksite monitor shall inform the Board immediately if there is evidence of professional misconduct or a

violation of the terms of this Settlement Agreement. The monitor shall agree to submit quarterly reports to the Board concerning Respondent's progress not later than 1/20, 4/20, 7/20 and 10/20 of each year of this Order.

- H. **Notice to All Employers and Staff:** Respondent shall provide the Board with a list of all future employers where Respondent practices medicine. The Board will provide all such individuals with a copy of all Board orders relating to this action. All such individuals shall provide a written statement to the Board indicating they have read and understand the documents related to this matter and shall agree to contact the Board immediately upon receipt of evidence that Respondent has engaged in unprofessional conduct or improper medical care.
- I. **Group Practice Plan:** Respondent shall only practice in a group setting under a written practice plan which has been approved by the Board. Respondent submitted a written practice which includes his practice location and a list of the healthcare professionals who will practice in the setting. Respondent shall maintain proper malpractice insurance.
- J. **Work Hours:** Respondent shall work no more than sixty (60) hours per week and shall be on call no more than two (2) nights per week. Respondent may work additional call hours only in an emergency, and those additional call hours must be reported on the Respondent's next quarterly report.
- K. **Staff Surveillance Forms:** Respondent shall ensure that all health care professionals who work with him in the future complete the staff surveillance form provided by the Board, at the end of each month. The staff surveillance forms

shall be mailed directly to the Board's Monitoring Program and must be received by the 15<sup>th</sup> of each month.

- L. **Patient Satisfaction Surveys:** Respondent shall utilize patient satisfaction surveys in his medical practice. The staff at each location where Respondent practices medicine shall provide the surveys to all patients for one week beginning January 1, April 1, July 1, and October 1, of each year of this Order. Staff shall mail a copy of the surveys directly to the Board's Monitoring Program.
- M. **Quarterly Reports:** Respondent shall file sworn quarterly reports with the Board attesting to his compliance with all the terms and conditions of this Order not later than 1/10, 4/10, 7/10 and 10/10 of each year of this Order.
- N. **Board Appearances:** Respondent shall appear before the Board twice annually or upon request. Respondent shall be given written 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)(d).
- O. **Monitoring Fee:** Respondent shall make a payment of \$100 to the Board each quarter for the duration of this Order 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: Shantel Billington, 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. The monitoring fee shall be considered repayment receipts as defined in Iowa Code section 8.2.

16. Respondent shall obey all federal, state and local laws, and all rules governing the practice of medicine in Iowa.

17. In the event Respondent leaves Iowa to reside or practice outside the state, Respondent shall notify the Board in writing of the dates of departure and return. Periods of residence or practice outside the state of Iowa will not apply to the duration of this Order.

18. In the event Respondent violates or fails to comply with any of the terms or conditions of this Order, the Board may initiate action to suspend or revoke the Respondent's Iowa medical license or to impose other license discipline as authorized in Iowa Code Chapters 148 and 272 and 653 IAC 12.2.

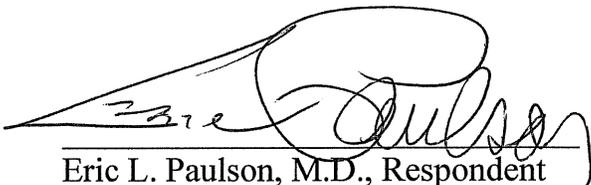
19. This Order constitutes the resolution of a contested case proceeding.

20. By entering into this Order, Respondent voluntarily waives any rights to a contested case hearing on the allegations contained in the Statement of Charges, and waives any objections to the terms of this Settlement Agreement.

21. Respondent voluntarily submits this Order to the Board for consideration.

22. This Order, is subject to approval of the Board. If the Board fails to approve this Order, it shall be of no force or effect to either party.

23. The Board's approval of this Reinstatement Order shall constitute a **Final Order** of the Board.

  
Eric L. Paulson, M.D., Respondent

Subscribed and sworn to before me on JULY 24, 2008.

Notary Public, State of IOWA.



Sandy Hunter  
Sandy Hunter, Notary Public

This Order is approved by the Board on August 6, 2008.

Yasyn Lee  
Yasyn Lee, M.D., Chairperson  
Iowa Board of Medicine  
400 S.W. 8<sup>th</sup> Street, Suite C  
Des Moines, IA 50309-4686

**BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF IOWA**

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<b>IN THE MATTER OF THE</b>	)	<b>FILE NO. 02-05-683</b>
<b>STATEMENT OF CHARGES</b>	)	<b>DIA NO. 05DPHMB034</b>
<b>AGAINST</b>	)	
	)	
<b>ERIC L. PAULSON, M.D.</b>	)	<b>BOARD RULING ON</b>
	)	<b>RESPONDENT'S APPLICATION</b>
<b>RESPONDENT</b>	)	<b>FOR REHEARING</b>

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**TO: ERIC L. PAULSON, M.D.                      DATE: October 12, 2006.**

On December 9, 2005, the Iowa Board of Medical Examiners (Board) filed a Statement of Charges against Eric L. Paulson, M.D., (Respondent), charging him with “engaging in unprofessional or unethical conduct and/or practice harmful or detrimental to the public and with the inability to practice medicine with reasonable skill and safety by reason of illness, drunkenness, excessive use of drugs, narcotics, chemicals, or other type of material or as a result of a mental or physical condition, in violation of the laws and rules governing the practice of medicine in Iowa.

On March 2, 2006, the Board filed an Amended Statement of Charges and an Emergency Adjudicative Order immediately suspending Respondent's medical license. The Board concluded Respondent’s continued practice of medicine constituted an immediate danger to the public health, safety, and welfare.

On July 11, 2006, the Board granted the state's Second Motion to Amend Statement of Charges to add an expanded description of Respondent's disciplinary history with the Board as well as additional factual allegations of an ongoing pattern of unprofessional or unethical conduct over the past ten years.

On August 17, 2006, a contested case hearing was held before the Board in this matter. On September 7, 2006, the Board issued a Findings of Fact, Conclusions of Law, Decision and Order. The Board concluded that Respondent engaged in an extensive and ongoing pattern of unethical and unprofessional conduct, repeatedly failed to comply with Board Orders, and that he engaged in a pattern of physically and verbally aggressive conduct in violation of the laws and rules governing the practice of medicine in Iowa. The Board also concluded that Respondent is unable to practice medicine with reasonable skill and safety due to a mental condition. The Board **revoked** Respondent’s Iowa Medical License, effective September 7, 2006.

On September 27, 2006, Respondent filed an Application for Rehearing pursuant to Iowa Code Section 17A.16. Respondent made several arguments regarding the issues litigated before the Board at the August 17, 2006, hearing. On October 5, 2006, the State filed a Resistance to Respondent's Application for Rehearing. The State argued that Respondent had a full opportunity to raise these issues before the Board at hearing and that he did not raise any new issues in his Application for Rehearing that were not presented to the Board at hearing, or that could have been presented to the Board at hearing.

After careful consideration, the Board voted to **DENY** Respondent's Application for Rehearing. The Board determined that Respondent did not raise any new issues in his Application for Rehearing that were not presented to the Board at hearing, or that he had an opportunity to present to the Board at hearing.

**THEREFORE:** Respondent's Application for Rehearing is hereby **DENIED**.



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Yash Lee, M.D., Chairperson  
Iowa Board of Medical Examiners

cc: Theresa O'Connell Weeg  
Office of the Attorney General  
Hoover Building  
Des Moines, Iowa 50319

Michael Sellers  
Attorney at Law  
1501 42<sup>nd</sup> Street, Suite 380  
West Des Moines, IA 50266-1005 (CERTIFIED)

Judicial review of the board's action may be sought in accordance with the terms of the Iowa administrative procedures Act, from and after the date of this order. 653 IAC 12.38.

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF IOWA

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IN THE MATTER OF THE	)	FILE NO. 02-05-683
STATEMENT OF CHARGES AGAINST	)	DIA NO. 05DPHMB034
	)	
ERIC L. PAULSON, M.D.	)	FINDINGS OF FACT,
	)	CONCLUSIONS OF LAW,
Respondent	)	DECISION AND ORDER

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TO: ERIC L. PAULSON, M.D.

DATE: September 7, 2006.

On December 9, 2005, the Iowa Board of Medical Examiners (Board) filed a Statement of Charges against Eric L. Paulson, M.D., (Respondent), charging him with:

**Count I:** Engaging in unprofessional or unethical conduct and/or practice harmful or detrimental to the public, in violation of Iowa Code sections 147.55(3) and 272C.10(3) (2005) and 653 IAC 12.4(3) and (36).

The Statement of Charges alleged that on or about October 7, 2005, Respondent slapped an elderly female patient, who suffered from a behavioral disorder, after the patient shoved food in his face. (State Exhibit 9) On March 2, 2006, the Board filed an Amended Statement of Charges, adding the following charge:

**Count II:** Inability to practice medicine with reasonable skill and safety by reason of illness, drunkenness, excessive use of drugs, narcotics, chemicals, or other type of material or as a result of a mental or physical condition.

The Amended Statement of Charges further alleged that Respondent voluntarily underwent evaluation at the Professionals At Risk Treatment Services Program in Elmhurst, IL on January 23-24, 2006, and that the program's report found that the information reviewed "gravitate(s) against his being able to practice medicine with reasonable skill and safety without an intense therapeutic intervention." The report recommended intense residential treatment. (State Exhibits 10, 13) Also on March 2, 2006, the Board issued an Emergency Adjudicative Order, immediately suspending Respondent's medical license, based on a finding that his continued practice of medicine constituted an immediate danger to the public health, safety, and welfare. (State Exhibits 11, 12)

On July 11, 2006, the Board granted the state's Second Motion to Amend Statement of Charges to add an expanded description of Respondent's disciplinary history with the Board as well as additional factual allegations of an ongoing pattern of unprofessional or unethical conduct over the past ten years, including but not limited to: failure to comply with formal orders and informal requests of the Board, physically aggressive or assaultive conduct on a number of occasions towards a number of persons, verbally aggressive conduct on several occasions towards a number of persons, repeated instances of failure to conform to hospital restrictions on his privileges or practice, and repeated instances of falsifying information provided to the Board, other health care professionals, and to others. In addition, the amendments added four allegations of physically and/or verbally abusive conduct towards specific patients. (State Exhibits 13-A, 13-B)

A hearing was held on August 17, 2006, at 11:55 a.m. before a quorum of the Board, which included: Yasyn Lee, M.D., Chairperson; Carole Frier, D.O.; Blaine Houmes, M.D.; Russell Lee, M.D.; Paul Thurlow and Janece Valentine, public members. Respondent appeared and was represented by attorney Michael Sellers. Assistant Attorney General Theresa O'Connell Weeg represented the state. The hearing was closed to the public, pursuant to Iowa Code section 272C.6(1) and 653 IAC 12.26(12), and 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, in accordance with their deliberations.

#### **THE RECORD**

The record includes the above-described pleadings, the hearing orders, Respondent's Motion in Limine, filed 8/16/06<sup>1</sup>, the testimony of the witnesses, State Exhibits 1-41 and Respondent Exhibits A-K (see exhibit indexes for complete descriptions).

#### **FINDINGS OF FACT**

1. On July 1, 1981, Respondent was issued license number 22537 to practice medicine and surgery in the state of Iowa. Respondent is board certified in internal medicine and has practiced medicine in Carroll, Iowa since 1983. Many patients and members of the Carroll community support Respondent's return to the practice of medicine and have provided testimony,

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<sup>1</sup> The Motion in Limine was denied at the beginning of the hearing.

letters, or petitions to the Board. (Testimony of Respondent; Steven Kraus, D.C.; Francis McCabe, M.D.; Jerry Janson; Robert Larson; Edra Broich; Bill Fish; Respondent Exhibits F-J; State Exhibit 22)

**Respondent's Extensive Disciplinary History**

2. The Board has taken numerous formal and informal disciplinary actions against Respondent in the past ten years. During this time, Respondent has repeatedly failed to comply with Board orders and requests and has failed to fully cooperate with Board staff. (State Exhibits 1-8; 38-41)

a. In July 1995, the Board received information which raised concerns about Respondent's physical condition and he was ordered to undergo a comprehensive physical and neuropsychiatric examination and a chemical dependency evaluation. The resulting evaluation report stated that Respondent suffered from alcohol abuse and required treatment. On January 11, 1996, Respondent and the Board entered into a combined Statement of Charges and Informal Settlement which placed Respondent's Iowa medical license on probation for a period of five (5) years subject to certain terms and conditions related to alcohol abuse. Respondent later challenged the combined Statement of Charges and Informal Settlement on judicial review, arguing that the Board lacked subject matter jurisdiction over him. On April 28, 1999, the Iowa Supreme Court affirmed the district court's dismissal of Respondent's petition for judicial review. (State Exhibit 1)

During his initial period of probation, Respondent did not always cooperate when the Board's investigator requested urine specimens for testing, and he pushed the Board's investigator on one occasion. Respondent did not always attend the number of Alcoholics Anonymous (AA) meetings required by the terms of probation. (Testimony of Bernard Jennisch; State Exhibit 1 and attachments)

b. On July 15, 1999, the Board filed a second Statement of Charges against Respondent, charging him with violating a lawful order of the Board when he consumed alcohol in violation of the January 11, 1996, Board Order after he was arrested for Operating While Intoxicated (OWI). On August 26, 1999, Respondent and the Board entered into a Settlement Agreement and Final Order which imposed a \$2500 fine, required Respondent to complete inpatient treatment, and placed his medical license on a new five-year probation. Respondent entered inpatient

treatment at Menninger Clinic but was discharged without completing primary treatment and without completing the goals and recommendations outlined in his Master Treatment Plan. (Testimony of Bernard Jennisch; State Exhibits 2, 3)

c. On October 18, 1999, the Board issued Respondent a Letter of Warning citing serious concerns about his complication rate for colonoscopies. The Board chose not to pursue formal disciplinary action because Respondent sought further training and discontinued performing the procedure. However, the Board directed Respondent to provide the Board with sixty (60) days' notice prior to resuming the performance of colonoscopies. (Testimony of Bernard Jennisch; State Exhibit 38)

d. On July 27, 2000, Respondent and the Board entered into a Stipulated Order following the Respondent's completion of substance abuse treatment at Professional Renewal Center in Lawrence, Kansas on April 14, 2000. The Stipulated Order amended the Respondent's terms of probation based on the recommendations made by the treatment program. (State Exhibit 4)

e. On January 18, 2001, the Board filed a third Statement of Charges alleging that Respondent violated the terms and conditions of the July 27, 2000, Stipulated Order by not fully complying with the Board's drug screening program and by failing to comply with restrictions placed on his call schedule and on the length of his office hours. (State Exhibit 5). On May 31, 2001, following a hearing, the Board issued a Decision and Order finding that Respondent had violated the terms and conditions of the July 27, 2000, Stipulated Order. The Board noted that Respondent fails to fully appreciate that he is solely responsible for complying with the Board's order and ordered Respondent to pay a \$7,500 fine. (State Exhibit 6)

f. On May 29, 2002, the Board filed a fourth Statement of Charges against Respondent, charging him with violating a lawful order of the board and making misleading, deceptive, untrue or fraudulent misrepresentations in the practice of medicine. (State Exhibit 7) On November 20, 2002, the Board issued a Decision and Order, following hearing, which found that Respondent had violated the terms and conditions of a board order when he drank alcohol on November 28, 1999, and again on May 27, 2001, and when he filed false quarterly reports with the Board when he failed to report his use of alcohol, his arrest for domestic abuse on November 28, 1999, or his arrest for public intoxication on May 27, 2001. The Board further found that Respondent made deceptive, untrue and fraudulent

representations in the practice of medicine when he filed the false quarterly reports and when he filed a license renewal application claiming that he had only been arrested for one misdemeanor crime in five years when in fact he had been arrested for three misdemeanor crimes.

The Board issued Respondent a formal reprimand, imposed a 14-day license suspension, ordered him to pay a \$5,000 civil penalty, and placed his medical license on a new five-year probation, subject to numerous terms and conditions, including a prohibition on keeping any alcohol in his home and restrictions on his work hours and call schedule. In determining the sanction, the Board acknowledged that Respondent's disciplinary history and the current violations merited a lengthy license suspension or even license revocation. However, in choosing a far less onerous sanction, the Board considered Respondent's eighteen months' of sobriety and the recent dissolution of his marriage, which Respondent blamed for many of his relapses and errors in judgment. The Board also gave serious consideration to the testimony and letters of the members of Respondent's community who supported him. Nevertheless, the Board warned Respondent that its patience was nearly exhausted, and he must take the necessary steps to ensure that he did not appear before the Board again for a probation violation. (State Exhibit 8)

g. On July 31, 2002, the Board issued Respondent a second Letter of Warning for failure to appropriately respond to requests to treat a one hundred year-old hospitalized nursing home patient. (State Exhibit 39)

h. In December 2003, the Board learned that Respondent had resumed his performance of colonoscopies without first notifying the Board, as directed in the October 18, 1999, Letter of Warning. (State Exhibit 38-C).

i. On October 28, 2005, the Board sent Respondent a Letter of Warning for violating the terms and conditions of probation established in the Board Order dated November 20, 2002. The Letter of Warning noted that Respondent had been taking call more than two nights a week, in violation of paragraph 6 of the order. The Board stated its serious concern for Respondent's pattern of non-compliance with terms that were established for the protection of the public. Respondent was directed to provide a written response within ten days advising the Board of the steps he has taken to limit his call schedule to no more than two days per week. (State Exhibit 40)

**The Current Violations**

Slapping an elderly patient on October 10, 2005

3. On October 13, 2005, the Board received two complaints alleging that Respondent had slapped an elderly female patient in the mental health unit at St. Anthony's Hospital in Carroll, Iowa. (State Exhibits 14, 15) Respondent had been this patient's primary care physician for a number of years. The patient had multiple hospitalizations for a psychiatric condition and could be difficult to deal with at times. On October 7, 2005, Respondent was sitting with the patient at the breakfast table in the hospital's psychiatric unit. Several other patients were seated at the same table and several hospital staff members were nearby. The patient, who was also diabetic, was steadfastly refusing to eat her breakfast and was arguing with Respondent, who was encouraging her to eat. Respondent had his face close to the patient, who was hard of hearing. The patient became agitated, grabbed a handful of scrambled eggs, and pushed the eggs into Respondent's face. Respondent jumped back, knocking his chair backwards, and he slapped the patient's face. Witnesses heard the slap, saw Respondent's hand on the patient's cheek, and observed red marks on the patient's face that lasted a few minutes. Following the slap, Respondent sat down and continued to talk to the patient for several minutes.

The patient was examined by one of the hospital's consulting psychiatrists shortly after the incident. The psychiatrist reported that "no physical sequelae" was noted, the patient was not distressed, and Respondent appeared remorseful and concerned for the patient's welfare. He further reported that by the following day the patient had no recollection of the event and praised Respondent for providing good care to her "for all these years." The patient did not want to be referred to another physician and has written a letter of support for Respondent to the Board. (Testimony of Sandy Cayler; Respondent; Linda Dorweiler; State Exhibits 14-19; Respondent Exhibits F; K)

4. Linda Dorweiler, MSN, is the Quality and Risk Manager at St. Anthony's Hospital. She met with Respondent after the witnesses reported this incident to her. On October 10, 2005, Dorweiler met with the hospital's lawyer and notified the Board of Medical Examiners and the Department of Inspections and Appeals. Respondent was instructed that he could no longer have contact with this patient at the hospital and that he would have to be accompanied by another professional when seeing any other patient at the hospital. Respondent initially complied with

this restriction but eventually found it to be onerous because a nurse was not always immediately available. Three nurses reported to hospital administration that Respondent saw patients without a nurse present, and Respondent admits that he did not always have a nurse present when he saw patients. Based on this information, the hospital summarily suspended Respondent's privileges from December 23, 2005, through March 23, 2006. (Testimony of Linda Dorweiler; Bernard Jennisch; Respondent; State Exhibits 17; 22, pp. 11-13)

5. After Respondent's hospital privileges were suspended, he submitted to a comprehensive evaluation at the Professionals At Risk Treatment Service in Elmhurst, Illinois from January 23-24, 2006. At the evaluation, Respondent rationalized his action in slapping the patient as a "startle" response over which he had no real control. The evaluators concluded that Respondent did not take responsibility for his actions and displayed a "recurring and pronounced dynamic of externalization of blame" in describing his significant and on-going difficulties over the past ten years. Respondent was noted to have "contempt for authority," which included the Board and the leadership at St. Anthony Hospital. Psychological testing ruled out any cognitive deficits but indicated the likelihood of the presence of narcissistic traits including entitlement and the externalization of blame and responsibility. Based on the recent slapping incident together with a past history of resorting to physical expressions of anger, the evaluators concluded that Respondent was unable to practice medicine with reasonable skill and safety unless he underwent an intensive therapeutic intervention. They recommended that Respondent be required to take a leave of absence from the practice of medicine and enter a residential intensive treatment program for professionals focusing on his contempt for authority, entitlement, underlying personality issues, and his denial on alcohol abuse. (Testimony of Bernard Jennisch; Respondent; State Exhibit 22)

6. Respondent participated in an intensive residential treatment program at Professionals at Risk Treatment Services from March 3, 2006 to April 14, 2006. Upon discharge, the program's medical director, Dr. Glenn Siegel, wrote to the Board expressing the program's opinion that Respondent now poses little or no risk to the public and demonstrates many characteristics and qualities of an excellent, compassionate, and devoted physician. Dr. Siegel noted that Respondent initially had difficulty understanding his recent response to a patient as something other than a "startle" response but that

Respondent eventually became receptive to feedback and developed increased awareness regarding his own struggle with accepting and integrating his own anger, making palpable gains by the end of his stay. The program supported Respondent's immediate return to the practice of medicine with the recommendation that he continue in weekly psychotherapy and quarterly medication management. (State Exhibit 24)

Respondent's testimony before this Board failed to reflect any of the increased awareness or acceptance of his anger issues, as noted by Dr. Siegel in his final report. In his testimony before this Board, Respondent admits that he slapped the patient but persists in describing his actions as a "reflex" or "innate" response that "everyone has." He denied that the slap was motivated by anger. Respondent's testimony was not credible. Moreover, the Board strongly disagrees that slapping an elderly confused patient is an "innate" response regardless of the circumstances, but especially for a licensed physician. (Testimony of Respondent)

Second Amended Statement of Charges

7. In April-June 2006, the Board received several communications, some anonymous, expressing concerns about a number of Respondent's past behaviors. The Board had not previously been aware of these allegations and additional investigations were initiated, resulting in a second amendment to the Statement of Charges on July 11, 2006. One of the anonymous allegations was that Respondent had regularly had bottles of wine delivered to his medical office. Respondent's probation requirements specifically prohibited him from having any alcohol at his residence. Respondent was interviewed and admitted that he had belonged to a wine club that delivered bottles of wine to his medical office. Respondent maintains that he has been abstinent of alcohol since May 31, 2001, and testified that he gave all of the wine away as gifts to his employees and friends. One of Respondent's employees confirmed that Respondent had given bottles of wine to her and to other employees as gifts. (Testimony of Bernard Jennisch; Respondent; Joyce Aden; State Exhibits 30, 31)

*1997 Endoscopy Incident*

8. On April 12, 2006, a nurse employed at St. Anthony Hospital sent the Board an anonymous letter, prompting the Board to obtain documentation of an incident that occurred on October 1,

1997. On that date, Respondent was performing an endoscopy on an elderly patient. The patient had been sedated with Versed, and Respondent was not using a bite block to protect the scope or his finger. As Respondent was placing the gastroscope, the patient bit down on Respondent's finger. Two nurses who were present both heard Respondent repeatedly tell the patient "don't bite me, you son of bitch." They also observed Respondent forcefully push the patient's head back with the heel of his hand. The patient was then given additional sedation and the procedure was completed. Both nurses were shocked by Respondent's behavior. One of the nurses prepared a written statement immediately after the incident, which was signed by both of them.

Respondent denied calling the patient a son of a bitch and claimed he only uttered this expletive to himself after being bitten. In addition, Respondent denied that he was unnecessarily physically aggressive with the patient but rather claimed that he applied only enough pressure to the patient's forehead to protect the scope and to get the patient to release his finger. Based on the credible testimony of the two nurses, the Board finds that Respondent was verbally and physically aggressive with the patient out of anger and that he failed to take adequate precautions when he did not use a bite block. (Testimony of Bernard Jennisch; Theresa L. Brown; Monica Lawler Nees; Respondent; State Exhibits 32-34)

#### *2004 Colonoscopy Incident*

9. On April 7, 2004, Respondent performed a colonoscopy on a patient who had a previous history of polyps. Prior to the procedure, the patient warned Respondent and the nurse that he had become very combative during previous colonoscopies. A surgery technician and a nurse assisted Respondent. The nurse stood at the patient's head and was responsible for administering the IV sedation as directed by Respondent, documenting the medication, and monitoring the patient. The surgery technician advanced the scope as directed by Respondent. The patient was initially given 2 mg of Versed and 50 mg of Demerol but started screaming as soon as Respondent started the procedure. As the surgery technician advanced the scope, the patient flailed about and continued to yell, kick, and scream. The patient was given an additional 6 mg of Versed to calm him down.

According to the surgery technician, Respondent became very agitated with the combative patient and reached up and slapped

the patient hard on the leg. He then took the scope from the technician and whipped the scope up and down while it was still inside the patient. The surgery technician was shocked by this behavior and did not know what to do. After the procedure was completed, she reported the incident to her supervisor and made a written report. (Testimony of Paula Johnson; State Exhibit 34, p. 5)

The nurse had been busy monitoring the patient and trying to get him to lie still on the cart. She did not see a slap but heard a slapping sound and saw Respondent's hand on the patient's leg when she looked up. She did not see Respondent take the scope from the technician or manipulate the scope using a whipping motion. The nurse has worked with Respondent on a number of other colonoscopy cases and has never seen him be physically or verbally abusive to a patient. (Testimony of Mary Mikkelsen; State Exhibit 34, p. 5)

The colonoscopy procedure, including removal of some polyps, was eventually completed. Respondent denies that he slapped the patient or inappropriately whipped the scope. According to Respondent, the slapping sound may have occurred because the patient was flailing around so much that he had to quickly reach over to catch the patient by the leg to keep him from rolling off the cart. Respondent testified that while the patient was flailing around, the scope was waving back and forth. Respondent states that he took the scope and held it up to regain control over it and keep it flexible, thereby preventing injury to the patient. (Testimony of Respondent; State Exhibits 32, 34)

The patient testified and provided a written letter to the Board. The patient was very satisfied with the medical care that he received from Respondent. (Testimony of patient; Respondent Exhibit G) Based on this record, the Board was unable to conclude, by a preponderance of the evidence, that Respondent inappropriately slapped the patient or manipulated the scope in anger.

*Additional Allegations of Physical and/or Verbal Abuse*

10. On June 19, 2006, the Board received an anonymous telephone complaint alleging that Respondent had hit an elderly male patient. A Board investigator subsequently contacted the patient and his wife. Respondent had treated the patient, who had multiple health issues, from sometime in 2003 until September 2005. The patient's wife accompanied him to all of

his medical appointments. The patient and his wife reported that over a period of approximately two years, Respondent had yelled at the patient, called him names, and had hit him on the leg with the back of his hand. The patient and his wife signed a statement prepared by the Board's investigator but later told the Board's investigator that it would be too upsetting to testify at the hearing. (Testimony of Bernard Jennisch; State Exhibit 35)

Respondent denies speaking inappropriately to this patient or hitting him. Respondent and his nurse both testified that Respondent would speak bluntly to patients about what they needed to do for their health conditions, such as lose weight, and that he frequently punctuated his comments to patients and staff by patting their shoulder or thigh with the back of his hand. Both denied that this was done in anger. (Testimony of Respondent; Joyce Aden) Based on the limited evidence in this record, the Board was unable to conclude that Respondent verbally or physically abused this patient.

11. On July 7, 2005, the Board received a complaint from one of Respondent's elderly patients. The Board's investigator subsequently interviewed the patient at her home. The patient complained that her adult son had been treated by Respondent the previous week and returned home crying because Respondent had yelled and screamed at him. The patient also reported that when she went to Respondent's office for the results of her own blood test, Respondent yelled at her for twenty minutes about her son, using the "F word," and then left the room without giving her the results of her blood test. The patient changed physicians after this appointment.

The patient's son testified at the hearing and explained that he had one or two appointments with Respondent because he had become depressed following a prolonged period of unemployment. He testified that Respondent was a little offensive and abrupt and had "an edge to his personality" but denied that Respondent harmed him in any way. (Testimony of patient)

Respondent and his nurse both recalled that the elderly patient was pressing Respondent for information concerning her son's condition, which was confidential information. Respondent testified that he told the mother that she needed to use "tough love" with her son rather than sympathizing with him so much. Respondent admits that he told the patient that she needed to get her son "off the frickin' couch." He denies using any other profane language. Respondent asked the mother if she understood

what he was saying, and she replied, "yes, you're telling me that I am a bad mother." Respondent believes that the patient complained to the Board because she was unhappy with his comments and was angry that he would not share confidential information with her. (Testimony of Respondent; Joyce Aden; Bernard Jennisch; State Exhibit 36)

Based on this record, the Board is unable to conclude that Respondent's treatment of the patient's son was inappropriate. However, Respondent's communication with this elderly female patient was clearly unnecessary and upsetting to the patient and he failed to recognize this and adjust his tone.

*Respondent's Plans To Return To Practice*

12. Respondent's medical license has been summarily suspended since the Board entered its Emergency Adjudicative Order on March 2, 2006. On May 25, 2006, Respondent's treating psychologist, Tonita Rios, Ph.D., CADC, wrote to the Board in support of his reinstatement. In her letter, Dr. Rios states her belief that Respondent has maintained his sobriety since Memorial Day 2001. Dr. Rios recommends that:

- Respondent's weekly body fluid tests for alcohol consumption be reduced to one actual test per month;
- Respondent's mandatory AA attendance be reduced from two meetings per week to one meeting per month; and
- Respondent's practice limitations of a 60 hour work week with no more than two days on call be eliminated.

Dr. Rios strongly recommended the immediate reinstatement of Respondent's medical license. (Respondent Exhibit A) However, the Board noted that Dr. Rios focused on Respondent's alcohol abuse treatment and did not address the other issues before the Board.

13. Respondent's treating psychiatrist, Charles V. Wadle, D.O., FAPA, also wrote to the Board on May 25, 2006. Dr. Wadle wrote that he has no basis to disagree with the Elmhurst Memorial Professionals At Risk Treatment Program recommendation that Respondent should be able to return to work immediately. Dr. Wadle further stated that it has yet to be demonstrated that restrictive work hours have rendered any benefit for Respondent's personality style, remitted alcohol abuse, and remitted dysthymia. (Respondent Exhibit B) Again, Dr. Wadle appears to have focused on the work restrictions established by the Board. The Board must address the totality of the

circumstances in this matter including the elder abuse concerns, Respondent's long history of unprofessional conduct and his continuing willful refusal to comply with the requirements established by the Board to protect the public.

14. Respondent continues to deny that he is an alcoholic but states that he "might become an alcoholic if he goes back to drinking."<sup>2</sup> In Respondent's opinion, his only characteristic consistent with alcoholism is that he has "gotten into trouble" for alcohol use in the past. Respondent states that he does not deny that he has abused alcohol in the past, does not intend to resume drinking alcohol, and plans to continue his participation in AA, which he "loves." Respondent blames many of the complaints against him on local politics and on hospital administration anger and resentment over his decision to testify as a witness in a lawsuit against the hospital.

Respondent describes himself as "very compliant" with the Board's orders in the past five years. With respect to his ongoing failure to restrict his on-call status to two nights a week, Respondent stated that he "just does not have that option." Respondent testified that he only rarely missed his calls to the drug screening program and those he missed were due to the fact that he called in too early (prior to 7:00 a.m.) Respondent faulted Board staff for not notifying him of the change in the screening program's procedure.

If his license is reinstated, Respondent plans to join the Family & Specialty Medical Center, P.C. in Carroll, Iowa, which is a multi-disciplinary health clinic. (Testimony of Respondent; Steven J. Kraus, D.C.; Respondent Exhibits D, E)

## CONCLUSIONS OF LAW

### COUNT I

Iowa Code section 147.55(3) provides, in relevant part:

#### **147.55 Grounds.**

A license to practice a profession shall be revoked or suspended when the licensee is guilty of any of the following acts or offenses:

...

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<sup>2</sup> However, in a Board hearing on October 31, 2002, Respondent described himself as a "self admitted alcoholic." (State Exhibit 8, p. 6, Finding of Fact 16)

3...engaging in unethical conduct or practice harmful or detrimental to the public. Proof of actual injury need not be established.

Accord, Iowa Code section 272C.10(3)(2005).

653 IAC 12.4 provides, in relevant part:

**653-12.4(272C) Additional grounds for discipline.**

The board has authority to impose discipline for any violation of Iowa Code chapter 147, 148, or 272C or the rules promulgated thereunder. The Board may impose any of the disciplinary sanctions set forth in rules 12.33(272C), including civil penalties in an amount not to exceed \$10,000, when the board determines that the licensee is guilty of any of the following acts or offenses...:

...  
**12.4(3)** ...[E]ngaging in unethical conduct or practice harmful or detrimental to the public. Proof of actual injury need not be established.

...  
**12.4(36)** Unprofessional conduct.

The preponderance of the evidence established that Respondent has engaged in an extensive and ongoing pattern of unethical and unprofessional conduct, in violation of Iowa Code sections 147.55(3), 272C.10(3), and 653 IAC 12.4(3) and (36). Respondent has repeatedly failed to comply with Board Orders and requests, including his most recent failure to limit his on-call status to two nights a week. In addition, prior to the suspension of his hospital privileges, Respondent failed to fully comply with the hospital's restriction requiring him to have another professional present when seeing patients. On October 1, 1997, Respondent was verbally and physically abusive to an elderly endoscopy patient who bit his finger during the procedure. In July 2005, Respondent used inappropriate language when communicating with one of his elderly patients about her son's condition. On October 7, 2005, Respondent slapped an elderly female psychiatric patient who had pushed eggs in his face. It is notable that all of these incidents involved vulnerable elderly patients. The incidents of physical and verbal aggression were not isolated occurrences. Respondent has a documented history of physically and verbally aggressive conduct as demonstrated by this record.

**COUNT II**

Iowa Code section 148.6(2)(h) (2005) provides, in relevant part:

**148.6 Revocation.**

...

2. Pursuant to this section, the board of medical examiners may discipline a licensee who is guilty of any of the following acts or offenses:

...

h. Inability to practice medicine...with reasonable skill and safety by reason of illness, drunkenness, excessive use of drugs, narcotics, chemicals, or other type of material or as a result of a mental or physical condition...

The preponderance of the evidence established that Respondent is currently unable to practice medicine with reasonable skill and safety due to a mental condition. In January 2006, Respondent's evaluators at Professionals At Risk Treatment Services diagnosed him with Alcohol Abuse, in full remission (Axis I) and Antisocial, Narcissistic, and Paranoid Traits (Axis II). The evaluators found that Respondent fails to take full responsibility for his behaviors and that he externalizes blame. The evaluators further found that Respondent has contempt for authority and a sense of entitlement and that he is in denial regarding his alcohol abuse. The evaluators concluded that Respondent required intensive therapeutic intervention before he would be able to practice medicine with reasonable skill and safety.

Following six weeks of inpatient treatment, the evaluators were satisfied that Respondent is now safe to return to the practice of medicine. The Board was not provided any records from Respondent's inpatient treatment. Dr. Glenn Siegel, the Program Medical Director, issued a brief final report finding that Respondent now poses little or no risk to the public. Dr. Siegel noted that during treatment Respondent developed an understanding of his own interpersonal dynamics and a commitment to continue to solidify his therapeutic gains. Dr. Siegel further stated that Respondent is no longer externalizing his problems.

However, Respondent's testimony at the hearing before this Board essentially contradicted all of Dr. Siegel's conclusions concerning Respondent's substantial progress in treatment. For example, Respondent's testimony indicates that he continues to

be in substantial denial concerning his serious problems with alcohol. While he has previously described himself to the Board as a "self admitted alcoholic," Respondent now denies that he is an alcoholic and suggests that his past problems with alcohol abuse have been overstated. In addition, after the Board prohibited Respondent from keeping any alcohol in his home, he continued his membership in a wine club and had the wine delivered to his office in order to skirt the prohibition of alcohol in his home. Respondent continues to insist that this should not be seen as a problem so long as he does not drink the wine and gives it away as gifts. Respondent refuses to acknowledge that given his status as a probationary physician in recovery for his substance abuse, the Board has legitimate concerns about his decision to remain in a wine club and have wine delivered to his office.

During his testimony, Respondent failed to display any of the "understanding of his own interpersonal dynamics" cited by Dr. Siegel. In fact, in the opinion of the Board<sup>3</sup>, Respondent's testimony exemplified his sense of entitlement and his arrogance about his own abilities and judgment, his contempt for authority, his ongoing refusal to take responsibility for his own actions, and his narcissism. This causes the Board question whether Respondent was honest in his communications with his treatment providers. Respondent continues to rationalize his unprofessional conduct and failed to demonstrate any of the "increased awareness of accepting or integrating his own anger" cited by Dr. Siegel. Respondent continued to characterize his slapping of an elderly psychiatric patient as a "reflex" that "everyone has." Respondent continues to blame everyone but himself for his ongoing problems with this Board.

Respondent is cavalier about his past and current failures to comply with the Board's probation requirements, including his ongoing failure to limit his on-call status to two times a week, as required by the terms of his probation. Respondent told the Board that he just did not have the "option" of limiting his call to two nights a week and also told the Board that no other physician could care for his patients as well as he could. Respondent described himself as "well-revered." When asked by a Board member about his previous lying to the Board about his drinking and misdemeanor arrests in 1999 and 2001, Respondent essentially told the Board that he had made a conscious decision, after consultation with others, to conceal these incidents from the Board because he thought they would hurt his

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<sup>3</sup> The Board's chairperson is a board-certified practicing psychiatrist.

request for full custody of his son.<sup>4</sup> Respondent further stated that he was "glad" he told the lies, and it was "worth it."

Regardless of Respondent's intellectual and clinical abilities as a physician, he cannot practice medicine in a safe manner if his mental condition renders him unable to control his anger and treat all patients with respect, unable to recognize his own personal weaknesses and limitations, and unwilling or unable to be honest with the Board and abide by restrictions placed on him.

### **Sanction**

In determining the nature and severity of a disciplinary sanction, the Board is authorized to consider the following factors:

- The relative seriousness of the violation as it relates to assuring citizens of this state a high standard of professional care
- The facts of the particular violation
- Any extenuating circumstances or other countervailing considerations
- Number of prior violations or complaints
- Seriousness of prior violations or complaints
- Whether remedial action has been taken
- Such other factors as may reflect upon the competency, ethical standards and professional competency of the licensee

653 IAC 12.33(2). The current violations are extremely serious as they relate to assuring citizens of Iowa a high standard of professional care. Respondent has been physically and/or verbally aggressive towards three vulnerable elderly patients. In two of the instances, his behavior was observed and reported by other medical professionals. These violations relate directly to public health and safety. In addition, this is the fifth Statement of Charges filed against Respondent in a ten-year period.

At the time of his last disciplinary action, the Board noted that Respondent's violations merited a lengthy suspension or even revocation of his license. However, the Board imposed only

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<sup>4</sup> It is unclear what Respondent gained from these lies to the Board, other than retaining his medical license for a period of time, since his wife was aware of both arrests and could have raised them with the court at any time.

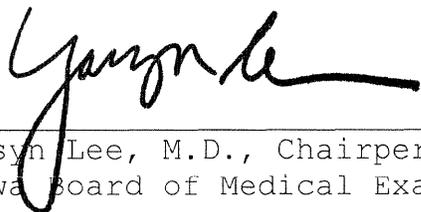
a brief two-week suspension and a civil penalty as sanctions, after considering Respondent's assertion that his past problems had been caused in large part by a destructive marriage and contentious divorce and after considering the testimony and letters submitted by numerous supportive patients. Nevertheless, at that time the Board urged Respondent to take the necessary steps to ensure that he did not appear before the Board again. Respondent has failed to heed this advice. Based on this record, the Board has now lost hope that Respondent will ever make the changes necessary to bring him into full compliance with the Board's requirements and into conformance with the accepted standards of professional and ethical conduct for licensed physicians.

**DECISION AND ORDER**

**IT IS THEREFORE ORDERED** that the license to practice medicine and surgery issued to Eric L. Paulson, M.D., license number 22537, is hereby **REVOKED**.

**IT IS FURTHER ORDERED**, in accordance with 653 IAC 12.43, that Respondent shall pay a disciplinary hearing fee of \$75.00. In addition, the Respondent shall pay any costs certified by the executive director and reimbursable pursuant to subrule 12.43(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 7<sup>th</sup> day of September, 2006.



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Yasyn Lee, M.D., Chairperson  
Iowa Board of Medical Examiners

cc: Theresa O'Connell Weeg  
Office of the Attorney General  
Hoover Building  
Des Moines, Iowa 50319

Michael Sellers  
Attorney at Law  
1501 42<sup>nd</sup> Street, Suite 380  
West Des Moines, IA 50266-1005 (CERTIFIED)

Judicial review of the board's action may be sought in accordance with the terms of the Iowa administrative procedures Act, from and after the date of this order. 653 IAC 12.38.

BEFORE THE BOARD OF MEDICAL EXAMINERS  
OF THE STATE OF IOWA

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IN THE MATTER OF THE	)	FILE NO. 02-05-683
STATEMENT OF CHARGES AGAINST	)	DIA NO. 05DPHMB034
	)	
ERIC L. PAULSON, M.D.	)	ORDER GRANTING SECOND
	)	MOTION TO AMEND
Respondent	)	07-14-06A07:42 RCVD

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On June 21, 2006, the state of Iowa filed a Second Motion to Amend Statement of Charges against Eric Paulson, M.D. (Respondent), which proposed to delete paragraph 8 from the Circumstances of the Amended Statement of Charges, filed on March 2, 2006, and to add new paragraphs 8, 11, 12, 13, 14, 15. Respondent has not filed a resistance to the Motion. On July 10, 2006, the Iowa Board of Medical Examiners (Board) delegated ruling on the Second Motion to Amend to the undersigned administrative law judge.

The state has provided good cause to permit the additional amendment to the Statement of Charges. The Second Motion to Amend Statement of Charges enlarges the factual basis supporting existing charges. It would be an unnecessary duplication of effort and resources for a separate hearing to be held on the additional allegations. In addition, the hearing has been continued by the Board and has not yet been rescheduled. IT IS THEREFORE ORDERED that the Second Motion to Amend Statement of Charges is hereby GRANTED.

Dated this *11<sup>th</sup>* day of July, 2006.

*Margaret LaMarche*

Margaret LaMarche  
Administrative Law Judge  
Iowa Department of Inspections and Appeals  
Division of Administrative Hearings  
Lucas State Office Building-Third Floor  
Des Moines, Iowa 50319

For the Iowa Board of Medical Examiners

DIA No. 05DPHMB034

Page 2

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Theresa O'Connell Weeg  
Department of Justice  
Hoover State Office Building-2<sup>nd</sup> Fl.  
(LOCAL)

Kent Nebel  
Director of Legal Affairs  
Iowa Board of Medical Examiners  
400 SW 8<sup>th</sup> Street, Suite C  
(LOCAL)

**BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF IOWA**

\*\*\*\*\*

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

**ERIC L. PAULSON, M.D., RESPONDENT**

**FILE NO. 02-05-683**

\*\*\*\*\*

**EMERGENCY ADJUDICATIVE ORDER**

\*\*\*\*\*

**COMES NOW** the Iowa Board of Medical Examiners on March 2, 2006, and finds that it was presented with evidence which establishes that Respondent's continued practice of medicine constitutes an immediate danger to the public health, safety, and welfare. The Board has conducted a full investigation of this matter. A summary of the evidence obtained in that investigation is as follows:

**FINDINGS OF FACT**

1. Respondent was issued Iowa medical license no. 22537 on July 1, 1981.
2. Respondent's Iowa medical license is active and will next expire on September 1, 2007.
3. The Board has jurisdiction in this matter pursuant to Iowa Code Chapters 147, 148 and 272C.
4. Respondent practices internal medicine in Carroll, Iowa.

5. In January 1996, the Board filed formal disciplinary charges against Respondent for alcohol abuse. Respondent's Iowa medical license was placed on probation subject to certain terms and conditions due alcohol abuse.

6. The Board filed formal disciplinary charges against Respondent for violating the terms of his Board Order on three separate occasions in 1999, 2001 and 2002. The Board temporarily suspended Respondent's license and he was required to pay civil penalties for violating his Board Orders in 2002.

7. The Board received information which indicates that on or about October 7, 2005, Respondent slapped an elderly, female patient, who suffers from a behavioral disorder, across the face after she shoved food in his face.

8. On February 13, 1006, the Board received a copy of an evaluation report from the Professionals at Risk Treatment Services program in Elmhurst, IL. Respondent completed the evaluation on January 23-24, 2006, at the request of his employer. Professionals at Risk concluded that the information it reviewed "gravitate(s) against his being able to practice medicine with reasonable skill and safety without intensive therapeutic intervention," and recommended that he complete intensive residential treatment.

### **CONCLUSIONS OF LAW**

9. The facts set forth above raise serious concerns that Respondent is unable to practice medicine with reasonable skill and safety at this time.

10. The Board concludes that this matter has been fully investigated and that this investigation has been sufficient to ensure the Board is proceeding on the basis of reliable information. Respondent was given an opportunity to respond to the allegations against him.

11. The facts set forth above establish that Respondent's continued practice of medicine poses an immediate danger to the public health, safety, or welfare. The Board believes there is a serious and immediate threat to patient health if Respondent is allowed to continue to practice medicine before the Board reaches a final resolution of the formal charges pending against him.

12. The facts set forth above establish that Respondent may not continue to practice medicine without posing an immediate danger to the public health, safety or welfare. Respondent willfully and repeatedly engaged in unprofessional conduct that put his patients at risk of serious harm.

13. The imposition of other interim safeguards would not be sufficient to protect the public health, safety, or welfare. It is not safe for Respondent to continue to practice medicine until this matter is resolved.

14. The Board finds that suspension of Respondent's ability to practice medicine under his Iowa medical license is necessary to protect the public health, safety or welfare until this case is finally resolved.

15. Respondent shall be notified immediately of this order pursuant to 653 IAC 12.37(2)(b) & (c).

16. A hearing on this Emergency Adjudicative Order, and the Amended Statement of Charges which have been filed in this matter, shall be scheduled for March 14, 2006. The hearing will begin at 12:00 noon and will be held at the Board office, located at 400 S.W. 8th Street, Suite C, Des Moines, Iowa.

This order dated March 2, 2006.



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Bruce L. Hughes, M.D., Chairperson  
Iowa Board of Medical Examiners  
400 S.W. 8th Street, Suite C  
Des Moines, IA 50309-4686

**BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF IOWA**

\*\*\*\*\*

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

**ERIC L. PAULSON, M.D., RESPONDENT**

**FILE NO. 02-05-683**

\*\*\*\*\*

**AMENDED STATEMENT OF CHARGES**

\*\*\*\*\*

**COMES NOW** the Iowa Board of Medical Examiners (the Board), on March 2, 2006, and on the motion of the State, files this Amended Statement of Charges against Eric L. Paulson, M.D., (Respondent), a physician licensed pursuant to Iowa Code Chapter 147 (2005) and alleges:

1. Respondent was issued Iowa medical license no. 22537 on July 1, 1981.
2. Respondent's Iowa medical license is active and will next expire on September 1, 2007.
3. The Board has jurisdiction in this matter pursuant to Iowa Code Chapters 147, 148 and 272C.

## **COUNT I**

4. Respondent is charged under Iowa Code sections 147.55(3) and 272C.10(3) (2005) and 653 IAC sections 12.4(3) and (36) with engaging in unprofessional or unethical conduct and/or practice harmful or detrimental to the public.

## **COUNT II**

5. Respondent is charged under Iowa Code sections 148.6(2)(h) with the inability to practice medicine with reasonable skill and safety by reason of illness, drunkenness, excessive use of drugs, narcotics, chemicals, or other type of material or as a result of a mental or physical condition.

## **CIRCUMSTANCES**

6. Respondent practices internal medicine in Carroll, Iowa.

7. In January 1996, the Board filed formal disciplinary charges against Respondent for alcohol abuse. Respondent's Iowa medical license was placed on probation subject to certain terms and conditions due alcohol abuse.

8. The Board filed formal disciplinary charges against Respondent for violating the terms of his Board Order on three separate occasions in 1999, 2001 and 2002. The Board temporarily suspended Respondent's license and he was required to pay civil penalties for violating his Board Orders in 2002.

9. The Board received information which indicates that on or about October 7, 2005, Respondent slapped an elderly, female patient, who suffers from a behavioral disorder, across the face after she shoved food in his face.

10. Respondent voluntarily underwent evaluation at the Professionals At Risk Treatment Services Program in Elmhurst, IL, on January 23-24, 2006. That program issued a report which found that the information reviewed, “gravitate(s) against his being able to practice medicine with reasonable skill and safety without an intense therapeutic intervention,” and recommended that he undergo intense residential treatment.

**On this** the 2<sup>nd</sup> day of March, 2006, the Iowa Board of Medical Examiners finds cause to file this Amended Statement of Charges.



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Bruce L. Hughes, M.D., Chairperson  
400 SW 8<sup>th</sup> Street, Suite C  
Des Moines, Iowa 50309-4686

**BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF IOWA**

\*\*\*\*\*

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

**ERIC L. PAULSON, M.D., RESPONDENT**

**FILE NO. 02-05-683**

\*\*\*\*\*

**STATEMENT OF CHARGES**

\*\*\*\*\*

**COMES NOW** the Iowa Board of Medical Examiners (the Board), on December 9, 2005, and files this Statement of Charges against Eric L. Paulson, M.D., (Respondent), a physician licensed pursuant to Iowa Code Chapter 147 (2005) and alleges:

1. Respondent was issued Iowa medical license no. 22537 on July 1, 1981.
2. Respondent's Iowa medical license is active and will next expire on September 1, 2007.
3. The Board has jurisdiction in this matter pursuant to Iowa Code Chapters 147, 148 and 272C.

## COUNT I

4. Respondent is charged under Iowa Code sections 147.55(3) and 272C.10(3) (2005) and 653 IAC sections 12.4(3) and (36) with engaging in unprofessional or unethical conduct and/or practice harmful or detrimental to the public.

## CIRCUMSTANCES

5. Respondent practices internal medicine in Carroll, Iowa.

6. In January 1996, the Board filed formal disciplinary charges against Respondent for alcohol abuse. Respondent's Iowa medical license was placed on probation subject to certain terms and conditions due alcohol abuse.

7. The Board filed formal disciplinary charges against Respondent for violating the terms of his Board Order on three separate occasions in 1999, 2001 and 2002. The Board temporarily suspended Respondent's license and he was required to pay civil penalties for violating his Board Orders in 2002.

8. The Board received information which indicates that on or about October 7, 2005, Respondent slapped an elderly, female patient, who suffers from a behavioral disorder, across the face after she shoved food in his face.

**On this** the 9<sup>th</sup> day of December, 2005, the Iowa Board of Medical Examiners finds cause to file this Statement of Charges.



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Bruce L. Hughes, M.D., Chairperson  
400 SW 8<sup>th</sup> Street, Suite C  
Des Moines, Iowa 50309-4686