

1 **BEFORE THE ARIZONA MEDICAL BOARD**

2 In the Matter of

3 **STANFORD C. LEE, M.D.**

4 Holder of License No. 30685
5 For the Practice of Allopathic Medicine
6 In the State of Arizona.

Board Case No. MD-05-0689A

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

(Letter of Reprimand)

7 The Arizona Medical Board ("Board") considered this matter at its public meeting on
8 February 9, 2006. Stanford C. Lee, M.D., ("Respondent") appeared before the Board without
9 legal counsel for a formal interview pursuant to the authority vested in the Board by A.R.S. § 32-
10 1451(H). The Board voted to issue the following Findings of Fact, Conclusions of Law and Order
11 after due consideration of the facts and law applicable to this matter.

12 **FINDINGS OF FACT**

13 1. The Board is the duly constituted authority for the regulation and control of the
14 practice of allopathic medicine in the State of Arizona.

15 2. Respondent is the holder of License No. 30685 for the practice of allopathic
16 medicine in the State of Arizona.

17 3. The Board initiated case number MD-05-0689A after receiving a complaint from a
18 pharmacy that Respondent had prescribed controlled substances to an immediate family member
19 ("SL") for an extended period of time. During an investigative interview with Board Staff
20 Respondent admitted to prescribing controlled substances to SL from May 2004 to June 2005.
21 During the interview Respondent informed Board Staff he was unaware that Arizona law
22 prohibited him from prescribing controlled substances to SL. Respondent stated he did not know
23 the low dosage he was prescribing could cause addiction until after he took a course in pain
24 management. Thereafter, Respondent realized SL had become addicted and he sought the help
25 of a nurse practitioner who began to manage the medication and detoxification. David

1 Greenberg, M.D., the Board's contracted addiction medicine specialist also participated in Board
2 Staff's interview of Respondent.

3 4. Respondent testified he really appreciated Dr. Greenberg's help during the Board's
4 investigation, particularly Dr. Greenberg's referrals to professionals who could help SL.
5 Respondent testified he stopped prescribing prior to any notification from the Board and stopping
6 the prescribing had been his long-term goal because he did not want to prescribe narcotic
7 analgesics to SL. Respondent testified his prescribing was a temporary measure because SL
8 refused to seek medical care. Respondent testified he got SL to see a psychiatrist because he
9 was concerned about a pseudo-addiction, but he was discouraged because the psychiatrist
10 would not address the addiction issue. Respondent again thanked Dr. Greenberg for giving him
11 the right resources to get help for SL.

12 5. Respondent testified he lives in Arizona, but because he is an owner and partner
13 in a practice in California, he goes back and forth between the states every week and
14 intermittently works at St. Joseph's in Phoenix. Respondent practices emergency medicine and
15 occupational health medicine. Respondent testified he was hired by an urgent care organization
16 in December and hopes to fully shift over his practice to Arizona. The Board asked Respondent
17 whether any of the training programs he had been through during his medical education and
18 training had ever mentioned he needed to be aware of the laws of the state in which he practiced.
19 Respondent testified it was not emphasized because the focus was strictly on training. The
20 Board asked Respondent if he was familiar with California law since he had practiced there for
21 twenty years. Respondent testified he was not exactly familiar with the statutes and he did not
22 know it was a law that he could not prescribe to immediate family members. The Board noted
23 one of Respondent's e-mails to Board Staff wherein he stated he had read the Arizona Medical
24 Practice Act. The Board asked Respondent if in doing so he was now aware of statutes he was
25 not in the past. Respondent testified by reading through the Act it reminded him of some of the

1 things that he knew inherently – such as sexual misconduct or fraud and the requirement to
2 document things. Respondent testified it was humbling, but he thinks he practices with integrity
3 and he had the general ideas of doing no harm to the patient and do the best ethically – the basic
4 guidelines he practiced with for twenty years.

5 6. The Board noted in Respondent's written response he stated he initially started
6 treating SL because he believed it was for an acute problem, but he continued the treatment for
7 over one year. The Board asked Respondent if, putting aside the law, it concerned him ethically
8 that he was continuing to treat an immediate family member. Respondent testified it did and he
9 was trying to refer to other physicians, but SL refused and he was concerned. Respondent was
10 asked what he would do if the patient had not been an immediate family member and refused to
11 see another physician. Respondent testified he would write the patient a letter saying they had to
12 find another physician and then try to find the patient another physician. Respondent testified it
13 would be similar to an occupational health patient with chronic back pain on whom he tried many
14 different things and then referred for an orthopedic consult, but the patient comes back to him
15 without going to the consult. Respondent testified at that point he tries to set parameters and
16 finally gets frustrated and tries to find a colleague to manage the patient. The Board asked
17 Respondent if, because he was treating an immediate family member, his process was different.
18 Respondent testified it was and noted he still tried to transfer care, but he did not have access to
19 people in Arizona that he could transfer the care to and SL would not go to California.

20 7. The Board noted Respondent's record for SL contained a fairly extensive history.
21 Respondent was asked if, based on the family history, it ever occurred to him SL could become
22 addicted and might be better treated by a physician well versed in this area. Respondent testified
23 there was no doubt he wanted SL to be treated by someone else. The Board asked Respondent
24 about the continuing medical education he had taken in this area. Respondent testified he took
25 the UCI pain management class that dealt with opiates and the usage of drugs. Respondent

1 testified in his naiveté he thought narcotics were a euphoric, but he learned a lot of people use
2 them to control anxiety, to control mood. Respondent testified he learned how narcotics change
3 thinking and he learned how to have a more judicious use of narcotic analgesics and how to mix
4 them with anti-inflammatories. Respondent testified it educated him about what narcotics do in
5 terms of the brain and how people become addicted and that there is such a thing as low dose
6 addiction.

7 8. The Board noted Respondent took the course in February and started to wean SL
8 in June. The Board asked what Respondent was doing from February to June. Respondent
9 testified during that period he was relying on the psychiatrist. The Board asked Respondent if he
10 ever used any other prescription pads or DEA numbers to obtain prescriptions for SL.
11 Respondent testified he always used his own prescription pads and DEA number. The Board
12 noted Respondent's boss at St. Joseph spoke very highly of him and his skills as an emergency
13 room physician and complimented him on his approach to patients. The Board asked
14 Respondent to describe in detail his current work schedule. Respondent testified he works one
15 or two eight hour shifts per month at St. Joseph's and then he goes to California where he does
16 fourteen shifts per month – six or seven in the emergency room and eight in the occupational
17 health emergent care. Respondent reiterated his intention to transition to full-time work in
18 Arizona.

19 9. The Board asked Respondent to clarify exactly what he was treating SL for.
20 Respondent testified it was chronic elbow pain that he thought was olecranonarthritis, or
21 fibromyositis. Respondent testified he tried to get SL to a rheumatologist, but the pseudo
22 addiction led SL to lie and ultimately led to a confrontation. Respondent testified one of the hard
23 parts of the situation was finding the necessary resources. The Board asked Respondent if he
24 would treat immediate family members in the future. Respondent testified he had read the law
25 and would not. Respondent thanked the Board for the opportunity to address them and thanked

1 the Board's investigator for her professionalism and Dr. Greenberg for his help. Respondent
2 testified SL is on the road to recovery and is on the right medications.

3 10. The Board noted this situation was an unfortunate situation for Respondent and SL
4 and that Respondent has learned by it. The Board noted there were mitigating circumstances,
5 but Respondent had committed unprofessional conduct by prescribing controlled substances to a
6 member of his "immediate family," as defined by statute. The Board noted Respondent was very
7 aware of what had happened and believable in his description of events, but the diagnosis did not
8 fit the treatment and that Respondent did not really help SL.

9 **CONCLUSIONS OF LAW**

10 1. The Arizona Medical Board possesses jurisdiction over the subject matter hereof
11 and over Respondent.

12 2. The Board has received substantial evidence supporting the Findings of Fact
13 described above and said findings constitute unprofessional conduct or other grounds for the
14 Board to take disciplinary action.

15 3. The conduct and circumstances described above constitutes unprofessional
16 conduct pursuant to A.R.S. § 32-1401(27)(h) ("[p]rescribing or dispensing controlled substances
17 to members of the physician's immediate family").

18 **ORDER**

19 Based upon the foregoing Findings of Fact and Conclusions of Law,

20 IT IS HEREBY ORDERED:

21 1. Respondent is issued a Letter of Reprimand for prescribing controlled substances to
22 a member of his immediate family.

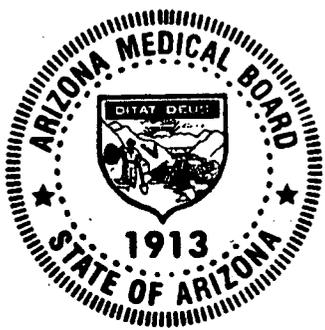
23 **RIGHT TO PETITION FOR REHEARING OR REVIEW**

24 Respondent is hereby notified that he has the right to petition for a rehearing or review.
25 The petition for rehearing or review must be filed with the Board's Executive Director within thirty

1 (30) days after service of this Order. A.R.S. § 41-1092.09(B). The petition for rehearing or review
2 must set forth legally sufficient reasons for granting a rehearing or review. A.A.C. R4-16-102.
3 Service of this order is effective five (5) days after date of mailing. A.R.S. § 41-1092.09(C). If a
4 petition for rehearing or review is not filed, the Board's Order becomes effective thirty-five (35)
5 days after it is mailed to Respondent.

6 Respondent is further notified that the filing of a motion for rehearing or review is required
7 to preserve any rights of appeal to the Superior Court.

8 DATED this 7th day of April, 2006.



THE ARIZONA MEDICAL BOARD

12 By *Timothy C. Miller*
13 TIMOTHY C. MILLER, J.D.
14 Executive Director

15 ORIGINAL of the foregoing filed this
7th day of April, 2006 with:

16 Arizona Medical Board
17 9545 East Doubletree Ranch Road
18 Scottsdale, Arizona 85258

18 Executed copy of the foregoing
19 mailed by U.S. Mail this
7th day of April, 2006, to:

20 Stanford C. Lee, M.D.
21 Address of Record

22 *Stanford C. Lee*
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