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BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of
DEBORAH S. GOLOB, M.D.
Holder of License No. **31682**
For the Practice of Allopathic Medicine
In the State of Arizona.

Board Case No. MD-04-0843A

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

(Decree of Censure, Suspension,
Probation, & Civil Penalty)

The Arizona Medical Board ("Board") considered this matter at its public meeting on April 14, 2005. Deborah S. Golob, M.D., ("Respondent") appeared before the Board with legal counsel Adam Palmer for a formal interview pursuant to the authority vested in the Board by A.R.S. § 32-1451(H). The Board voted to issue the following findings of fact, conclusions of law and order after due consideration of the facts and law applicable to this matter.

FINDINGS OF FACT

1. The Board is the duly constituted authority for the regulation and control of the practice of allopathic medicine in the State of Arizona.
2. Respondent is the holder of License No. 31682 for the practice of allopathic medicine in the State of Arizona.
3. The Board initiated case number MD-04-0843A after the Arizona State Board of Pharmacy reported that Respondent was involved in internet prescribing. The Pharmacy Board did an on-site inspection and found Respondent's workplace to be a small anteroom of a pharmacy containing a computer terminal and no other usual appurtenances relating to the practice of medicine.
4. The Board's investigation revealed Respondent uses a health questionnaire filled out by individuals over the internet to decide whether or not to prescribe a medication. Respondent did not at any time perform a physical examination on any

1 individual. The majority of the prescriptions Respondent filled were for treatment of
2 erectile dysfunction ("ED"). A smaller number of prescriptions were for pain medications
3 and birth control. A one-month printout of prescriptions written by Respondent included
4 information on 140 prescriptions that Respondent declined to fill. Respondent's reasons
5 for declining to fill the prescriptions included that the individual was too young to be
6 requesting medication for ED, or had a coincidental heart or vascular problem that
7 contraindicated the medication for ED, or the individual was currently taking a medication
8 that would conflict with the medication for ED. Respondent also declined to fill a few
9 prescriptions because of a need for local assessment of a particular medical situation.

10 5. At the formal interview Respondent testified she develops a doctor-patient
11 relationship with the individuals before prescribing the medications. Respondent testified
12 the form individuals complete is fashioned by her and her employer to be similar to a
13 chief complaint, history of present illness, medical and surgical history, drugs taken,
14 allergies, and the name and phone number of the individual's private physician.
15 Respondent stated for each drug the patient is requesting there are specific questions
16 about the drug to avoid any medical contraindications or drug interactions that might
17 occur. Respondent testified after she goes over the extensive questionnaire she contacts
18 all patients through telephone operators who are given a list of questions she has written.
19 The telephone operators then ask the questions either on the internet or by telephone
20 and, if the patient appears qualified, Respondent will approve the prescription.
21 Respondent testified her approval of the prescription goes through an in-house computer
22 to the pharmacy and the prescription is filled and any advisory information is included.

23 6. Respondent testified she feels she is developing a doctor-patient
24 relationship, short of performing a physical examination. Respondent also testified prior
25 to her prescribing the individuals are asked if they have had a physical examination within

1 the last two years. Respondent testified she accepts that another physician has
2 performed an examination, the individuals tell her the information, and then she takes
3 their present medical history and decides whether to prescribe.

4 7. Respondent testified she first began prescribing medications over the
5 internet in March 2004. Respondent was asked if she was still doing so. Respondent
6 testified she was. Respondent was asked if she was aware of A.R.S. § 32-1401(27)(ss)
7 defining an act of unprofessional conduct as prescribing, furnishing or dispensing a
8 prescription medication or prescription-only device to a person unless the licensee first
9 conducts a physical examination of that person or has previously established a doctor-
10 patient relationship. Respondent testified she was aware of the statute and believed she
11 was in compliance because it says "physical examination" or "developed a doctor-patient
12 relationship." The Board clarified for Respondent that the statute said "previously
13 established a doctor-patient relationship." Respondent testified she interpreted the "or" in
14 the statute as meaning you can have the physical examination or have developed in
15 some other way a doctor-patient relationship, such as something over the phone.
16 Respondent testified she looked at federal guidelines that suggested, or as she has done
17 in her own practice, taking a call on a weekend and taking a patient who has had a prior
18 examination through another physician, having the patient carry the diagnosis to her with
19 a complaint and her prescribing with the knowledge that another physician examined the
20 patient.

21 8. Respondent was asked when she first became aware of the Board's
22 investigation. Respondent testified it was sometime before 2005. Respondent was
23 asked whether, with the knowledge her actions were of concern to the Board, she sought
24 advice or conducted research into the Board's history regarding internet prescribing.
25 Respondent said she sought legal counsel with the assistance of her employer and

1 agreed she was developing a doctor-patient relationship so she decided to come to the
2 formal interview and try to explain why she was prescribing over the internet.
3 Respondent was asked if she was aware of or advised that a number of physicians
4 licensed in Arizona had received discipline for doing precisely what she was doing.
5 Respondent stated she was, but she believed it was because the Board decided those
6 physicians had not developed a doctor-patient relationship.

7 9. Respondent was asked about her reliance on the patient's statement that
8 another physician had conducted a physical examination and this substituted for the
9 requirements of the statute. Specifically, Respondent was asked about patient SF who
10 reported a chief complaint of flat feet with pain in his knee and lower leg. Respondent
11 prescribed 100 Tramadol for SF. However, SF did not list a primary physician.
12 Respondent was asked how then, did she rely on another physician's examination for
13 establishing a doctor-patient relationship. Respondent testified she asked SF if he had
14 seen a physician or podiatrist about the problem who last prescribed Tramadol for him.
15 Respondent testified her employer's computer system allowed her to ask these kinds of
16 questions. Respondent testified she typed this question into the system and the phone
17 people went back to SF, either by phone or the internet, and asked the question.
18 Respondent testified SF answered that he had seen a physician, not a podiatrist, and had
19 never been prescribed Tramadol. Respondent was asked if her conduct met the
20 standard of care expected of her during her residency. Respondent testified as a
21 resident she would have needed to see SF to make sure he was not suffering from septic
22 arthritis or something more severe like that. Respondent testified with SF she did look
23 over his entire medical history and ask if he had seen a physician about it and, because
24 of his complaint, she prescribed Tramadol for him.

25

1 10. Respondent was asked whether during her training and in any subsequent
2 practice it was her experience that patients always gave her absolutely completely
3 reliable information about their past medical history or whether patients sometimes have
4 a view that is different than their treating physician or whether they perhaps leave out
5 details that perhaps are important. Respondent stated patients did not always give her
6 reliable information and the internet is no different. Respondent testified she did not think
7 in every case there was added value to being face-to-face or eyeball-to-eyeball with the
8 patient. Respondent was asked whether there was value to a personal interview with a
9 patient. Respondent said there was and for that reason she did not prescribe for every
10 patient that requested a prescription and would suggest the patient follow-up with his own
11 physician.

12 11. Respondent was asked to state some of the differential diagnoses for SF's
13 knee and lower leg pain. Respondent testified it could be anything from stress muscle
14 ache and stress arthritis from flat feet or could be something infectious, malignant, or
15 inflammatory. Respondent stated she asked the question about whether SF saw a
16 physician because she wanted to make sure it was not something more malignant or
17 more serious than secondary leg and knee pain from flat feet. Respondent was asked
18 whether she would rely on SF to tell her he had osteosarcoma of his proximal tibia.
19 Respondent testified maybe on SF's first visit to his physician he got the diagnosis of flat
20 feet and maybe the physician just told him to take Tylenol and did not do an x-ray.
21 Respondent was asked if there was any value to a physical examination when a patient
22 presents with pain in the leg. Respondent testified there was. Respondent was asked if
23 vascular issues could cause pain in the leg. Respondent testified they could and when
24 you do an examination you look for pulses, perfusion, signs of joint inflammation, and
25 how the patient walks in the room. Respondent testified this was why she asked SF if he

1 had seen a physician and when he told her he had she assumed the more serious
2 problems were not present and her giving him Tramadol would not cover up something
3 SF had that required he seek more medical care.

4 12. Respondent was asked whether there was value to doing a physical
5 examination and a pelvic examination on a woman who is taking contraceptive
6 medication. Respondent testified there was and before she prescribes she asks that the
7 patient have a pelvic and Pap smear in the year that she prescribes. Respondent
8 testified she was careful about this and did not prescribe for women over 40, who are
9 smokers, who are obese, who do not have a physical examination within the past year or
10 do not have a pelvic or Pap smear in the one year of time of prescribing the medication.
11 Respondent was asked why, if she requires the patient have had a pelvic examination
12 within the same year she is prescribing, the patients just do not get the prescription from
13 the examining physician rather than over the internet from Respondent. Respondent
14 testified some women cannot get it covered by their insurance and find out it is cheaper
15 over the internet or they have run out of their prescription.

16 13. Respondent was asked if it were possible that a woman could see her own
17 physician who examines her and finds a contraindication to birth control pills and refuses
18 to prescribe them or refuses to prescribe them until the patient takes certain actions and
19 the patient just goes on the internet and gets the pills from Respondent. Respondent
20 testified the patients are asked if they have seen a physician.

21 14. Respondent was asked if the patients were paying her for her services.
22 Respondent testified that the patients did not pay her directly, they pay for the drug and
23 there is an initial charge for the initial medical questionnaire the patients fill out.
24 Respondent stated she received a salary from her employer – Secure Medical.
25 Respondent was asked whether it was common in the medical profession for a physician

1 to rely on a patient's verbal report of another physician's physical examination and
2 prescribe substances that are prescription only. Respondent testified this was not the
3 usual procedure.

4 15. Respondent was asked to describe what Denavir is. Respondent testified
5 that it is a topical Famvir that is anti-viral for cold sores for Herpes Virus Simplex 1.
6 Respondent was asked to state the necessary precautions when prescribing Denavir.
7 Respondent testified the medical questionnaire asks questions to make sure the patient
8 does not have an immunodeficiency or skin cancer, that they do have cold sores.
9 Respondent noted people are usually pretty clear about why they want a particular drug.
10 Respondent testified she prescribes what she calls "lifestyle drugs" such as Denavir,
11 Retin-A and Renova that people use for wrinkles, some acne and cold sores for example.
12 Respondent was asked how she could rely on the patient to determine the lesions around
13 the mouth are herpetic eruption versus a squamous cell carcinoma. Respondent testified
14 frequently the patient has a history of cold sores and they know it and usually squamous
15 cell is not as painful as a cold sore. Respondent noted this was usually not a hard and
16 fast rule and it was always nice to see a patient come into the office asking what is on his
17 lip and it looks like squamous cell carcinoma, but the patient usually knows he has a cold
18 sore. Respondent testified that it has a different diagnostic presentation or clinical
19 presentation because of the pain, although that is not a hard and fast rule.

20 16. Respondent was asked if it was correct that the majority of her practice is
21 related to drugs for male erectile dysfunction. Respondent confirmed it was.
22 Respondent was asked if a prostate evaluation was useful in men who complain of
23 erectile dysfunction. Respondent testified it is important because enlarge prostate and
24 early undetected prostate cancer is important to diagnose and could be involved in
25 erectile dysfunction. Respondent testified this is why she asks patients to have been

1 seen by a physician within two years of coming to the web site. Respondent stated if a
2 45 year-old male requests drugs for erectile dysfunction, but has not been seen by a
3 physician she will not prescribe for him and will advise he be seen by a urologist.
4 Respondent was asked if a certain number of male patients are using the drug for
5 recreational purposes and do not have established relationships with a physician.
6 Respondent testified most of the patients she prescribed for give her extensive histories
7 of doctor visits, doctor telephone numbers, medical history, medical examinations,
8 prostate exams, and PSA values. The patients tell her their level of erectile dysfunction,
9 their history of fractures, fatigue, loss of libido, or that their doctor told them to come to
10 the internet to get the drug.

11 17. Respondent referred the Board to the records of patient DM. Respondent
12 testified DM is probably a bit younger than the usual age for ED, but gives a history that
13 he is not obese, which is one of the major medical problems in patients requesting this
14 medication. Respondent noted DM does not take any medications and this eliminates a
15 whole area of causes for ED. Respondent noted DM's medical history is fairly extensive
16 and she would want to be careful to not give the drug if there ere diseases present that
17 were contraindications for using the drug, such as kidney disease. Respondent testified
18 she does not prescribe for people with liver disease, kidney disease, HIV, certain
19 medications that are contraindicated, such as protease inhibitors, alpha 1 blockers,
20 people with coronary disease, strokes or heart history.

21 18. Respondent was asked if it is useful to screen a 35 year-old male for
22 sexually transmitted diseases ("STD") when he is asking for a libido enhancing drug.
23 Respondent testified this was not the patient's complaint and, as far as she knows,
24 unless they were ravaging STDs, he should not have erectile dysfunction. Respondent
25 was asked if it was useful in a young male to screen for testicular carcinoma.

1 Respondent said it was and that is why the patients she prescribes for must have been
2 seen by a physician within two years of her prescribing. Respondent testified she tells
3 men of all ages who ask for drugs for ED to see a urologist.

4 19. Respondent was asked to describe her professional background prior to
5 receiving her Arizona license in 2003 and what she did from when she received her
6 license in 2003 and began internet prescribing in 2004. Respondent testified she did an
7 internship and residency in internal medicine at University of Connecticut, in Farmington,
8 Connecticut and also worked at a walk-in center affiliated with Hartford Hospital.
9 Respondent testified she then did one year of an endocrinology fellowship, but choose
10 not to finish it because her father became ill. Respondent then went to work full-time at
11 the walk-in center and at the prompt care and emergency room at St. Francis Hospital
12 and Hartford Hospital. Respondent testified she then did a year of locum tenens doing
13 internal medicine on an Indian reservation. Respondent noted she then worked at a
14 multispecialty clinic in California and then in an outpatient VA clinic in Anchorage, Alaska.
15 Respondent testified she then returned to Hartford and did more prompt care emergency
16 room work and walk-in center work. Respondent noted she then decided to finish her
17 fellowship in endocrinology so she transferred to Washington University Jewish Hospital
18 in St. Louis and did two years of the endocrinology fellowship. Respondent testified she
19 then went into private practice in Connecticut from 1994 to 2003 doing internal medicine
20 and endocrinology. Respondent then obtained her Arizona license and was thinking
21 about a hospitalist job, but decided against it and continued her private practice.
22 Respondent sold her home and moved to Florida, but then answered an ad in the New
23 England Journal of Medicine for her current job and began in 2004.

24 20. Respondent testified that she prescribes for patients from all fifty states as
25 well as Europe and the Caribbean. Respondent was asked how she assured a patient

1 saw a physician as she recommended. Respondent testified there was not really any
2 way she could. Respondent testified she had to take the patients on face value and trust
3 what they were saying to her. Respondent was asked if, when she suggests a patient
4 see a physician and the patient comes back for a refill, she has a system in place that
5 reminds her to ask if the patient has seen a physician. Respondent testified the system
6 was not as sophisticated as it could be, but other than her having all the information in
7 front of her, there is no way for her to go back in and ask if they have seen a physician.
8 Respondent testified she would then refill with the same information and again
9 recommend the patient see a physician if she felt it was safe for the patient to take the
10 drug without major contraindications from illness and medications and he would not suffer
11 from taking the drug. Respondent testified now that she has been doing the prescribing
12 for one year there is a chance to develop more of a follow-up with the patient and have
13 someone call them and see what the outcome was, but she is just starting to do this.

14 21. Respondent was asked how long the prescriptions are issued for.
15 Respondent testified she does not prescribe any more than one dose a day, so if the
16 patient orders five 100 milligram Viagra she would not prescribe any sooner than around
17 a month so the patient does not use more than 50 milligrams in a 24-hour period.
18 Respondent was asked if she obtains the name of the physician a patient claims to have
19 seen. Respondent noted she does and then it is verified by phone whether the physician
20 is the patient's physician, but the physicians are not asked to fax information and are not
21 called. Respondent testified if the patient has a serious medical problem and she feels
22 she should talk to the patient's physician she will call the physician directly, but it is not
23 her usual practice. Respondent testified there are random checks to make sure the
24 name and number of the physician provided by the patient are not bogus. Respondent
25 was reminded she had testified patients come to the web site because prices may be

1 better and was asked how much of a discount the web site gave over most pharmacies.
2 Respondent testified the cost was not too much different than patients being able to
3 purchase the drug in the pharmacy, but patients say it is easier to do by phone and is
4 less embarrassing.

5 22. Respondent was asked whether, in the situations she described where she
6 recommends a patient see a urologist, it would be worthwhile to know what the urologist
7 had to say before prescribing more medication. Respondent testified it would and what
8 she thinks she is saying is when she looks at the patient to begin with, if there is a real
9 issue such as loss of libido or hot flashes, she will not even prescribe and will wait until
10 they have seen the urologist. Respondent was asked what service she felt she was
11 offering patients besides selling medications. Respondent testified she was an
12 endocrinologist and an internist and when patients tell her something she, like all other
13 doctors, thinks she might have the answer. Respondent testified she listens to what the
14 patients tell her and sees a lot of patients who have ED, many of whom have underlying
15 metabolic problems so she tries to give them some information about that and tries to
16 practice good internal medicine. Respondent testified she was not in an office and was
17 on the internet and tries to work with doctors in offices to see the people who are coming
18 to the web site with a medical problem. Respondent testified she ferreted out the people
19 who are coming to the web site who may be asking for the drug for enhancement and
20 tries to only prescribe for people who have medical problems. Respondent testified
21 through the internet, through the questionnaire, she gets a very extensive and informative
22 medical history and she feels she can counsel the patients as well as tell them they
23 would be all right to take the drug.

24 23. Respondent was asked if her salary was paid by the company she works
25 for that sells the drugs. Respondent testified she was. Respondent was asked if the goal

1 then was to sell drugs. Respondent said it was not, that her goal is not to sell drugs, but
2 to talk to people and try to help them find the answer to their problem. Respondent
3 testified she sees it as her job to make sure the patients are given the drugs carefully and
4 with some knowledge of their medical problems to give them some advice about where to
5 go after they have talked to her and some suggestions what might be wrong.

6 24. The standard of care required Respondent to prescribe prescription only
7 medications over the internet to patients with whom she had an appropriate physician-
8 patient relationship.

9 24. Respondent deviated from the standard of care because she prescribed
10 prescription only medication over the internet without appropriate physician-patient
11 relationships.

12 25. There was potential harm to the patients to whom Respondent issued
13 prescriptions because without the appropriate physician-patient relationship the patients
14 may have been prescribed improper or dangerous medications.

15 CONCLUSIONS OF LAW

16 1. The Arizona Medical Board possesses jurisdiction over the subject matter
17 hereof and over Respondent.

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

21 3. The conduct and circumstances described above constitutes unprofessional
22 conduct pursuant to A.R.S. § 32-1401(27)(q) ("[a]ny conduct or practice that is or might
23 be harmful or dangerous to the health of the patient or the public;" and A.R.S. § 32-
24 1401(27)(ss) ("[p]rescribing, dispensing or furnishing a prescription medication or
25 prescription only device as defined in section 32-1901 to a person unless the licensee

1 first conducts a physical examination of that person or has previously established a
2 doctor-patient relationship. . . .”

3 **ORDER**

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

5 IT IS HEREBY ORDERED that

6 1. Respondent is issued a Decree of Censure for issuing prescriptions on the
7 internet without conducting a physical examination or having previously established a
8 doctor-patient relationship.

9 2. Respondent is placed on probation for five years subject to the following
10 terms and conditions:

11 a. Respondent shall within one year of the effective date of this Order
12 pay a civil penalty of \$10,000.

13 b. Respondent shall within one year of the effective date of this Order
14 obtain 20 hours of Board Staff pre-approved Category I Continuing Medical
15 Education (“CME”) in medical ethics and provide Board Staff with satisfactory proof
16 of attendance. The CME hours shall be in addition to the hours required for
17 biennial renewal of medical license.

18 c. For the period of probation Board Staff or its agents shall conduct
19 random chart reviews of Respondent’s records. Based upon the chart review the
20 Board retains jurisdiction to take additional disciplinary or remedial action.

21 d. Respondent’s license is Suspended for not to exceed twelve months.
22 If Respondent completes the CME required in paragraph (2)(b) prior to one year
23 from the effective date of this Order and submits proof of completion satisfactory to
24 Board Staff the Suspension will be lifted.

25

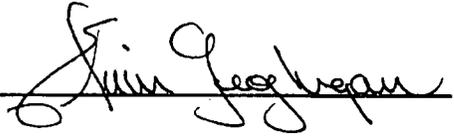
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Executed copy of the foregoing
mailed by U.S. Certified Mail this
13th day of MAY, 2005, to:

Adam Palmer
Hendrickson & Palmer, PC
PO Box 33726
Phoenix, Arizona 85067-3726

Executed copy of the foregoing
mailed by U.S. Mail this
13th day of MAY, 2005, to:

Deborah S. Golob
Address of Record



1 **BEFORE THE ARIZONA MEDICAL BOARD**

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3 In the Matter of

MD-04-0843A

4 **DEBORAH S. GOLOB, M.D.**

5 Holder of License No. **31682**
6 For the Practice of Allopathic Medicine
7 In the State of Arizona.

**ORDER DENYING REHEARING OR
REVIEW**

8 At its public meeting on August 10, 2005 the Arizona Medical Board ("Board")
9 considered a Petition for Rehearing or Review filed by Deborah S. Golob, M.D.
10 ("Respondent"). Respondent requested the Board conduct a rehearing or review of its
11 May 11, 2005 Findings of Fact, Conclusions of Law and Order for a Decree of Censure,
12 Suspension, Probation, and Civil Penalty. The Board voted to deny the Respondent's
13 Petition for Rehearing or Review upon due consideration of the facts and law applicable to
14 this matter.
15

16 **ORDER**

17 IT IS HEREBY ORDERED that:

18 Respondent's Petition for Rehearing is denied. The Board's May 11, 2005 Findings
19 of Fact, Conclusions of Law and Order for a Decree of Censure, Suspension, Probation,
20 and Civil Penalty is effective and constitutes the Board's final administrative order.

21 **RIGHT TO APPEAL TO SUPERIOR COURT**

22 Respondent is hereby notified that she has exhausted her administrative remedies.
23 Respondent is advised that an appeal to superior court in Maricopa County may be taken
24 from this decision pursuant to title 12, chapter 7, article 6.
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DATED this 15th day of AUGUST, 2005.

ARIZONA MEDICAL BOARD



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

ORIGINAL of the foregoing filed this
16th day of AUGUST, 2005 with:

The Arizona Medical Board
9545 East Doubletree Ranch Road
Scottsdale, Arizona 85258

Executed copy of the foregoing
mailed by U.S. Certified Mail this
16th day of AUGUST, 2005, to:

Adam P. Palmer
Hendrickson & Palmer PC
1522 West Thomas Road
Phoenix, Arizona 85015

Deborah S. Golob, M.D.
Address of Record

Deborah S. Golob