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BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of

MICHAEL CHASIN, M.D.

Holder of License No. **8082**
For the Practice of Allopathic Medicine
In the State of Arizona.

Board Case No. MD-04-0827A
MD-05-0021A
MD-05-0484A
MD-05-1089A

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

(Letter of Reprimand and Probation)

The Arizona Medical Board ("Board") considered this matter at its public meeting on June 8, 2006. Michael Chasin, M.D., ("Respondent") appeared before the Board for a formal interview with legal counsel Paul J. Giancola 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. 8082 for the practice of allopathic medicine in the State of Arizona.

Case Number MD-04-0827A

3. The Board initiated case number MD-04-0827A in June 2004 after receiving a complaint from a thirty-four year-old female patient ("SR") alleging Respondent humiliated and degraded her when he engaged in an inappropriate sexual conversation and asked questions of a sexual nature. SR had been referred by her gynecologist to Respondent, a urologist, because of a recurring urinary tract infection. SR also alleged Respondent requested she demonstrate, without using words, how she provided her urine sample prior to the examination. SR left Respondent's office before the examination was complete. In an interview with Board Staff

1 Respondent admitted to asking SR inappropriate questions and requesting that she demonstrate
2 her personal hygiene routine for him.

3 **Case Number MD-05-0021A**

4 4. The Board initiated case number MD-05-0021A in January 2005 after receiving a
5 complaint alleging Respondent performed an unduly rough rectal rectal examination on a patient
6 ("LA") and inappropriately asked the patient's wife intimate personal questions. During an
7 interview with Board Staff Respondent admitted to telling LA the prostate examination was painful
8 because he was getting even with LA for refusing to see PA.

9 **Case Number MD-05-0484A**

10 5. The Board initiated case number MD-05-0484A in May 2005 after receiving a
11 complaint from KB alleging Respondent, during an office visit to discuss her husband's recent
12 diagnosis of prostate cancer and the available treatment options, failed to adequately evaluate
13 and treat her spouse's ailment and inappropriately asked intimate personal questions.

14 **Case Number MD-05-1089A**

15 6. The Board initiated case number MD-05-1089A in October 2005 after receiving a
16 complaint from a sixty-three year-old male patient ("AD"), who had been seeing Respondent
17 since May 2001 for bladder complaints including bladder cancer, that Respondent kissed him on
18 the right buttock immediately following a prostate examination.

19 7. As a result of the above complaints, the Board's Executive Director issued an
20 Interim Order for Psychosexual Evaluation. The evaluator recommended Respondent complete a
21 professional boundaries course, obtain psychological therapy to address his behavioral patterns
22 and alter his procedures on how he instructs patients regarding correct hygiene. Respondent
23 testified he is a sixty-three year-old urologist who has been practicing in Mesa for thirty-two years.
24 Respondent acknowledged the allegations made by the patients are basically true and he
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1 realizes he offended them and there were definitely some significant communication problems
2 that occurred during that period of time.

3 **Formal Interview**

4 8. Respondent testified he is a physician who cares for his patients very deeply and
5 he is ashamed and troubled since he became aware of the complaints and the past year had
6 been one of the most difficult times of his life. Respondent testified he has tried to cooperate with
7 the Board and had done everything asked of him, including undergoing a psychological
8 evaluation for approximately ten hours, three hours of group therapy sessions, and five hours of
9 individual sessions with two different psychologists. Respondent testified he sought out and
10 attended a boundaries course at the University of San Diego that is considered to be one of the
11 best courses in the Country. Respondent testified the course gave him insight into why these
12 issues occurred when they did and the entire process has resulted in a great deal of personal
13 introspection and growth.

14 9. Respondent testified he has specialized in male sexual dysfunction for over twenty
15 years and he has been nationally recognized in this field. Respondent noted he developed
16 prostate cancer about eight years ago and as a result of an article he wrote for the Arizona
17 Republic many patients have been referred to him because of his personal perspective on the
18 disease and its consequences. Respondent noted sexual dysfunction and prostate cancer are
19 very sensitive subjects and because of his commitment to assist patients with the difficult
20 psychological aspects of these diseases he has had to learn to make patients comfortable so
21 they would not be ashamed and would be capable of getting help. Respondent testified he has
22 found not talking down to his patients, using a straight-forward manner, and using humor have
23 been successful for him over the years. Respondent testified that during the time frame involved
24 in all of these complaints he had obviously become less sensitive to sexual issues than he usually
25 is and offended several patients and their wives and, for that, he is sorry.

1 10. The Board acknowledged Respondent's admitting many of the allegations and his
2 candor. The Board noted SR's complaint was filed with the Board approximately twenty days after
3 her visit and expresses her problem and the embarrassment she sustained being questioned by
4 Respondent and that she left the examining room before the examination was complete. The
5 Board asked if Respondent had any recollection of his encounter with SR. Respondent testified
6 he did and noted the conversation obviously was way out of control and he was ashamed when
7 he read SR's complaint. Respondent testified he asked SR two or three times whether she was
8 comfortable with the discussion and she said she was. Respondent testified it may sound naïve
9 coming from someone who has been in practice as long as he has, but he does not think he
10 understood boundary issues, the power between a physician and a patient. Respondent testified
11 he admitted the general discussion as described by SR and noted he did not agree with all the
12 details, but stated it did not matter because there is no question he has the responsibility of
13 controlling the interview with the patient and he obviously did not do so.

14 11. The Board asked Respondent about the allegation that he performed a rough
15 rectal examination of patient LA and asked LA's wife questions regarding her sex life.
16 Respondent testified he remembered this examination fairly well and LA had an appointment with
17 the PA, but when LA and his wife arrived they wanted to see Respondent and were
18 accommodated. Respondent testified initially it was obvious he was dealing with a difficult
19 situation and he did not think he was as sensitive as he should have been. Respondent testified
20 the interview started with comments relative to sexual issues and concerned the use of Viagra
21 and some burning and problems the wife was having with intercourse. Respondent testified LA's
22 wife brought up the issue about whether there was a problem with LA that was causing her
23 problem. Respondent testified his comment, and he did not remember the exact wording, was
24 appropriate relative to the question LA's wife had directly asked. Respondent testified he did not
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1 do the rectal examination any harder than he normally would have, but he did do a more firm
2 examination than his PA and his comment was just a stupid joke.

3 12. The Board asked Respondent about AD and noted AD had appeared before the
4 Board at the Call to the Public just prior to the interview and stated his reason for appearing
5 before the Board was not to seek any revenge against Respondent, but to try to prevent
6 something similar from happening to another of Respondent's patients. Respondent testified he
7 had no way of explaining his conduct and it was one of the stupidest things he had ever done in
8 his life. Respondent testified he remembered turning red and apologizing.

9 13. The Board asked Respondent about KB who presented to Respondent with an
10 elevated PSA and underwent a prostatic biopsy on February 8 that showed carcinoma. KB met
11 with Respondent on February 25 and Respondent offered treatment options and advised KB to
12 consider the options and call back within five days with a treatment decision. The Board noted
13 there is some controversy as to whether Respondent offered all of the options. The Board noted
14 in the days following the February 25 office visit KB called Respondent's office on four different
15 days and finally an appointment was scheduled for March 15 – five weeks after the biopsy. The
16 Board asked if Respondent had any recollection of his discussion with KB regarding treatment
17 options and why four calls to his office went unanswered. Respondent testified he remembered
18 KB quite well and his office policy is to contact a patient within one week after receiving pathology
19 results and the patient is usually in the office within one week of that. Respondent testified KB
20 had a very small amount of low grade malignancy and one of the important options is that he may
21 not need any active treatment other than active surveillance and Respondent felt this was an
22 option KB needed to decide first; whether he wanted to do that or he wanted to proceed with
23 other options. Respondent testified this was not the entire discussion he intended to have with KB
24 and he was told that. Respondent noted if there was some miscommunication and they thought
25 they were supposed to come back with a decision, the decision they were supposed to come

1 back with was whether or not they were interested in active surveillance and this was supposed
2 to be discussed in an office interview.

3 14. Respondent addressed the sexual issue of KB's complaint and noted his priorities
4 relative to treating patients with cancer are, number one, cure the malignancy; number two,
5 urinary incontinence; and number three, sexual dysfunction. Respondent testified what he
6 routinely did at the time was ask the patient whether or not they were comfortable with the
7 discussion. Respondent noted he has learned that a patient's acquiescing may not give him carte
8 blanche to talk about anything he wants. Respondent noted he had a background with the
9 National Association of Impotence Anonymous and he had sat on their board talking about sex
10 and he asks the patients if they are comfortable talking about it. Respondent testified he probably
11 did not realize this was a boundary issue and the mistake he made was that in the discussion he
12 would sometimes mention his own personal experiences. Respondent testified he now tells the
13 patients these issues are important and if the patient wishes to talk about them the patient can
14 ask questions. Respondent testified the delay in getting KB to the office was unacceptable and he
15 did not know of the phone calls KB made. Respondent noted KB's wife never mentioned anything
16 about being uncomfortable on any level and only said they wanted to get another opinion and
17 when the phone calls were not returned they wanted to change physicians. The Board directed
18 Respondent to the article he wrote for the Arizona Republic, specifically the portion where he said
19 he needed to be available to and supportive of his patients and asked if he thought he offered
20 access to KB. Respondent testified he did not and that is why he was so upset with the situation
21 that occurred in his office where he did not know of KB's phone calls.

22 15. The Board noted all four complaints were generated in a relatively short period of
23 time and up to that time Respondent's record with the Board was without problems. The Board
24 also noted one of Respondent's explanations for his conduct was personal stress, but this excuse
25 was not accepted by people skilled in evaluating personal stress and reactions from personal

1 stress and they did not feel it accounted for the behavior exhibited by Respondent. The Board
2 asked if Respondent could offer the Board any reason why these four complaints came forward.
3 Respondent testified the boundaries course he took and books he has read all talk about how
4 stresses can occur in a physician's life during which a physician will act in a way that is different
5 from normal. Respondent testified during the time at issue he was going through two major
6 problems in his life, a divorce and a partner of five years deciding she was going to have another
7 baby and move her practice so she basically left the practice. Respondent testified the patient
8 load became much heavier and this and the divorce stressed him out. Respondent testified he
9 was not acting in the way he normally did and he was not sensitive to these issues.

10 16. The Board confirmed Respondent completed the boundaries course approximately
11 two months before the interview and asked other ways in which he has changed his practice
12 since completing the course. Respondent testified he started even before he completed the
13 course and he has reduced his patient load significantly and his schedule is much lighter; he has
14 a part-time nurse practitioner instead of a full-time PA; and he has eliminated issues related to
15 perineal hygiene. Respondent testified he had an "ah-ha" night while taking the boundaries
16 course when he was given the assignment of drawing a pie chart of what his life was like – the
17 segment of times of what he was doing and what was happening – and he realized his whole life
18 was in medicine. Respondent noted there were ten physicians in his group and all came back
19 with the same issues that were bothering them. Respondent noted he was not attempting to
20 obtain any type of sexual advancement or sexual gratification from these situations and they were
21 strictly boundary issues.

22 17. The standard of care required Respondent to appropriately interact with his
23 patients, not be rude to or embarrass his patients to an extent that they may not have received
24 care and/or had all of their inquiries addressed, and to observe appropriate boundaries.

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1 Service of this order is effective five (5) days after date of mailing. A.R.S. § 41-1092.09(C). If a
2 petition for rehearing or review is not filed, the Board's Order becomes effective thirty-five (35)
3 days after it is mailed to Respondent.

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

6 DATED this 14th day of AUGUST, 2006.



THE ARIZONA MEDICAL BOARD

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

12 ORIGINAL of the foregoing filed this
13 14th day of AUGUST, 2006 with:

14 Arizona Medical Board
15 9545 East Doubletree Ranch Road
16 Scottsdale, Arizona 85258

17 Executed copy of the foregoing
18 mailed by U.S. Mail this
19 14th day of AUGUST, 2006, to:

20 Paul J. Giancola
21 Snell & Wilmer, LLP
22 400 East Van Buren
23 Phoenix, Arizona 85004-2202

24 Michael Chasin, M.D.
25 Address of Record

Michael Chasin