STATE OF NEW YORK
DEPARTMENT OF HEALTH

433 River Street, Suite 303 Troy, New York 12180-2299

November 25, 1998

Dennis P. Whalen
Executive Deputy Commissioner

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

John Bell-Thomson, M.D.
Department of Cardio-Thoracic Surgery
Erie County Medical Center
462 Grider Street
Buffalo, NY 14215

Kevin C. Roe, Esq
NYS Department of Health
ESP Corning Tower - Room 2503
Albany, NY 12237

Joseph V. Sedita, Esq.
Kimberly A. Ferris, Esq.
Phillips, Lytle, Hitchcock, Blaine & Huber, LLP
3400 Marine Midland Center
Buffalo, NY 14203

RE: In the Matter of John Bell-Thomson, M.D.

Dear Parties:

Enclosed please find the Determination and Order (No.98-177) of the Professional Medical Conduct Administrative Review Board in the above referenced matter. This Determination and Order shall be deemed effective upon receipt **or** seven (7) days after mailing by certified mail as per the provisions of §230, subdivision 10, paragraph (h) of the New York State Public Health Law.

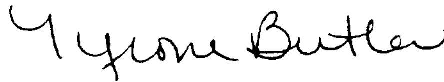
Five days after receipt of this Order, you will be required to deliver to the Board of Professional Medical Conduct your license to practice medicine if said license has been revoked, annulled, suspended or surrendered, together with the registration certificate. Delivery shall be by either **certified mail or in person** to:

Office of Professional Medical Conduct
New York State Department of Health
Hedley Park Place
433 River Street-Fourth Floor
Troy, New York 12180

If your license or registration certificate is lost, misplaced or its whereabouts is otherwise unknown, you shall submit an affidavit to that effect. If subsequently you locate the requested items, they must then be delivered to the Office of Professional Medical Conduct in the manner noted above.

This exhausts all administrative remedies in this matter [PHL §230-c(5)].

Sincerely,



Tyrone T. Butler, Director
Bureau of Adjudication

TTB:mla

Enclosure

COPY

STATE OF NEW YORK : DEPARTMENT OF HEALTH (Petitioner)

In The Matter Of

John Bell-Thomson, M.D. (Respondent)

Administrative Review Board (ARB) Determination and Order 98 - 177

Proceeding to review a Determination by a Hearing Committee (Committee) from the Board for Professional Medical Conduct (BPMC)

Before Board Members : Briber, Grossman, Price & Shapiro[1].
Administrative Law Judge James F. Horan served as the Board's Administrative Officer.

For the Respondent: **Joseph V. Sedita, Esq.**
For the Petitioner: **Kevin C. Roe, Esq.**

After a hearing into professional misconduct charges, pursuant to N.Y. Pub. Health Law § 230(10)(McKinney's Supp. 1998), a BPMC Committee determined that the Respondent practiced medicine fraudulently, practiced with negligence on more than one occasion, practiced with gross negligence and engaged in conduct evidencing moral unfitness. The Committee sanctioned the Respondent by suspending his License to practice medicine in New York State (License) for one year, placing him on probation for five years and requiring that the Respondent obtain psychiatric treatment and provide psychological evidence demonstrating his fitness to practice, before he returns from the suspension. In this proceeding, pursuant to N.Y. Pub. Health Law § 230-c(4)(a)(McKinney's Supp. 1998), both parties ask the ARB to modify the Committee's Determination. The Petitioner asks that the ARB sustain an additional moral unfitness charge and that the ARB revoke the Respondent's License. The Respondent asks that the ARB remove the actual period on suspension from the sanction against the Respondent's License. Following our review, we vote 4-0 to sustain the Committee's Determination on the misconduct charges, except that we dismiss one misconduct specification relating to the care for one patient. We modify the Committees' Determination as to the penalty. We hold that the Respondent's abusive behavior toward other medical professionals, his fraudulent conduct and his carelessness in treating patients warrants a two year actual suspension from practice, with the possibility for further suspension if the Respondent fails to undergo a psychiatric evaluation and any treatment the evaluation indicates. We sustain the Committee's Determination placing the Respondent on probation for five years, but modify their Order concerning the probation terms.

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[1] ARB Member Therese Lynch, M.D. recused herself from participating in this case because she served in the Investigative Committee in this case, prior to her confirmation to serve on the ARB. The ARB proceeded to review the case with a four member quorum, see Matter of Wolkoff v. Chassin, 89 N.Y.2d 250 (1996).

Committee Determination on the Charges

The Petitioner commenced the proceeding by filing charges with BPMC [Petitioner Exhibit 1] alleging that the Respondent violated N. Y. Educ. Law §§ 6530(2-6) & 6530(20) (McKinney Supp. 1998), by:

- practicing medicine fraudulently;
- practicing medicine with negligence on more than one occasion;
- practicing medicine with gross negligence;
- practicing medicine with incompetence on more than one occasion;
- practicing medicine with gross incompetence; and,
- engaging in conduct in practicing medicine that evidences moral unfitness in practicing medicine.

The Petitioner alleged that the Respondent committed misconduct under all those categories, by signing blank preoperative forms and instructing physician assistants to complete the forms. Additional negligence and incompetence charges arose from the Respondent's medical treatment for five patients (Patients A - E) and additional moral unfitness charges arose from the Respondent's interaction with five medical personnel (Dr. A and Nurses A - D). The record refers to the patients and medical personnel by initials to protect their privacy. A thirteen day hearing ensued before the BPMC Committee who rendered the Determination now under review.

The Committee dismissed all charges that the Respondent practiced with incompetence or gross incompetence and dismissed the charges that the Respondent practiced with gross negligence in treating Patients A through D. The Committee also dismissed charges that the Respondent's physical altercation with Dr. A in Pennsylvania constituted moral unfitness in practicing medicine and the Committee found no credible evidence to sustain the allegation that the Respondent threw a clamp at Nurse D

The Committee sustained the charge that the Respondent practiced fraudulently and evidenced moral unfitness in medical practice by signing twenty-four blank pre-operative forms under the following statement: *"I have reviewed the above and verify that the patient is ready for surgery"*. The

Committee concluded that the practice constituted an intentional misrepresentation, with the intent to mislead the patient, the patient's family and anyone else who would review that patient's medical record. The Committee also concluded that such conduct occurred during medical practice and violated the medical community's moral standards. The Committee dismissed charges that signing the blank forms constituted gross negligence, gross incompetence, incompetence on more than one occasion or negligence on more than one occasion.

The Committee concluded that the Respondent engaged in conduct evidencing moral unfitness in practicing medicine due to his physically and verbally abusive conduct toward three other medical personnel, Nurses A through C. As to Nurse A, the Committee found that the Respondent punched the Nurse when she tried to prevent the Respondent from entering a sterile field without a mask. The Respondent then proceeded to a scrub area without apologizing or offering the Nurse help. The Respondent then opened the door from the scrub area and asked for another nurse to replace Nurse A, with Nurse A on the floor crying. As to Nurse B, the Committee found that the Respondent deliberately threw a towel at Nurse B, after stating "*I am in the mood to abuse someone today. I am in a really bad mood and I think today it is going to be...(pause)...Nurse B*". As to Nurse C, the Committee found that, following Patient C's death, the Respondent asked the Nurse to turn off the suction used to drain the Patient's chest. As the Nurse did that, the Respondent snapped the chest tubes apart, splattering the Nurse in the face and chest with a couple of drops of blood. The Committee concluded that the Respondent consciously and voluntarily allowed bloody fluid to splash directly on the Nurse's face and clothing. When the Nurse asked the Respondent why he had done that, he responded: poetic justice.

The Committee determined that the Respondent practiced with negligence on more than one occasion in treating Patients A through D. As to Patient A, the Committee determined that the Respondent ordered a tracheostomy for the Patient and directed the procedure begin before a Nurse returned with a kit that would include Betadine. The Respondent assisted in prepping the patient by pouring alcohol over a sponge stick for sterilization. When the Respondent's assistant applied electrocautery to begin the procedure, before the alcohol had dried, the electrocautery ignited the alcohol. The Committee found no emergency present and found that the Respondent should have

waited. As to Patient B, the Committee found that a cardiologist had recommended a transesophageal echocardiagram (TEE) for the Patient. The Committee found further that the Respondent failed to perform and/or order the TEE prior to bringing the Patient to the operating room and prior to the patient receiving general anesthesia. When the Patient finally received the TEE in the operating room, the Respondent cancelled the surgery after viewing the results. The Committee concluded that the delay in the TEE until the operating room fell below acceptable medical standards and exposed the Patient to anesthesia needlessly. As to Patient C, the Committee found that the Respondent practiced below acceptable standards, by failing to attend the Patient in a timely manner. As to Patient D, the Committee determined that the Respondent practiced with negligence by failing to perform or record a preoperative assessment and failing to document reopening the Patient's chest and performing resuscitative efforts.

The Committee determined that the Respondent's care for Patient E constituted practicing with gross negligence. The Committee found that the Respondent failed to evaluate the Patient adequately pre-operatively. The Committee found further that the Respondent operated on the Patient to perform a right pneumonectomy after tests revealed a cancerous tumor. The Committee found that the Patient presented as a marginal candidate for a pneumonectomy, a very extensive major surgical procedure. Upon attempting to remove the Patient's right lung, the Respondent discovered that the tumor had invaded the esophagus with impingement on major hilar structures. Upon receiving consent from the Patient's family, the Respondent performed the right pneumonectomy, an esophageal gastrectomy with anastomosis of proximal esophagus to distal stomach and a jejunostomy with tube placement. The Committee found the combined procedures too extensive and dangerous, too massive for the Patient to tolerate and medically unjustified.

The Committee voted to suspend the Respondent's License for five years, to stay the final four years and to place the Respondent on probation for five years from their Order's effective date. The Committee also ordered that the Respondent obtain psychiatric treatment and provide psychological evidence concerning his fitness to practice medicine, before the Office for Professional Medical Conduct (OPMC) lifts the suspension. The Committee rejected a more severe penalty, upon concluding that the Respondent could provide good and adequate medical care, served a need in his

community and could continue to contribute to medicine. The Committee rejected re-training or monitoring as sanctions, because they dismissed the incompetence charges against the Respondent and because monitoring provides only an after-the-fact remedy. The Committee concluded that the Respondent's conduct resulted from his difficulty in controlling his actions and from the tremendous pressure he placed on himself. The Committee concluded that the actual suspension would provide the Respondent the wake up call to address the Respondent's intolerable unprofessional conduct. The Committee concluded that the probation with psychiatric intervention would address the Respondent's occasional medical inattention and the behavioral problems, that resulted in the abusive behavior toward the other medical professionals. The Committee concluded that the Respondent refuses to accept responsibility for his behavior and found his claims to accept responsibility as fabrications for the Committee. The Committee's probation terms appear as Appendix II to the Committee's Determination. Paragraph 10 in those terms requires that the Respondent commence psychiatric treatment within thirty days from the date the Committee's Order becomes effective.

Review History and Issues

This proceeding commenced on August 21, 1998 when the ARB received the Petitioner's Notice requesting a Review. The ARB received the Respondent's Review Notice on August 26, 1998. The record for review contained the Committee's Determination, the hearing record, the Petitioner's Brief and the Respondent's Brief and Reply Brief. The record closed when the ARB received the Respondent's Reply Brief on October 6, 1998. Both parties attempted to submit documents with their briefs from outside the hearing record. By letter on September 29, 1998, our Administrative Officer Judge Horan advised the parties that, under N.Y. Pub. Health Law § 230-c(4)(a) (McKinney Supp. 1998), the ARB may review only the hearing record and the parties briefs and reply briefs and that the ARB would consider no evidence from outside the record.

The Petitioner asks that the ARB overrule the Committee and sustain the charge that the Respondent's conduct toward Dr. A evidenced moral unfitness. The Petitioner argues further that the Committee imposed an inappropriate penalty, failed to consider aggravating factors and failed to

address serious deficiencies in the Respondent's practice. The Petitioner argues that the Respondent lacks remorse and refuses to accept responsibility, dooming the Respondent to repeat his past deviant behavior. The Petitioner alleges that the Respondent lied to the Committee and attempted to subvert the hearing process, thus creating a further aggravating factor that the ARB should address in considering a penalty. The Petitioner also notes that the Committee failed to order retraining or place any restrictions on the Respondent's practice, even though the Committee found problems with the Respondent's pre-operative evaluations, intra-operative decisions and post-operative care. The Petitioner urges the ARB to revoke the Respondent's License.

The Respondent's contends that penalty constitutes the central issue before the ARB and argues that the Committee imposed an inappropriately harsh and counterproductive sanction, by removing the Respondent from practice for one year. The Respondent argues further that he has received a wake up call already, noting that testimony at the hearing demonstrated that he has discontinued using pre-signed forms. The Respondent's brief lists several instances in which the ARB has imposed a less severe sanction for more serious or aggravated conduct. The Respondent notes that the Committee concluded incorrectly that the Respondent refused to accept responsibility for his actions, when in fact the Respondent was merely executing his right to defend himself, for which he had good reason. The Respondent also argues that the Committee predicated their sanction on their incorrect assumptions that the Respondent's conduct resulted from an arrogant attitude, rather than from the cultural differences due the Respondent's Argentine upbringing. The Respondent contends that the Committee erred by making conclusions, concerning the care for Patients B, C and E, at variance with the evidence in the record. The Respondent contends further that the Committee made conclusions inconsistent with charges E-2, G-3, H-1 and H-5, relating to the alcohol fire that resulted from the care for Patient A, the blood spill on Nurse C and the failure to perform and record an assessment and the failure to document resuscitative efforts on Patient D. The Respondent suggests that the ARB can accomplish the remedial result the Committee intended by eliminating any actual suspension from the penalty and substituting community service.

Determination

The quorum who participated in this case have considered the record and considered the parties' briefs. We sustain the Committee's Determination on the charges, except we overturn their Determination that the Respondent practiced with negligence in failing to record resuscitative efforts for Patient D. We sustain the Committee's Determination to suspend the Respondent's License, to stay the suspension in part and to place the Respondent on probation for five years. We modify the Committee's Determination concerning the actual suspension period, the point at which the probation begins and the order for psychiatric intervention.

Misconduct Findings: We reject the Petitioner's request that we hold that the Respondent's conduct toward Dr. A evidenced moral unfitness in medical practice. Although the Committee found that the Respondent engaged in an altercation with Dr. A, dislocating his shoulder, the Committee found that the altercation occurred outside medical practice and that the 1990 incident in Pennsylvania should have been subject of a more timely proceeding in Pennsylvania. We conclude that the altercation, for which both physicians bore responsibility, fails to evidence moral unfitness on the Respondent's part.

We reject the Respondent's arguments that the Committee made factual findings, without support in the record, concerning the care for Patients B, C and E. The Respondent's challenge on those findings really constitutes a challenge to the evidence that the Committee found credible. Conflicting evidence in the record created only a factual question for the Committee to resolve. We owe the Committee, as the fact finder, deference in their findings as to credibility and we see no reason to overturn the Committee's findings in this case. We also find no reason to overturn the Committee's Determination sustaining factual allegations E-2, G-3 and H-1. We find merit, however, in the Respondent's challenge to the Committee's Determination sustaining allegation H-5.

Factual allegation H-5 charged that the Respondent failed to document resuscitative efforts on Patient D. The Committee found that the Respondent had indeed failed to document such resuscitative efforts. The misconduct specifications from the Statement of Charges [Committee Determination, Appendix I], however, alleged that the failure to document the resuscitative efforts

constituted negligence in practice, rather than failure to maintain adequate records. As the Respondent's brief points out correctly, a record keeping violation constitutes negligence, only if the record keeping omission would affect patient care, Bogdan v. New York State Bd. for Professional Medical Conduct, 195 A.D.2d 86, 606 N.Y.S.2d 381 (Third Dept. 1993). The Committee made no finding that the failure to document the resuscitative efforts for Patient D presented a danger that could affect patient care. We dismiss, therefore, the Committee's Determination that the failure to record the resuscitative efforts constituted negligence.

We sustain the Committee's Determination that the Respondent committed fraud in practicing medicine and evidenced moral unfitness in practicing medicine by pre-signing the pre-operative forms. The Respondent made no challenge to the finding that he had pre-signed the forms. We also sustain the Committee's Determination that the Respondent evidenced moral unfitness in practice by his physically and verbally abusive conduct toward Nurses A through C. We sustain the Committee's Determination that the Respondent's carelessness in treating Patients A through E constituted negligence on more than one occasion and that the Respondent practiced with gross negligence in attempting the combined surgery on Patient E.

Penalty: The Respondent committed fraud in practice, he practiced with negligence on more than one occasion in treating four patients and with gross negligence in treating a fifth patient and he committed repeated, physically and verbally abusive acts toward other medical professionals. The abusive conduct occurred during his medical practice and occurred against personnel whom the Respondent supervised, due to his licensure as a physician. We consider this misconduct serious enough to warrant revoking the Respondent's License. The Committee found many mitigating factors in this case, however, and we agree with the Committee that the Respondent could continue to contribute to medicine. The Committee noted that all the Respondent's misconduct resulted from his inability to control himself and that the medical negligence and documentation problems resulted from the Respondent trying to handle too many cases. The ARB concludes that the Committee has fashioned a penalty structure, which with our modifications, will provide the Respondent a wake up call and require that he address the behavioral problems, that the Committee identified as the root cause for the misconduct.

We reject the Petitioner's request that we overturn the Committee and revoke the Respondent's License. The Petitioner suggested inappropriately that the ARB should revoke the Respondent's License because the Respondent testified untruthfully at the hearing and interfered in the hearing process. No charges before the Committee or the ARB alleged that the Respondent misrepresented information at the hearing or interfered with the hearing process. The ARB would violate due process if we imposed a penalty against the Respondent for such uncharged misconduct, Matter of Dhabuwala v. State Board for Professional Medical Conduct, 225 A.D.2d 209, 651 N.Y.S.2d 249 (Third Dept. 1996). The Committee did make an assessment as to the Respondent's truthfulness in testifying. The Committee and the ARB can, and did, use that assessment in weighing the evidence for making factual findings and in determining whether the Respondent accepts responsibility for misconduct and/or shows capacity for rehabilitation.

The Petitioner also criticized the sanction the Committee imposed for failing to include either retraining or monitoring. The Committee's Determination stated and we agree that retraining and monitoring can aid in correcting incompetence. The Committee dismissed all incompetence charges against the Respondent, however, so the Committee concluded correctly that retraining and/or monitoring would offer no help in dealing with the Respondent's misconduct. The Committee also noted that monitoring provides only an after the fact remedy, while the Respondent needs to apply himself and think about his actions prior to acting. We also see no point to limiting the Respondent's License, because a limitation would in no way address the Respondent's problems.

We reject the Respondent's request that we remove any actual suspension from the penalty and substitute community service. The Committee rejected community service as a possible penalty, because they felt community service would provide no learning benefit. We agree. The Respondent argued that the actual suspension for the Respondent's misconduct exceeded the penalty that the ARB has imposed in similar cases. In Matter of Bezar v. De Buono, 240 A.D.2d 978, 659 N.Y.S.2d 547 (Third Dept. 1997), the Appellate Division for the Third Department rejected that argument as a ground for overturning an ARB penalty, holding that penalties the ARB imposed in other cases lack relevance, because the ARB must judge each case on its own particular circumstances. In this case, the Respondent engaged in repeated, verbally and physically abusive conduct while practicing

medicine, he committed fraud in pre-signing blank pre-operative forms and he failed to practice medicine according to acceptable standards in treating five patients. We agree with the Committee that an actual period on suspension will provide the Respondent with a wake up call about the need to change his practice and alter his behavior.

The Respondent claims that he has already received a sufficient wake up call and has accepted the need for counselling and agreed to apologize for his abusive behavior. The Committee found those claims to lack credibility and considered the claims as fabrications for the hearing, noting that the Respondent refused prior counselling recommendations from respected peers and noting that the Respondent has failed to make any apologies yet. The Respondent also asked the ARB to consider his value to the medical community. We have considered the Respondent's value to the medical community. After such consideration we decided against revoking the Respondent's License, even though he committed offenses that would justify revocation as a penalty.

Although we agree with the Committee that the facts in this case warrant an actual suspension, probation and psychiatric intervention, we disagree with the Committee as to the time for the suspension, the conditions for the intervention and the date on which the probation shall commence. We modify the Committee's Determination on those matters as we discuss below.

The ARB holds that a one year actual suspension would provide an inadequate sanction for the Respondent's repeated, abusive conduct and for his fraudulent conduct. The ARB finds shocking the Respondent's abusive conduct toward Nurses A, B and C and we find distressing this physician's unwillingness to seek counselling to address his own violent behavior in practice. We vote unanimously to suspend the Respondent's License for five years. We stay the final three years, on the condition that the Respondent obtain a psychiatric evaluation, that the Respondent undergo any treatment that the evaluation deems necessary and that the Respondent's treating psychiatrist certify to the Respondent's fitness to return to practice. If the Respondent has complied with those terms when the two year actual suspension ends, and the treating psychiatrist certifies to the Respondent's fitness to return but his need for continuing treatment, the Respondent's continuing compliance with treatment shall then become a term in his probation. The Respondent shall nominate, subject to approval by the OPMC Director, the psychiatrist or facility to perform the evaluation and to provide

any treatment necessary. The suspension shall run retroactively from the date the suspension began under the Committee's Order.

The ARB sustains the Committee's Determination that the Respondent shall serve five years on probation. We modify the Committee's Order to provide that the probation shall commence following the Respondent's suspension, no matter when the suspension ends. If the suspension runs the full five years, due to the Respondent's failure to satisfy the conditions necessary to obtain the stay, then the evaluation and treatment order becomes a probation term. The Respondent's continuing failure to comply with such probation term, after that point, would provide the basis for a probation violation proceeding under N.Y. Pub. Health Law §230(18)(McKinney's Supp. 1998). Due to our modifications in the Committee's penalty we amend paragraphs 9 and 10, in the Probation Terms that appear as Appendix II to the Committee's Determination. We amend paragraph 9 to delete from the first sentence the phrase *"Except for the first year of suspension"*. We amend paragraph 10 to delete the entire current paragraph and we substitute the following:

> *"The Respondent shall obtain a psychiatric evaluation, undergo any treatment that the evaluation deems necessary and provide the OPMC Director with the treating psychiatrist's certification demonstrating the Respondent's fitness to return to practice. The Respondent shall nominate, subject to approval by the OPMC Director, the psychiatrist or facility to perform the evaluation and to provide any treatment necessary."*

ORDER

NOW, based upon this Determination, the Review Board renders the following **ORDER**:

1. The ARB **SUSTAINS** the Committee's Determination dismissing the charges that the Respondent practiced with incompetence or gross incompetence.

2. The ARB **SUSTAINS** the Committee's Determination dismissing the charges that the Respondent evidenced moral unfitness in his conduct toward Nurse D and Dr. A, that the Respondent practiced with gross negligence in treating Patients A through D and that the Respondent practiced with negligence, gross negligence, incompetence or gross incompetence

by signing blank preoperative forms.

3. The ARB **SUSTAINS** the Committee's Determination that the Respondent practiced with moral unfitness and with fraud, by signing blank pre-operative forms, with negligence on more than one occasion in treating Patients A, B, C, D & E, with gross negligence in treating Patient E, and with moral unfitness in his conduct toward Nurses A, B & C, except we **OVERTURN** the Committee and **DISMISS** one negligence charge involving the care for Patient D, as we discussed in our Determination.

4. The ARB **SUSTAINS** the Committee's Determination suspending the Respondent's License for five years and placing the Respondent on probation for five years.

5. We **MODIFY** the Committee's Determination and stay the final three years in the suspension, on condition that the Respondent comply with the terms for psychiatric evaluation and treatment that we specified in the our Determination.

6. We **MODIFY** the Committee's Determination further to provide that the five year probation shall commence following the actual suspension and to amend Probation Terms 9 and 10, as we indicated in our Determination.

Robert M. Briber

Sumner Shapiro

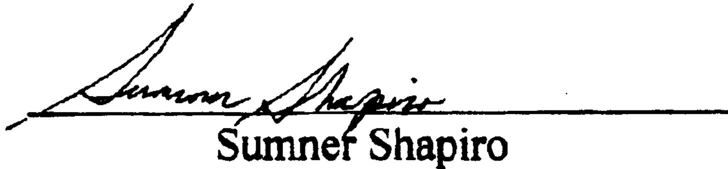
Winston S. Price, M.D.

Stanley L. Grossman, M.D.

In The Matter Of John Bell-Thomson, M.D.

Sumner Shapiro, a member of the Administrative Review Board for Professional Medical Conduct, concurs in the Determination and Order in the Matter of Dr. Bell Thomson.

DATED: November 21, 1998



Sumner Shapiro

In The Matter Of John Bell-Thomson, M.D.

Stanley L. Grossman, M.D., a member of the Administrative Review Board for Professional Medical Conduct, concurs in the Determination and Order in the Matter of Dr. Bell-Thomson.

Dated : 11/21, 1998

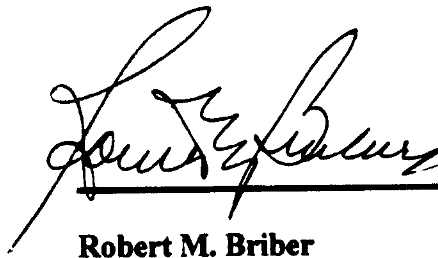
Stanley L. Grossman M.D.

Stanley L. Grossman, M.D.

In The Matter Of John Bell-Thomson, M.D.

Robert M. Briber, a member of the Administrative Review Board for Professional Medical Conduct, concurs in the Determination and Order in the Matter of Dr. Bell-Thomson.

Dated : November 23 , 1998

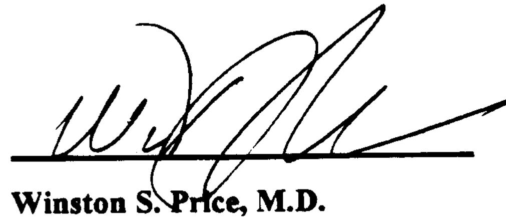


Robert M. Briber

In The Matter Of John Bell-Thomson, M.D.

Winston S. Price, M.D., a member of the Administrative Review Board for Professional Medical Conduct, concurs in the Determination and Order in the Matter of Dr. Bell-Thomson.

Dated: 11/24, **1998**



Winston S. Price, M.D.