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Credential Information for: **DICKINSON, KATHERINE E**

Credential	Credential Type	First Issue Date	Last Issue Date	Expiration Date	Credential Status	Enforcement Action
MD00034326	Physician And Surgeon License	11/18/1996	04/26/2013	05/29/2015	ACTIVE	Yes

Master Case

Document Type

M2002-59279	Release from Informal Disposition
M2002-59279	Stmt of Allegations
M2002-59279	Informal Disposition

Disclaimer

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

RE: Katherine E. Dickinson, MD
Docket No.: 02-12-A-1026MD
Document: Statement of Allegations

Regarding your request for information about the above-named practitioner, certain information may have been withheld pursuant to Washington state laws. While those laws require that most records be disclosed on request, they also state that certain information should not be disclosed.

The following information has been withheld:

The identity of the complainant if the person is a consumer, health care provider, or employee, pursuant to RCW 43.70.075 (Identity of Whistleblower Protected) and/or the identity of a patient, pursuant to RCW 70.02.020 (Medical Records - Health Care Information Access and Disclosure)

If you have any questions or need additional information regarding the information that was withheld, please contact:

Adjudicative Clerk Office
P.O. Box 47879
Olympia, WA 98504-7879
Phone: (360) 236-4677
Fax: (360) 586-2171

You may appeal the decision to withhold any information by writing to Nancy Ellison, Deputy Secretary, Department of Health, P.O. Box 47890, Olympia, WA 98504-7890.

**STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION**

FILED
DEC 11 2002
Adjudicative Clerk
Office

In the Matter of the License to Practice)	
As a Physician and Surgeon of:)	Docket No. 02-12-A-1026MD
)	
KATHERINE E. DICKINSON, MD)	STATEMENT OF ALLEGATIONS
License No. MD00034236)	AND SUMMARY OF EVIDENCE
)	
Respondent.)	
)	

The Program Manager of the Medical Quality Assurance Commission, on designation by the Commission, makes the allegations below, which are supported by evidence contained in program case file number 2002-07-0031MD. Any patients referred to in this Statement of Allegations and Summary of Evidence are identified in an attached Confidential Schedule.

Section 1: ALLEGED FACTS

1.1 Katherine E. Dickinson, MD, Respondent, was issued a license to practice as a physician and surgeon by the state of Washington in November 1996.

1.2 On or about October 2, 2000, Respondent, in attempting to deliver an infant, used a vacuum extractor and attempted to rotate the vertex with a vacuum extractor. Respondent then tried several pulls without progress. The infant suffered a subgaleal bleed and died a few days later.

Section 2: SUMMARY OF EVIDENCE

- 2.1 Records of Mount Baker Family Medicine of Patient One.
- 2.2 Records of St. Joseph Hospital of Patient One.
- 2.3 Letter from Respondent to Bonita James, dated August 28, 2002.

ORIGINAL

Section 3: ALLEGED VIOLATIONS

3.1 The facts alleged in paragraphs 1.2 and 1.3, if proven, would constitute unprofessional conduct, in violation of RCW 18.130.180(4), which provides in part:

(4) ... negligence, or malpractice which results in injury to a patient or which creates an unreasonable risk that a patient may be harmed.

Section 4: NOTICE TO RESPONDENT

4.1 The Commission has determined that this case may be appropriate for resolution through a Stipulation to Informal Disposition, pursuant to RCW 18.130.172(2). A proposed Stipulation to Informal Disposition is attached, which contains the disposition the Commission believes is necessary to address the conduct alleged in this Statement of Allegations and Summary of Evidence.

4.2 If Respondent agrees that the disposition imposed by the Stipulation to Informal Disposition is appropriate to address the conduct alleged in this Statement of Allegations and Summary of Evidence, Respondent should sign and date the Stipulation to Informal Disposition and return it within fourteen days to the Leann Yount, Department of Health, Section 5, 1300 SE Quince Street, Olympia, Washington 98504-7866.

4.3 If Respondent does not agree that the terms and conditions contained in the Stipulation to Informal Disposition are appropriate to address the conduct alleged in the Statement of Allegations and Summary of Evidence, Respondent should contact Michael L. Farrell, Department of Health Staff Attorney, 1500 West Fourth Avenue, Suite 313, Spokane, Washington 99204, (509) 458-3643, within fourteen days.

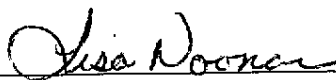
4.4 If Respondent does not respond within fourteen days, the Commission will assume Respondent has declined to resolve the allegations by means of a Stipulation to Informal Disposition.

4.5 In the event Respondent declines to resolve the allegations by means of a Stipulation to Informal Disposition, pursuant to RCW 18.130.172(2), the Commission may proceed to formal disciplinary action against Respondent by filing a statement of charges, pursuant to RCW 18.130.172(3).

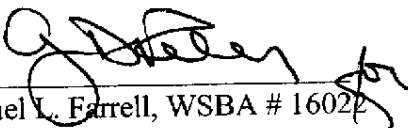
4.6 The cover letter enclosed with this Statement of Allegations and Summary of Evidence was mailed to the name and address currently on file for Respondent's license. Pursuant to WAC 246-01-100, Respondent must notify, in writing, the Commission if Respondent's name and/or address changes.

DATED this 10th day of December, 2002.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION



Lisa Noonan, Program Manager



Michael L. Farrell, WSBA # 16022
Department of Health Staff Attorney

FOR INTERNAL USE ONLY. INTERNAL TRACKING NUMBERS:

Program No. 02-07-0031MD

CONFIDENTIAL SCHEDULE

Respondent: Katherine E. Dickinson, MD

Docket No. 02-12-A-1026MD

Program No. 2002-07-0031MD

This information is confidential and is NOT to be released without the consent of the individual or individuals named herein. RCW 42.17.310(1)(d)

Patient One





STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

RE: Katherine E. Dickinson, MD
Docket No.: 02-12-A-1026MD
Document: Stipulation to Informal Disposition

Regarding your request for information about the above-named practitioner, certain information may have been withheld pursuant to Washington state laws. While those laws require that most records be disclosed on request, they also state that certain information should not be disclosed.

The following information has been withheld: None

If you have any questions or need additional information regarding the information that was withheld, please contact:

Adjudicative Clerk Office
P.O. Box 47879
Olympia, WA 98504-7879
Phone: (360) 236-4677
Fax: (360) 586-2171

You may appeal the decision to withhold any information by writing to Nancy Ellison, Deputy Secretary, Department of Health, P.O. Box 47890, Olympia, WA 98504-7890.

**STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION**

In the Matter of the License to Practice)	
As a Physician and Surgeon of:)	Docket No. 02-12-A-1026MD
)	
KATHERINE E. DICKINSON, MD)	STIPULATION TO INFORMAL
License No. MD00034236)	DISPOSITION
)	
Respondent.)	
)	

Section 1: STIPULATION

The parties to the above-entitled matter stipulate as follows:

1.1 Katherine E. Dickinson, MD, Respondent, is informed and understands that the Program Manager of the Medical Quality Assurance Commission, on designation by the Commission, has made the following allegations:

1.1.1 Katherine E. Dickinson, MD, Respondent, was issued a license to practice as a physician and surgeon by the state of Washington in November 1996.

1.1.2 On or about October 2, 2000, Respondent, in attempting to deliver an infant, used a vacuum extractor and attempted to rotate the vertex with a vacuum extractor. Respondent then tried several pulls without progress. The infant suffered a subgaleal bleed and died a few days later.

1.2 Respondent is informed and understands that the Commission has alleged that the conduct described above, if proven, would constitute a violation of RCW 18.130.180(4).

1.3 The parties wish to resolve this matter by means of a Stipulation to Informal Disposition, pursuant to RCW 18.130.172(1).

1.4 Respondent agrees to be bound by the terms and conditions of the Stipulation to Informal Disposition.

1.5 This Stipulation to Informal Disposition is of no force and effect and is not binding on the parties unless and until this Stipulation to Informal Disposition is accepted by the Commission.

1.6 Respondent does not admit any of the allegations in the Statement of Allegations and Summary of Evidence or in paragraph 1.1 above. This Stipulation to Informal Disposition shall not be construed as a finding of unprofessional conduct or inability to practice.

1.7 This Stipulation to Informal Disposition is not formal disciplinary action. However, it is subject to the federal reporting requirements pursuant to 45 CFR Part 61.

1.8 This Stipulation to Informal Disposition is releasable to the public upon request, pursuant to the Public Records Act, chapter 42.17 RCW. The Statement of Allegations and Summary of Evidence and the Stipulation to Informal Disposition shall remain part of Respondent's file and cannot be expunged.

1.9 The Commission agrees to forego further disciplinary proceedings concerning the allegations contained in sections 1.1 and 1.2 above.

1.10 Respondent agrees to successfully complete the terms and conditions of this informal disposition.

1.11 Respondent is advised and understands that a violation of the provisions of section 2 of this Stipulation to Informal Disposition, if proved, would constitute grounds for discipline under RCW 18.130.180 and the imposition of sanctions under RCW 18.130.160.

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Section 2: INFORMAL DISPOSITION

Pursuant to RCW 18.130.172 (2) and based upon the foregoing stipulation, the parties agree to the following Informal Disposition:

2.1 Within twelve months of the effective date of this Agreed Order, Respondent shall attend and satisfactorily complete a minimum of four hours at Category I continuing medical education in the area of current management of obstructive labor, with an emphasis on persistent posterior arrested labor. After the completion of the CME hours, Respondent shall prepare a typed written paper detailing the indications and contra-indications of vacuum extraction. Respondent shall submit proof of the completion of the CME hours and the typed written paper within 13 months of the effective date of this Stipulation to Informal Disposition to:

Dirk Gillespie, Compliance Officer
Medical Quality Assurance Commission
1300 S.E. Quince Street
P.O. Box 47866
Olympia, Washington 98504-7866.

2.2 Respondent agrees to pay five hundred dollars (\$500) for administrative costs incurred in this case. Respondent agrees to send the payment within ninety (90) days of the effective date of this Stipulation to Informal Disposition. The check or money order shall be sent to the following address:

Medical Quality Assurance Commission
Department of Health
P.O. Box 1099
Olympia, WA 98507-1099.

2.3 This Stipulation to Informal Disposition shall terminate automatically when the Department receives written verification that Respondent has successfully completed the CME required in paragraph 2.1, and paid the costs required in paragraph 2.2, above.

I, Katherine E. Dickinson, MD, Respondent, certify that I have read this Stipulation to Informal Disposition in its entirety; that my counsel of record, if any, has fully explained the legal significance and consequence of it; that I fully understand and agree to all of it; and that it may be presented to the Commission without my appearance. If the Commission accepts the Stipulation to Informal Disposition, I understand that I will receive a signed copy.

Katherine E. Dickinson

KATHERINE E. DICKINSON, MD
Respondent

12/18/2002

Date

Attorney for Respondent

Date

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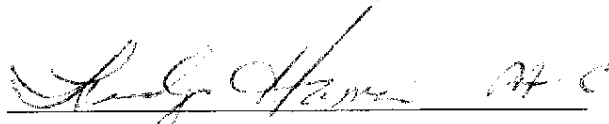
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Section 3: ACCEPTANCE

The Commission accepts this Stipulation to Informal Disposition. All parties shall be bound by its terms and conditions.

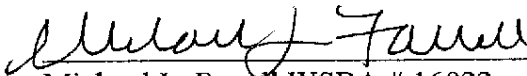
DATED this 9 day of January, 2003.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION



Panel Chair

Presented by:



Michael L. Farrell WSBA # 16022
Department of Health Staff Attorney

January 9, 2003
Date

FOR INTERNAL USE ONLY. INTERNAL TRACKING NUMBERS: Program No. 2002-07-0031MD



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

RE: Katherine E. Dickinson, MD
Docket No.: 02-12-A-1026MD
Document: Release from Informal Disposition

Regarding your request for information about the above-named practitioner, certain information may have been withheld pursuant to Washington state laws. While those laws require that most records be disclosed on request, they also state that certain information should not be disclosed.

The following information has been withheld:

Respondent's residential address, including street, city, and zip code pursuant to RCW 42.17.310(1)(w)(ii).

If you have any questions or need additional information regarding the information that was withheld, please contact:

Adjudicative Clerk Office
P.O. Box 47879
Olympia, WA 98504-7879
Phone: (360) 236-4677
Fax: (360) 586-2171

You may appeal the decision to withhold any information by writing to the Deputy Secretary, Department of Health, P.O. Box 47890, Olympia, WA 98504-7890.



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

April 20, 2004

FILED
APR 21 2004
Adjudicative Clerk Office

Katherine E. Dickinson MD

Re: Case No. 02-07-0031MD
Docket No. 02-12-A-1026MD

Dear Dr. Dickinson:

This letter is to officially inform you that the Medical Quality Assurance Commission has released you from the requirements of the *Stipulation To Informal Disposition* signed on January 9, 2003. You have demonstrated satisfactory compliance with the terms and conditions of the agreement.

This letter serves to inform you and other interested parties that you are now released from the requirements of the aforementioned *Stipulation To Informal Disposition* effective upon receipt of this letter.

The Commission wishes you well in your future endeavors in the practice of medicine.

If you have any questions concerning this matter, please feel free to contact Dani Newman, Compliance Officer, at (360) 236-4793 or write to the Medical Quality Assurance Commission, P.O. Box 47866, Olympia, WA 98504-7866.

Sincerely,

Lisa Noonan
Disciplinary Program Manager
Medical Quality Assurance Commission

c: Hampton Irwin, MD
Mike Farrell, Staff Attorney