

MQAC CASE REVIEW DISPOSITION
Commission Meeting RCM Presentations

Respondent: Gibbons, Wileen

Case Number: 2011-160408

Date Presented: <u>1-13-12</u>	RCM: <u>Harvey</u>	License#: <input checked="" type="checkbox"/> MD / <input type="checkbox"/> PA _____
Panel Chair: <u>Ruiz</u>	Staff Attorney: <u>Berg</u>	MQAC Clerk <u>KRAMER</u>

PANEL A	Andison, Brantner, Burger, Clower, Concannon, Cullen, Elders, Green, Johnson, Pattison, Winslow
PANEL B	Cvitanovic, Dore, Gotthold, Harder, Harvey, Hensley, Hopkins, Marsh, <u>Ruiz</u> , <u>San</u>

A. REQUEST FOR LEGAL ACTION: ☐ Summary Suspension ☐ Summary Action ☐ Practice Restriction

<input type="checkbox"/> Statement of Charges	<input type="checkbox"/> Statement of Allegations /Stipulation to Informal Disposition
<input type="checkbox"/> Withdrawal of SOC	<input type="checkbox"/> SOA/STID for Voluntary Surrender
<input type="checkbox"/> Notice of Decision on Application: (Denied)	<input type="checkbox"/> Withdrawal of SOA
<input type="checkbox"/> Notice of Decision on Application (Granted with conditions)	<input type="checkbox"/> Notice of Correction

Alleged Violations—RCW 18.130.180:

<input type="checkbox"/> (1) Moral turpitude	<input type="checkbox"/> (10) Aiding and abetting	<input type="checkbox"/> (19) Treating by secret methods
<input type="checkbox"/> (2) Misrepresentation of facts	<input type="checkbox"/> (11) Violation of rules	<input type="checkbox"/> (20) Betrayal of patient privilege
<input type="checkbox"/> (3) False advertising	<input type="checkbox"/> (12) Practice beyond scope	<input type="checkbox"/> (21) Rebating
<input type="checkbox"/> (4) Incompetence	<input type="checkbox"/> (13) Misrepresentation or fraud	<input type="checkbox"/> (22) Interference with investigation
<input type="checkbox"/> (5) Out of state action	<input type="checkbox"/> (14) Failure to supervise	<input type="checkbox"/> (23) Current drug/alcohol misuse
<input type="checkbox"/> (6) Illegal use of drugs	<input type="checkbox"/> (15) Public health risk	<input type="checkbox"/> (24) Sexual contact/patient abuse
<input type="checkbox"/> (7) Violated state or federal law	<input type="checkbox"/> (16) Unnecessary or inefficacious drugs	<input type="checkbox"/> (25) Acceptance of more than nominal gratuity
<input type="checkbox"/> (8) Failure to cooperate	<input type="checkbox"/> (17) Criminal conviction	
<input type="checkbox"/> (9) Failure to comply	<input type="checkbox"/> (18) Criminal abortion	

Other Violations of Relevant State or Federal Law or RCW 18.130.170: _____

☐ Mental Impairment ☐ Physical Impairment

B. CLOSED AFTER INVESTIGATION:

<input type="checkbox"/> Application investigation only - Panel decides to grant without conditions	<input type="checkbox"/> A7-Mistaken identity
<input type="checkbox"/> A1-Care rendered was within standard of care	<input type="checkbox"/> A8-No jurisdiction
<input type="checkbox"/> A2-Complainant withdrew	<input type="checkbox"/> A11- No whistleblower
<input type="checkbox"/> A3- Unique closure (Panel must explain)	<input type="checkbox"/> A12-Risk minimal, not likely to reoccur
<input checked="" type="checkbox"/> A5-Evidence does not support a violation	<input type="checkbox"/> Sexual Misconduct : RCW 18.130.062 No standard of care MQAC retain / Refer to Secretary non clinical

OTHER EXPLANATIONS (Legal Review, Return to Investigation)

1)

2)

GUIDE FOR CLOSURE CODES

September 2011

Code	Closure	Description
	Application	Decision to grant an unrestricted license.
A-1	Care rendered was within standard of care	The evidence establishes that the respondent met or exceeded the standard of care.
A-2	Complainant withdrew complaint	The complainant withdrew the complaint, and the complainant's testimony is necessary to meet the burden of proof.
A-3	Unique closure (Panel must explain)	Any concerns regarding Respondent have been resolved through corrective action, license revocation, and suspension, death of respondent or other circumstances. <ul style="list-style-type: none"> (explain): _____ _____ _____
A-5	Evidence does not support a violation	<ul style="list-style-type: none"> The evidence is not sufficient to establish by clear, cogent, and convincing evidence that Respondent violated any UDA provision. This includes situations in which the investigator was unable to obtain all material evidence.
A-7	Mistaken Identity	The case opened under the wrong respondent's name.
A-8	No Jurisdiction	Respondent is not licensed in Washington, has never been licensed in Washington, and is not applying for a license in Washington.
A-11	No Whistleblower Release	Complainant would not sign a whistleblower release AND the release of complainant's identity is necessary to prove a UDA violation.
A-12	Risk Minimal- Not likely to Reoccur	There is sufficient evidence that Respondent violated the UDA, but the evidence indicates that: (a) the violation is not likely to reoccur and (b) closure poses no more than a minimal risk to the public.

zdan guideclosecode revised mlf 0914-2011

CONFIDENTIAL INVESTIGATIVE REPORT
PREPARED FOR THE
MEDICAL QUALITY ASSURANCE COMMISSION

CASE #2011-160408MD

Respondent: Eileen F. Gibbons, M.D.

ILRS Address:

1 - DOH Licensee Health Professional Home Address an...

Attorney: David B. Robbins
1700 Seventh Ave
Suite 1900
Seattle, WA 98101

Specialty: Family Medicine

Board Certification: Family Medicine

Type of Practice: Office based

DOB: 03/26/1962

Licensed since: 11/12/1996

Expiration date: 03/26/2012

License #: MD00034303

Licenses: Washington – Active

Medical School: 1994 – University of Washington School of Medicine; Seattle, WA

Residency: 06/1994 – 06/1997 – Providence-Seattle Medical Center; WA – Family
Medicine

Complainant: Mr. James Gunther
PO Box 19682
Seattle, WA 98109

Attorney:

Investigative Case File completed by Investigator Bonita James, HCI 3

Date: December 6, 2011

APPROVED: James A. Smith DATE: 12-7-11

PRIOR CASE HISTORY:

None.

GENERAL CASE SUMMARY

COMPLAINT / ALLEGATIONS:

The complainant reported that on September 15, 2011, his wife had an appointment at the respondent's clinic for an abortion. After waiting over 4 hours past their scheduled appointment time, the complainant said they were taken into a room for the procedure. The complainant alleges that when the respondent entered the room she initiated a confrontational diatribe about how busy she was that morning with two patients who had tubal pregnancies. When the patient interjected that she did not want to know other patients information and only wanted her procedure done, the respondent stormed out of the room. When the respondent returned to the room, the complainant said that things escalated with the respondent yelling at the patient to get out and saying that she was going to call security. The complainant said that when the patient attempted to go to the bathroom to get dressed, the respondent pulled at the sheet the patient had wrapped around her and even accused her of trying to steal it. The complainant further alleges that the respondent pushed the patient out of the way and blocked her from entering the bathroom, and physically forced her back into the original procedure room. **See pages 3-7.**

CASE REVIEW:

The respondent's statement was sent on her behalf by her Attorney, David B. Robbins.

On September 15, 2011 at 10:30 am, the patient came to the respondent's clinic with her husband for a scheduled appointment to have an abortion, although the procedure never occurred.

On the morning of September 15th, the respondent had performed seven abortions, two of which involved patients with complex medical histories. The complexity of these cases resulted in the care of these patients lasting long than is typical or planned. Because of this, the Clinic was running behind and the patient and her husband had to wait about one hour longer than they would have without the unplanned delay.

While the patient and her husband complained about the time they had to wait, patients are informed beforehand that appointments for surgical abortions will usually require the patient to be in the Clinic for four hours, which includes time for admission paper work, consultation, required tests, ultrasound, the abortion procedure itself, and patient recovery.

Because the patient was breastfeeding at the time, she was unable to take the anti-anxiety medication, Xanax, typically administered before the procedure.

Case # 2011-160408MD – Eileen F. Gibbons, M.D.

The only preoperative medication the patient received was Demerol. The patient was given a brief period of time to allow the Demerol to take effect. The patient experienced some nausea and reported to the RN that she vomited once. Thereafter the patient reported to the RN that she was feeling much better and the RN recorded that the patient appeared calm and sleepy. The patient's husband inquired as to when the respondent would be coming in and the RN told him and the patient that the respondent was in with another patient but she would come in as soon as she was able.

Shortly thereafter, the patient's husband was roaming the hallway among the examination rooms. The Clinic Manager noticed the patient's husband thumbing through his wife's chart which was in a basket on the exam room door. The Clinic Manager asked the patient's husband if he needed assistance and he said yes. The patient's husband expressed his unhappiness with the wait, for which the Clinic Manager apologized. The patient's husband responded, "Apology not accepted."

After the respondent finished with the other patients, she entered the patient's exam room and apologized for the long wait, saying "I'm so sorry we are behind and that you've had to wait." The patient was lying on the exam table dressed in her top with a blanket covering her lower body. The patient appeared to have been crying and she appeared agitated. The respondent introduced herself and held out her hand to shake the patient's hand. At this point the patient replied: "Don't touch me! I'm very upset and can't believe you've made me wait here, naked for an hour and a half! Get away from me!"

When the respondent attempted to de-escalate the patient's emotional state by explaining why her morning schedule had been unexpectedly delayed, the patient shouted; "I don't care about the other patients, I don't want to hear about them, I don't want to listen to you."

When the respondent's attempt to calm the patient failed, she explained that she needed to be able to communicate with the patient in order to safely perform the procedure, and then she excused herself from the room in order to give the patient some time to collect herself and decide whether she wished to proceed. The patient then got off the exam table and followed the respondent into the hall. The patient screamed, among other things: "I can't believe you just walked out on me!" The Clinic Manager and RN heard the patient's yelling and they came out of the exam rooms they were in to see if they could be of assistance. The respondent then tried to usher the patient, who was half-dressed, back into the exam room and tried to explain further that she needed a more reasonable means of communicating with her and that if not, this would not be "a good fit."

The patient continued to berate the respondent, waving her hand, screaming obscenities and telling her she would not let the respondent touch her. Despite being asked to return to the exam room the patient continued to yell in the hallway. Concerned that the disruptive behavior might disturb other patients in the Clinic, the respondent told the patient that if she did not return to the exam room, she would need to call security. Instead of returning to her room, the patient continued walking away from the respondent down the hallway.

The respondent reminded the patient that she was not appropriately attired for being in the hall by lightly grasping the blanket edge and telling the patient that she needed to be clothed. At no time did the respondent try to pull the blanket from the patient. The patient still continued walking down the hallway. Concerned for the patient's safety given her medicated state and uncertain of her intended destination, the respondent went in front of the patient and asked her where she was going. The patient yelled in response that she was going to change her clothes in the bathroom. The respondent told the patient that the bathroom was not available for this purpose. At no point did the respondent pull the blanket off the patient, push the patient, or assault her in any way to get her back to the exam room. Ultimately, the patient's husband had to physically pull his wife back into her room.

After the patient changed her clothes and gathered her belongings, the respondent then escorted them out to the waiting area so they could get a refund for the cost of the procedure. After they were issued the refund they left the clinic. **See pages 8-12.**

See pages 13-36 for a copy of the patient's records.

The respondent's Clinic Manager, Elizabeth Cummins, was interviewed on October 20, 2011. Ms. Cummins also provided a written statement as to what she observed on the day of the incident. **See page 37.**

The respondent's RN, Adrienne Schwartzman, was interviewed on October 25, 2011. Ms. Schwartzman provided a written statement as to what she observed on the day of the incident. **See pages 38-39.**

CONTACTS:

Elizabeth Cummins
Clinic Manager
Seattle Medical & Wellness Clinic
1325 Fourth Avenue, Suite 1240
Seattle, WA 98101

Adrienne Schwartzman, R.N.

1 - DOH Licensee Health Professional Ho...

David B. Robbins, Attorney
Bennett, Bigelow & Leedom, P.S.
1700 Seventh Avenue, Suite 1900
Seattle, WA 98101

Dr. Eileen F. Gibbons

1 - DOH Licensee Health Professional Home Address and/or ...

James Gunther

3 - Healthcare Information Readily Identifiable to a ...

(206) 227-9746 – Husband's cell

3 - Healthcare Information Readily Ident...

ACTIVITY:

<u>Date</u>	<u>Activity</u>
10-17-11	Signed waiver form returned.
10-20-11	Case reviewed.
10-20-11	James H. Smith, Chief Investigator, received a call from the respondent concerning the notification letter she received. Mr. Smith explained the process and told her that once we receive the confidentiality waiver form we will let her know about the complaint.
10-20-11	Telephone call to [3 - Healthcare Information ...]. After telling [3 - Healthcare Inf...] who I was and why I was calling, she told me that she was still too emotional to deal with this matter and asked that I contact her husband. I then contacted Mr. James Gunther. Mr. Gunther was asked if he had anything else to add to his complaint and he said no, that nothing new had happened. He also said that they had not heard anything from the respondent. Mr. Gunther asked if I would be keeping them undated, and I told him the investigation process is confidential but that once the Commission makes a decision on their case they will be notified by mail. This was the end of the conversation.
10-20-11	Telephone call to the respondent. Gave the respondent a brief summary of the complaint. Told the respondent that I would be sending her a letter and a copy of the complaint. I asked the respondent if there was anyone who witnessed the incident and she said yes, her Clinic Manager and RN. I obtained their names. The respondent said there was other staff that heard the commotion but they did not come out of the rooms where they were attending to other patients.
10-20-11	Telephone interview with Elizabeth Cummins, Clinic Manager. See memo to file pages 40-41.
10-20-11	Telephone message from Adrienne Schwartzman, RN. She requested a return call.
10-24-11	Letter of cooperation.
10-24-11	Telephone call to Adrienne Schwartzman, RN. Left a message for her to call me back.
10-25-11	Telephone interview with Adrienne Schwartzman, RN. See memo to file pages 42-43.

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10-25-11	Telephone message from the respondent inquiring about the LOC and complaint letter.
10-26-11	Email to the respondent.
11-03-11	Statement from Elizabeth Cummins, Clinic Manager, sent by email.
11-09-11	Letter of representation from Attorney, David Robbins.
11-13-11	Email from the respondent.
11-14-11	Telephone call from Attorney, David Robinson, stating that he was representing the respondent in this case and he needed an extension. Extension granted to 12-14-11.
11-28-11	Telephone call to Adrienne Schwartzman, RN. Left a message requesting that she provide me with her written statement within the next few days.
11-29-11	Email copy of the respondent's statement.
11-30-11	Statement from Adrienne Schwartzman, RN.
11-30-11	Hard copy of the respondent's statement with a copy of the patient's medical records.
12-06-11	Report writing and file forwarded for review.

EVIDENCE / ATTACHMENTS:

Case # 2011-160408MD – Eileen F. Gibbons, M.D.

MQAC ASSIGNMENT MEMO

Case #: 2011-160408

Respondent: Gibbons, Eileen F.

Date Received: 9-28-11 Date Assigned: 9-28-11

Investigator: Bonita James

Priority: A ☐ B ☐ C ☒ D ☐ Code: 07

- ☒ Respondent Notification Letter
- ☒ Complainant Acknowledgement Letter
- ☒ Whistleblower Letter & Waiver
- ☐ Malpractice Letter

Abandonment	Health & Safety Violations	Neglect	Possible Summary Action	Sexual Misconduct
Abduction	High visibility	No Patient Harm	Practice Beyond Scope	Single Complaint Process
Abuse	Imminent Harm	Non-Compliance	Prohibition in another state	Standard of Care <input checked="" type="checkbox"/>
Action w/other state/jurisdiction	Inappropriate Communication	Other	Sanitation	Substance Abuse
Credential Application	Inspection Issues	Patient Abuse	Serious Injury	Testing Issues
EMTALA	Jurisdictional Questions	Patient Death	Serious Physical Harm	Transfusion Fatality
Exposure to physical/fire hazards	Mandatory Suspension	Physical Plant	Sexual Contact	Unlicensed Practice

Comments: any witnesses?

Background Check Processed

SEP 28 2011

NPDB/HIPDB
DEPARTMENT OF HEALTH
MEDICAL COMMISSION

MQAC REVIEW
Case Number: 2011-160408

Date: September 19, 2011
Presented by: Bill N. Crowell, PA-C

Respondent:	GIBBONS, EILEEN F., MD	King County
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Complainant:	Mr. James Gunther
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CASE SUMMARY

The Respondent:

Board Certified:	FAMILY MEDICINE
DOB:	03-26-1962
Licensed since:	11-12-1996
Expiration date:	03-26-2012
Medical School:	1994—U of WA Sch of Med; Seattle, WA
Residency:	06/1994-06/1997—Providence-Seattle Med Ctr; WA— FAMILY MEDICINE

The Complainant: The husband of a patient

Malpractice Settlement:

The Complaint: Unprofessionalism. The Complainant reports he took his wife to the Respondent's clinic for an abortion. After waiting for over 4-hours past their scheduled appointment, the Complainant relates that his wife was taken into a room for the procedure. After waiting another, the Complainant alleges the Respondent entered the room and initiated a confrontational diatribe and left the room. Things again escalated when the Respondent reentered the room and the Complainant's wife asked the Respondent why she had left the room and then informed the Respondent she had to calm down if she was going to do the procedure. The Complainant contends that the Respondent started yelling "get out or I will call security." When they tried to leave (his wife only had a sheet wrapped around) and get to the bathroom where she could change back into her clothes, the Respondent said it was occupied although they could see that it wasn't and then started yelling, "you're stealing my sheet, and I'm going to call security." The Complainant notes that they have filed a police report for assault against the Respondent. The Complainant notes that the Respondent's staff witnessed the entire event in addition to the patient's in the waiting room.

RCM Review

Prior Cases:

None.

Recommendation:

MEDICAL QUALITY ASSURANCE COMMISSION

CMT

Review of Cases

CMT DATE/
Panel Members/
Decision:

MQAC CMT - SEPTEMBER 28, 2011

Richard Brantner, MD, Chair

Bill Gotthold, MD

Bruce Hopkins, MD

Mike Concannon, JD, Public Member

Terri Elders, Public Member

DECISION: **Investigation authorized**

Case No.: 2011-160408

The attached pages were reviewed:

105-110

MQAC REVIEW
Case Number: 2011-160408

Date: September 19, 2011
Presented by: Bill N. Crowell, PA-C

Respondent:	GIBBONS, EILEEN F., MD	King County
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Complainant:	Mr. James Gunther
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The Complainant: The husband of a patient

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RCM Review

Prior Cases:

None.

Recommendation:

Hamilton, Cindy (DOH)

From: DOH OS MQAC
Sent: Monday, September 19, 2011 2:01 PM
To: Hamilton, Cindy (DOH)
Subject: FW: Complaint Form
Attachments: Gibbons4.pdf

Dawn Thompson, Credentialing Specialist
Medical Quality Assurance Commission
Washington State Department of Health
PO Box 47866, Olympia WA 98504-7866
Email: dawn.thompson@doh.wa.gov
phone 360-236-2765
fax 360-236-2795
Web address: www.doh.wa.gov/hsqa/mqac

"The Department of Health works to protect and improve the health of the people of Washington State."

From: GuntherGlass [<mailto:guntherglass@yahoo.com>]
Sent: Monday, September 19, 2011 1:48 PM
To: DOH OS MQAC
Subject: Complaint Form

To whom it may concern:

Please see my attached complaint form regarding Dr. Eileen Gibbons.

Thank you,
James Gunther



Medical Quality Assurance Commission
Intake Coordinator
PO Box 47866
Olympia, WA 98504-7866
Phone: 360.236.2762 Fax: 360.586.4573
E-mail: medical.commission@doh.wa.gov

Complaint Form

Today's Date: SEPTEMBER 19, 2011

1. Your Information

Name: JAMES GUNTHER 4 - Identity - Whistleblower Regarding Health Care Provid...
Address: PO BOX 19682
City: SEATTLE State: WA Zip: 98109
Phone: Home: () - - Work: () - -
Cell Phone: (206) 227-9746 E-mail: GUNTHERGLASS@YAHOO.COM

2. Information about the Physician (MD) or Physician Assistant

Name of Physician (MD) or Physician Assistant: DR. EILEEN GIBBONS
Clinic or Facility: SEATTLE MEDICAL & WELLNESS CLINIC
Address: 1325 4th AVENUE, SUITE 1240
City: SEATTLE State: WA Zip: 98101

3. Patient Information

Full name: [REDACTED]
3 - Healthcare Information Readily Identifiable to a ...
Date of Birth: [REDACTED]
Date of incident: 9/15/11

4. Scheduling problems or personality conflicts are usually not within the Commission's ability to take action.
5. Reports involving fee for fee disputes or insurance claims are only investigated if there appears to be fraud involved.
6. Please describe your complaint in the space below. Include the names, title and phone number of any witnesses that were involved in the complaint.
7. Please attach any supporting documentation or additional information you may have.

You may submit a complaint to the Medical Commission by mail, fax or email at:

Medical Quality Assurance Commission
Intake Coordinator
PO Box 47866
Olympia, WA 98504-7866
Fax: .360.586.4573

Please describe your complaint in the space below. Include names, titles and phone numbers of any witnesses. Please attach copies of documents to support your complaint. You may mail, email or fax this form to the Medical Quality Assurance Commission at the physical address, email address, or fax number above.

PLEASE SEE ATTACHED

Please include additional sheets as necessary.

It's hard to imagine that a "brief description" could capture the horrific scene of a doctor assaulting a drugged and half naked patient, but I will try. My wife and I went to the offices of Dr. Eileen Gibbons (Seattle Medical and Wellness Clinic, 1325 4th Avenue, Suite 1240, Seattle, WA 98101, 206-625-0202, www.smawc.com) for a 10:30 a.m. appointment on Thursday, September 15, 2011. Whether or not to get an abortion is a major life decision and, while we had seriously contemplated the issue and agreed on our decision, the procedure itself is rife with emotion and anxiety. My wife, who hadn't eaten since 9:30 a.m. as advised, and I waited for nearly 3 hours and 15 minutes before being called in to talk with an assistant who assured us that things would progress after our long wait. We moved into an operating room where my wife removed her pants and underwear and the doctor's assistant gave her a shot of Demerol and told us that the doctor would come in after ½ hour when the Demerol took full effect. The Demerol caused my wife to throw up twice and, without any assistants coming to help, I replaced the pads, cleaned up the vomit, and got her a drink of water. Needless to say, we were not happy with the long wait without any explanation as to why.

One hour after entering the operating room, at 2:45 p.m., 4 hours and 15 minutes after our scheduled appointment, Dr. Eileen Gibbons unapologetically entered the room. She initiated a confrontational diatribe about how busy she was that morning with two patients who had tubal pregnancies. My wife interjected, saying that she did not want to know about other patients' private information, she just cared about getting her own procedure done. At that point, Dr. Gibbons said, "if you aren't going to talk with me then I'm leaving" and stormed out of the room – less than 1 minute after entering. My wife, despite being numb and sick from the Demerol, feeling weak from not eating (now for over 5 hours), being naked from the waist down (only wrapped in a small sheet), and feeling frustrated from waiting over 4 hours for a 5 minute procedure, got up off the table and demanded to know why Dr. Gibbons left the room. At that point, Dr. Gibbons stormed back into the room and said that if she was going to do this procedure she (Dr. Gibbons) had to calm down. At that point, my wife, who easily recognized that Dr. Gibbons was at a breaking point and was not going to calm down, said, "you are not going to be touching my body". Dr. Gibbons curtly replied, "Agreed. We do not have a good fit here, get out!"

To this point, we felt our experience at Dr. Gibbons office was disrespectful, the wait frustrating, and the doctor herself rude. None of this was illegal and most would say not unprofessional. Then that all changed.

At this point, Dr. Gibbons could have taken a mature and professional route to de-escalate an obviously emotional situation. Instead, Dr. Gibbons started yelling, "Get out or I will call security!" My wife, shocked by Dr. Gibbons outrageous behavior, still drugged by Demerol, still naked from the waist down except for a sheet wrapped around her, and stunned by the realization that she was not going to get the procedure completed, just wanted to get out – get out of the operating room, get out of the office, get out of the building. We gathered our bags and my wife tried to get to the privacy of a bathroom about 20 feet down the hallway. At this point, Dr. Gibbons snapped and started yelling, "You're stealing my sheet! I'm going to call the police!" She then grabbed the sheet and unsuccessfully attempted to pull it off my wife forcing her to spin around. My wife was crying and screaming, "Don't touch me!", but that didn't deter Dr. Gibbons who then pushed my wife out of the way and blocked her from entering the bathroom saying that it was occupied. My wife was about 5 feet away and could clearly see the

bathroom door open and said, "I just want to get away from you! Don't touch me! No one is in the bathroom." But Dr. Gibbons physically forced her back into the original operating room where I stood in the doorway all along watching this and followed us in but not before again assaulting her by trying to pull the sheet from my wife's naked body. My wife continued to scream, "Leave me alone! Don't touch me!" In the operating room, she finally got her pants on and, uncontrollably crying in a shocked state, walked out to the waiting room/reception area all the while trying to avoid Dr. Gibbons. The whole way, however, Dr. Gibbons was right on her, smirking, alternately saying, "I'm going to call the police! I'm going to call security!" As we arrived at the receptionist desk, Dr. Gibbons demanded, "Refund her money!" Still, in an arrogant and intimidating manner, she would not leave any space between her and my wife. I stepped between the two, separated them, and told my wife to go to the other counter and I followed. My wife kept saying, "Leave me alone. Don't touch me. Don't look at me." Dr. Gibbons, still with a smirk on her face, continued to belittle my wife by saying in front of the entire waiting room that she was "acting childish." At that point, my wife removed herself from the situation and left the doctor's office into the building's hallway. I had to wait for another 5 minutes or so because the receptionist could not figure out how to reverse the payment on my credit card. Then I left too.

The incident that occurred in the hallway was purely and simply assault. I witnessed it as did virtually all of Dr. Gibbons's staff who came out into the hallway from their respective operating rooms as a result of the yelling and commotion. We have filed an assault charge with the Seattle Police Department, incident #11305286. The prosecutor will assess the pursuit of criminal charges. We have also retained legal counsel and are assessing civil options.

At this point, the stress for us has been unimaginable. We have had to find and schedule an appointment with a different clinic to go to for the procedure. We've had to live another week with the pregnancy. We both will have to take another personal day off from work without being able to tell our employers why. And the next time we get into an operating room, who knows what trauma and flashbacks will arise.

By far the worst part of this event was Dr. Gibbons's seasoned arrogance, self-righteousness, lack of compassion for her naked, drugged patient, and lack of respect for her patient's personal boundaries even when she was screaming at her to not touch her. Her behavior was too flagrant for us to move on and let it get swept under a rug. Further, it was not something that could be erased and forgiven by an apology. We strongly support a woman's right to choose, but not in the fiefdom of Dr. Gibbons's office where her professionalism can so severely crack. We continue to be outraged at her behavior and want to do anything and everything to not let her similarly bully a young, scared, teenager or any woman who has come to make the choice of terminating her pregnancy. We have contacted you, the department of health, to ask that you look into this immense breakdown in professionalism. Again, Dr. Gibbons's staff, not just me, witnessed the assault as well and her anger and loss of emotional control followed by her cold, defiant, and smug demeanor. We fully intend to relay our story on any website that rates doctors and are considering taking our story to the local press in the hopes that other women will seek other, more supportive and compassionate experiences.

Case View Screen [update]

Case Status	2011-160408 (PUBLIC: Internal) Intake	Date Created Date Received How Received Receiving Board Receiving Profession Receiving Department Received By	09/19/2011 09/19/2011 Email COMMISSION Physician And Surgeon License Case Intake Cynthia R Hamilton	Audit Entry Items Documents Notes Master Cases Participants Add Master Case Timeline History
Respondent ID Respondent Credential Address	450246 EILEEN F GIBBONS MD.MD.00034303 Public <input type="radio"/> Mail	Alleged Issues Patient Abuse Patient Care Case Nature Standard of Care/Services		
Complainant ID 1006525 Complainant James Gunther				

Comments:

- Action Items
- Resolution
- Participants
- Priority History
- HIPDB Reports
- TimeTracker

Action Items [add] [add group]

Type	Assigned To	Activity	Track Time	Due Effective	Completed	Order Signed	Created ▼	User
Intake	Case Intake, Hamilton, Cynthia R		[add]	09/19/2011	09/19/2011		09/19/2011	Hamilton, Cynthia R
Target: EILEEN F GIBBONS Warning: Warning Type: CASE PENDING Warning Effective Date: 09/19/2011 Suppress License Print: NO Warning: 2011-160408 Case Status: Status Changed To: Intake Action Info: Complaint Source: Family Member Possible Imminent Danger? No Single Complaint Process Coordination Needed? No								



AMA Physician Profile

Name and Mailing Address:

EILEEN F GIBBONS MD
STE 1240
1325 4TH AVE
SEATTLE WA 98101-2516

Primary Office Address:

SAME AS MAILING ADDRESS

Phone: UNKNOWN

Birthdate: 03/26/1962

Physician's Major Professional Activity: OFFICE BASED PRACTICE

Practice Specialties Self Designated by the Physician*:

Primary Specialty: FAMILY MEDICINE

Secondary Specialty: UNSPECIFIED

*Self-Designated Practice Specialties/Areas of Practice (SDPS) listed on the AMA Physician Profile do not imply "recognition" or "endorsement" of any field of medical practice by the Association, nor does it imply, certification by a Member Medical Specialty Board of the American Board of Medical Specialties, or that the physician has been trained or has special competence to practice the SDPS.

AMA membership: NON MEMBER

_____ All Information from this Point Forward is Provided by the Primary Source _____

Current and/or Historical Medical School:

UNIV OF WA SCH OF MED, SEATTLE WA 98195

Degree Awarded: Yes

Degree Year: 1994



AMA Physician Profile

Current and/or Historical Post Graduate Medical Training Programs Accredited by the Accreditation Council for Graduate Medical Education (ACGME):

Beginning with the 2010 cycle of the National GME Census, post-graduate training segments will include the name of the program attended in addition to the sponsoring institution. Program-level information prior to 2010 will not be available for reporting. Future training dates, as reported by the program, should be interpreted as "in progress" or "current" with the projected date of completion.

Post-graduate training performed at accredited osteopathic institutions or in Canada are updated on the AMA Physician Masterfile only upon verification by the program. US licensing authorities accept graduate medical education from both entities as equivalent to training performed in a US program accredited by ACGME.

Sponsoring Institution: PROVIDENCE-SEATTLE MED CTR
Sponsoring State: WASHINGTON
Specialty: FAMILY MEDICINE
Dates: 06/1994 - 06/1997 (VERIFIED)

Note: If you have discrepant information, please submit a Request for Investigation to the AMA so that we may verify the information with the primary source(s). See the last page of this Profile for instructions on how to report a data discrepancy.

Current and/or Historical Medical Licensure:

<u>Jurisdiction</u>	<u>MD/ DO</u>	<u>Date Granted</u>	<u>Expiration Date</u>	<u>Status</u>	<u>License Type</u>	<u>Last Reported</u>
WASHINGTON	MD	11/12/1996	03/26/2012	ACTIVE	UNLIMITED	09/07/2011

Current and/or Historical NPI Information:

<u>NPI Number</u>	<u>Enumeration Date</u>	<u>Deactivation Date</u>	<u>Reactivation Date</u>	<u>Replacement Number</u>	<u>Last Reported Date</u>
1184792178	11/30/2006	NOT RPTD	NOT RPTD	NOT RPTD	08/12/2011

ECFMG Certification:

Applicant Number:

Note: The Educational Commission for Foreign Medical Graduates (ECFMG) applicant identification number does not imply current ECFMG certification status. To verify ECFMG status, contact the ECFMG Certification Verification Service in writing at P.O. Box 13679, Philadelphia, PA 19101.



AMA Physician Profile

Federal Drug Enforcement Administration:

* Only the last three characters of active DEA number(s) are displayed.

<u>DEA Number *</u>	<u>Schedule</u>	<u>Expiration Date</u>	<u>Last Reported</u>
XXXXXX544	22N 33N 4 5	09/30/2011	08/08/2011
Address: Ste 1240, 1325 4th Ave, Seattle, WA 98101-2516			

Note: Many states require their own controlled substances registration/license. Please check with your state licensing authority for requirement information as the AMA does not maintain this information.

Specialty Board Certification(s)*:

Specialty Board Certification(s) by one or more of the 24 boards recognized by the American Board of Medical Specialties (ABMS) and the American Medical Association (AMA) through the Liaison Committee on Specialty Boards, as reported by the ABMS:

The AMA Physician Profile has been designated by the ABMS as an Official ABMS Display Agent of Member Board Certification data. Therefore, the ABMS Board Certification information on the AMA Physician Profile is considered a designated equivalent source in regard to credentialing standards set forth by accrediting bodies such as the Joint Commission and National Committee for Quality Assurance (NCQA).

Certifying Board: AMERICAN BOARD OF FAMILY MEDICINE

Certificate: FAMILY MEDICINE

Certificate Type: GENERAL

<u>Duration</u>	<u>Effective</u>	<u>Expiration</u>	<u>Reverification</u>	<u>Occurrence</u>	<u>Last Reported</u>
TIME LIMITED	12/03/2004	12/31/2011		RE-CERT	09/09/2011
TIME LIMITED	07/11/1997	12/31/2004		INITIAL(**)	09/09/2011

Note: For certification dates, a default value of "01" appears in the day or month field if data were not provided to AMA. Please contact the appropriate specialty board directly for this information. (**) Indicates an expired certificate.

*This information is proprietary data maintained in a copyrighted database compilation owned by the American Board of Medical Specialties. Copyright 2011 American Board of Medical Specialties. All right reserved.

Medicare/Medicaid Sanction(s):

TO DATE, THERE HAVE BEEN NO SUCH SANCTIONS REPORTED TO THE AMA BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES.



AMA Physician Profile

Other Federal Sanction(s):

TO DATE, THERE HAVE BEEN NO FEDERAL SANCTIONS REPORTED TO THE AMA BY ANY BRANCH OF THE US MILITARY, THE VETERAN'S ADMINISTRATION OR THE US PUBLIC HEALTH SERVICE.

Additional Information:

TO DATE, THERE IS NO ADDITIONAL INFORMATION FOR THIS PHYSICIAN ON FILE.

The content of the AMA Physician Profile is intended to assist with credentialing. Appropriate use of the AMA Physician Masterfile data contained on this Profile by an organization would meet the primary source verification requirements of the Joint Commission and the American Accreditation HealthCare Commission/URAC. The Physician Masterfile meets the National Committee for Quality Assurance (NCQA) standards for verification of medical education, post graduate medical training, board certification, DEA status, and Medicare/Medicaid sanctions.

If you note any discrepancies, please log onto our web site (<http://www.ama-assn.org/go/amaprofiles>) and go to the order detail page, select the D following the physician's name and enter the data in question. Or you can mark the issues on a copy of the profile and mail or fax to:

Division of Database Products and Licensing
Attn: Credentialing Products
515 N. State Street
Chicago, IL 60654
800- 665-2882
312 464-5900 (fax)

If you have questions or need additional information, please call the AMA Profile Service customer support line at 800-665-2882.

Credential View Screen

EILEEN F GIBBONS

Address:

Public ☐ Mail

EILEEN F GIBBONS

1 - DOH Licensee Health Professional Home ...

ID 450246
Warnings
SSN/FEIN 2 - DOH Licen...
Contact Standing Living
Contact Type INDIVIDUAL
Birth Date 03/26/1962
Public File YES
Mailing List
US Citizen No
Legacy Licensure Name GIBBONS, EILEEN F

Contact
Audit
Enforcement View
Cont. Edu
Documents
Owned By/Key Mgmt
Exams
Experience
Notes
Schools
Librarian
Other State License
Online Information

Comments:

Physician And Surgeon License [form letter]

Credential # MD.MD.00034303
Legacy License # MD00034303
Application Date
Effective Date 03/08/2010
Expiration Date 03/26/2012
First Issuance Date 11/12/1996
Last Date Of Contact
CE Due Date 03/26/2012

Credential Status ACTIVE (03/09/2010)
Status Reason ACTIVE
Amount Due \$0.00
Date Last Activity 9/6/2011 1:27:39 PM
Last Updated by Dilworth, Shelly
Certificate Sent Date 03/09/2010
Work Queue LEGACYDATA, DOH

Audit
Documents
Verification
Workflow
Key Mgmt
Fees
Notes
Print Docs
Comp. Audit
Renewal
Legacy
License Status History

Comments:

- Supervises
- User Defined License Data
- Workflow
- Legacy

2011-160408

Supervises [update] [Show All]

Contact Name	Credential	Credential Definition	Board	Supervision Type	Supervision Status	Credential Expiration	Credential Status
Sarah A Ahlgren	HCA.HC.60142962	HCA-Health Care Assistant Certification	SECRETARY	Health Care Assistant Delegator	Active		ACTIVE
Priscilla Anna Ayaia	HCA.HC.60240996	HCA-Health Care Assistant Certification	SECRETARY	Health Care Assistant Delegator	Active		PENDING
MOLLY A BOLIN	HCA.HC.00149427	HCA-Health Care Assistant Certification	SECRETARY	Health Care Assistant Delegator	Active		ACTIVE
SUSAN CAHILL	PA.PA.10002632	PA-Physician Assistant License	COMMISSION	Physician Assistant Sponsorship	Active		ACTIVE
KIRSTEN J COPENHAVER	HCA.HC.00147117	HCA-Health Care Assistant Certification	SECRETARY	Health Care Assistant Delegator	Active		EXPIRED
Elizabeth Joleen Cummins	HCA.HC.00140349	HCA-Health Care Assistant Certification	SECRETARY	Health Care Assistant Delegator	Active		ACTIVE
Lindsey Grace Divelbiss	HCA.HC.00149238	HCA-Health Care Assistant Certification	SECRETARY	Health Care Assistant Delegator	Active		EXPIRED
Kristene E Maddux	HCA.HC.60133916	HCA-Health Care Assistant Certification	SECRETARY	Health Care Assistant Delegator	Active		ACTIVE
LISA M MCCHESENEY	HCA.HC.00151778	HCA-Health Care Assistant Certification	SECRETARY	Health Care Assistant Delegator	Active		ACTIVE
Julie Hyun Joo Na	HCA.HC.00153874	HCA-Health Care Assistant Certification	SECRETARY	Health Care Assistant Delegator	Active		EXPIRED IN RENEWAL
Jessika D Papke	HCA.HC.60240415	HCA-Health Care Assistant Certification	SECRETARY	Health Care Assistant Delegator	Active		PENDING
ELIZABETH M PENDERGRASS	HCA.HC.00133733	HCA-Health Care Assistant Certification	SECRETARY	Health Care Assistant	Active		ACTIVE

Lashona A Robinson	HCA.HC.60070362	HCA-Health Care Assistant Certification	SECRETARY	Delegator Health Care Assistant Delegator	Active	EXPIRED IN RENEWAL
Inga Duncan Thornell	HCA.HC.00133150	HCA-Health Care Assistant Certification	SECRETARY	Delegator Health Care Assistant Delegator	Active	ACTIVE

[Legacy Contact Information](#)
[Legacy Credential History](#)
[Legacy Renewal Information](#)
[Legacy Revenue History](#)

Complainant View for 2011-160408 [back]

James Gunther

[change address]

Public ☐ Mail

James Gunther
PO Box 19682
Seattle, WA 98109-6682

ID 1006525
Contact Standing Living
Phone # (206) 227-9746
Email guntherglass@yahoo.com
SSN/FEIN
Public File YES
Mailing List
Contact Type ENFORCEMENT ENTRY

Email: guntherglass@yahoo.com

Comments:

- Credentials
- Personal Information

Credential	Sub	License Type	License Issue	Expiration Date	Status	Reason
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No Credentials on File

Personal Information [update]

Field	Value
Birth Date	
Birth City	
Birth State	
Birth Country	
Gender	M
Height	
Weight	
Eye Color	
Hair Color	
Race	
Deceased Date	

[Return to Case](#)[Update Contact](#)[Change Contact](#)



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
PO Box 47866, Olympia, WA 98504-7866

January 27, 2012

James Gunther
PO Box 19682
Seattle, WA 98109-6682

Subject: Eileen F. Gibbons, MD
RE: Case No. 2011-160408 MD00034303

Dear Mr. Gunther:

The Medical Quality Assurance Commission has completed its investigation concerning Eileen F. Gibbons, MD. The Commission is committed to protecting the health and safety of citizens of the State of Washington. The Commission takes every complaint seriously.

To take disciplinary action against a physician's license, the Commission is required to prove by clear and convincing evidence, a high burden of proof, that the physician's conduct violated the law. After careful review of the information gathered during the investigation, the Commission determined that the evidence does not support a violation. Based on this review, the Commission closed the case.

You may request reconsideration within thirty days of receiving this letter by submitting new information to the address below. The subject of the investigation by law will be notified of any new information submitted and given a chance to respond.

Thank you for bringing your concerns to the attention of the Medical Quality Assurance Commission.

Sincerely,

Melissa McEachron, Program Administrator
Medical Quality Assurance Commission
PO Box 47866, Olympia, WA 98504-7866





STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
PO Box 47866, Olympia, WA 98504-7866

January 27, 2012

Eileen F. Gibbons, MD

1 - DOH Licensee Health Professional H...

RE: Eileen F. Gibbons, MD
Case No. 2011-160408 MD00034303

Dear Dr. Gibbons:

The Medical Quality Assurance Commission has completed its investigation. The Commission is committed to protecting the health and safety of the citizens of the state of Washington. The Commission takes every complaint seriously.

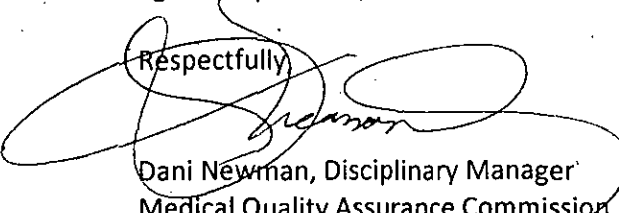
To take disciplinary action against a physician's license, the Commission is required to prove by clear and convincing evidence that the physician's conduct violated the law. After careful review of the information gathered during the investigation, the Commission determined that the evidence does not support a violation. Based on this review, the Commission closed the case.

Washington State law provides you with the right to submit an additional written statement if you wish. Any statement you provide will be added to the investigative file. The investigative file is subject to public release pursuant to the Washington State Public Records Act.

The Washington State Public Records Act also provides you with the right to request copies of documents from the investigative file. If you would like a copy of the investigative report, or copies of documents gathered during the investigation, please submit a request to the Department of Health, Public Disclosure Unit, PO Box 47865, Olympia, WA 98504-7865 or fax your request to 360-586-2171.

The Commission thanks you for your cooperation during this investigation. The Commission understands that being investigated is disconcerting and inconvenient. Many physicians use this experience to initiate a self-critique of their practice and, when indicated, modify or improve certain areas of a practice. Thank you again for your cooperation in this matter.

Respectfully,


Dani Newman, Disciplinary Manager
Medical Quality Assurance Commission

cc: David B. Robbins, Attorney at Law



<u>Page</u>	<u>Description</u>
1	WAC 246-15-030 notice.
2 – 7	Complaint and impact statement.
8 – 12	Respondent's statement.
13 – 36	Medical records.
37	Statement from Elizabeth Cummins, Clinic Manager.
38 – 39	Statement from Adrienne Schwartzman, RN.
40 – 41	Memo to file concerning telephone interview with Elizabeth Cummins.
42 – 43	Memo to file concerning telephone interview with Adrienne Schwartzman, RN.
44 – 45	Signed waiver form and impact statement form.
46 – 47	Letter of cooperation.
48 – 51	Emails to and from Dr. Gibbons.
52 – 54	Letter of representation. Original and fax copy.
55 – 60	Email copy of the respondent's statement.
61 – 62	Acknowledgment letter and waiver form letter sent to the complainant.
63	Notification letter.

NOTICE

WAC 246-15-030, procedures for filing, investigation, and resolution of whistleblower complaints.

(1)(b) Instructs that staff will affix a permanent cover to the letter of complaint or other form of notice in the complaint file, noting the statutory citation concerning protecting the identity of the complainant.

(3)(c) Ensure upon case closure, that the permanent cover affixed in subsection (1)(c) of this section will remain.

RCW 43.70 provides that the identity of a whistleblower who complains in good faith to the Department of health about the improper quality of care by a health care provider as defined in RCW 43.72.010 **shall remain confidential**.

Pursuant to the above RCW and WAC it is staff's duty to see that the complainant's name or any information which may identify the complainant is not disclosed.

NOTICE

Hamilton, Cindy (DOH)

From: DOH OS MQAC
Sent: Monday, September 19, 2011 2:01 PM
To: Hamilton, Cindy (DOH)
Subject: FW: Complaint Form
Attachments: Gibbons4.pdf

Dawn Thompson, Credentialing Specialist
Medical Quality Assurance Commission
Washington State Department of Health
PO Box 47866, Olympia WA 98504-7866
Email: dawn.thompson@doh.wa.gov
phone 360-236-2765
fax 360-236-2795
Web address: www.doh.wa.gov/hsqa/mqac

"The Department of Health works to protect and improve the health of the people of Washington State."

From: GuntherGlass [<mailto:guntherglass@yahoo.com>]
Sent: Monday, September 19, 2011 1:48 PM
To: DOH OS MQAC
Subject: Complaint Form

To whom it may concern:

Please see my attached complaint form regarding Dr. Eileen Gibbons.

Thank you,
James Gunther



Washington State Department of
Health
Medical Quality Assurance Commission
Intake Coordinator
PO Box 47866
Olympia, WA 98504-7866
Phone: 360.236.2762 Fax: 360.586.4573
E-mail: medical.commission@doh.wa.gov

Complaint Form

Today's Date: SEPTEMBER 19, 2011

1. Your Information

Name: JAMES GUNTHER 4 - Identity - Whistleblower Regarding Health Care Provider...

Address: PO BOX 19682

City: SEATTLE State: WA Zip: 98109

Phone: Home: () - - Work: () - -

Cell Phone: (206) 227-9746 E-mail: GUNTHERGLASS@YAHOO.COM

2. Information about the Physician (MD) or Physician Assistant

Name of Physician (MD) or Physician Assistant: _____

DR. EILEEN GIBBONS

Clinic or Facility: SEATTLE MEDICAL & WELLNESS CLINIC

Address: 1325 4th AVENUE, SUITE 1240

City: SEATTLE State: WA Zip: 98101

3. Patient Information

Full name: _____ 3 - Healthcare Information Readily Identifiable to a P...

Date of Birth: _____

Date of incident: 9/15/11

4. Scheduling problems or personality conflicts are usually not within the Commission's ability to take action.
5. Reports involving fee for fee disputes or insurance claims are only investigated if there appears to be fraud involved.
6. Please describe your complaint in the space below. Include the names, title and phone number of any witnesses that were involved in the complaint.
7. Please attach any supporting documentation or additional information you may have.

You may submit a complaint to the Medical Commission by mail, fax or email at:

Medical Quality Assurance Commission
Intake Coordinator
PO Box 47866
Olympia, WA 98504-7866
Fax: .360.586.4573

Please describe your complaint in the space below. Include names, titles and phone numbers of any witnesses. Please attach copies of documents to support your complaint. You may mail, email or fax this form to the Medical Quality Assurance Commission at the physical address, email address, or fax number above.

PLEASE SEE ATTACHED

Please include additional sheets as necessary.

It's hard to imagine that a "brief description" could capture the horrific scene of a doctor assaulting a drugged and half naked patient, but I will try. My wife and I went to the offices of Dr. Eileen Gibbons (Seattle Medical and Wellness Clinic, 1325 4th Avenue, Suite 1240, Seattle, WA 98101, 206-625-0202, www.smawc.com) for a 10:30 a.m. appointment on Thursday, September 15, 2011. Whether or not to get an abortion is a major life decision and, while we had seriously contemplated the issue and agreed on our decision, the procedure itself is rife with emotion and anxiety. My wife, who hadn't eaten since 9:30 a.m. as advised, and I waited for nearly 3 hours and 15 minutes before being called in to talk with an assistant who assured us that things would progress after our long wait. We moved into an operating room where my wife removed her pants and underwear and the doctor's assistant gave her a shot of Demerol and told us that the doctor would come in after ½ hour when the Demerol took full effect. The Demerol caused my wife to throw up twice and, without any assistants coming to help, I replaced the pads, cleaned up the vomit, and got her a drink of water. Needless to say, we were not happy with the long wait without any explanation as to why.

One hour after entering the operating room, at 2:45 p.m., 4 hours and 15 minutes after our scheduled appointment, Dr. Eileen Gibbons unapologetically entered the room. She initiated a confrontational diatribe about how busy she was that morning with two patients who had tubal pregnancies. My wife interjected, saying that she did not want to know about other patients' private information, she just cared about getting her own procedure done. At that point, Dr. Gibbons said, "if you aren't going to talk with me then I'm leaving" and stormed out of the room – less than 1 minute after entering. My wife, despite being numb and sick from the Demerol, feeling weak from not eating (now for over 5 hours), being naked from the waist down (only wrapped in a small sheet), and feeling frustrated from waiting over 4 hours for a 5 minute procedure, got up off the table and demanded to know why Dr. Gibbons left the room. At that point, Dr. Gibbons stormed back into the room and said that if she was going to do this procedure she (Dr. Gibbons) had to calm down. At that point, my wife, who easily recognized that Dr. Gibbons was at a breaking point and was not going to calm down, said, "you are not going to be touching my body". Dr. Gibbons curtly replied, "Agreed. We do not have a good fit here, get out!"

To this point, we felt our experience at Dr. Gibbons office was disrespectful, the wait frustrating, and the doctor herself rude. None of this was illegal and most would say not unprofessional. Then that all changed.

At this point, Dr. Gibbons could have taken a mature and professional route to de-escalate an obviously emotional situation. Instead, Dr. Gibbons started yelling, "Get out or I will call security!" My wife, shocked by Dr. Gibbons outrageous behavior, still drugged by Demerol, still naked from the waist down except for a sheet wrapped around her, and stunned by the realization that she was not going to get the procedure completed, just wanted to get out – get out of the operating room, get out of the office, get out of the building. We gathered our bags and my wife tried to get to the privacy of a bathroom about 20 feet down the hallway. At this point, Dr. Gibbons snapped and started yelling, "You're stealing my sheet! I'm going to call the police!" She then grabbed the sheet and unsuccessfully attempted to pull it off my wife forcing her to spin around. My wife was crying and screaming, "Don't touch me!", but that didn't deter Dr. Gibbons who then pushed my wife out of the way and blocked her from entering the bathroom saying that it was occupied. My wife was about 5 feet away and could clearly see the

bathroom door open and said, "I just want to get away from you! Don't touch me! No one is in the bathroom." But Dr. Gibbons physically forced her back into the original operating room where I stood in the doorway all along watching this and followed us in but not before again assaulting her by trying to pull the sheet from my wife's naked body. My wife continued to scream, "Leave me alone! Don't touch me!" In the operating room, she finally got her pants on and, uncontrollably crying in a shocked state, walked out to the waiting room/reception area all the while trying to avoid Dr. Gibbons. The whole way, however, Dr. Gibbons was right on her, smirking, alternately saying, "I'm going to call the police! I'm going to call security!" As we arrived at the receptionist desk, Dr. Gibbons demanded, "Refund her money!" Still, in an arrogant and intimidating manner, she would not leave any space between her and my wife. I stepped between the two, separated them, and told my wife to go to the other counter and I followed. My wife kept saying, "Leave me alone. Don't touch me. Don't look at me." Dr. Gibbons, still with a smirk on her face, continued to belittle my wife by saying in front of the entire waiting room that she was "acting childish." At that point, my wife removed herself from the situation and left the doctor's office into the building's hallway. I had to wait for another 5 minutes or so because the receptionist could not figure out how to reverse the payment on my credit card. Then I left too.

The incident that occurred in the hallway was purely and simply assault. I witnessed it as did virtually all of Dr. Gibbons's staff who came out into the hallway from their respective operating rooms as a result of the yelling and commotion. We have filed an assault charge with the Seattle Police Department, incident #11305286. The prosecutor will assess the pursuit of criminal charges. We have also retained legal counsel and are assessing civil options.

At this point, the stress for us has been unimaginable. We have had to find and schedule an appointment with a different clinic to go to for the procedure. We've had to live another week with the pregnancy. We both will have to take another personal day off from work without being able to tell our employers why. And the next time we get into an operating room, who knows what trauma and flashbacks will arise.

By far the worst part of this event was Dr. Gibbons's seasoned arrogance, self-righteousness, lack of compassion for her naked, drugged patient, and lack of respect for her patient's personal boundaries even when she was screaming at her to not touch her. Her behavior was too flagrant for us to move on and let it get swept under a rug. Further, it was not something that could be erased and forgiven by an apology. We strongly support a woman's right to choose, but not in the fiefdom of Dr. Gibbons's office where her professionalism can so severely crack. We continue to be outraged at her behavior and want to do anything and everything to not let her similarly bully a young, scared, teenager or any woman who has come to make the choice of terminating her pregnancy. We have contacted you, the department of health, to ask that you look into this immense breakdown in professionalism. Again, Dr. Gibbons's staff, not just me, witnessed the assault as well and her anger and loss of emotional control followed by her cold, defiant, and smug demeanor. We fully intend to relay our story on any website that rates doctors and are considering taking our story to the local press in the hopes that other women will seek other, more supportive and compassionate experiences.

Complaint Impact Statement

As a result of my experience at Dr. Eileen Gibbons office, I have experienced nightmares, stress, and anxiety. I have begun counseling with Carol Ladas-Gaskin, 19557 1st Avenue NW, Shoreline, WA 98177 206-533-9601. After the incident, I had to schedule another appointment with a different provider. I received my procedure with compassion and without incident at Aurora Medical Medical Services, 1001 Broadway, Seattle, WA 206-957-0990. I have retained legal counsel (Brandon Feldman, Feldman & Lee, 19303 44th Avenue West, Lynnwood, WA 98036, 206-817-7353) to assess damages and to pursue reimbursement of the above costs as well as pain and suffering.

3 - Healthcare Informati...

RECEIVED

OCT 17 2011

DEPARTMENT
MEDICAL SERVICES

MD 2011-160408-000007



Bennett Bigelow & Leedom, P.S.

Law Offices

David B. Robbins
Attorney
drobbins@bblaw.com

November 29, 2011

VIA U.S. MAIL AND
EMAIL: Bonita.James@DOH.WA.GOV

Ms. Bonita James
Healthcare Investigator 3
Washington State Department of Health
Medical Quality Assurance Commission
P.O. Box 47866
Olympia, WA 98504-7866

RECEIVED
NOV 30 2011
DEPARTMENT OF HEALTH
MEDICAL COMMISSION

Re: Eileen F. Gibbons, M.D. #2011-160408MD

Dear Ms. James:

As you know, we represent Dr. Eileen F. Gibbons ("Dr. Gibbons") for purposes of the Commission's inquiry into a complaint lodged by [4 - Identity - Whistleblower Regarding Health Care Provider - RC...] or "the patient") and her husband, Mr. James Gunther ("Mr. Gunther") regarding [4 - Identity - Whistleblo...] appointment at Seattle Medical and Wellness Clinic on September 15, 2011. The following responds to your letter of October 24, 2011 on Dr. Gibbons' behalf. Per your request, the medical records associated with [3 - Healthcare Inform...] visit are enclosed.

Dr. Gibbons is a family practice physician at Seattle Medical and Wellness Clinic (the "Clinic") in Seattle, Washington, where she has practiced for over 15 years. She is also a clinical faculty member in family medicine at the University of Washington School of Medicine. She has never before had a complaint filed against her, nor has she been the subject of any malpractice or disciplinary action.

On September 15, 2011, [3 - Healthcare Inf...] came to the Clinic with her husband for a 10:30 a.m. appointment. [3 - Healthcare Info...] was scheduled to have an abortion, although that procedure never occurred. Given that the complaint filed by Mr. Gunther is somewhat difficult to follow, we will provide as much detail as possible immediately below.

On the morning of September 15th, Dr. Gibbons performed seven abortions, two of which involved patients with complex medical histories. The unexpected complexity of these cases resulted in the care of these patients lasting longer than is typical or planned. Thus, the Clinic

was running behind and, unfortunately, [3 - Healthcare In...] and her husband had to wait about one hour longer than they would have without the unplanned delay.

While Mr. Gunther complains about the time he and his wife had to wait – and indeed, it was longer than was planned – patients are informed beforehand that appointments for surgical abortions will usually require the patient to be in the Clinic for four hours¹, which includes time for admission paper work, consultation, required tests, ultrasound, the abortion procedure itself, and patient recovery. See Seattle Medical and Wellness Clinic website, *accessed at* <http://www.smawc.com/pre-ABinstructions.php> (“Pre-Abortion Instructions” - “Please allow 4 hours for your entire appointment.”) Patients are also given detailed instructions over the telephone with respect to the procedures and their duration. The abortion procedure alone, if uncomplicated, is typically quite brief. [3 - Healthcare Info...] ought to have known, however, that the entire process is quite time-consuming, even in the best of circumstances.

That morning, [3 - Healthcare Informat...] was counseled by one of the Clinic’s RNs, Adrienne Schwartzman, before seeing Dr. Gibbons. As documented in the medical record, the patient and her husband were upset by the wait. The RN apologized, explained that it was a very busy day, and told [3 - Healthcare Inf...] and her husband that they would try to make the rest of the appointment as quick, yet safe, as possible. At this point, the RN reported that [3 - Healthcare Inf...] and her husband seemed somewhat appeased. The RN then completed the counseling session, took [3 - Healthcare Inform...] vitals, and performed the Hgb/Rh test (mini-blood-typing).

Because [3 - Healthcare Inform...] was breastfeeding at the time, she was unable to take the anti-anxiety medicine (e.g., Xanax) typically administered before this procedure. The lack of this administered medication, which generally reduces anxiety over the termination of a pregnancy, may well have contributed to the subsequent events.² The only preoperative medication Ms. [3 - Healthc...] received was the pain medicine, Demerol, which was given to [3 - Healthcare Inf...] after she was counseled.

As is typical, the patient was given a brief period of time to allow the Demerol to take effect. Here, the patient experienced some nausea and reported to the RN that she vomited once. (Nausea is not an uncommon reaction to Demerol.) Thereafter, [3 - Healthcare Info...] reported to the RN that she was feeling much better and the RN recorded that the patient appeared “calm and

¹ Mr. Gunther complained that she was there for 4 hours and 15 minutes.

² Dr. Gibbons’ chart note from September 15, 2011 provides:

“**Assessment:** Probable Panic Attack: Pt. upset, nervous, anxious and unmedicated for her anxiety due to breastfeeding. Her anxiety escalated while unmedicated and waiting. Ultimately she became unwilling to listen or hear what the MD had to say and became unsafe and unpredictable. [...]”

sleepy.” The patient’s husband inquired as to when Dr. Gibbons would come in, and the RN told [3 - Healthcare Infor...] and her husband that the physician was in with another patient but would come in as soon as she was able.

Shortly thereafter, Mr. Gunther was roaming the hallway among the examination rooms. The Clinic Manager noticed that Mr. Gunther was thumbing through his wife’s chart, which had been in a basket on her exam room door. She first asked whether he needed any assistance, to which Mr. Gunther responded “yes.” Mr. Gunther expressed unhappiness with the wait, for which she apologized. Mr. Gunther responded, “apology NOT accepted.”

Immediately after Dr. Gibbons finished with her other patients, she entered the exam room and apologized for the long wait, saying “I’m so sorry we are behind and that you’ve had to wait.” [3 - Healthcare Infor...] was lying on the exam table dressed in her top, with a blanket covering her lower body for warmth. She appeared to have been crying and she otherwise appeared agitated. Dr. Gibbons introduced herself and held out her hand to shake [3 - Healthcare Informat...] hand (which is done both as a pleasantry and to allow Dr. Gibbons to take some measure of the Demerol’s effect.) The patient replied:

“Don’t touch me! I’m very upset and can’t believe you’ve made me wait here, naked for an hour and a half! Get away from me!”

When Dr. Gibbons attempted to de-escalate the patient’s emotional state by explaining why her morning schedule had been unexpectedly delayed, [3 - Healthcare Infor...] shouted: “I don’t care about the other patients, I don’t want to hear about them, I don’t want to listen to you.”

When that attempt to calm the patient failed, Dr. Gibbons explained that she needed to be able to communicate with the patient in order to safely perform the procedure, and then politely excused herself from the room in order to give the patient some time to collect herself and decide whether she wished to proceed. That too apparently did not have the intended calming effect as [3 - Healthcare Info...] then got off the exam table, and followed Dr. Gibbons into the hall. She screamed, among other things: “I can’t believe you’d just walk out on me!” The Clinic Manager and RN, despite being in other exam rooms with the doors closed, heard [3 - Healthcare Informa...] yelling and came to see if they could be of assistance. Dr. Gibbons then tried to usher [3 - Healthcare Infor...] who was half-dressed, back into the exam room, and tried to explain further that she needed a more reasonable means of communicating with [3 - Healthcare Inf...] and that if not, this would not be a “good fit.”

[3 - Healthcare Inf...] continued to berate Dr. Gibbons, waving her hand, screaming obscenities and telling her that she would not let the doctor touch her. Despite being asked to return to the exam room, [3 - Healthcare Inf...] continued to yell in the hallway. Concerned that the disruptive behavior might disturb other patients in the Clinic, Dr. Gibbons told [3 - Healthcare Info...] that if she didn’t return to the exam room, Dr. Gibbons would need to call security. It should be noted that it is Clinic policy

that medicated patients are to remain in their exam rooms and are not allowed to be in the hallway, both to protect the patient and to protect the privacy and safety of other patients in the Clinic.

Instead of returning to her room, [3 - Healthcare Inf...] continued walking away from Dr. Gibbons down the hallway. Dr. Gibbons sought to remind the patient, who was medicated and half-dressed, that she was not appropriately attired for being in the hall by lightly grasping the blanket edge and telling her that she needed to be clothed. At no time did Dr. Gibbons try to pull the blanket from her.³ The blanket remained firmly wrapped around [3 - Healthcare In...] at all times.

The patient, unfazed by the physician's requests that she return to the exam room, continued walking down the hallway. Concerned for her safety given her medicated state and uncertain of her intended destination, Dr. Gibbons went in front of the patient and asked her where she was going. [3 - Healthcare In...] yelled in response that she was going to change her clothes in the bathroom.

Dr. Gibbons informed [3 - Healthcare Info...] that the bathroom was not available for this purpose. Clinic policy prohibits medicated patients from using the bathroom alone because it is unsafe in the event of a fall or other difficulty while unattended. The bathroom was especially unsafe for [3 - Healthcare Info...] given her extreme agitation. At no point did Dr. Gibbons pull the blanket off Ms. [3 - Healthcar...] body, push the patient, or assault her in any way to get the patient back to her exam room. As witnessed by the Clinic Manager and the RN, Dr. Gibbons was trying to calm the patient down professionally and get her to return to her private room. Ultimately, Mr. Gunther had to physically pull his wife back into her room.

When [3 - Healthcare Infor...] was finally back in the exam room, she changed her clothes and gathered her belongings. Dr. Gibbons then escorted the patient and her husband out to the waiting area so that they could get a refund for the cost of the procedure. There, Mr. Gunther commented on what he perceived to be lousy service and said "this is bullshit." [3 - Healthcare In...] was upset that Dr. Gibbons was still there and, while they were waiting for the front desk to make out the refund to [3 - Healthcare Inf...] told Dr. Gibbons "I don't want you near me." When Dr. Gibbons suggested that [3 - Healthcare Inf...] wait in the hallway because she was required to oversee the refund process, her husband told her to move to the other front desk window. When [3 - Healthcare Infor...] refused, Mr. Gunther physically forced her to move. The patient continued to yell at Dr. Gibbons, saying things like "stop looking at me." The staff member attempting to process the refund was slower than usual given that [3 - Healthcare Info...] was hovering close to her and yelling. Ms. [3 - Health...] then left the Clinic, and when the refund process was complete, Mr. Gunther left as well.

³ The accusation by Mr. Gunther that Dr. Gibbons accused [3 - Healthcare I...] of "stealing my sheet" is untrue, not only because it did not occur, but because it was not a sheet that covered [3 - Healthcare I...].

Ms. Bonita James
November 29, 2011
Page 5

This was obviously an unfortunate series of events for a patient who appeared to be under great stress and seemed unwilling or unable to respond appropriately under these circumstances. Dr. Gibbons' attempts to calm the patient and redirect her to more productive ends were neither unprofessional nor negligent given the circumstances.

I trust that this statement provides a full and complete explanation of the matter currently under investigation. If you have any further questions, please do not hesitate to contact me.

Very truly yours,

BENNETT BIGELOW & LEEDOM, P.S.

David B. Robbins

DBR:rd

cc: Eileen F. Gibbons, M.D.

Enclosures

{2670.00001/M0497342.DOCX; 1}

00012634

BREASTFEEDING

ALLERGIC TO:

LATEX

Delivered to
OBR 11-21-11

James, Bonita (DOH)

From: Elli Cummins [ClinicManager@smawc.com]
Sent: Thursday, November 03, 2011 7:21 PM
To: James, Bonita (DOH)
Subject: patient situation

RE: 3 - Healthcare Informati...

Date of appointment – 9.15.11

- First observance of patient was around 1430 when I noticed the patient's partner standing in the hallway, with the patient's door open, looking at her chart. I asked him if he needed help and he states "yes" and continued to look through chart without further response. I took the chart from the chart holder and said "I'm actually going to have you not look at that" (patient charts are confidential). He stated he was angry due to the long wait and I apologized for the wait, and that they were to be seen next. He stated "apology not accepted" and re-entered the exam room. While closing the exam room door, I saw the patient, reclined, she did not speak to me and appeared calm.
- Second observance of patient was around 1446 when I heard a raised voice and went into the hallway from the lab. Dr. Gibbons was in the exam room and the patient was yelling at her. The patient was in hysterics and was aggressively pointing her finger at Dr. Gibbons stating she was upset with the wait. Dr. Gibbons was standing back, away from the patient. At this point, the RN also came into the hallway to see what was going on. Dr. Gibbons explained that she had two patients with serious situations which resulted in the wait time. Due to the patient screaming and yelling, Dr. Gibbons stated "it was not a good fit" for them and that she was not going to do the procedure. The patient called Dr. Gibbons a bitch and exclaimed "you are a doctor". Dr. Gibbons said she may have to call security. The patient entered the hallway screaming, heading to the bathroom. The patient was volatile and the safety of other patients in other exam rooms was a concern. Dr. Gibbons tugged at the patient's blanket and said "hey, that's a blanket". It was unclear what the patient was going to do or where she was going. Dr. Gibbons told the patient she needed to dress in the exam room and the patient returned to the exam room. The patient was kept safe, i.e. never fell, and was not touched by Dr. Gibbons. (I clearly remember that when Dr. Gibbons touched the blanket, the patient's body was not touched.)
- I then went into the lab and the patient left the back office and went into the front lobby. I absolutely did not hear any pushing or shoving and I did not hear Dr. Gibbons yelling at the patient as the patient and her partner were walking to the lobby.

Elli Cummins
Clinic Manager
Seattle Medical & Wellness Clinic
800-522-0606 / 206-625-0202
www.smawc.com

Adrienne Schwartzman

1 - DOH Licensee Health Professio...

November 28, 2011

RECEIVED

NOV 30 2011

Bonita James

Department of Health Insurance
Medical Quality Commission
PO BOX 47866
Olympia, WA 98509-7866

DEPARTMENT OF HEALTH
MEDICAL COMMISSION

Dear Bonita James,

On September 15, 2011, I performed an ultrasound and counsel session for [3 - Healthcare Informatio...]. It was a very busy morning and we were running behind schedule. Ms. [3 - Healthcar...] appointment was at 1030 and I called her back at approximately 12-1230. She and her husband were very upset about having to wait so long as she could have been working rather than sitting in our waiting room. I apologized for the wait and assured them the rest of the visit would be as fast, but safe as possible. They both seemed appeased by this and the rest of the counsel proceeded without further incident.

Normal preoperative medications include Zofran to prevent nausea, Xanax to help with anxiety, and Demerol, being the pain narcotic. Due to [3 - Healthcare Inform...] breastfeeding, I did not give her the Zofran or the Xanax, per clinic protocol. Her oral medications were dispensed at 1305.

Once in the procedure room, I took [3 - Healthcare Inform...] vital signs and gave her the Demerol injection at 1330. I explained that we like the Demerol to be working for at least half an hour before the doctor comes in. I closed the exam door, encouraging them to relax, and proceeded to attend to other patients.

At approximately 1400, I noticed [3 - Healthcare Inform...] door open and entered the room to check on her. She had just vomited and appeared both calm and sleepy. I asked if she was feeling better and she responded yes and did not need anything. Her husband appeared calm and supportive at her bedside. I informed them the doctor would be in as soon as she was able and again apologized for the wait.

Shortly after, I was on my lunch break in the staff lounge which shares a wall to the procedure room where [3 - Healthcare Inf...] was located. All of a sudden, my coworkers and I heard her screaming hysterically about having to wait so long. I stepped outside into the hallway to see if I could be of assistance. Our clinic manager and I stood nearby and Dr. Gibbons signaled to us that she was ok and not to get involved at the moment. Ms. [3 - Health...] was obviously very upset and swearing at Dr. Gibbons, yelling "You Bitch!" Ms. [3 - Health...] was naked from the waist down, but wrapped in a blanket and walking down the hallway toward the restroom while continuing to yell at Dr. Gibbons to "Get away from me!" and to not touch her. Dr. Gibbons told her that if she did not calm down, she would have to call security and then tried to steer her back into her room by gently tugging at the patient's blanket. At the time, I assumed Dr. Gibbons did not want an obviously medicated patient alone in the bathroom, and yelling down the hallway, thus disturbing our other patients. Also, [3 - Healthcare Infor...] clothing was in her room rather than the restroom.

Finally, [3 - Healthcare Info...] returned to her room where she quickly got dressed. Dr. Gibbons then escorted the patient and her husband to the front desk to get a refund for her procedure that obviously was not done that day. At no point did Dr. Gibbons push, shove or become physically aggressive toward [3 - Healthcare Inf...].

Best regards,

A Schwartzman, RN

Adrienne Schwartzman, RN
Seattle Medical and Wellness Clinic

**DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
MEDICAL INVESTIGATIONS**

MEMORANDUM TO FILE

DATE: October 20, 2011

TIME: 3:21 pm

CASE #: 2011-160408MD

RE: Eileen F. Gibbons, M.D.

FROM: Bonita James, Health Care Investigator 3

A telephone interview was conducted with Elizabeth Cummins. Ms. Cummins is the Clinic Manager for Dr. Eileen Gibbons at Seattle Medical & Wellness Clinic.

Ms. Cummins was asked to explain what she observed on September 15, 2011, between Dr. Gibbons, 3 - Healthcare Information ..., and Mr. James Gunther.

Ms. Cummins said she first noticed the patient's husband standing in the hallway looking at the patient's chart. She said that she asked him if he needed any help and he said yes, and continued to look through the chart. Ms. Cummins said she told the husband that he could not be out in the hallway and she took the chart. The patient's husband said that he was angry because of the long wait, and Ms. Cummins said she apologized for the wait and told him that they were to be seen next. Ms. Cummins said the patient's husband stated, "Apology not accepted" and then he reentered the room. She said that she could see the patient was in the room and she appeared calm.

Ms. Cummins said that she was in another room when she heard raised voices. She said she went into the hallway and the door to the patient's exam room was open. Ms. Cummins said the patient was in hysterical state, and she was yelling and pointing at Dr. Gibbons. Ms. Cummins said the patient was saying that she could not believe that Dr. Gibbons made her wait so long and she called Dr. Gibbons a bitch. She said Dr. Gibbons tried to explain to the patient that she had two complicated patients that morning that resulted in the longer wait time. Ms. Cummins said the patient continued to scream and yell at Dr. Gibbons, so Dr. Gibbons told the patient that she did not think she could see her today and she did not think this was a good fit.

Ms. Cummins said the patient then came out into the hallway screaming and walking down the hallway. She said the patient was undressed from the waist down and had a blanket around her. Ms. Cummins said that for the safety of the patient as well as the other patients in the clinic, they cannot have patients walking in the hallway. She said that Dr. Gibbons tugged at the blanket and told the patient she needed to get dressed in her exam room, and if she did not go back into the room she might have to call security. Ms. Cummins said the patient did go back in the exam room and she got dressed. She said the patient and her husband then went to the front lobby.

Ms. Cummins said that during this incident, Dr. Gibbons did not yell at the patient or touch the patient. She said that Dr. Gibbons only touched the blanket.

**DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
MEDICAL INVESTIGATIONS**

MEMORANDUM TO FILE

DATE: October 25, 2011

TIME: 1:44 pm

CASE #: 2011-160408MD

RE: Eileen F. Gibbons, M.D.

FROM: Bonita James, Health Care Investigator 3

A telephone interview was conducted with Adrienne Schwartzman, RN, for Dr. Eileen Gibbons at Seattle Medical & Wellness Clinic.

Ms. Schwartzman was asked to explain what she observed on September 15, 2011, between Dr. Gibbons, 3 - Healthcare Information ..., and Mr. James Gunther.

Ms. Schwartzman said that she was the patient's counselor. She said the patient waited in the waiting room for 2 hours before she was called back to see her. Ms. Schwartzman said the patient had an ultrasound, counseling session, and then she was given medication. She said the patient expressed anger at the long wait. Ms. Schwartzman said she apologized for the delay and said told the patient that they were running behind that day.

Ms. Schwartzman said that they usually give patient's Zantac and Demerol but because the patient was breast feeding, she was only given Demerol. She said that at 1:30 pm, the patient was given an injection of Demerol. Ms. Schwartzman said they like to give half an hour for the Demerol to work. She said that she did check on the patient, and the patient had just vomited and was not feeling well, but she was okay. Ms. Schwartzman said she went to the lunch room which is right next to the room where the patient was.

Ms. Schwartzman said that all of a sudden she heard the patient screaming, "Get away from me. Don't touch me." She said she went into the hallway and the patient was yelling and calling Dr. Gibbons a lot of names and using expletives. Dr. Gibbons told the patient to get dressed. The patient continued screaming at Dr. Gibbons and started walking down the hallway with a blanket wrapped around her. Dr. Gibbons told the patient to go back to the room where she was in and where her clothes were to get dressed.

Ms. Schwartzman said Dr. Gibbons tried to steer the patient back to her room. She said this was not done in an aggressive manner. After the patient got dressed, the patient and her husband went to the front of the office and they were given a refund.

Ms. Schwartzman said that Dr. Gibbons did not yell, scream, or raise her voice at the patient. She further said that at no time did Dr. Gibbons push the patient. Ms. Schwartzman said they later had a meeting about the incident and Dr. Gibbons stated that she regretted telling the patient that she was acting childish.

Ms. Schwartzman said the patient and her husband seemed fine during their counseling session and they were even laughing. She said that during this incident the patient seemed like a different person and she thinks the patient may have had a reaction to the Demerol.

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

AUTHORIZATION TO RELEASE COMPLAINANT'S NAME
PURSUANT TO RCW 43.70.075

RECEIVED
OCT 17 2011
DEPARTMENT OF HEALTH
MEDICAL COMMISSION

RCW 43.70.075 provides in part: "The identity of a whistleblower who complains, in good faith, to the Department of Health about the improper quality of care by a health care provider, or in a health care facility, shall remain confidential."

I understand that my identity is confidential pursuant to RCW 43.70.075 unless waived.

By signing this document, I waive my right to confidentiality and authorize the Department of Health to release my identity to **Eileen F. Gibbons, MD**, and to other persons who are reasonably necessary to the investigation, and for use in any subsequent administrative proceeding regarding my complaint. I understand that my identity will not be released for any other purpose.

APPROVAL OF CONFIDENTIALITY WAIVER

For the sole purpose of investigating my complaint and pursuing disciplinary/adverse action proceedings, I hereby waive confidentiality and consent to the release of my identity.

Signature: [Signature]
Date: 10/11/11
Home Phone: [Redacted]
Day Phone: SAME

Printed name: [Redacted]
Please include middle initial
Date of birth: [Redacted]
PLEASE RETURN NO LATER THAN October 14, 2011

DENIAL OF CONFIDENTIALITY WAIVER

I refuse to waive my right to confidentiality and deny consent to the release of my identity. I understand this denial may impair the Department of Health's ability to pursue investigation of this matter and any disciplinary/adverse actions.

Signature: _____
Date: _____
Home Phone: _____
Day Phone: _____

CASE #: 2011-160408MD
RESPONDENT: Eileen F. Gibbons, MD

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

IMPACT STATEMENT OF COMPLAINANT
PURSUANT TO SHB 1493

The law provides a complainant or family members of complainant an opportunity to describe the effect of the matter on the person and his or her family and to recommend a sanction. Please use this form if you wish to provide such a statement. You may attach additional pages as needed.

The Medical Commission may only impose sanctions if unprofessional conduct defined by RCW 18.130.180 is proven. The only sanctions available to the Commission are set forth in RCW 18.130.160, which limits restitution to a patient to the refund of fees billed to and collected from the consumer. You may contact your own lawyer to determine whether additional damages may be available to you in a private action.

COMPLAINANT IMPACT STATEMENT

SEE ATTACHED

I understand this complainant impact statement will be shared with the provider that is the subject of this investigation.

Signature:

4 - Identity - Whistleblower Regarding Health Care Provide...

Date:

10/11/11

Home Phone:

4 - Identity - Whistleblower Regarding Health Care P...

Day Phone:

SAME

CASE #: 2011-160408MD

RESPONDENT: Eileen F. Gibbons, MD



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
PO Box 47866, Olympia, WA 98504-7866
October 24, 2011

Eileen F. Gibbons, M.D.

1 - DOH Licensee Health Professional Home Address and/or Phone - ...

Re: Our case file #: 2011-160408MD

Dear Dr. Gibbons:

The Washington State Medical Quality Assurance Commission received a complaint from 4 - Identity - Whistleblower ... and James Gunther. The complainants related that on September 15, 2011, Mrs. 4 - Identity... had an appointment with you to have an abortion. After waiting over 4 hours past their scheduled appointment time, they allege that when you entered the room you initiated a confrontational diatribe about how busy you were that morning with two patients who had tubal pregnancies. When 4 - Identity - Whistl... interjected that she did not want to know other patients information and only wanted her procedure done, you stormed out the room. When you returned to the room, the complainants allege that things escalated with you yelling at the patient to get out and saying that you were going to call security. They said that when the patient attempted to go to the bathroom to get dressed you pulled at the sheet she had wrapped around her and even accused her to trying to steal it. They further allege that you pushed the patient out of the way and blocked her from entering the bathroom, and that you physically forced the patient back into the original procedure room. A copy of the complaint is enclosed for your review.

The Washington State Medical Quality Assurance Commission is the entity within State government with legislated authority and responsibility to assure the delivery of safe medical care. Under provisions of RCW 18.130.050, the Washington State Medical Quality Assurance Commission is empowered to investigate all allegations and complaints to determine whether such allegations are substantiated and to take disciplinary or corrective action, if warranted.

Please be advised that this is a preliminary investigation only and that no charges have been issued in connection with this investigation.

Under provision of RCW 18.130.180(8) and WAC 246-919-620, a health care provider shall cooperate by providing a full and complete explanation covering the matter under investigation. The Health Care Information Act, RCW 70.02.050(2)(a), requires that a health care provider disclose health care information about a patient without patient authorization when that information is needed to determine compliance with state licensure rules or laws.

Additionally, the Washington State Medical Quality Assurance Commission is a "health oversight agency" as defined under HIPAA, 42 CFR Section 164.501. Therefore, covered entities do not need to see consent or authorization from the patient to release medical records to the Washington State Department of Health/Medical Quality Assurance Commission.



Eileen F. Gibbons, M.D.
October 23, 2011
Page two

Under the terms of the laws mentioned above, you are requested to provide:

1. A detailed statement explaining the incident that occurred between you and patient on September 15, 2011. Additionally, respond to the allegations by the complainants that you yelled/screamed at the patient, that you attempted to pull the sheet off the patient when she was going to the bathroom to change, that you pushed the patient out of the way and blocked her from entering the bathroom, and that you physically forced the patient back into the procedure room.
2. A copy of the medical records for 3 - Healthcare Information

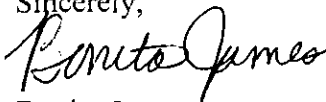
You are free to consult with and engage an attorney at your expense to represent you in this matter before making your response. Your response may be used if disciplinary action is deemed necessary. If you wish to have an attorney represent you, please have the attorney send us a **Letter of Representation** at the address below. The Letter of Representation will allow us to speak with them, if necessary, about the complaint against you and ensure they are copies on any correspondence to you.

Please submit your response within **fourteen (14 days)** after receipt of this letter. Make your response to:

Bonita James, Healthcare Investigator 3
Department of Health
Medical Quality Assurance Commission
Medical Investigations Unit
P.O. Box 47866
Olympia, WA 98504-7866

Thank you for your cooperation. If you have any questions, please feel free to contact me at (360) 236-2779 or by fax at (360) 586-4573.

Sincerely,



Bonita James
Healthcare Investigator 3

James, Bonita (DOH)

From: egibbbbbb@aol.com
Sent: Thursday, October 27, 2011 11:00 AM
To: James, Bonita (DOH)
Subject: Re: Investigative case file #: 2011-160408MD

Bonita,

Thank you for your reply. I was expecting the complaint to come to me via email, so I'm glad that you explained how I would receive it. I will let you know when I receive it at my home address, as I'm most anxious to address this complaint.

thank you,

Eileen Gibbons MD
Medical Director
Seattle Medical and Wellness Clinic
1325 Fourth Ave, Suite 1240
Seattle, WA 98101
206-625-0202
www.smawc.com

-----Original Message-----

From: James, Bonita (DOH) (DOH) <Bonita.James@DOH.WA.GOV>
To: egibbbbbb <egibbbbbb@aol.com>
Sent: Wed, Oct 26, 2011 1:42 pm
Subject: Investigative case file #: 2011-160408MD

Dr. Gibbons:

I received your telephone message of 10-25-11. A letter and a copy of the complaint was sent to you on October 24, 2011. The letter was sent to the address we have for you on file which I believe is your home address. If you do not receive the letter by Monday, October 31st, please let me know and I will resend it.

Sincerely,

Bonita James, HCI 3
Medical Quality Assurance Commission
Medical Investigation Unit
P.O. Box 47866
Olympia, WA 98504-7866
(360) 236-2779
(Mailing address:)

Bonita James, HCI 3
Medical Quality Assurance Commission
Medical Investigation Unit
243 Israel Road SE
Tumwater, WA 98501
(360) 236-2779
(Physical Address)

"The Medical Quality Assurance Commission protects the public health by assuring the competency and quality of physicians and physicians assistants by establishing and enforcing qualifications for licensure standards of practice, and by disciplining and monitoring of practitioners.

James, Bonita (DOH)

From: egibbbbbb@aol.com
Sent: Sunday, November 13, 2011 11:54 AM
To: James, Bonita (DOH)
Subject: Re: Investigative case file #: 2011-160408MD

Dear Bonita James,

I forgot to email you, but I did receive the letter sent to my home address on 10/27/11. I decided to get some legal advice just in case, so my lawyer has also emailed you.

thanks so much, a response is coming soon.
Eileen Gibbons MD

-----Original Message-----

From: James, Bonita (DOH) (DOH) <Bonita.James@DOH.WA.GOV>
To: egibbbbbb <egibbbbbb@aol.com>
Sent: Wed, Oct 26, 2011 1:42 pm
Subject: Investigative case file #: 2011-160408MD

Dr. Gibbons:

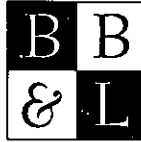
I received your telephone message of 10-25-11. A letter and a copy of the complaint was sent to you on October 24, 2011. The letter was sent to the address we have for you on file which I believe is your home address. If you do not receive the letter by Monday, October 31st, please let me know and I will resend it.

Sincerely,

Bonita James, HCI 3
Medical Quality Assurance Commission
Medical Investigation Unit
P.O. Box 47866
Olympia, WA 98504-7866
(360) 236-2779
(Mailing address:)

Bonita James, HCI 3
Medical Quality Assurance Commission
Medical Investigation Unit
243 Israel Road SE
Tumwater, WA 98501
(360) 236-2779
(Physical Address)

"The Medical Quality Assurance Commission protects the public health by assuring the competency and quality of physicians and physicians assistants by establishing and enforcing qualifications for licensure standards of practice, and by disciplining and monitoring of practitioners.



Bennett Bigelow & Leedom, P.S.

RECEIVED

NOV 10 2011

DEPARTMENT OF HEALTH
MEDICAL COMMISSION

David B. Robbins
Attorney
drobbins@bblaw.com

Law Offices

November 8, 2011

Ms. Bonita James
Healthcare Investigator 3
Department of Health - MQAC
P. O. Box 47866
Olympia, WA 98504-7866

Re: Eileen F. Gibbons, M.D. - MQAC File # 2011-160408MD

Dear Ms. James:

This office represents Eileen F. Gibbons, M.D., in connection with the Department of Health Medical Quality Assurance Commission's investigation regarding the complaints of 4 - Identity - Whistleblower ... and James Gunther. Please direct all correspondence and related materials to my attention.

Very truly yours,

BENNETT BIGELOW & LEEDOM, P.S.

David B. Robbins

DBR:fjd

cc: Eileen F. Gibbons, M.D.

{0001.00000/M0485863.DOCX; 1}

LAW OFFICES

BENNETT BIGELOW & LEEDOM, P.S.1700 SEVENTH AVE. SUITE 1900
SEATTLE, WA 98101Franny Drobny
fdrobny@bblaw.comTelephone: 206.622.5511
Fax: 206.622.8986**FAX TRANSMITTAL COVER SHEET**☒ Original to follow

DATE: November 9, 2011

TIME: 11:05 AM

Please deliver the following pages to:

TO:	Ms. Bonita James, Healthcare Investigator 3	FROM:	Franny Drobny
FIRM/COMPANY:	Dept. of Heath, Medical Quality Assurance Commission	NO. OF PAGES (including this cover sheet):	2
FAX NO.:	(360) 586-4573	CLIENT/MATTER:	0001-000 / Gibbons
PHONE NO.:	(360) 236-2779	RE:	Eileen F. Gibbons, M.D., - MQAC File # 2011- 160408MD

MESSAGE:

Attached is a letter from David Robbins, attorney for Eileen F. Gibbons, M.D.

If you need any page sent again, please call the phone number at the top of this page. If you do not call, we will assume that you received all pages satisfactorily.

This message is intended for the use of the individual or entity to which it is transmitted and may contain information that is privileged, confidential and exempt from disclosure under applicable laws. If the reader of this communication is not the intended recipient, you are hereby notified that the reading, review, dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original communication to us at the address above via the US Postal Service. We will reimburse you for the mailing costs. Thank you.

SECY/ASST: Franny Drobny

FAX OPERATOR: _____

{0001.00000/M0486838.DOCX; 1}

MD 2011-160408-000053

GIBBONS, EILEEN MD_2011-160408 PAGE 83



Bennett Bigelow & Leedom, P.S.

Law Offices

David B Robbins
Attorney
drobbins@bblaw.com

November 8, 2011

Ms. Bonita James
Healthcare Investigator 3
Department of Health - MQAC
P. O. Box 47866
Olympia, WA 98504-7866

Re: Eileen F. Gibbons, M.D. - MQAC File # 2011-160408MD

Dear Ms. James:

This office represents Eileen F. Gibbons, M.D., in connection with the Department of Health Medical Quality Assurance Commission's investigation regarding the complaints of 4 - Identity - Whistleblow... and James Gunther. Please direct all correspondence and related materials to my attention.

Very truly yours,

BENNETT BIGELOW & LEEDOM, P.S.


David B. Robbins

DBR:fjd

cc: Eileen F. Gibbons, M.D.

{0001.00000/M0485863.DOCX; 1}

James, Bonita (DOH)

From: David B. Robbins [drobbins@bblaw.com]
Sent: Tuesday, November 29, 2011 2:35 PM
To: James, Bonita (DOH)
Subject: Eileen Gibbons, MD. #2011-160408MD
Attachments: Response letter 11-29-11 to B. James-MQAC investigation (M0499609).pdf

CONFIDENTIAL

Ms. James –

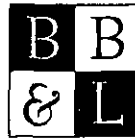
Attached please find written response to your October 24th letter to Dr. Gibbons and the complaint referenced therein. The medical records requested are being sent to you today via U.S. mail. We appreciate the additional time over the holidays that you allowed for this to be submitted.

Please do not hesitate to contact me with any questions concerning this submission or any other matter.

David B. Robbins
Bennett Bigelow & Leedom, P.S.
1700 Seventh Ave. Suite 1900
Seattle, WA 98101
T: 206-622-5511
F: 206-622-8986
www.bblaw.com

CONFIDENTIALITY NOTICE

The contents of this message may be protected by the attorney-client privilege, work product doctrine or other applicable protection. If you are not the intended recipient, any dissemination, distribution or copying is strictly prohibited. If you think that you have received this email message in error, please notify the sender via email or telephone at (206) 622-5511.



Bennett Bigelow & Leedom, P.S.

Law Offices

David B. Robbins
Attorney
drobbins@bblaw.com

November 29, 2011

VIA U.S. MAIL AND
EMAIL: Bonita.James@DOH.WA.GOV

Ms. Bonita James
Healthcare Investigator 3
Washington State Department of Health
Medical Quality Assurance Commission
P.O. Box 47866
Olympia, WA 98504-7866

Re: Eileen F. Gibbons, M.D. #2011-160408MD

Dear Ms. James:

As you know, we represent Dr. Eileen F. Gibbons ("Dr. Gibbons") for purposes of the Commission's inquiry into a complaint lodged by [4 - Identity - Whistleblower Regarding Health Care Provider - ...] or "the patient") and her husband, Mr. James Gunther ("Mr. Gunther") regarding [4 - Identity - Whistleblo...] appointment at Seattle Medical and Wellness Clinic on September 15, 2011. The following responds to your letter of October 24, 2011 on Dr. Gibbons' behalf. Per your request, the medical records associated with [3 - Healthcare Infor...] visit are enclosed.

Dr. Gibbons is a family practice physician at Seattle Medical and Wellness Clinic (the "Clinic") in Seattle, Washington, where she has practiced for over 15 years. She is also a clinical faculty member in family medicine at the University of Washington School of Medicine. She has never before had a complaint filed against her, nor has she been the subject of any malpractice or disciplinary action.

On September 15, 2011, [3 - Healthcare In...] came to the Clinic with her husband for a 10:30 a.m. appointment. [3 - Healthcare Inf...] was scheduled to have an abortion, although that procedure never occurred. Given that the complaint filed by Mr. Gunther is somewhat difficult to follow, we will provide as much detail as possible immediately below.

On the morning of September 15th, Dr. Gibbons performed seven abortions, two of which involved patients with complex medical histories. The unexpected complexity of these cases resulted in the care of these patients lasting longer than is typical or planned. Thus, the Clinic

was running behind and, unfortunately, [3 - Healthcare In...] and her husband had to wait about one hour longer than they would have without the unplanned delay.

While Mr. Gunther complains about the time he and his wife had to wait – and indeed, it was longer than was planned – patients are informed beforehand that appointments for surgical abortions will usually require the patient to be in the Clinic for four hours¹, which includes time for admission paper work, consultation, required tests, ultrasound, the abortion procedure itself, and patient recovery. See Seattle Medical and Wellness Clinic website, accessed at <http://www.smawc.com/pre-ABInstructions.php> (“Pre-Abortion Instructions” - “Please allow 4 hours for your entire appointment.”) Patients are also given detailed instructions over the telephone with respect to the procedures and their duration. The abortion procedure alone, if uncomplicated, is typically quite brief, [3 - Healthcare Inform...] ought to have known, however, that the entire process is quite time-consuming, even in the best of circumstances.

That morning, [3 - Healthcare Inf...] was counseled by one of the Clinic’s RNs, Adrienne Schwartzman, before seeing Dr. Gibbons. As documented in the medical record, the patient and her husband were upset by the wait. The RN apologized, explained that it was a very busy day, and told [3 - Healthcare I...] and her husband that they would try to make the rest of the appointment as quick, yet safe, as possible. At this point, the RN reported that [3 - Healthcare Inform...] and her husband seemed somewhat appeased. The RN then completed the counseling session, took [3 - Healthcare Info...] vitals, and performed the Hgb/Rh test (mini-blood-typing).

Because [3 - Healthcare Inform...] was breastfeeding at the time, she was unable to take the anti-anxiety medicine (e.g., Xanax) typically administered before this procedure. The lack of this administered medication, which generally reduces anxiety over the termination of a pregnancy, may well have contributed to the subsequent events.² The only preoperative medication Ms. [3 - Health...] received was the pain medicine, Demerol, which was given to [3 - Healthcare I...] after she was counseled.

As is typical, the patient was given a brief period of time to allow the Demerol to take effect. Here, the patient experienced some nausea and reported to the RN that she vomited once. (Nausea is not an uncommon reaction to Demerol.) Thereafter, [3 - Healthcare Inf...] reported to the RN that she was feeling much better and the RN recorded that the patient appeared “calm and

¹ Mr. Gunther complained that she was there for 4 hours and 15 minutes.

² Dr. Gibbons’ chart note from September 15, 2011 provides:

“Assessment: Probable Panic Attack: Pt. upset, nervous, anxious and unmedicated for her anxiety due to breastfeeding. Her anxiety escalated while unmedicated and waiting. Ultimately she became unwilling to listen or hear what the MD had to say and became unsafe and unpredictable. [...]”

sleepy." The patient's husband inquired as to when Dr. Gibbons would come in, and the RN told [3 - Healthcare Inf...] and her husband that the physician was in with another patient but would come in as soon as she was able.

Shortly thereafter, Mr. Gunther was roaming the hallway among the examination rooms. The Clinic Manager noticed that Mr. Gunther was thumbing through his wife's chart, which had been in a basket on her exam room door. She first asked whether he needed any assistance, to which Mr. Gunther responded "yes." Mr. Gunther expressed unhappiness with the wait, for which she apologized. Mr. Gunther responded, "apology NOT accepted."

Immediately after Dr. Gibbons finished with her other patients, she entered the exam room and apologized for the long wait, saying "I'm so sorry we are behind and that you've had to wait." [3 - Healthcare In...] was lying on the exam table dressed in her top, with a blanket covering her lower body for warmth. She appeared to have been crying and she otherwise appeared agitated. Dr. Gibbons introduced herself and held out her hand to shake [3 - Healthcare Inform...] hand (which is done both as a pleasantry and to allow Dr. Gibbons to take some measure of the Demerol's effect.) The patient replied:

"Don't touch me! I'm very upset and can't believe you've made me wait here, naked for an hour and a half! Get away from me!"

When Dr. Gibbons attempted to de-escalate the patient's emotional state by explaining why her morning schedule had been unexpectedly delayed, [3 - Healthcare Info...] shouted: "I don't care about the other patients, I don't want to hear about them, I don't want to listen to you."

When that attempt to calm the patient failed, Dr. Gibbons explained that she needed to be able to communicate with the patient in order to safely perform the procedure, and then politely excused herself from the room in order to give the patient some time to collect herself and decide whether she wished to proceed. That too apparently did not have the intended calming effect as [3 - Healt...] then got off the exam table, and followed Dr. Gibbons into the hall. She screamed, among other things: "I can't believe you'd just walk out on me!" The Clinic Manager and RN, despite being in other exam rooms with the doors closed, heard [3 - Healthcare Infor...] yelling and came to see if they could be of assistance. Dr. Gibbons then tried to usher [3 - Healthcare I...], who was half-dressed, back into the exam room and tried to explain further that she needed a more reasonable means of communicating with [3 - Healthcare Inf...] and that if not, this would not be a "good fit."

[3 - Healthcare In...] continued to berate Dr. Gibbons, waving her hand, screaming obscenities and telling her that she would not let the doctor touch her. Despite being asked to return to the exam room, [3 - Healthcare Inf...] continued to yell in the hallway. Concerned that the disruptive behavior might disturb other patients in the Clinic, Dr. Gibbons told [3 - Healthcare Inf...] that if she didn't return to the exam room, Dr. Gibbons would need to call security. It should be noted that it is Clinic policy

that medicated patients are to remain in their exam rooms and are not allowed to be in the hallway, both to protect the patient and to protect the privacy and safety of other patients in the Clinic.

Instead of returning to her room [3 - Healthcare Inf...] continued walking away from Dr. Gibbons down the hallway. Dr. Gibbons sought to remind the patient, who was medicated and half-dressed, that she was not appropriately attired for being in the hall by lightly grasping the blanket edge and telling her that she needed to be clothed. At no time did Dr. Gibbons try to pull the blanket from her.³ The blanket remained firmly wrapped around [3 - Healthcare I...] at all times.

The patient, unfazed by the physician's requests that she return to the exam room, continued walking down the hallway. Concerned for her safety given her medicated state and uncertain of her intended destination, Dr. Gibbons went in front of the patient and asked her where she was going. [3 - Healthcare Inf...] yelled in response that she was going to change her clothes in the bathroom.

Dr. Gibbons informed [3 - Healthcare I...] that the bathroom was not available for this purpose. Clinic policy prohibits medicated patients from using the bathroom alone because it is unsafe in the event of a fall or other difficulty while unattended. The bathroom was especially unsafe for [3 - Healthcare In...] given her extreme agitation. At no point did Dr. Gibbons pull the blanket off Ms. [3 - Healthcar...] body, push the patient, or assault her in any way to get the patient back to her exam room. As witnessed by the Clinic Manager and the RN, Dr. Gibbons was trying to calm the patient down professionally and get her to return to her private room. Ultimately, Mr. Gunther had to physically pull his wife back into her room.

When [3 - Healthcare Inf...] was finally back in the exam room, she changed her clothes and gathered her belongings. Dr. Gibbons then escorted the patient and her husband out to the waiting area so that they could get a refund for the cost of the procedure. There Mr. Gunther commented on what he perceived to be lousy service and said "this is bullshit." [3 - Healthcare I...] was upset that Dr. Gibbons was still there and, while they were waiting for the front desk to make out the refund to [3 - Healthcare In...] told Dr. Gibbons "I don't want you near me." When Dr. Gibbons suggested that [3 - Healthcare Info...] wait in the hallway because she was required to oversee the refund process, her husband told her to move to the other front desk window. When [3 - Healthcare Inf...] refused, Mr. Gunther physically forced her to move. The patient continued to yell at Dr. Gibbons, saying things like "stop looking at me." The staff member attempting to process the refund was slower than usual given that [3 - Healthcare In...] was hovering close to her and yelling. Ms. [3 - Health...] then left the Clinic, and when the refund process was complete, Mr. Gunther left as well.

³ The accusation by Mr. Gunther that Dr. Gibbons accused [3 - Healthcare...] of "stealing my sheet" is untrue, not only because it did not occur, but because it was not a sheet that covered [3 - Healthcar...]

Ms. Bonita James
November 29, 2011
Page 5

This was obviously an unfortunate series of events for a patient who appeared to be under great stress and seemed unwilling or unable to respond appropriately under these circumstances. Dr. Gibbons' attempts to calm the patient and redirect her to more productive ends were neither unprofessional nor negligent given the circumstances.

I trust that this statement provides a full and complete explanation of the matter currently under investigation. If you have any further questions, please do not hesitate to contact me.

Very truly yours,

BENNETT BIGELOW & LEEDOM, P.S.

David B. Robbins

DBR:rd

cc: Eileen F. Gibbons, M.D.

Enclosures

{2670.00001/M0497342.DOCX; 1}



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
PO Box 47866, Olympia, WA 98504-7866

September 29, 2011

James Gunther
PO Box 19682
Seattle, WA 98109

RE: Eileen F. Gibbons, MD
Case No. 2011-160408MD

Dear Mr. Gunther:

Thank you for your recent letter in which you express concerns regarding medical care provided by Eileen F. Gibbons, MD. Your complaint has been assigned case number 2011-160408MD.

Your complaint will be investigated to determine if a violation of the Uniform Disciplinary Act, RCW 18.130.180, Unprofessional Conduct, has occurred. If you have any additional information pertaining to your complaint, please forward it along with a copy of this letter to me at the address listed below. Please understand that you may not hear from us during the investigation. If we need additional information from you, one of the Commission's investigators will contact you.

Enclosed for your information is the brochure, *What Happens Next?* along with a copy of RCW 18.130.180, the statute that identifies Unprofessional Conduct. Once the investigation is complete, a panel of the Medical Quality Assurance Commission will review the facts of the case and make a decision. You will be notified in writing of the decision.

Please be aware that this process can take three to six months, and in some cases, longer. If you wish to amend your complaint, you may send supplemental information to me at the address below.

Thank you for bringing your concerns to the attention of the Medical Quality Assurance Commission. If you have any questions or need additional information, please call me at 360-236-2770, or contact me by email at jim.smith@doh.wa.gov.

Sincerely,

James H. Smith, Chief Investigator
Medical Quality Assurance Commission
PO Box 47866
Olympia, WA 98506-7866

Enclosures: What Happens Next?
RCW 18.130.180





STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
PO Box 47866, Olympia, WA 98504-7866

September 29, 2011

James Gunther
PO Box 19682
Seattle, WA 98109

RE: Eileen F. Gibbons, MD
Case No. 2011-160408MD

Dear Mr. Gunther:

Washington state law, RCW 43.70.075, pertains to the "Whistleblower Law" which requires that the identity of a complainant/whistleblower who complains in good faith to the Department of Health about improper quality of care by a health care provider shall be kept confidential. Your voluntary waiver of confidentiality in the form of a written Authorization to Release Complainant's Name will be necessary for the investigation to proceed. This is necessary so the provider can respond appropriately to the allegations of your complaint and provide records specific to your complaint. I have enclosed this form for your signature, along with a postage paid envelope for its return. Once your waiver is received, your identity will be released solely for the purposes of investigation and potential adjudication. Your identity will be protected in all other instances and will not be released in response to public disclosure requests. ***Your signed waiver is due back to this office no later than October 14, 2011.***

You will also find enclosed a Complainant Impact Statement form to fill out and return if you wish. If returned, your impact statement will be shared with the provider under investigation.

If you have any questions, please contact me at (360) 236-2770.

Thank you for your cooperation.

Sincerely,

James H. Smith, Chief Investigator
Medical Quality Assurance Commission
Medical Investigations

Attachments: Return Envelope
Waiver of Confidentiality of Identity
Complainant Impact Statement





STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
PO Box 47866, Olympia, WA 98504-7866

September 29, 2011

Eileen F. Gibbons, MD

1 - DOH Licensee Health Profession...

SUBJECT: Case No: 2011-160408MD

Dear Dr. Gibbons:

The purpose of this letter is to inform you that the Medical Quality Assurance Commission received a report concerning an allegation of unprofessional conduct as defined in RCW 18.130.180(4), the Uniform Disciplinary Act. RCW 18.130.050, of the Uniform Disciplinary Act, authorizes the Medical Quality Assurance Commission to investigate complaints of unprofessional conduct.

A preliminary investigation to gather the facts will be conducted by a Health Care Investigator from the Medical Quality Assurance Commission, Medical Investigations Unit. The investigator will contact you as soon as possible during the investigation if a statement or other information from you is required.

Please note that the Medical Quality Assurance Commission is bound by statute to comply with two different laws, which may seem to conflict. The first requires that we immediately notify a practitioner that a complaint has been filed. ***The second, the whistleblower law RCW 43.70.075, prohibits us from releasing the name of the complainant or any specific details about the report which could identify the complainant until we have received a signed waiver authorizing us to do so. We are sensitive to the fact that it can be very disconcerting to know a complaint has been filed against you, but not know any details about it. Therefore, once the waiver has been obtained, an investigator will contact you as soon as possible and all issues will be discussed as fully as allowed by law so that you will have an opportunity to respond.*** In a very small percentage of cases, a statement from you will not be required and no investigator will contact you.

You may submit a written statement about the complaint at any time, however, you may choose to wait until after you have been contacted by an investigator and advised of the nature of the complaint. You may consult with legal counsel at your expense prior to making a statement. Any statement that you make may be used in an adjudicative proceeding concerning this case. If the Commission receives any inquiries about the status of your license while this case is still open, only the existence of a complaint will be disclosed. Once the investigation and case review process has been completed, the case will either be closed or acted upon. The contents of the closed case file, including any statements submitted by you, will be subject to release according to Washington's public disclosure laws. Most public disclosure requests come from insurance companies and employers.

We have enclosed our informational brochure What Happens Next? along with a copy of RCW 18.130.180 Unprofessional Conduct. Please be aware that this process can take three to six months and in some cases longer. If you have questions, please contact me at 360-236-2770.

Respectfully,

James H. Smith, Chief Investigator
Medical Quality Assurance Commission

Enclosure: What Happens Next, RCW 18.130.180



Redaction Summary (130 redactions)

4 Privilege / Exemption reasons used:

1 -- "DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2)" (10 instances)

2 -- "DOH Licensee Social Security Number - RCW 42.56.350(1)" (1 instance)

3 -- "Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1)" (101 instances)

4 -- "Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1)" (18 instances)

Redacted pages:

Page 3, DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2), 1 instance
Page 7, DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2), 2 instances
Page 7, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 2 instances
Page 8, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 2 instances
Page 16, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 1 instance
Page 16, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 2 instances
Page 20, DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2), 1 instance
Page 25, DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2), 1 instance
Page 25, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance
Page 29, DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2), 1 instance
Page 33, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 1 instance
Page 33, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance
Page 37, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 1 instance
Page 38, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 3 instances
Page 38, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 2 instances
Page 39, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 10 instances
Page 40, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 11 instances
Page 41, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 15 instances
Page 43, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 1 instance
Page 67, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 1 instance
Page 68, DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2), 1 instance
Page 68, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 9 instances
Page 69, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 2 instances
Page 70, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 1 instance
Page 72, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 1 instance
Page 74, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 4 instances
Page 75, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 2 instances
Page 76, DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2), 1 instance
Page 76, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 3 instances
Page 77, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 1 instance
Page 82, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance
Page 84, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance
Page 86, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 3 instances
Page 86, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 2 instances
Page 87, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 10 instances
Page 88, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 11 instances
Page 89, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 15 instances
Page 93, DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2), 2 instances