

PRIORITY LEVEL _____
SUMMARY ACTION? _____

HEALTH PROFESSIONS QUALITY ASSURANCE
Case Disposition Worksheet

Respondent: Welch, Philip D. Case Number : 2007-10-0038MD

Presented by: Harvey

Staff Attorney: Bahn

Dore, Gotthold, Harder, Harvey,

Panel B

Hensley, Page, ~~Robins~~, Ruiz,

Selinger, and Sen

Date Presented: 07/10/08

Profession: Medical

Section: 5

A. REQUEST FOR LEGAL ACTION:

- ☐ Summary Action: _____ Suspension _____ Practice Restrictions
☐ Statement of Charges: (Complete Sanctions Worksheet) _____
☐ Statement of Allegations: (Complete Sanctions Worksheet) _____
☐ Notice of Correction: ☐ Notice of Determination: _____
☐ Withdrawal of SOC: ☐ Withdrawal of SOA/STID: _____
(CWDSOA)

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 w/ 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 fed law | <input type="checkbox"/> (16) Unnecessary or inefficacious drugs | <input type="checkbox"/> (25) Accept 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. FILE CLOSED:

<input type="checkbox"/> CNA A – No Jurisdiction	<input checked="" type="checkbox"/> CNA E – No violation determined	<input type="checkbox"/> CNA I – Care rendered was within standard of care	<input type="checkbox"/> CNA X – Complaint unique closure
<input type="checkbox"/> CAIO - Closed-- Application Investigation only-no action taken, license granted	<input type="checkbox"/> CNA F – No violation at the time the event occurred	<input type="checkbox"/> CNA J – Conduct was within standard of practice	<input type="checkbox"/>
<input type="checkbox"/> CNAC – Evidence does not support a violation	<input type="checkbox"/> CNAG – Risk minimal, not likely to reoccur	<input type="checkbox"/> CNA K – Mistaken identity	<input type="checkbox"/>
<input type="checkbox"/> CNAD – Insufficient evidence	<input type="checkbox"/> CNA H – Complainant withdrew	<input type="checkbox"/> CNAM – No Whistleblower	<input type="checkbox"/>

C. Deferred explanation (if any):

<input type="checkbox"/> Requested Add'l Investigation	<input type="checkbox"/> Waiting for Add'l Investigation	<input type="checkbox"/> RCM Not Ready – New Case
<input type="checkbox"/> Requested Expert Witness	<input type="checkbox"/> Waiting for Expert Report	<input type="checkbox"/> RCM Not Present
<input type="checkbox"/> Requested Practice Review	<input type="checkbox"/> Waiting for Practice Review Results	<input type="checkbox"/> Add'l Legal Review Requested

D. OTHER, EXPLAIN (Legal Review, Return to Investigation, etc.):

Staff present at B/C Disposition Dani Newman Panel B

Case View Screen [update]

Case	2007-50281 (PUBLIC)	Date Created	10/08/2007	Audit Entry Item Documents Notes Master Case Participant Add Master Timeline
Legacy Case	2007100038	Date Received	10/08/2007	
Status	CLOSED	Date Reopened	07/16/2008	
Respondent ID	291648	Receiving Board	COMMISSION	
Respondent	PHILIP DAVID WELCH	Receiving Profession	Physician And Surgeon License	
Credential	MD.MD.00018862	Receiving Department	ZLegacy	
Complainant ID		Received By	Legacy	
Complainant	NONE	Alleged Issues	None	
		Case Nature	ZLegacy - Unprofessional Sexual Misconduct 6	

Comments: RCM is Susan Harvey.

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

Priority History [add]

Date	Priority	Priority Reason	Decision Maker	Decision Date	Comment	COR	User
Oct 15 2007 2:08PM	ZLegacy - Priority 3	Other...	ZLegacy - 5-CMT	10/10/2007		NO	LEGACYD

Other Participants [add]

No additional participants found

Resolution [update]

Department: Case Management
 Worker: Barbara K Torske
 Date Closed: 07/10/2008

Found Issues
 None
Resolution
 Does Not State a Violation

Resolution Notes:

Current HIPDB Reports

Type	Submission Date	Status	DCN	Case ID
No HIPDB Reports found for this credential.				

Time Tracker**Charge Back Totals**

Department	Hours	Amount
Investigation	19.4	1493.80

Cost Recovery Totals

Department	Hours	Amount
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Cost Recovery Invoicing

Respondent	InvoiceDate	User
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Action Items [add] [add group]

Type	Assigned To	Activity	Track Time	Due	Effective	Completed	Order Signed	Create
Change Status to Closed	Case Management, Torske, Barbara K				07/10/2008	07/17/2008		07/17/2008
Target: PHILIP DAVID WELCH, MD.MD.00018862 Case Status: Status Changed To: CLOSED Action Info: Resolution Recorded? Yes								
Forward for Closure	Case Management, Torske, Barbara K				07/16/2008	07/17/2008		07/16/2008
Legal Staff Attorney Case Review	Staff Attorney, Weisman, Mike		[add]		06/05/2008	06/05/2008		06/05/2008
Forward for Legal Review	Legal Secretary, Sandlin, Lori L		[add]		06/03/2008	06/05/2008		06/03/2008
Target: PHILIP DAVID WELCH, MD.MD.00018862								
Forward Case File for Copies (Copy)	Case Management, Torske, Barbara K				05/21/2008	06/02/2008		05/21/2008

Center)


Target: PHILIP DAVID WELCH, MD.MD.00018862

Comments: To RCM and legal.

 Board/Commission Case Management, Torske, Barbara K 05/21/2008 05/21/2008 05/21/2008
Review

Target: PHILIP DAVID WELCH, MD.MD.00018862

Action Info: Reviewing
Board/Commission Harvey Susan
Member 1


 Forward for Case Case Management, Torske, Barbara K [add] 05/15/2008 05/21/2008 05/15/2008
Manager Review Invest
Complete

Target: PHILIP DAVID WELCH, MD.MD.00018862

Case Status: Status Changed To: Case Disposition

Comments: Investigation completed, case referred to Program for review.

From ISU to Program and Dr. Heye.

 Investigative Investigation Supervisor, Dean, Bill [add] 05/15/2008 05/15/2008 05/15/2008
Forward for Closure of
Investigation

Target: PHILIP DAVID WELCH, MD.MD.00018862

Comments: forward case for closure

 Investigative Case Investigation, Pyles Connie [Charge 05/07/2008 05/08/2008 05/08/2008
Report Prep Back]


Target: PHILIP DAVID WELCH, MD.MD.00018862

Comments: continue Inv. Rpt

 Investigative Case Investigation, Pyles Connie [Charge 05/06/2008 05/07/2008 05/07/2008
Report Prep Back]


Target: PHILIP DAVID WELCH, MD.MD.00018862

Comments: continue inv. rpt

 Investigative Investigation, Pyles Connie [Charge 04/30/2008 05/01/2008 05/01/2008
Correspondence - Back]
General

Target: PHILIP DAVID WELCH, MD.MD.00018862

Comments: Received Respondent's statement, reviewed and incorporated it into case file.

 Investigative Investigation, Pyles Connie [Charge 04/16/2008 04/17/2008 04/17/2008
Telephone Contact Back]


Target: PHILIP DAVID WELCH, MD.MD.00018862

Comments: Received call from Respondent stating he needed an extension, has been busy at office and tax time interview he was giving me a "heads up" it would be a little late.

 Investigative Investigation, Pyles Connie [Charge 04/03/2008 04/04/2008 04/04/2008
Memo Prep Back]


Target: PHILIP DAVID WELCH, MD.MD.00018862

Comments: Edit Memo to File (REsp)

 Investigative Investigation, Pyles Connie [Charge 04/02/2008 04/02/2008 04/02/2008
Memo Prep Back]


Target: PHILIP DAVID WELCH, MD.MD.00018862

Comments: Finish memo to file

 Investigative Case Investigation, Pyles Connie [Charge 04/02/2008 04/02/2008 04/02/2008
Report Prep Back]


Target: PHILIP DAVID WELCH, MD.MD.00018862

Comments: Continue Inv. Rpt

 Investigative Investigation, Pyles Connie [Charge 04/01/2008 04/02/2008 04/02/2008
Memo Prep Back]


Target: PHILIP DAVID WELCH, MD.MD.00018862

Comments: Begin Memo to File regarding Respondent interview

 Investigative Investigation, Pyles Connie [Charge 04/01/2008 04/02/2008 04/02/2008
Interview Back]











Target: PHILIP DAVID WELCH, MD.MD.00018862

Comments: Interview with Respondent. See Memo to File

 Investigative Case Investigation, Pyles Connie [Charge 04/01/2008 04/02/2008 04/02/2008
Review Back]

Target: PHILIP DAVID WELCH, MD.MD.00018862

Comments: case review for interview today

 Investigative Telephone Contact	Investigation, Pyles Connie	[Charge Back]	03/31/2008	04/02/2008	04/02/2
Target: PHILIP DAVID WELCH, MD.MD.00018862					
Comments: Received voicemail from Respondent's office concerning time of 04/01 interview. Call his office and spoke w receptionist confirming the time. Received another voicemail later in the day asking about whether or not I'd received his voicemail. Called and spoke with his receptionist again and reinforced message with her about confirmation of tomorrow's interview time.					
 Investigative Case Review	Investigation, Pyles Connie	[Charge Back]	03/28/2008	03/28/2008	03/28/2
Target: PHILIP DAVID WELCH, MD.MD.00018862					
Comments: Case review for LOC and future interview with Respondent scheduled for 04/01/08					
 Investigative Telephone Contact	Investigation, Pyles Connie	[Charge Back]	03/26/2008	03/26/2008	03/26/2
Target: PHILIP DAVID WELCH, MD.MD.00018862					
Comments: Called Respondent on his cell number. He was on his way to his Tacoma office and stated he did not have a Seattle calendar on him, but suggested Tuesday, April 1 as a good date for an interview. This was agreed upon and he stated he'd call with the time. Reserved a car.					
 Investigative Telephone Contact	Investigation, Pyles Connie	[Charge Back]	03/21/2008	03/21/2008	03/21/2
Target: PHILIP DAVID WELCH, MD.MD.00018862					
Comments: Received voicemail from "Emily" at Respondent's office, she stated she'd received my messages but the Respondent was "out of town" and she'd "make sure he knows" that I'd called. She stated he'd return on Monday.					
 Investigative Telephone Contact	Investigation, Pyles Connie	[Charge Back]	03/17/2008	03/18/2008	03/18/2
Target: PHILIP DAVID WELCH, MD.MD.00018862					
Comments: Placed telephone call to Respondent's office and left message for him to call me regarding a future appointment					
 Investigative Case Review	Investigation, Pyles Connie	[Charge Back]	03/05/2008	03/05/2008	03/06/2
Target: PHILIP DAVID WELCH, MD.MD.00018862					
Comments: Received, reviewed and added records from subsequent provider into file					
 Investigative Telephone Contact	Investigation, Pyles Connie	[Charge Back]	03/04/2008	03/04/2008	03/06/2
Target: PHILIP DAVID WELCH, MD.MD.00018862					
Comments: Received voicemail from Respondent. I called his office and left message for him to call me concerning a future appointment for an interview					
 Assign Investigator	Investigation, Pyles Connie	[Charge Back]	02/20/2008	02/20/2008	02/20/2
Target: PHILIP DAVID WELCH, MD.MD.00018862					
Comments: Transfer to ILRS					
 zDELETE Investigation			02/20/2008		02/20/2
 ZLegacy - Make Case Internally Visible	ZLegacy, Legacy		10/08/2007	10/08/2007	10/08/2
Target: PHILIP DAVID WELCH, MD.MD.00018862					

~~HARVEY~~

Case Closure

RCM: Harvey/ Weisman
Case #2007 10 0038

Respondent: 59 yr old Physician
Specialty: Gyn
Board certification: yes
Date licensed: 1981

WELCH

Complainant: 40 yr old BF consulting Respondent for a medical condition after she made an assault report to the local police dept.
Malpractice Settlement: N/A

Review of Case: An emotionally fragile patient consulted the Respondent for massively enlarged and symptomatic uterine fibroids the patient had been dealing with for a long time. It was clear from the outset the physician and patient were on opposite ends of opinion about what was going on and what was the proper treatment. He was clearly in the traditional medical mode and she clearly believed greatly in alternative medical options. During the exam she alleges he hurt her and wouldn't stop the exam even when she asked him to. She was traumatized by the encounter and feels the experience set her back in her journey of healing from domestic violence issues.

The Respondent wrote an extensive explanation of his take on the experience and what had occurred. He was very upset the patient would report her experience as "violence" as he was trying his best to evaluate and offer her what in his mind was the best course of action. As for the exam, he was just trying to thoroughly evaluate the patient's ovaries and just needed a few seconds to complete the exam after she asked him to stop. He did write an extensive rebuttal to the patient's letter to him after the exam but was reticent to send it as he didn't want to inflame the patient, but now wonders if an apology would be in order, not because he did anything wrong, only that he regrets she would carry such a bad opinion of him in the future. He did not have a chaperone.

1 - Consulting expert case review - RCW 4...

Disposition
Closure Code:

**Department of Health
Health Systems Quality Assurance Div.
Legal Services Office
MQAC Pilot Project Case Transition Memo**

NOTE: THESE ATTORNEY NOTES ARE WORK PRODUCT PRIVILEGED AND CONTAIN THOUGHTS AND IMPRESSIONS OF CASES FOR WHICH LITIGATION IS IN PROGRESS OR ANTICIPATED. CONTACT LEGAL SERVICES OFFICE IF DISCLOSURE REQUESTED.

☒ MQAC case: ☒ MD ☐ PA

☐ Non MQAC case
Specify Profession:

Is there an expert identified? Yes ☐ No ☒

If so, is there a contract in place? Yes ☐ No ☒

Is there any evidence in a drawer, HD shelf, etc.? Yes ☐ No ☒

Case Name (Last, First): *Welch, Philip*

Case Number (ILRS): *2007-50281*

Current SA: Mike Weisman

Current case status (review, drafting, charging, etc): *not looked at*

Next steps: *look at*

Important upcoming deadlines:

Other considerations:

Case View Screen

Case	2007-50281 (PUBLIC)	Date Created	10/08/2007	Audit Entry Item Notes Master Cas Participan Add Maste Timeline I
Legacy Case	2007100038	Date Received	10/08/2007	
Status	Case Disposition	Receiving Board	COMMISSION	
Respondent ID	291648	Receiving Profession	Physician And Surgeon License	
Respondent	PHILIP DAVID WELCH	Receiving Department	ZLegacy	
Credential	MD.MD.00018862	Received By	Legacy	
Complainant ID		Alleged Issues	None	
Complainant	NONE	Case Nature	ZLegacy - Unprofessional Sexual Misconduct 6	
Comments: RCM is Susan Harvey.				

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

Priority History

Date	Priority	Priority Reason	Decision Maker	Decision Date	Comment	COR	User
Oct 15 2007 2:08PM	ZLegacy - Priority 3	Other...	ZLegacy - 5-CMT	10/10/2007		NO	LEGACYD.

Other Participants

No additional participants found

Resolution

Department: Staff Attorney
 Worker: Mike Weisman
 Date Closed:

Found Issues
 none
 Resolution
 none

Resolution Notes:**Current HIPDB Reports**

Type	Submission Date	Status	DCN	Case I
No HIPDB Reports found for this credential.				

Time Tracker**Charge Back Totals**

Department	Hours	Amount
Investigation	19.4	1493.80

Cost Recovery Totals

Department	Hours	Amount
------------	-------	--------

Cost Recovery Invoicing

Respondent	InvoiceDate	User
------------	-------------	------

Action Items [add] [add group]

Type	Assigned To	Activity	Track Time	Due	Effective	Completed	Order Signed	Created ▼
Legal Staff	Staff Attorney, Weisman, Mike		[add]		06/05/2008	06/05/2008		06/05/2008 I
Attorney Case Review								
Forward for Legal Review	Legal Secretary, Sandlin, Lori L		[add]		06/03/2008	06/05/2008		06/03/2008 I
Target: PHILIP DAVID WELCH, MD.MD.00018862								
Forward Case File for Copies (Copy Center)	Case Management, Torske, Barbara K				05/21/2008	06/02/2008		05/21/2008
Target: PHILIP DAVID WELCH, MD.MD.00018862								
Comments: To RCM and legal.								
Board/Commission Review	Case Management, Torske, Barbara K				05/21/2008	05/21/2008		05/21/2008
Target: PHILIP DAVID WELCH, MD.MD.00018862								
Action Info:								
Reviewing Board/Commission Harvey Susan								

Member 1					
Forward for Case Manager Review Invest Complete	Case Management, Torske, Barbara K	[add]	05/15/2008	05/21/2008	05/15/2008
Target: PHILIP DAVID WELCH, MD.MD.00018862 Case Status: Status Changed To: Case Disposition Comments: Investigation completed, case referred to Program for review. From ISU to Program and Dr. Heye.					
Investigative Forward for Closure of Investigation	Investigation Supervisor, Dean, Bill	[add]	05/15/2008	05/15/2008	05/15/2008
Target: PHILIP DAVID WELCH, MD.MD.00018862 Comments: forward case for closure					
Investigative Case Report Prep	Investigation, Pyles Connie	[Charge Back]	05/07/2008	05/08/2008	05/08/2008
Target: PHILIP DAVID WELCH, MD.MD.00018862 Comments: continue Inv. Rpt					
Investigative Case Report Prep	Investigation, Pyles Connie	[Charge Back]	05/06/2008	05/07/2008	05/07/2008
Target: PHILIP DAVID WELCH, MD.MD.00018862 Comments: continue inv. rpt					
Investigative Correspondence - General	Investigation, Pyles Connie	[Charge Back]	04/30/2008	05/01/2008	05/01/2008
Target: PHILIP DAVID WELCH, MD.MD.00018862 Comments: Received Respondent's statement, reviewed and incorporated it into case file.					
Investigative Telephone Contact	Investigation, Pyles Connie	[Charge Back]	04/16/2008	04/17/2008	04/17/2008
Target: PHILIP DAVID WELCH, MD.MD.00018862 Comments: Received call from Respondent stating he needed an extension, has been busy at office and tax time intervened, he was giving me a "heads up" it would be a little late.					
Investigative Memo Prep	Investigation, Pyles Connie	[Charge Back]	04/03/2008	04/04/2008	04/04/2008
Target: PHILIP DAVID WELCH, MD.MD.00018862 Comments: Edit Memo to File (REsp)					
Investigative Memo Prep	Investigation, Pyles Connie	[Charge Back]	04/02/2008	04/02/2008	04/02/2008
Target: PHILIP DAVID WELCH, MD.MD.00018862 Comments: Finish memo to file					
Investigative Case Report Prep	Investigation, Pyles Connie	[Charge Back]	04/02/2008	04/02/2008	04/02/2008
Target: PHILIP DAVID WELCH, MD.MD.00018862 Comments: Continue Inv. Rpt					
Investigative Memo Prep	Investigation, Pyles Connie	[Charge Back]	04/01/2008	04/02/2008	04/02/2008
Target: PHILIP DAVID WELCH, MD.MD.00018862 Comments: Begin Memo to File regarding Respondent interview					
Investigative Interview	Investigation, Pyles Connie	[Charge Back]	04/01/2008	04/02/2008	04/02/2008
Target: PHILIP DAVID WELCH, MD.MD.00018862 Comments: Interview with Respondent. See Memo to File					
Investigative Case Review	Investigation, Pyles Connie	[Charge Back]	04/01/2008	04/02/2008	04/02/2008
Target: PHILIP DAVID WELCH, MD.MD.00018862 Comments: case review for interview today					
Investigative Telephone Contact	Investigation, Pyles Connie	[Charge Back]	03/31/2008	04/02/2008	04/02/2008
Target: PHILIP DAVID WELCH, MD.MD.00018862 Comments: Received voicemail from Respondent's office concerning time of 04/01 interview. Call his office and spoke with receptionist confirming the time. Received another voicemail later in the day asking about whether or not I'd received his voicemail. Called and spoke with his receptionist again and reinforced message with her about the confirmation of tomorrow's interview time.					
Investigative Case Review	Investigation, Pyles Connie	[Charge Back]	03/28/2008	03/28/2008	03/28/2008

Target: PHILIP DAVID WELCH, MD.MD.00018862					
Comments: Case review for LOC and future interview with Respondent scheduled for 04/01/08					
Investigative Telephone Contact	Investigation, Pyles Connie	[Charge Back]	03/26/2008	03/26/2008	03/26/2008
Target: PHILIP DAVID WELCH, MD.MD.00018862					
Comments: Called Respondent on his cell number. He was on his way to his Tacoma office and stated he did not have his Seattle calendar on him, but suggested Tuesday, April 1 as a good date for an interview. This was agreed upon and he stated he'd call with the time. Reserved a car.					
Investigative Telephone Contact	Investigation, Pyles Connie	[Charge Back]	03/21/2008	03/21/2008	03/21/2008
Target: PHILIP DAVID WELCH, MD.MD.00018862					
Comments: Received voicemail from "Emily" at Respondent's office, she stated she'd received my messages but the Respondent was "out of town" and she'd "make sure he knows" that I'd called. She stated he'd return on Monday.					
Investigative Telephone Contact	Investigation, Pyles Connie	[Charge Back]	03/17/2008	03/18/2008	03/18/2008
Target: PHILIP DAVID WELCH, MD.MD.00018862					
Comments: Placed telephone call to Respondent's office and left message for him to call me regarding a future appointment					
Investigative Case Review	Investigation, Pyles Connie	[Charge Back]	03/05/2008	03/05/2008	03/06/2008
Target: PHILIP DAVID WELCH, MD.MD.00018862					
Comments: Received, reviewed and added records from subsequent provider into file					
Investigative Telephone Contact	Investigation, Pyles Connie	[Charge Back]	03/04/2008	03/04/2008	03/06/2008
Target: PHILIP DAVID WELCH, MD.MD.00018862					
Comments: Received voicemail from Respondent. I called his office and left message for him to call be concerning a future appointment for an interview					
Assign Investigator	Investigation, Pyles Connie	[Charge Back]	02/20/2008	02/20/2008	02/20/2008
Target: PHILIP DAVID WELCH, MD.MD.00018862					
Comments: Transfer to ILRS					
zDELETE Investigation			02/20/2008		02/20/2008
ZLegacy - Make Case Internally Visible	ZLegacy, Legacy		10/08/2007	10/08/2007	10/08/2007
Target: PHILIP DAVID WELCH, MD.MD.00018862					

**DEPARTMENT OF HEALTH
HEALTH PROFESSIONS QUALITY ASSURANCE DIVISION**

**CONFIDENTIAL INVESTIGATION REPORT
PREPARED FOR THE
MEDICAL QUALITY ASSURANCE COMMISSION**

Case # 2007-10-0038MD

RESPONDENT: Dr. Philip D. Welch, MD

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APPENDIX F - CONTACT LIST

APPENDIX G - SUMMARY OF PREVIOUS CASES

Investigator: Connie Pyles
Health Care Investigator

APPROVED BY William D. Pyles DATE 05/15/08

APPENDIX A

RESPONDENT INFORMATION

NAME: Dr. Philip D. Welch, MD

BUSINESS ADDRESS: 801 Broadway Suite 628
Seattle, WA 98122

BUSINESS TELEPHONE #: 206-622-1055

RESIDENCE ADDRESS:

RESIDENCE TELEPHONE #: 206-713-4728 (cell)

LICENSE NUMBER: MD00018862

DATE ISSUED: 01/08/81

EXPIRATION DATE: 04/05/09

BIRTH DATE: 04/05/49

SPECIALIZATION: OB/GYN

PREVIOUS COMPLAINT HISTORY: Two

ATTORNEY IDENTIFICATION:

APPENDIX B

COMPLAINANT INFORMATION

NAME:

BUSINESS ADDRESS:

BUSINESS TELEPHONE # :

RESIDENCE ADDRESS:

RESIDENCE TELEPHONE # :

4 - Identity - Whistleblower Reg...

ATTORNEY:

ATTORNEY ADDRESS:

ATTORNEY TELEPHONE # :

APPENDIX C

GENERAL SUMMARY

Investigation of this case was initiated by receipt of a written complaint from Detective Kevin Grossman of the Seattle Police. Following his report is a copy of letter from [4 - Identity - Whistleblower ...] (Complainant) who is heretofore referred to as the Complainant (**Pages 2-11**). The Complainant alleges Dr. Philip D. Welch (Respondent) performed a pelvic examination that was "forceful and painful" which triggered her PTSD and past memories of sexual assault.

On 10/15/07 the Respondent was sent a "Respondent Notification Letter" (**Page 12**) and Detective Grossman was sent a "Complainant Notification Letter" along with a "Whistleblower Waiver Form" that he was asked to review, sign, and return (**Pages 13-14**). After an interview with Ms. [4 - Identity - ...], she agreed to be identified as the whistleblower and a Whistleblower Waiver Form was sent to her that she was asked to review, sign, and return. A signed and dated release was subsequently received (**Page 15**).

On 10/30/07 I conducted a telephone interview with Detective Grossman. For a synopsis of that interview see my "Memo to File" **Page 16**.

In that interview Detective Grossman stated he'd filed the complaint as a "courtesy" for the Complainant. He stated she'd filed her complaint at her "local precinct's patrol officer" who'd forwarded the "incident report" to him. He further stated he'd not met her, but had talked to her on the phone explaining to her that he had no jurisdiction with her complaint as the "allegations are not a crime" but rather "bad doctoring". He added he'd spoken with his supervisor about the case and they'd determined it was in the jurisdiction of the DOH. He stated he'd informed Ms. [4 - Identity - ...] that her allegations were "unfounded" and she'd "not been happy about that". He'd also informed her he'd "closed the file" on her case but had forwarded the complaint to the DOH. He added he thought she'd be "happy to talk with me" about the allegations.

On 10/30/07 I conducted a telephone interview with the Complainant. For a synopsis of that interview see my "Memo to File" **Pages 17-18**.

During that telephone interview the Complainant stated she was "nervous" about her complaint but was "happy" to speak with me.

Ms. [4 - Identity - ...] stated she'd seen the Respondent as he'd been "highly recommended" by a friend. She stated she had no health insurance and had approached his office manager to be accepted as a "charity" case. She added she'd signed a form stating she'd be responsible for payment. The Complainant stated she'd consulted with the receptionist about payment and had been told the visit would run "around seventy dollars", but when she received the bill it amounted to \$180.00.

She further stated there'd been "no written agreement" about a reduction in payment and had been told "they may be able to work out a payment plan" for that visit. She added she'd viewed the visit as a "consultation" and had not expected there would be a physical examination at that time.

We briefly discussed some of the difficulties she'd had with communicating with the Respondent. She stated although he'd not "listened" to her, she'd "overlooked that conversation" and the "difficulties" she'd had. She reiterated how she'd not expected an exam, but during the course of their conversation she stated "He said something like, 'That's something you may need to know and we can only find out by an examination.'" She stated that exam subsequently occurred.

From that point forward the Complainant stated she was focused on how "hopeful" she was to have help with her gynecological problems. The Complainant stated the Respondent came in "and the door was closed. It was just him and I, there was no reason to fear him. He didn't offer a chaperone, but we'd discussed this." She stated, "I didn't expect that kind of treatment in the exam. I feel like it's okay to disagree, but I didn't think that he would transfer his feelings to the exam."

The Complainant stated in retrospect, "There were some red flags looking back and I'm not used to seeing them." She added, "I had no sense that he would treat me this way." She stated, "It was a horrible experience. My body had a reaction for five days afterward."

She stated during the examination she'd informed the Respondent, "You're hurting me. I said it twice and got no response and that's not Okay."

The Complainant stated she'd had "help processing" the incident with her counselor. She stated, "I had an appointment the same day at 3:30. I was just a wreck." The Complainant stated, "I just want him to understand the pain I went through. I don't want that to happen to anyone else, to touch anyone that way in an exam."

The Complainant stated she did not see her primary care provider, nor was she on any medication with regard to her reaction to that visit with the Respondent.

On 02/20/08 I met with the Complainant for a pre-arranged interview at the YMCA in Seattle. For a synopsis of that interview see my "Memo to File" **Pages 19-21**.

During that interview we clarified several points from her letters and a previous telephone interview.

I asked the Complainant to clarify her "healthcare team". She stated it was comprised of Dr. Koller, her OB/GYN and Ms. Margaret Sutro, who she identified as the key person in her "healing journey".

In her complaint, the Complainant writes, "Our conversation became uncomfortable for me because Dr. Welch wasn't considering all the work I'd done during the year as relevant to my healthcare plan. I mentioned that I had spent the last 1-1/2 years recovering from domestic violence and sexual assault and had just moved into a permanent home. He replied, 'Did you see someone get shot or was it just domestic violence?'" I asked if she would clarify those statements.

She stated those were the only derogatory remarks the Respondent had made. She described this point in the encounter as the "pivotal point" which made her the most "uncomfortable". The Complainant further stated "The work I'd done was research fibroids, contacted family members and got their history." She also stated she'd seen a naturopath and acupuncturist in order to obtain "both sides" of medical treatment. She stated she believed the Respondent "cared about hearing only about what other doctors were saying". She felt he'd not "listened" to her.

The Complainant stated her background of being the victim of sexual assault began when she was five years old. She stated she was ethnically Native American and African-American. She informed me she was born in Kansas City and her mother was schizophrenic. In addition, she added she was removed from her mother's care when she received a cigarette burn on her arm as a child. She then went to live with her Grandmother, who "raised her" and her brother.

The Complainant went on to add the sexual abuse was from a "cousin" who lived with her Grandmother. She stated she did not recall this abuse, or the sexual abuse from her father until she was 18 years old, sitting in a college classroom and she began having "flashes" of a child and an adult. She continued stating she'd eventually confronted her Grandmother who informed her she'd been abused by that cousin and had been taken to a physician about that abuse when she was five years old.

The Complainant stated after she'd suffered from domestic abuse from her ex-husband and had left him and "lost everything", she'd gone to a woman's shelter. She stated at that time she owned a laptop with her stories and family pictures in that computer, but it was stolen at that shelter.

The Complainant stated she'd eventually "made a commitment to heal my life from the violence that had become a pattern. I'd experienced it my whole life."

The Complainant also added another pivotal point in the encounter with the Respondent occurred when she'd spoken about the "stone baby" concept that she'd uncovered in her research. She stated she realized that "my perspective was different" from the Respondent's and he'd said it was rare and he'd never seen it. She stated she'd asked him, "How do you know?" adding this was the point when the Respondent "got up and said Okay, let's examine you."

She continued to state "When he started the exam he doesn't start the examination the same way Dr. Koller does. She explains what she is doing when she does it." The Complainant explained she believed sexual assault victims who had experienced "PTSD" should be examined in a different manner than patients who had not experienced abuse.

The Complainant continued to describe the pain she'd experienced when the Respondent had examined her and that he'd had "no concern" for her as she expressed her discomfort.

I asked the Complainant what she'd previously meant by the "red flags" from her encounter with the Respondent. She stated "now, looking back, the first was walking into his office and having a discussion with the receptionist about their charity case policy. He came out and got into the conversation and he said, 'You mean for free?'" She stated she'd realized this "was an issue" due to her "lack of healthcare insurance" and was not "something he was interested in".

She added another red flag was his "cultural understanding". She stated, "I told him I had a dream." She recalled another physician had discussed "mental health" issues when she'd spoken about her dreams. She added "Native Americans and African-American often have dreams about things that help guide us. It's not uncommon for us to do this."

The Complainant stated she'd been "referred" to the Respondent by a friend she'd "trusted" who'd had similar gynecologic concerns. She added she gone to the appointment with "blind optimism" thinking "he's the one" who could help her with her fibroid. She stated she'd been seen at the Kent Community Health Center in the past and had also been followed by an acupuncturist. She added she felt she needed "more tests that only a doctor can order".

The Complainant stated she'd researched her disorder and wished the additional testing and also had wanted to discuss the possibility of a "myomectomy" with the Respondent.

The Complainant explained she'd developed and directed a documentary DVD entitled, "Healing My Broken Womb and Giving Birth to Divine Creativity: A Powerful Journey of Healing and Rebirth". She added she'd presented this to the Respondent in order for him to understand "who I am". She stated she'd "not been given a chance" to tell him about this project. She furnished the CD jacket cover for this case file, which can be found on **Page 22**.

I asked the Complainant what she'd like to see come about as a result of this investigation. She stated, "What I would love is a letter of apology and training to help him understand how to communicate with people with a past history of abuse. To touch appropriately and listen fully so he doesn't accidentally or purposefully/intentionally harm any other woman whose been exposed to trauma because he can't listen to what has happened to another female's body. I wanted him to know how to touch someone who's been a victim of trauma."

I asked the Complainant if she could furnish an addendum to her complaint, to include several of the topics we'd discussed in this interview and she stated she'd do so and send it to me. As of this writing no further correspondence has been received from the Complainant.

On 04/01/08 I met with the Respondent to hand-deliver a letter of cooperation (**Pages 23-24**). At that visit I collected a copy of a letter the Respondent had composed in response to the Complainant's letter (but had not sent), a complete copy of the Complainant's medical file and a copy of his Curriculum Vitae. I also interviewed the Respondent. For a synopsis of that interview see my "Memo to File" **Pages 25-26**.

During that interview the Respondent recalled he'd met the Complainant on 09/27/07 after she'd been referred to him by an "acquaintance she met on an extended bus ride". He stated she'd presented his crumpled business card to him at that meeting as "she'd been carrying it around for a year" as she'd been "so impressed" by that recommendation. He stated in retrospect she came to him with "high expectations".

He recalled he'd spent approximately "45 minutes" in consultation and with the examination and hadn't charged her for his services. He stated he'd surmised at some point during the consultation that the Complainant was "very interested in alternative" therapy for her fibroid. The Respondent further stated he'd spent some time trying to explain the concept of "evidence based medicine" to the Complainant while in turn listening to her story about her past medical experiences.

The Respondent produced a copy of the 10/01/07 letter the Complainant had sent to his office. I informed him she'd already provided a copy of that letter for the case file and that it was not necessary to generate another copy for this file.

I asked about the section in which the Complainant stated the Respondent had said "did you see anyone get shot or was it JUST domestic violence?" He read it and stated he'd not said anything resembling the first part of that statement and had asked her to explain the domestic violence during their conversation. He stated the Complainant's interpretation of their office encounter had been "inaccurate" and he'd been "misinterpreted".

I asked about the Complainant's description of the "violent" pelvic examination. The Respondent stated there was "nothing violent" about that examination other than "pressure" that she would have felt from the palpation of her abdomen.

At that point the Respondent explained he'd come home the day he'd received the Complainant's three page letter and had written a response that he'd saved and not sent to her as he "felt it would anger her more". He stated that letter would explain in detail his perception of the encounter with the Complainant. He produced a copy of that letter (**Pages 36-38**) along with a complete copy of the Complainant's medical file (**Pages 27-31**).

The Respondent also produced a copy of his Curriculum Vitae (**Pages 32-35**) for the case file and stated he was up to date with his CME credits, which he added he'd furnish with his statement.

Later in the interview the Respondent pointed to a bookshelf with two shelves of files that he pointed out were cases in which he provided "consultations" for attorneys regarding sexual allegations. He added he'd been involved with "50 to 60" of these cases and had "testified" in the past on them, including the "Momah" case.

He stated he'd been in practice for 29 years and this was the first encounter of this type he'd been involved with.

The Respondent also stated he'd noticed the issues the Complainant had with "listening". He stated he'd read a book entitled "The Lost Art of Listening" and added he'd thought the Complainant was confusing "listening" during their doctor/patient encounter with "agreeing". He stated he had been listening to the Complainant's story, but was also trying to educate her about the medical model of medicine in contrast to her discussion of more "alternative" therapies. He stated he realized what he was saying was "not enough" for her.

I asked if the Respondent had recalled anything about the CD/DVD the Complainant had presented to him and he stated he did not recall that item.

The Respondent stated he sensed the encounter had "spiraled downward" and noted the Complainant was "angry" before she'd left his office.

At the end of the interview the Respondent's receptionist, Kathleen came in. He asked her if she recalled the Complainant and she stated she did. I left a Witness Notification form and statement for her to fill out with regard to her experience with the Complainant. As of this date, no response has been received.

On 04/30/08 I received a statement from the Respondent (**Pages 39-43**).

2007-10-0038MD / Dr. Philip D. Welch, MD

The Respondent provided a written description detailing his encounter with the Complainant. Much of what he writes is found in the interview of 04/01/08.

He adds, "After the introduction of how she had gotten my name described above, Ms. 4 - Identity - ... began by explaining the reason for her visit being to 'correct violence in the health care industry'. Needless to say, this was a surprising opening statement, and as I encouraged her to go on it became clear that what she was referring to was a long history of what she perceived as arrogance, injustice, mistreatment, lack of openness to alternative treatment, and so forth. She was not initially referring to herself, but to the health care industry in general. This is a somewhat, if not highly, unusual definition of 'violence', and she used the term frequently and in several different contexts throughout our encounter. My attempts to clarify what she meant by the different references to herself, was met with obvious brisk resentment on her part. She took umbrage almost immediately to my confusion about her meaning, appearing to rather immediately interpret it as condescension. She comments and complains about this in her initial letter to me, particularly in regard to her history of 'domestic violence'. It was indeed frustrating not to be able to find a way to inquire about this area without inciting this response, since it was so obviously meaningful to her."

Further in that statement the Respondent writes about the Complainant's broad spectrum of supporters adding, "But unfortunately many of the ideas that she had gleaned from these sources were simply either medically incorrect, or at least counter to what would be traditional, well-established treatment for her problem."

He later described the pelvic examination with the Complainant writing, "Despite our not exactly having a meeting of the minds during the previous 40 minutes or so, she did seem to have a vestige of positivity about my caring and respectfulness (or so I perceived) and she said yes she would like to go ahead. I was very concerned about proceeding, in view of the not very veiled underlying anger and hostility she had been demonstrating."

Having demonstrated no problem with the speculum portion of the examination the Respondent writes, "As I was just about to be finished and was trying to be certain there was no ovarian abnormality (large fibroids can obscure the ovaries, making this portion of the exam difficult from the clinician's point of view) she said the exam was hurting and asked me to stop. In an attempt to prevail on her to allow a few seconds more (and I meant literally three or four seconds) I said 'I'm just about done'."

Continuing he writes, "In any event, she abruptly sat upright, a maneuver I have never had occur, and the exam was concluded. . . She did indeed have very large fibroids, the uterus rising to the umbilicus-the equivalent size of a 20 week pregnancy."

Concluding his statement he writes, "There is an old fashioned term for a person who is hypersensitive to slight, sees themselves as constantly victimized, and is itching for a fight about it at any time-'chip on the shoulder'. That is the most ready picture I have in my mind of this person, beyond any fancier medical term. Nevertheless, I am genuinely sorry I was not able to bridge that gap and offer her help in a more supportive and nurturing way, or a way that she would see as that."

On 02/05/08 a 14-day medical record and response request letter was sent to Ms. Margaret Sutro, a subsequent provider for the Complainant (**Pages 44-45**). On 02/25/08 and 05/15/08 the germane medical records for the Complainant were received (**Pages 46-53**).

Those medical records contain a Progress Note on **Page 47a** from 09/27/07 that reads, "Saw doctor today re fibroid did not get team xp as hoped for. . .".

On 02/29/08 I received Ms. Sutro's statement (**Pages 54-55**). In her statement she writes, "In August 2007 Ms. [4 - Identity - ...] reported that she was going to make another effort to get medical treatment for fibroids after months of physical pain and the frustration of being told that a hysterectomy was the only option. I did not see her during the first weeks of September. Because of Ms. [4 - Identity - ...]'s resourcefulness I knew she would be seeking a well-recommended physician whom she could trust to be considerate and respectful of her emotionally—as well as physically—and with whom she could establish some rapport for working on her medical issues as a team. Still I feel remiss in not specifically reviewing effective ways of asserting her right and responsibility for attending to her physical and emotional boundaries during a pelvic examination."

Further in that statement she writes, "She reported that he did not take into account her experience of physical pain during the examination or her request that he stop the examination. . . Even though Ms. [4 - Identity - ...] was upset at the outset of her counseling session and expressed her concerns about her previous doctor's appointment, her overall affect was bright; she was engaged with the counseling process."

On 02/05/08 I requested (**Pages 56-58**) and received from Dr. Martina Koller, the medical records for the Complainant from September, 2007 to the present (**Pages 58-88**).

Included in those records is a letter (**Page 64**) written by the Complainant on 11/01/07 to Dr. Koller regarding "feedback on appt. 10/16/07". That letter reads, "Anxiety Response due to PTSD (related to sexual abuse) the exam that I had revealed a reaction to the process of inserting the finger into my vagina. You may have noticed me shaking/waving my fingers in an agitated way. This was my way of processing the feelings of anxiety I was having due to just being touched in a way that also happened during past sexual abuse experiences. This response is a regular response for me during exams and sexual experiences with men. I am able to move through the period of anxiety by hearing your reassuring voice, your gentle touch and compassion. After a few moments I was able to become calm by breathing deeply and feeling safe."

Later in that documentation is a physical exam of the uterus that reads, "Large 22 wk size tender to palpation" (**Page 66**).

On **Page 73** is another document sent to Dr. Koller by the Complainant with "Health Challenges-Current conditions of imbalance" with a portion that reads "Discovered Causes: repeated exposure to violence, repressed and inherited emotional distress (anger and fear) from violent experiences past and present, neglected and broken (weakened or undeveloped) Spirit (defined as internal communication system that reveals life purpose and self-protection system) from oppression, unresolved impact from separation from birth parents particularly my mother, unreconciled sexual abuse from childhood, inadequate access to just healthcare treatments, improper nutrition, inability to let go (release), underdeveloped protection mechanisms, hypersensitive nervous system and digestive system, and undiscovered causes."

Investigation completed, this case is referred to Program for review.

APPENDIX D

EVIDENCE/EXHIBITS

<u>Page #'s</u>	<u>Description</u>
1	One page RCW 43.70.075 notice
2-11	Two page complaint form, police report and complaint letter from Complainant
12	One page copy of a letter dated 10/15/07 from Tina Crawford to the Respondent
13-14	One page copy of a typed letter dated 10/15/07 Tina Crawford to Detective Grossman. Included is a one page copy of the Whistleblower waiver form
15	Signed and dated Whistleblower waiver form from Complainant
16	Memo To File regarding a telephone interview with Detective Grossman
17-18	Memo To File regarding a telephone interview with the Complainant
19-21	Memo To File regarding 02/20/08 interview with the Complainant
22	CD/DVD cover collected from Complainant
23-24	Statement, Curriculum Vitae and medical records requested from the Respondent, hand delivered at 04/01/08 interview
25-26	Memo to File regarding interview with Respondent
27-31	Medical file for Complainant collected from Respondent
32-35	Respondent's CV collected at 04/01/08 interview
36-38	Copy of letter Respondent composed (but did not send) in response to his encounter with the Complainant
39-43	Statement and CME record received from the Respondent
44-45	Medical records and statement requested from subsequent provider, Ms. Margaret Sutro
46-55	Medical records and statement received from subsequent provider, Ms. Sutro
56-58	Facsimile requesting medical records from subsequent provider, Dr. Martina Koller
59-88	Medical records received from subsequent provider, Dr. Koller

APPENDIX E
ACTIVITY REPORT

1. 10/22/07 ASI research for current license information and past complaints
2. 10/29/07 Case review, wkly report entry-with ideas for Inv. Plan
3. 10/30/07 Case review for interview with patient at issue. Telephone call with Ms. 4 - Identity - Whistleblower ..., see Memo to File regarding that exchange. Memo to File regarding telephone interview with Ms. 4 - Identity - Discussion with Inv. Dean about whether or not to identify patient at issue as a WB, decision was it was not necessary.
4. 11/19/07 Left telephone message for Complainant to call me regarding WB form.
5. 02/05/08 Case review, LOC composed, copied for future on site interview with Respondent.
6. 02/12/08 Spoke with the Respondent and set up an appointment for 02/26 at 2:00PM. Explained the investigative process and the telephone contact was concluded. Case review and internet search, mapquest. Received voicemail twice from Complainant, stated the 20th in the afternoon would work for her. I called her back and confirmed a 2:30 appointment and asked for her to call me back on the location. Called Respondent office, left message to call me. Called again and spoke with Katherine, she stated "there are only three of us here". I asked that she have the Respondent call me.
7. 02/19/08 Begin Investigative Report.
8. 02/20/08 Received voicemail from Respondent canceling our appointment. Called Complainant concerning our pending appointment.
9. 02/21/08 Memo to File regarding interview with Complainant.
10. 03/03/08 Received voicemail from Respondent. I called his office and left message for him to call be concerning a future appointment for an interview
11. 03/05/08 Received, reviewed and added records from subsequent provider into file.
12. 03/17/08 Placed telephone call to Respondent's office and left message for him to call me regarding a future appointment
13. 03/21/08 Received voicemail from "Emily" at Respondent's office, she stated she'd received my messages but the Respondent was "out of town" and she'd "make sure he knows" that I'd called. She stated he'd return on Monday.

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14. 03/26/08 Called Respondent on his cell number. He was on his way to his Tacoma office and stated he did not have his Seattle calendar on him, but suggested Tuesday, April 1 as a good date for an interview. This was agreed upon and he stated he'd call with the time. Reserved a car.
15. 03/28/08 Case review for LOC and future interview with Respondent scheduled for 04/01/08. Received voicemail from Respondent's office concerning time of 04/01 interview. Call his office and spoke with receptionist confirming the time. Received another voicemail later in the day asking about whether or not I'd received his voicemail. Called and spoke with his receptionist
16. 04/01/08 case review for interview today. Interview with Respondent. See Memo to File. Begin Memo to File regarding Respondent interview
17. 04/02/08 Complete Memo to File. Continue Inv. Rpt composition.
18. 05/15/08 Received, reviewed and incorporated correspondence from Ms. Sutro into case file. Complete Investigative Report

APPENDIX F
CONTACT LIST

Respondent and Complainant

Detective Kevin Grossman
PO Box 34986
Seattle, WA 98124-4986

Margaret Z. Sutro MA, LMHC
Inner Space Studio
2808 East Madison Street #206
Seattle, WA 98112
206-715-2227phone

Dr. Martina Koller
6300 9th Avenue NE Suite 200
Seattle, WA 98115
206-522-5646 phone
206-524-5054 fax

Connie Pyles, Investigator
Investigation Service Unit
Department of Health
PO Box 47874
Olympia, WA 98504-7874
(360) 236-4826
FAX (360) 586-0123

APPENDIX G

SUMMARY OF PREVIOUS CASES

Case #96050027 closed CNAG
Case #2002080055 Closed CNA2

- ☒ Respondent Notification Letter
☐ NHA Notification Letter
☐ Malpractice Settlement Letter
☐ Special Letter (see comments below)
☐ Compliance (Docket Number)

- ☒ Complainant Notification Letter
☒ Whistleblower
☐ Criminal History Letter
☐ WHPS Letter
☐ Follow Up

Date received: 10-10-07

Date assigned: 10/15/07

Investigator:

Connie Pyles

Priority:

3

Comments: _____

☒ REV

☒ HTTS

☒ DCTCRS

☒ CASE PRIORITY

☒ ASI

07-10-0038 MD

WELCH, Phillip D. MD

MQAC INTAKE REVIEW PANEL
Case Number: 2007-10-0038MD

Date: October 8, 2007
Presented by: George Heye, MD

Respondent: Philip D. Welch	King County
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Complainant: Detective Kevin Grossman, Seattle Police Dept.
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CASE SUMMARY	
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The Respondent:

Board Certified: Obstetrics & Gynecology
DOB: 04/05/1949
Licensed since: 01/08/1981

MD/PA _____
AGE _____
FOP _____
TOM _____
C/C _____, _____, _____
Disp _____

The Complainant:

Malpractice Settlement: N/A.

The Complaint: The patient filed an assault report against the respondent at the local city police department. The patient stated that she made an appointment for a physician exam for Uterine Fibroids. She alleges the exam was forceful and painful and that the respondent would not listen to her concerns during the exam. She alleges that the traumas incident has triggered past sexual assault memories. After the incident she immediately went to her therapist for counseling due to the emotional trauma she experienced.

Objective Abstract

The actual complaint is incorporated herein for review.

Prior Cases:

96-05-0027MD Closed NCFA.

02-08-0055MD The Complainant, age 43, reports her PCP referred her to the Respondent for fertility testing on May 24, 2002. The Complainant, when asked by the Respondent what was going on with her health, notes she replied by saying she was struggling with heavy metal toxicity, and the need for chelation therapy. Whereupon the Respondent allegedly became defensive, saying he didn't necessarily believe in the type of illness or treatment she had undergone, and was quite opinionated in his remarks and beliefs, using the term "mumbo jumbo."

The Complainant goes on to say the Respondent seemed "threatened" when she told him she was aware of her own body, symptoms, cycles, and her having knowledge of same. The Complainant notes that the Respondent had a condescending attitude about the fact that she was 43 and that she "might only have a handful of good ovulations left." The Complainant states that the Respondent then went on to describe the test she had been referred for and a series of procedures she would undergo if the first test didn't work, seeming confident that she would

become pregnant. When the Respondent wanted to do a pelvic exam, the Complainant states she said no, as she had just undergone one by her PCP.

The Complainant notes that after this, the Respondent seemed unable to quit focusing on her participation in natural medicine and that he badgered her, making it clear that he felt threatened by things he hadn't been trained for and didn't know much about. The Complainant notes that she did not have the test done that the Respondent ordered and wrote the Respondent a letter saying how upset she was about his unprofessional manner. Although the Complainant did not hear back from the Respondent, she notes the Respondent called her PCP saying he couldn't understand what had upset her, and that the Respondent was trying to save his face professionally, and that he really didn't care about the effect he had on her. Closed BT.

**DEPARTMENT OF HEALTH
HEALTH PROFESSIONS QUALITY ASSURANCE DIVISION - SECTION 5**

INTAKE SHEET

Respondent Information

Case No: 07-10-0038MD Case Opened: 10/09/2007

Name: Philip David Welch, MD Lic/Cert/Reg No: MD00018862 Issued: 1/8/1981
Address: 801 Broadway Suite 628 D.O.B.: 4/5/1949 Expires: 4/5/2009
Seattle, WA 98122 Soc Sec No: 2 - DOH Licens...

School Attended: U of Washington; Seattle, WA Year Completed: 1978
Specialty: Obstetrics and Gynecology Board Certified: Yes

Complainant Information

Name: Kevin Grossman
Address: Seattle Police Dept, PO Box 34986 Seattle, WA 98124-4896

Companion Case Information (other Respondent)

Previous Case Information (same respondent)

Case No: 96-05-0027MD Case Disposition: Closed Reason Closed: NCFA
Complainant: Physicians Insurance Exchan

Case No: 02-08-0055MD Case Disposition: Closed Reason Closed: Below
Complainant: 4 - Identity - Whistleblow...

***Steps:**

A=Assess	I=Investigating	LR=Legal Review	F=Final Action
RM = Reviewing Member	LD=Legal Drafting	LS = Legal Service	
S=Settlement	LP=Legal Prehearing	RAG=Legal Support	

RPT002 10/09/2007

Page 1 of 1



AMA Physician Profile

Name and Mailing Address:

PHILIP DAVID WELCH MD
STE 628
801 BROADWAY
SEATTLE WA 98122-4336

Primary Office Address:

10338 BEDFORD CT NW
SEATTLE WA 98177-5415

Phone: 1-206-622-1055

Birthdate: 04/05/1949

Birthplace: HARTFORD, CT UNITED STATES OF AMERICA

Physician's Major Professional Activity: OFFICE BASED PRACTICE

Practice Specialties Self Designated by the Physician*:

Primary Specialty: OBSTETRICS & GYNECOLOGY

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: 1978



AMA Physician Profile

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

Future training dates, as reported by the program, should be interpreted as "in progress" or "current" with projected date of completion. If the training program indicates that training for a physician in a particular specialty was not completed at their institution, the training segment will be identified as "INCOMPLETE TRAINING".

Institution: SWEDISH MED CTR

Specialty: GENERAL SURGERY

State: WASHINGTON

07/1978 - 06/1979

(VERIFIED)

Institution: UNIV WA MED CTR

Specialty: OBSTETRICS & GYNECOLOGY

State: WASHINGTON

07/1979 - 06/1982

(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.

NATIONAL BOARD OF MEDICAL EXAMINERS (NBME) CERTIFICATION YEAR: MD: 1979

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	01/08/1981	04/05/2009	ACTIVE	UNLIMITED	09/18/2007

Note: When the specific month and day are unknown, the date will display the default value of "01." Not all licensing boards maintain or provide full date values. Please contact the appropriate licensing board directly for this information.

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>
XXXXXX712	22N 33N 4 5	05/31/2009	09/24/2007
XXXXXX346	22N 33N 4 5	05/31/2008	09/24/2007

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 OBSTETRICS AND GYNECOLOGY

Certificate: OBSTETRICS & GYNECOLOGY

Certificate Type: GENERAL

<u>Duration</u>	<u>Effective</u>	<u>Expiration</u>	<u>Occurrence</u>	<u>Last Reported</u>
LIFETIME	12/13/1985		INITIAL	09/14/2007

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 2007 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.

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.



AMA Physician Profile

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 60610
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.

MEDICAL BOARD
mjk0303
INDIVIDUAL NAME
LAST WELCH
FIRST PHILIP
MIDDLE DAVID

ASSESSMENT SYSTEMS, INC.
REAL SYSTEM
(JR, SR, III)

10-09-07
V2.5.74 09:21:45 AM
REFERENCE # MD000018862
SOC SEC NUM 2 - DOH Licensee Socia...

RESIDENCE INFORMATION
801 BROADWAY SUITE 628
SEATTLE WA 98122

PHONE: (206) 622-1055 COUNTY: 17
() - LGL ST: WA

NOTES

---ADDITIONAL INFORMATION---
SEX M = MARRIED Y =
OTHER NAME
CORP. OFFICER
TRUST ACCOUNT
BIRTH PLACE
DATE 04-05-1949
SCHOOL CODE 430
CE UNITS 0.00 REQD BY 04-05-2009

CURRENT STATUS: A D EXPIRATION DATE: 04-05-2009 FIRST ISSUE DATE: 01-08-1981
RENEWAL STATUS: Z LAST ACTIVE DATE: - - LAST RENEWAL DATE: 04-04-2007
COMPLAINTS O/C: 0/1 AUTHORITY:

1GO BACK 2NAM&ADDR 3EDUCATE 4L

2007-10-0038MD

10-8-07

~~1-9-14~~
6/24

Background Check Processed
POSITING
OCT 11 2007

WSP/NPDB/HIPDB
Department of Health
Investigation Service Unit

1978- U OF WASHINGTON

BOARD CERTIFIED - Obstetrics { Gynecology

Complainant

DETECTIVE Kevin Grossman
PO BOX 34986
SEATTLE, WA 98124 4896
W-206-684-5495

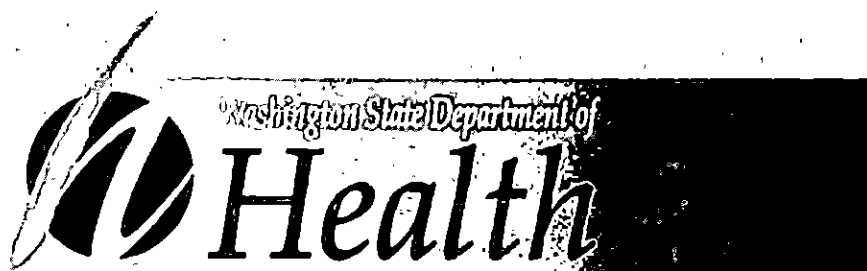
MEDICAL BOARD
mjk0303

ASSESSMENT SYSTEMS, INC.
REAL SYSTEM

V2.5.74

10-09-07
09:21:54 AM

CASE NUMBER	COMPLAINANT	COMPLAINT DATE	INVESTIGATOR	TYPE	STATUS
96050027	PHYSICIANS INSURANCE	05-18-1996			CNAG
2002080055	4 - Identity - Whistleblower Regardi...	08-19-2002		19	CNA2



Health Professions Quality Assurance

Health Practitioner Verifying

License Number	Profession Type	Status
MD00018862	Medical	A

Last-Name	First-Name	Mi	Birth-Date
WELCH	PHILIP	D	4/5/1949

Expire	Last Renewal	First License
4/5/2009	4/4/2007	1/8/1981



STATE OF WASHINGTON
WASHINGTON STATE DEPARTMENT OF HEALTH

MEDICAL QUALITY ASSURANCE COMMISSION

P.O. Box 47866, Olympia, Washington 98504-7866

July 18, 2008

Ms. [REDACTED]

4 - Identity - Whistleb...

Dear Ms. [REDACTED]

SUBJECT: Philip D. Welch, MD
MD00018862; Case No: 2007-10-0038MD

The Medical Quality Assurance Commission has completed its investigation regarding the concerns you expressed about Philip D. Welch, MD.

After careful consideration of the records and information obtained during the investigation, it was determined that disciplinary action is not necessary at this time. In order to take action against the license of a health care provider in the state of Washington, the Commission must prove that there were violations of rules or regulations governing the profession. It is the decision of the Commission that it would be unable to present sufficient evidence to support disciplinary action against Dr. Welch.

Thank you for bringing your concerns to our attention. If future complaints are received, the Commission may review this case and consider it together with any new complaints. If you have any questions, please call Barbara Torske at 360-236-4797.

Sincerely,

Barbara Torske, Program Assistant
Medical Quality Assurance Commission
PO Box 47866
Olympia, WA 98504-7866

(C)NCFA-RPT032.DOC



STATE OF WASHINGTON
WASHINGTON STATE DEPARTMENT OF HEALTH

MEDICAL QUALITY ASSURANCE COMMISSION

P.O. Box 47866, Olympia, Washington 98504-7866

July 18, 2008

Philip D. Welch, MD
801 Broadway, Suite 628
Seattle WA 98122

Dear Dr. Welch:

SUBJECT: Philip D. Welch, MD
MD00018862; Case No: 2007-10-0038MD

The Medical Quality Assurance Commission has completed its investigation regarding allegations of unprofessional conduct.

In order to take action, the Commission must prove that there were violations of rules or regulations governing the profession. After careful consideration of the records and information obtained during its investigation, it was determined that disciplinary action is not necessary.

As a reminder, you may submit an additional written statement if you wish it to be added to the case file. The file will be subject to release within the guidelines established by Washington public disclosure laws. Public disclosure requests usually come from insurance companies and employers.

Thank you very much for your cooperation in this matter. If you have any questions, please call Barbara Torske at 360-236-4797.

Respectfully,

Barbara Torske, Program Assistant
Medical Quality Assurance Commission
PO Box 47866
Olympia, WA 98504-7866

RECEIVED

MAY 16 2008

DEPARTMENT OF HEALTH
Investigation Service Unit

PHILIP D WELCH, MD
Heath Building
801 Broadway, Suite 628
Seattle, WA 98122

Ph: 206.215.6565
Fax: 206.215.6566

5/12/08

Connie Pyles
Department of Health
PO Box 47874
Olympia, WA 98504-7864

RE: File #2007-10-0038MD

Dear Connie,

I realized after I sent in the materials a couple of weeks ago that I didn't include the documentation of the Category I CME, which I believe that category requires. Maybe it didn't matter, but in any case here it is.

On another note, as I've been turning this encounter over in my mind, I had the following afterthought. I never sent the letter of response, giving explanation, defense, and apology, which I wrote immediately after receiving Ms. 4 - Identity -...'s complaint to me. As I said previously, I believe that was the correct decision since I believe it would have made matters worse.

Nevertheless, it seems to me now that a much simpler, non-defensive, letter could be written now that might genuinely help her put this behind her and provide closure. I don't know if it would entirely restore her faith in the traditional health care segment of society but I think it would be a step in the right direction. And I do sincerely believe that, despite her challenging and unorthodox mindset, it is the physician's (mine, in this case) job to be able to bridge those gaps and provide an encounter that is supportive, even if not ultimately perfect.

Please let me know if you, or subsequent reviewers, agree, and in what fashion this could be submitted if you do.

Thanks again for your efforts on this case.

Sincerely,



Philip Welch MD



Printer-Friendly Version

Philip Welch, MD

1/1/07 - 12/31/07

AMA PRA Category I Credits™ - 5.00

[CME Home](#)

CME Transcript from 1/1/07 to 12/31/07

Date	Event Name	Credit Type	Credits
5/10/2007	Grand Rounds Genogenic Immunohistochemistry: Immunohistochemistry as a Window onto Molecular Alterations in Tumor	AMA PRA Category I	1.00
6/14/2007	Grand Rounds Acute Stroke in Hospitalized Patients: The BART Response	AMA PRA Category I	1.00
6/21/2007	Grand Rounds Medicine Department Meeting: Generic vs. Brand Medications	AMA PRA Category I	1.00
9/27/2007	Grand Rounds Advances in Lung Cancer	AMA PRA Category I	1.00
11/8/2007	Grand Rounds Ovarian Cancer Risk Assessment and Management in Breast Cancer Patients and Their Families	AMA PRA Category I	1.00

*Secret
meeting*

Certificate of Attendance

Swedish Medical Center
&
Carlson Consulting Group, Inc.

Swedish Medical Center certifies that

Philip Welch

Name of Physician (please print)

has participated in the educational activity titled

**Advanced Cardiac Life Support (ACLS) Training:
Provider Course**

Group Health Central Campus and
University of Washington South Campus Center
Seattle, WA

October 27 - 28, 2006

and is awarded 12.25 AMA PRA Category 1 Credits™.

Physician Signature

Ani O'Hara

Ani O'Hara, MA
CME Manager

Emily Claybon

Emily Claybon, MA
CME Specialist

Credits verified
by physician

Karen Carlson

Karen Carlson, RN, MN, CCNS
Coordinator/Registrar
(425) 943-0057

Please keep this certificate for your records.



SWEDISH MEDICAL CENTER

Continuing Medical Education • Swedish Medical Center • Seattle, Washington • www.swedish.org

NOTICE

Harvey

This file is being sent to you and a Staff Attorney simultaneously for review.

The assigned attorney in this case is: Weisman

PLEASE BE PREPARED TO PRESENT THIS CASE AT THE July
COMMISSION MEETING.

If you receive this file within the 2 week period before the meeting, please hold for review at a later date. This allows the Staff Attorneys time to review the file, and then can better answer any questions regarding the case.

If you have any questions, please contact the assigned Staff Attorney or one of the Supervising Staff Attorneys.

STAFF ATTORNEYS:

Melanie deLeon	(360) 236-4872	melanie.deleon@doh.wa.gov
Larry Berg	(360) 236-4695	larry.berg@doh.wa.gov
Mike Farrell	(509) 458-3643	michael.farrell@doh.wa.gov
Jim McLaughlin	(360) 236-4810	james.mclaughlin@doh.wa.gov
Mike Weisman	(360) 236-4811	michael.weisman@doh.wa.gov
Peter Harris	(360) 236-4878	peter.harris@doh.wa.gov
Karen Caille	(360) 236-4685	karen.caille@doh.wa.gov

SUPERVISING STAFF ATTORNEYS:

Marc Defreyn	(360) 236-4746	marc.defreyn@doh.wa.gov
Trent Kelly	(360) 236-4852	trent.kelly@doh.wa.gov

MEDICAL COMMISSION SUPPORT:

Barb Torske	(360) 236-4797	barbara.torske@doh.wa.gov
Karen Maasjo	(360) 236-4944	karen.maasjo@doh.wa.gov
Erin Obenland	(360) 236-4791	erin.obenland@doh.wa.gov

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

~~000~~
001



Washington State Department of

Health

Health Professions Quality Assurance

P.O. Box 47865

Olympia WA 98504-7865

HPQA
RECEIVED

OCT 08 2007

Counter

Health Systems Quality Assurance Complaint Form

Today's Date: 10/4/07

1. Your Information

Name: Detective Kevin Grossman, Seattle Police

Address: PO Box 34986

City: Seattle State: WA Zip: 98124-4986

Phone: Work (206) 684 5495 Home () -

2. Information about the Facility or Health Care Professional

Type of facility or profession: Physician

Name of facility or professional: Dr. Philip D. Welch

Address: 801 Broadway Ave # 628

City: Seattle State: WA Zip: 98122

3. Resident/Guest/Patient Information

Full Name (if different than above) 3 - Healthcare Information Readily Identifiable to a Person - ...

Date of Birth (of patient, if complaint involves a patient) 3 - Healthcare Informati...

Date of incident: 9/27/07

4. Please describe your complaint in the space below. Include the name, title and phone number of other patients, witnesses or staff members involved in the incident. Email completed form to the Customer Service Center or mail to:

Washington State Department of Health
Health Professions Quality Assurance
P.O. Box 47865
Olympia WA 98504-7865.

Please attach any supporting documentation and additional sheets if necessary

See attached SPD incident report # 07-404832.

002

003

Reviewed for multiple authority applications		<i>For Department of Health use only:</i>	
Routed to:	Multi-authority coordinator	date _____	name _____
	Office	date _____	
	Office	date _____	
	Office	date _____	

☒ DO NOT DISCLOSE
☒ NOT DISCUSSED
☐ DISCLOSEIN CAR VIDEO
AVAILABLE
☐RADIO CALL SIGN OF
PRIMARY OFFICER
welkTHE PERSON MAKING THIS REPORT HEREBY
DECLARES THE FACTS HEREIN ARE TRUE AND
CORRECT, AND UNDERSTANDS THAT BY
FILING A FALSE REPORT, THEY MAY BE
SUBJECT TO CRIMINAL PROSECUTION.

X

☐ HAZARD TO OFFICER
☐ DOMESTIC VIOLENCE
☐ BIAS CRIME

INCIDENT CLASSIFICATION

Assault

TOOL/WEAPON USED

METHOD OF TOOL/WEAPON USE

LOCATION

801 Broadway St #628

FIRM NAME

Dr. Welch

CENSUS

081

BEAT

G1

TYPE OF PREMISE (FOR VEHICLES STATE TYPE AND WHERE PARKED)

doctor's office

POINT OF ENTRY

DATE/TIME REPORTED

10-01-07/1640

DAY OF WEEK

Mon

DATE(S) / TIME(S) OCCURRED

09-27-07/1010-1100

DAY(S) OF WEEK

Thur

☐ PROPERTY STOLEN / RECOVERED (PROPERTY FORM 5.37.1 MUST BE ATTACHED) ☐ NOTHING TAKEN ☐ UNKNOWN AT TIME OF REPORT ☐ VICTIM FOLLOW-UP LEFT☐ EVIDENCE SUBMITTED ☐ FINGERPRINT SEARCH MADE ☐ FINGERPRINTS FOUND ☐ LAB EXAM REQUESTEDINJURED - 1
HAS USABLE TESTIMONY - 2
DO NOT DISCLOSE - 3

CODE C (PERSON REPORTING, COMPLAINANT) V (VICTIM) W (WITNESS)

PERSON/BUSINESS INVOLVED

CODE
V

NAME (LAST, FIRST, MIDDLE)

Delaney, Brianca A

RACE/SEX/D.O.B. (OPTIONAL)

B/F/071568

HOME PHONE

206.367.0407

HOURS

day

1 ☒2 ☒3 ☒

ADDRESS

1526 3 AV #511 Seattle WA

ZIP CODE

98101

OCCUPATION (OPTIONAL)

not given

WORK PHONE

none

HOURS

day

1 ☐2 ☐3 ☐

CODE

NAME (LAST, FIRST, MIDDLE)

RACE/SEX/D.O.B. (OPTIONAL)

HOME PHONE

HOURS

ADDRESS

ZIP CODE

OCCUPATION (OPTIONAL)

WORK PHONE

HOURS

Suspect #1

NAME (LAST, FIRST, MIDDLE)

Welch, Philip D.

RACE/SEX/D.O.B.

w/m/60's

HEIGHT

507

WEIGHT

150

HAIR

gray

EYES

-

SKIN TONE

fair

BUILD

Med

ADDRESS

801 Broadway St #628 Seattle WA 98122

HOME PHONE

WORK PHONE

215.6565

WORK HOURS

OCCUPATION

EMPLOYER/SCHOOL

CLOTHING, SCARS, MARKS, TATTOOS, PECULIARITIES, A.K.A.

white lab coat

RELATIONSHIP TO VICTIM

doctor

BA/CIT. NO.

CHARGE DETAILS (INCLUDE ORDINANCE OR R.C.W. NUMBER AND CHARGE NARRATIVES)

At Large

☐ BOOKED ☐ Y S C☐ CITED ☐ K C J

1. ADDITIONAL PERSONS - CODE, NAME, RACE, SEX, D.O.B., ADDRESS, INJURY, HOSPITALIZATION, HOME AND WORK PHONES, HOURS, AND IF DISCLOSURE OF NAME IS PERMITTED.
2. ADDITIONAL SUSPECTS - DETAIL INFORMATION IN SAME ORDER AS SUSPECT BLOCK.
3. VICTIM'S INJURIES - DETAILS AND WHERE MEDICAL EXAM OCCURRED.
4. PROPERTY DAMAGED - DESCRIBE AND INDICATE AMOUNT OF LOSS.
5. PHYSICAL EVIDENCE - DETAIL WHAT AND WHERE FOUND, BY WHOM, AND DISPOSITION.

6. VEHICLE USED BY SUSPECT AND DISPOSITION.
7. NAME, ADDRESS, PHONE NUMBER OF JUVENILE'S PARENT(S)/GUARDIAN(S). NOTE IF CONTACTED AND IF INCIDENT ADJUSTED.
8. LIST STATEMENTS TAKEN AND DISPOSITION.
9. RECONSTRUCT INCIDENT AND DESCRIBE INVESTIGATION.
10. OUTLINE TESTIMONY OF PERSONS MARKED "HAS USABLE TESTIMONY" ON FRONT.

ITEM

3 Muscle Tremors in Body from his physical contact. Intense bleeding from Vagina. No medical Attention.

9 On the above date I was assigned to the WPCT Clerk. V/Delaney came to the wpct and stated she would like to file an assault report. V/Delaney stated that she made an appointment with S1 for a physical exam for Uterine Fibroids at the above listed date and time. V/Delaney felt S1's exam was forceful and painful. She further stated that S1 would not listen to her concerns during the exam. When S1 inserted his finger into her Vagina V/Delaney stated it "Hurt" and asked him to slow down. S1 did not respond. S1 continued to exam V/Delaney, even after she asked him to stop. V/Delaney stated that she has experienced the above listed traumas after the incident and believes that S1's exam triggered past sexual assault memories that she is currently be counseled for. She stated she went to see

I HEREBY CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THIS REPORT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF (RCW 9A.72.085)

PRIMARY OFFICER'S SIGNATURE

SERIAL #

612

UNIT #

DATE SIGNED

10-01-07

PLACE SIGNED

SEATTLE, WA

PRIMARY OFFICER'S PRINTED NAME

SECONDARY OFFICER

SERIAL UNIT

APPROVING OFFICER SERIAL

ARULAI

MAL 4839

DISTRIBUTION: PRECINCT

☒ CRIMES AGAINST PERSONS ☐ N ☐ S ☐ C JUV
☐ E ☐ S ☐ N CRIMES/PROPERTY ☐ VICE/NARC☐ K-9 UNIT ☐ CRIME ANALYSIS

PAGE 1 OF 2

OTHER

SAU



ITEM
OR
ENTRY

☒ INCIDENT

☐ INCIDENT AND ARREST

☐ ARREST ONLY

☐ FOLLOW-UP

☐ TRAFFIC / COLLISION

☐ SUPERFORM

☐ OTHER: (specify)

PAGE

2

OF

2

9

her therapist that day, due to the emotional trauma she experienced during the exam (Magaret Zutro 715.2227). V/Delaney stated she waited until today because she was in a lot of physical "PTSD" and was not able to give a clear statement of the incident prior to today. She denied request for medical attention at the time of the investigation. V/Delaney further stated it was her first and only visit to S1. A case number was given.

005

INVESTIGATING OFFICER

SERIAL

UNIT

INVESTIGATING OFFICER

SERIAL

UNIT

APPROVING OFFICER

SERIAL

ARLID

6750

612

11-4-39

07- 404832

Statement of Incident claiming victim of healthcare violence

Date: Thursday, September 27, 2007, approx. 10:10am – 11:00am

RE: Medical consultation with Dr. Philip D. Welch, M.D.

I arrived at the Health Building, located at 801 Broadway, Suite 628, Seattle, WA 98122 and checked in with the receptionist. Upon arrival, there were two young ladies reading magazines. I appeared to be the only patient in the seating area at the moment. It was my first appointment and I was seeking a consultation for follow up care for my medical concerns. She gave me about three forms to fill out regarding insurance and personal information. Upon turning them in we had a brief conversation about health insurance and payment arrangements for self-payment.

Dr. Welch appeared from the back office and joined in a brief conversation with me about health insurance. I mentioned that I was requesting charity care, as I currently have no income. The doctor mentioned that this was a small private doctor's office and alluded as not being as capable for that type of service as bigger offices might be. The receptionist mentioned to Dr. Welch that we were also discussing payment options. He then left the front office area.

Within moments, the receptionist took me to exam room three. After weighting and taking my blood pressure, we had a brief conversation about how the normal office assistant was not in on Thursdays so she filling in. She asked me a few questions about pregnancy and my last cycle start date before exiting the exam room.

Dr. Welch entered the room and asked me how I was referred to him. I showed him appt. card that I had gotten from a previous patient almost 1 year ago and she highly recommended him for uterine concerns. We began discussing my history and concerns with uterine fibroids and my dissatisfaction with previous healthcare treatments including inadequate health insurance coverage. I began discussing the healthcare treatments that I had been performing since my last visit with a modern healthcare facility. Our conversation became uncomfortable for me because Dr. Welch wasn't considering all the work I'd done during the year as relevant to my healthcare plan. I mentioned that I had spent the last 1-½ years recovering from domestic violence and sexual assault and had just moved into a permanent home. He replied, "Did you see someone get shot or was it just domestic violence?" These kinds of comments continued to color our conversation. I mentioned that I didn't think that he was listening to me on several occasions and my concerns that he was discounting my recovery process. I told him that I had done extensive research into why I believed I had gotten the fibroids and handed him a DVD called "Healing My Broken Womb". He looked at it briefly and placed it on the desk under my chart.

The conversation eventually shifted towards treatments and testing. I told him that I had wanted to have an MRI of the tumor at the previous healthcare facility as I had researched that this test gives more precise information on the location of the tumor. Dr.

006 10F3

07-407032

Welch decided that the CT scans done would have been good enough. I felt discounted and dominated by his choice not to honor my need. Then I mentioned that recently there was new information from other health care providers seeing me that this tumor might actually be a "stone baby" or calcified fetus and I wanted to follow up on that. He told me that it most assuredly was not a calcified fetus because those were very rare and small and disintegrated over time. He said that a fibroid and a calcified fetus would have very different images in a CT scan and previous images would have revealed it. I felt discounted again by his reluctance to discuss this concern with me. And I asked him how he could be sure what I had without examining me? Soon after that, he left the room, so I could disrobe for an exam.

During the conversation and prior to the exam, Dr. Welch asked me if I was comfortable with having an exam since some women who have experienced sexual assault have difficulty. I replied that I was fine as long as the doctor listened to me.

Upon his return to the room for the exam, I sat waiting on the table. He pulled out the stirrups and continued to ask a few questions. After positioning myself for an exam, Dr. Welch got plastic gloves from the desk and sat in the chair for the exam. He inserted his finger into my vagina and the pressure caused me pain. He had also begun to press down on my abdomen. I asked him to slow down because he was causing me pain. He kept onward with the same manner and said, "I'm almost done." The pressure then got stronger and I then sat up and asked him to take his hands out of me because he was causing me pain. He took a minute before complying and then began to comment on the size of my uterus. He showed no concern for the pain he had just caused me and I become numb.

Our conversation eventually became challenging again as we debated about research procedures, possibilities of misdiagnosis, patient perceptions of fibroids and I explained again, that he wasn't listening to me. I told him that I wanted to cry because he really wasn't listening to me. At one point he got so upset that he got up alluding to ending our appointment. He dropped the DVD I gave him and it crashed to the floor. He picked it up and didn't hand it into my outstretched hand but put it on the chair next to my purse. He left the room and I just sat on the exam table in disbelief. In a few moments, he opened the door to the exam room and asked if I wanted him to schedule a CT scan. I told him that I just wanted to go home. He said okay and left the room.

As I began to get dressed, I began to cry. I felt terribly disrespected and assaulted during the exam when he was causing me pain. My vagina began to discharge, which is what happened when I have been exposed to extreme distress. I cried all the way out of the office, on the bus until I reached my home.

007

20F3

The complications from this appointment caused me to become physically, emotionally and spiritually ill. It triggered my eating disorder and I had to call off all my plans for the weekend and practice self-care techniques I had learned to try to prevent severe panic attacks. I woke up crying, developed a horse throat and dry cough, and had pains in my chest, neck, shoulders and back for three days. My cycle was also delayed for 1½ days as well due to the extreme stress. When my menstrual cycle started, I had severe bleeding and cramps, all due to the extreme emotional stress of this appointment.

Bremer Delaney 10/1/07

003

3063

07-909032
October 1, 2007

Brianca Delaney
PO BOX 12863
Seattle, WA 98111
206.367.0407

Dr. Philip D. Welch, MD
Health Building
801 Broadway, Suite 628
Seattle, WA 98122

Dear Dr. Welch, MD

I am writing this letter to let you know the impact of my first consultation appointment with you on Thursday, September 27, 2007. I am also keeping my commitment to adhere to my natural healing process by communicating to you directly about the violence I endured during the appointment. And I am also hoping that we are able to make positive decisions that will reduce violence in the healthcare industry and promote a safe and helpful healthcare system for both doctor's and patients.

Dr. Welch, I am deeply injured by the experiences I had in our consultation appointment. I mentioned to you in our initial conversation that I had just spent 1 ½ years of my life recovering from domestic violence and sexual assault and your reply was, "Did you see anyone get shot or was it JUST domestic violence?" This statement is very dishonoring and minimizing to me regarding the severity of the domestic violence I had sustained and the incredibly hard work that I have done to recover a sense of safety in our society. Dishonored and disrespected is how I continued to feel throughout the entire appointment and I addressed this concern by verbalizing that you were not listening to me. I let you know at least 5 times during our conversation that I felt you were not listening to me and I never felt that you stopped to take a moment to try. I felt dominated by how you presented your medical knowledge and devalued when I attempted to contribute to the conversation my unique experiences and knowledge with my health as only I can experience it in my body.

In hindsight, I believe that the belief system and knowledge I shared about what I had discovered about my bodies natural healing system may have been unsettling for you as many of the things I shared did not easily fit into the researched explanations of what is KNOWN by science to exist. I gathered this by my observations of your trembling hands and stern voice during parts of our conversation. However, this does not account for behavior that disrespects, discounts, minimizes or devalues me as a fellow human equally

responsible to be an active participant in discussions regarding my healthcare needs. It was my right and expectation that during our appointment, I be treated with dignity, respect and compassion. This right was violated and caused me great emotional and spiritual harm.

The most violating experience I had during our appointment, Dr. Welch was during the exam. During our conversation, I had shared that I was a survivor of sexual assault. You asked me if I was comfortable with exams since you were aware that some women with a history of sexual assault have difficulties with exams. I was pleased to know that you held this knowledge and replied that I did well as long as I knew that the doctor was listening to me. Unfortunately, during the exam you inserted your finger into my vagina with a force that caused me great pain. I asked you to "slow down because you were causing me pain". You did not adjust your rate or force but replied, "I'm almost finished." The force then increased, causing me more pain, and that is when I sat up, looked directly at you and asked you to "remove your hand because you were causing me pain." You still did not respond immediately, but when you did, got up, disposed of the gloves and returned to your chair by the desk. My body and emotions went into a mild shock at the time doctor. I was speechless and couldn't understand why you didn't adjust the way you were handling my body when I asked you to. I still wonder why you didn't listen to me and respect the manner in which I wanted you to touch my body? This behavior caused by severe pain that I am still recovering from today, 4 days later. I told you I felt like crying because you weren't listening to me and this was true to the very last moment of our appointment.

I did burst into tears and cried all the way home. My vagina began to discharge when I get dressed, something that I noticed happens when I am in severe distress. The distress I experienced from this appointment caused me to become extremely ill. I developed chest pains that radiated out to my shoulders, mid back, and neck. My throat became tight with congested sinuses and my voice became horse. I developed a dry cough and experienced general fatigue. My menstrual cycle started 1 ½ days late and I had severe bleeding and cramps for the first 2 days. This is not due to fibroids but a response to the stress from the violence I experienced. My post-traumatic stress disorder (PTSD) was triggered and intense for 4 days. I had to cancel all my plans for the weekend so I could deal with the response to the trauma I had endured during our appointment.

I am writing this letter to you on Monday, October 1, 2007 after I have conducted several self-healing practices and received support from others in my healthcare team in recovering a sense of emotional safety. I would like you to review this letter and take positive steps to rectify this violation. Many people who have heard my experience have said how sorry they are that this violation has happened to me. Yet, it is only your sincere apology that can help in my recovery process. Even as I write this letter, I feel somewhat afraid. Afraid that you will read this letter and continue to dishonor me by not taking positive actions to help create reconciliation. I am afraid that even after I share this information with the proper agencies that promote equality and justice, that this will be yet another unrecognized injustice because my scares can't be photographed and proved

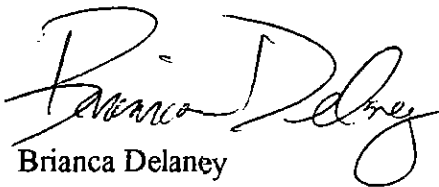
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by exams. Spiritual, verbal and emotional violence don't show up so well on the surface. This violence rests deep within the body until forgiveness is achieved.

But is my hope, that with my courage to speak up and share my truth with you honestly and directly that you will understand this act of violence against me and take the time to learn to listen and take corrective steps to make sure that I or no other woman leaves your office in tears for being violated physically or emotionally. I hope that you will understand that establishing trust and respect with patients is just as important as the recommendations for treatment that you give with your medical expertise; and that this respect and trust is a crucial component to the healing process. Violence in the healthcare industry has gone ignored for a long time. And I hope that we can see the importance of balancing science with humanity for the sake of us all.

Dr. Welch, I welcome your reply to this letter. If you would like to request a meeting, I welcome that as well. If we are to meet to reconcile this violent experience, I will be bringing a person from my support team to assist me.

With sincere hope and positive actions for a world free from violence,


Brianca Delaney

10/1/07

011

30F3



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

October 15, 2007

Philip D. Welch, MD
801 Broadway Ste 628
Seattle, WA 98122

SUBJECT: Case No: 2007-10-0038MD

Dear Dr. Welch:

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 (24), 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 an investigator from the Department of Health, Medical Assessment and 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 small percentage of cases, a statement from the Respondent will not be required and no investigator will contact the Respondent.

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. If the Commission receives any inquiries about the status of your license while this case is still open, only its existence will be disclosed. Once the 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 **Connie Pyles**, the assigned Investigator, at **(360) 236-4826**.

Respectfully,

Tina Crawford
Secretary Senior

012

Enc.: *What Happens Next?*; RCW 18.130.180
(R)Notify-RPT030.DOC





STATE OF WASHINGTON
DEPARTMENT OF HEALTH

October 15, 2007

Det. Kevin Grossman
PO Box 34986
Seattle, WA 98124-4986

SUBJECT: Respondent: Philip D. Welch, MD
Case No: 2007-10-0038MD

Dear Det. Grossman:

Thank you for your recent letter in which you express concerns regarding Philip D. Welch, MD. Your report has been assigned a case number which is 2007-10-0038MD.

This case will be investigated to determine if a violation of the Uniform Disciplinary Act, Chapter 18.130 RCW, Unprofessional Conduct, has occurred. If you have any additional information pertaining to this case, please forward it along with a copy of this letter to me at the above address. Please understand that you may not hear from us during the investigation. If we need additional information, one of our investigators will contact you.

Enclosed for your information is the brochure *What Happens Next?* along with a copy of RCW 18.130.180 Unprofessional Conduct. Once the investigation has been completed and a panel of the Medical Quality Assurance Commission has reviewed the facts of the case and taken action, you will be notified in writing of their decision.

Again, thank you for bringing your concerns to our attention. If you have questions, please contact **Connie Pyles**, the assigned Investigator, at (360) 236-4826.

Sincerely,

Tina Crawford
Secretary Senior

Enclosures: What Happens Next?, RCW 18.130.180

(C)ACK-RPT003.DOC

013



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

AUTHORIZATION TO RELEASE COMPLAINANT'S NAME
(DOH WHISTLEBLOWER STATUTE)

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, as defined in RCW 43.72.010 shall remain confidential . . ."

I understand that my identity is confidential pursuant to RCW 43.70.075 (DOH Whistleblower Statute). By signing this document, I waive my right to confidentiality and authorize the Department of Health to release my identity to **Philip D. Welch, MD**, Respondent, 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: _____
Home Phone: _____
Day Phone: _____

Date: _____

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: _____
Home Phone: _____
Day Phone: _____

Date: _____

CASE #: 2007-10-0038MD
RESPONDENT: Philip D. Welch, MD

014

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

AUTHORIZATION TO RELEASE COMPLAINANT'S NAME
(DOH WHISTLEBLOWER STATUTE)

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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: _____

Home Phone: _____

Day Phone: _____

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

4 - Identity - Whistleblower Regarding He...

Date: 11/5/07

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: _____

Home Phone: _____

Day Phone: _____

Date: _____

CASE #: 2007-10-0038MD

RESPONDENT: Philip D. Welch, MD

RECEIVED
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DEPARTMENT OF HEALTH
Investigations
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**DEPARTMENT OF HEALTH
INVESTIGATION SERVICE UNIT
MEMORANDUM TO FILE**

DATE: 10/30/07

CASE #: 2007-10-0038MD

RE: Telephone interview with Mr. Kevin Grossman, Seattle Police Detective

FROM: Connie Pyles

Today I initiated a telephone call with Mr. Kevin Grossman, Seattle Police Detective, the third party originator of the complaint. He stated he'd filed the complaint as a "courtesy" for the patient at issue, Ms. 3 - Healthcare Information Readily.... He stated she'd filed her complaint at her "local precinct's patrol officer" who'd forwarded the "incident report" to him. He further stated he'd not met her, but had talked to her on the phone explaining to her that he had no jurisdiction with her complaint as the "allegations are not a crime" but rather "bad doctoring". He added he'd spoken with his supervisor about the case and they'd determined it was in the jurisdiction of the DOH. He stated he'd informed Ms. 3 - Healthcar... that her allegations were "unfounded" and she'd "not been happy about that". He'd also informed her he'd "closed the file" on her case but had forwarded the complaint to the DOH. He added he thought she'd be "happy to talk with me" about the allegations. Mr. Grossman had nothing further to add and the interview was concluded.

010

**DEPARTMENT OF HEALTH
INVESTIGATION SERVICE UNIT
MEMORANDUM TO FILE**

DATE: 10/30/07

CASE #: 2007-10-0038MD

RE: Telephone interview with Ms. [4 - Identity - Whistleblower R...]

FROM: Connie Pyles

Today I initiated a telephone interview with Ms. [4 - Identity - Whistleblower ...]. I informed her I'd received her information from Detective Grossman from the Seattle Police Department. She stated she was "nervous" about her complaint but was "happy" to speak with me. She stated her DOB was [4 - Identity - ...] and she received mail at : [4 - Identity - Whistleblower Regarding H...]
[4 - Identity - Wh...]

I'd informed her I'd received the description of the incident at issue, as well as her letter to the Respondent. She stated she'd composed both letters. She further stated she'd "handed the letter to Rachel" at the Respondent's office. She stated as of this date she'd "never received a response".

Ms. [4 - Identity - ...] stated she'd seen the Respondent as he'd been "highly recommended" by a friend. She stated she had no health insurance and had approached his office manager to be accepted as a "charity" case. She added she'd signed a form stating she'd be responsible for payment. The Complainant stated she'd consulted with the receptionist about payment and had been told the visit would run "around seventy dollars", but when she received the bill it amounted to \$180.00.

She further stated there'd been "no written agreement" about a reduction in payment and had been told "they may be able to work out a payment plan" for that visit. She added she'd viewed the visit as a "consultation" and had not expected there would be a physical examination at that time.

We briefly discussed some of the difficulties she'd had with communicating with the Respondent. She stated although he'd not "listened" to her, she'd "overlooked that conversation" and the "difficulties" she'd had. She reiterated how she'd not expected an exam, but during the course of their conversation she stated "He said something like, 'That's something you may need to know and we can only find out by an examination.'" She stated that exam subsequently occurred.

For the following portion of the clinic visit she'd stated she was focused on how "hopeful" she was to be helped with her gynecological problems. The Complainant stated the Respondent came in "and the door was closed. It was just him and I, there was no reason to fear him. He didn't offer a chaperone, but we'd discussed this." She stated, "I didn't expect that kind of treatment in the exam. I feel like it's okay to disagree, but I didn't think that he would transfer his feelings to the exam."

017

The Complainant stated in retrospect, "There were some red flags looking back and I'm not used to seeing them." She added, "I had no sense that he would treat me this way." She stated, "It was a horrible experience. My body had a reaction for five days afterward."

She stated during the examination she'd informed the Respondent, "You're hurting me. I said it twice and got no response and that's not Okay."

The Complainant stated she'd had "help processing" the incident with her counselor. She identified her as Ms. Margaret Sutro at Inner Space Studio, 2808 E. Madison St. #206, Seattle, WA 98112-4867. She gave her phone number as 206-715-2227. She stated, "I had an appointment the same day at 3:30. I was just a wreck."

The Complainant stated, "I just want him to understand the pain I went through. I don't want that to happen to anyone else, to touch anyone that way in an exam."

The Complainant stated she did not see her primary care provider, nor was she on any medication with regard to her reaction to that visit with the Respondent.

We discussed her letter concerning the office visit of 09/27/07 and the thoroughness of her description. I asked if she'd anything further to add and she stated she did not.

The Complainant stated she'd "recently seen Dr. Martina Koller for another exam on 10/16/07". She added it was "the same exam, but it did not cause the same trauma". She gave Dr. Koller's phone number as 206-522-5646 and Fax as 206-524-5054.

I explained the investigative process to the Complainant and the interview was concluded.

**DEPARTMENT OF HEALTH
INVESTIGATION SERVICE UNIT
MEMORANDUM TO FILE**

DATE: 02/21/08
CASE #: 2007-10-0038MD
RE: Interview with Complainant
FROM: Connie Pyles

On 02/20/08 I met with the Complainant for a pre-arranged interview at the YMCA in Seattle. She appeared with her laptop computer and we convened in a conference room at the YMCA where she is a current member. She was dressed in a skirt, blouse, jacket and appeared clean and appropriate for this meeting.

The Complainant and I had performed a telephone interview and I had spoken with her about her complaint letter and the letter she'd sent to the Respondent. During this interview we clarified several points from her letters and that interview.

I asked the Complainant to clarify her "healthcare team". She stated it was comprised of Dr. Koller, her OB/GYN and Ms. Margaret Sutro, who she identified as the key person in her "healing journey".

In her complaint, the Complainant writes, "Our conversation became uncomfortable for me because Dr. Welch wasn't considering all the work I'd done during the year as relevant to my healthcare plan. I mentioned that I had spent the last 1-1/2 years recovering from domestic violence and sexual assault and had just moved into a permanent home. He replied, 'Did you see someone get shot or was it just domestic violence?'" I asked if she would clarify those statements.

She stated those were the only derogatory remarks the Respondent had made. She described this point in the encounter as the "pivotal point" which made her the most "uncomfortable". The Complainant further stated "The work I'd done was research fibroids, contacted family members and got their history." She also stated she'd seen a naturopath and acupuncturist in order to obtain "both sides" of medical treatment. She stated she believed the Respondent "cared about hearing only about what other doctors were saying". She felt he'd not "listened" to her.

The Complainant stated her background of sexual assault began when she was five years old. She stated she was ethnically Native American and African-American. She informed me she was born in Kansas City and her mother was schizophrenic. In addition, she added she was removed from her mother's care when she received a cigarette burn on her arm as a child. She then went to live with her Grandmother, who "raised her" and her brother.

The Complainant went on to add the sexual abuse was from a "cousin" who lived with her Grandmother. She stated she did not recall this abuse, or the sexual abuse from her father until she was 18 years old, sitting in a college classroom and she began having "flashes" of a child and an adult. She continued stating she'd eventually confronted her Grandmother who informed her she'd been abused by that cousin and had been taken to a physician about that abuse when she was five years old.

The Complainant stated after she'd suffered from domestic abuse from her ex-husband and had left him and "lost everything", she'd gone to a woman's shelter. She stated at that time she owned a laptop with her stories and family pictures in that computer, but it was stolen at that shelter.

The Complainant stated she'd eventually "made a commitment to heal my life from the violence that had become a pattern. I'd experienced it my whole life."

The Complainant also added another pivotal point in the encounter with the Respondent occurred when she'd spoken about the "stone baby" concept that she'd uncovered in her research. She stated she realized that "my perspective was different" from the Respondent's and he'd said it was rare and he'd never seen it. She stated she'd asked him, "How do you know?" adding this was the point when the Respondent "got up and said Okay, let's examine you."

She continued to state "When he started the exam he doesn't start the examination the same way Dr. Koller does. She explains what she is doing when she does it." The Complainant explained she believed sexual assault victims who had experienced "PTSD" should be examined in a different manner than patients who not experienced abuse.

The Complainant continued to describe the pain she'd experienced when the Respondent had examined her and that he'd had "no concern" for her as she expressed her discomfort.

I asked the Complainant what she'd previously meant by the "red flags" from her encounter with the Respondent. She stated "now, looking back, the first was walking into his office and having a discussion with the receptionist about their charity case policy. He came out and got into the conversation and he said, 'You mean for free?'" She stated she'd realized this "was an issue" due to her "lack of healthcare insurance" and was not "something he was interested in".

She added another red flag was his "cultural understanding". She stated, "I told him I had a dream." She recalled another physician had discussed "mental health" issues when she'd spoken about her dreams. She added "Native Americans and African-American often have dreams about things that help guide us. It's not uncommon for us to do this."

The Complainant stated she'd been "referred" to the Respondent by a friend she'd "trusted" who'd had similar gynecologic concerns. She added she gone to the appointment with "blind optimism" thinking "he's the one" who could help her with her fibroid. She stated she'd been seen at the Kent Community Health Center in the past and had also been followed by an acupuncturist. She added she felt she needed "more tests that only a doctor can order".

The Complainant stated she'd researched her disorder and wished the additional testing and also had wanted to discuss the possibility of a "myomectomy" with the Respondent. The Complainant explained she'd developed and directed a documentary DVD entitled, "Healing My Broken Womb and Giving Birth to Divine Creativity: A Powerful Journey of Healing and Rebirth". She added she'd presented this to the Respondent in order for him to understand "who I am". She stated she'd "not been given a chance" to tell him about this project.

I asked the Complainant what she'd like to see come about as a result of this investigation. She stated, "What I would love is a letter of apology and training to help him understand how to communicate with people with a past history of abuse. To touch appropriately and listen fully so he doesn't accidentally or purposefully/intentionally harm any other woman whose been exposed to trauma because he can't listen to what has happened to another female's body. I wanted him to know how to touch someone who's been a victim of trauma."

We then viewed the "Healing My Broken Womb" DVD on the Complainant's laptop for approximately 30 minutes. I asked if she had an extra copy and she stated she did not, but could give me the jacket cover and description for the file.

I asked the Complainant if she could furnish an addendum to her complaint, to include several of the topics we'd discussed in this interview and she stated she'd do so and send it to me. The interview was then concluded.

Healing My Broken Womb

and Giving Birth to Divine Creativity

A documentary of one women's personal journey of recovering her life and womb from violence.



Producer
Brianca Delaney-Yemoyali, MA



Videographer
Aileen Jane Imperial



Interviewer
Erika Straus-Bowers

Featuring
Brianca Delaney Herself

Augusto Romano . . . Healer and Acupuncturist

Susan Koshi. owner, Flava Coffee House

Creative Night of Expression

Original Lyrics and Melody
"A Molta Amore" by Katherine Hume

Transcription Service
Key People



Filmed on location in Seattle, WA. Including Flava Coffee House - Creative Night of Expression. Mastered and edited by Aileen Jane Imperial.

Cover and DVD Design by LookOut Design, Seattle, WA.

Original Lyrics and Melody copyright by Katherine Hume

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WELCH, PHILIP MD



Healing My Broken Womb

and Giving Birth to Divine Creativity

A POWERFUL JOURNEY OF HEALING AND HOPE



Divine Light Enterprises

Soar with the Light

Divine Light Enterprises Board of Directors

Wendy Brock
Veronica Hernandez
Bianca Delaney-Yemoyali

Acknowledgements

I thank the Spirit that shines from within and enlightens my creativity. Thanks to my ancestors, for their courage and passion for life. Thanks to my unborn children for giving me hope to create for a next generation. A special thanks to Aileen Jane Imperial and Erika Straus-Bowers for giving a year of their life to help me tell my story, to the volunteers and individual donors who supported this project with their time and money. I also thank the Universal Law of Karma that brings all things into balance.

Dedication

I dedicate this documentary to all the women who have been a victim of domestic violence and to all the wombs that were destroyed along the way. May we remember the sacredness of life created through women and their womb.

Bianca Delaney-Yemoyali, MA founded Divine Light Enterprises while a resident in a transitional housing program for homeless women survivors of domestic violence. While breaking through the cycle of violence she began to discover her life passion in sacred womb dance and literature. As she learned to recover her authentic self, she felt inspired to reach back and help others along the way. If you would like Bianca to visit your organization, please contact Divine Light Enterprises at: bianca@divinelightenterprises.org

Divine Light Enterprises is a non-profit organization dedicated to transforming violence with the power of creativity. We accept donations for copies of this documentary to support women who have survived domestic violence. Visit the website for more information. www.divinelightenterprises.org

Supported by

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For additional copies of this DVD contact us at:

Divine Light Enterprises – Soar with the Light
PO BOX 12863, Seattle, WA 98111.
Call us at 206.926.3937.
Website: www.divinelightenterprises.org

Email: documentary@divinelightenterprises.org



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CONFIDENTIAL

April 1, 2008

Dr. Philip D. Welch
801 Broadway Suite 628
Seattle, WA 98122

Dr. Re File #2007-10-0038MD

Dear Dr. Welch:

The Medical Quality Assurance Commission is currently conducting an investigation relating to a complaint from Ms. 4 - Identity - Whistleblower Rega... alleging she experienced a "forceful and painful" pelvic exam on 09/27/07. She further alleges that the traumatic incident triggered past sexual assault memories and her pursuit of therapy to deal with that trauma.

The Medical Quality Assurance Commission is the entity within State government with legislated authority and responsibility to assure the delivery of safe medical care. Under the provisions of RCW 18.130.050, the 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.

The Health Care Information Act, RCW 70.02.050 (2) (a), authorizes and 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 regulations and laws when needed to protect the public health.

Under the provisions of RCW 18.130.180 (8), a health care provider shall cooperate with an investigation and comply with a request for a full and complete explanation regarding the matter under investigation and/or request for records and documentation in his or her possession. Failure to cooperate may be deemed unprofessional conduct pursuant to RCW 18.130.180 (8).

023

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

- A statement regarding Ms. [4 - Identity - Whistleblower R...] 's allegations and your treatment rationale.
- A complete copy of Ms. [4 - Identity - Whistleblower ...] 's (DOB [4 - Identity - ...]) medical record.

In addition, please address the following concerns:

1. Ms. [4 - Identity - ...] stated she'd had a conversation with you about her OB/GYN concerns, prior to her physical exam. Please describe your recall of that interaction.
2. According to Ms. [4 - Identity - ...], she made several comments regarding the pain she experienced during her pelvic exam of 09/27/07, but she received no reaction from you. Please discuss, in detail, her physical/pelvic exam of 09/27/07 and how you responded to her concerns.

Please include the following information with your written statement:

1. A copy of your current curriculum vitae (history/resume) and current continuing medical education (CME) hours.

Feel free to provide any additional information/documentation that will further explain your response.

You are free to consult with and engage an attorney, at your expense, to represent you in this matter prior to 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 copied on any correspondence to you.

Please provide the information requested within fourteen days after your receipt of this letter. Please mail your response to the address below. If you have any questions or comments, please contact me at (360-236-4826), by FAX at (360-586-0123), or by writing to the address listed below. Thank you for your cooperation.

Respectfully,



Connie Pyles, Health Care Investigator
Department of Health
Investigation Service Unit
PO Box 47874
Olympia, WA 98504-7864

024

**DEPARTMENT OF HEALTH
INVESTIGATION SERVICE UNIT
MEMORANDUM TO FILE**

DATE: 04/01/08
CASE #: 2007-10-0038MD
RE: Interview with Respondent
FROM: Connie Pyles

Today I met with the Respondent at his office in the Heath Building at 801 Broadway, Seattle, WA.. The Respondent was dressed in green scrubs as this was his day for surgery and he had none planned for this morning. The Respondent expressed his concern about this investigation and offered his full cooperation.

The Respondent recalled he'd met Complainant on 09/27/07 after she'd been referred to him by an "acquaintance she met on an extended bus ride". He stated she'd presented his crumpled business card to him at that meeting as "she'd been carrying it around for a year" as she'd been "so impressed" by that recommendation. He stated in retrospect she came to him with "high expectations".

He recalled he'd spent approximately "45 minutes" in consultation and with the examination and wasn't quite sure, but believed he'd not charged her or been paid for his services. He stated he'd surmised at some point during the consultation that the Complainant was "very interested in alternative" therapy for her fibroid. The Respondent further stated he'd spent some time trying to explain the concept of "evidence based medicine" to the Complainant while in turn listening to her story about her past medical experiences.

The Respondent produced a copy of the 10/01/07 letter the Complainant had sent to his office. I informed him she'd already provided a copy of that letter for the case file and that it was not necessary to generate another copy for this file.

I asked about the section in which the Complainant stated the Respondent had said "did you see anyone get shot or was it JUST domestic violence?" He read it and stated he'd not said anything resembling the first part of that statement and had asked her to explain the domestic violence during their conversation. He stated the Complainant's interpretation of their office encounter had been "inaccurate" and he'd been "misinterpreted".

I asked about the Complainant's description of the "violent" pelvic examination. The Respondent stated there was "nothing violent" about that examination other than "pressure" that she would have felt from the palpation of her abdomen.

The Respondent went on to state that the converse was true with how he approaches patients who've been sexually abused, meaning he takes more care not to do anything more with his examination to elicit more pain or discomfort than is typically experienced with such a vulnerable exam. He added his business was "built on referrals" and he'd had "many patients" tell him how surprised they were with his gentle approach to the pelvic exam.

At that point the Respondent explained he'd come home the day he'd received the Complainant's three page letter and had written a response that he'd saved and not sent to her as he "felt it would anger her more". He stated that letter would explain in detail his perception of the encounter with the Complainant. He produced a copy of that letter along with a complete copy of the Complainant's medical file.

The Respondent also produced a copy of his Curriculum Vitae for the case file and stated he was up to date with his CME credits, which he added he'd furnish with his statement.

Later in the interview the Respondent pointed to a bookshelf with two shelves of files that he pointed out were cases in which he provided "consultations" for attorneys regarding sexual allegations. He added he'd been involved with 50-60 of these cases and had "testified" in the past on them, including the "Momah" case.

He stated he'd been in practice for 29 years and this was the first encounter of this type he'd been involved with.

The Respondent also stated he'd noticed the issues the Complainant had with "listening". He stated he'd read a book entitled "The Lost Art of Listening" and added he'd thought the Complainant was confusing "listening" during their doctor/patient encounter with "agreeing". He stated he had been listening to the Complainant's story, but was also trying to educate her about the medical model of medicine in contrast to more "alternative" therapies. He stated he realized what he was saying was "not enough" for her.

I asked if the Respondent had recalled anything about the CD/DVD the Complainant had presented to him and he stated he did not recall that item.

The Respondent stated he sensed the encounter had "spiraled downward" and noted the Complainant was "angry" after their encounter as she'd left his office.

At the end of the interview the Respondent's receptionist, Kathleen came in. He asked her if she recalled the Complainant and she stated she did. I left a Witness Notification form and statement for her to fill out with regard to her experience with the Complainant. I asked that she either send it in the self addressed envelope that I left with her or for the Respondent to enclose it with his statement.

I explained the investigative process in detail to the Respondent and the interview was concluded.

Phillip D. Welch, MD
Curriculum Vitae
801 Broadway, Ste 628
Seattle, WA 98122
206-622-1055
Fax 206-215-6566

Personal Data

Birthdate: April 5, 1949
Birthplace: Hartford, Connecticut
Citizenship: U.S.A.
Wife: Linda M. Pastor, M.D.
Children: Benjamin
Lillian
Hanna
Nicolas

Education:

1967-1969 Yale University
1971-1974 B.S., Zoology, University of Washington
1974-1978 M.D. School of Medicine, University of Washington

Postgraduate Training

1978-1979 Internship, Swedish Hospital Medical Center, Seattle, WA
1979-1982 Residency, Department of Obstetrics and Gynecology, University of Washington

Continuing Education

1984 OB/GYN Infectious Disease/Gynecologic Urology, University of Pennsylvania
1985 Comprehensive Board Review, UC Irvine
1987,1988 Perinatal Medicine, USC
1989 Controversies in Perinatology, Symposia Medicus
1990 Neuroregulation of Ovarian Function, American Fertility Society
1991 Clinical Gynecologic Endocrinology and Infertility, American Infertility Society
1992 Diagnostic and Operative Hysteroscopy and Resectoscopic Procedures, Symposia Medicus
1993 Gynecologic Endoscopic Laser Workshop, Laser Resource Center
1994 Perinatal Solutions to Challenging Pregnancies, Perinatal AJUM, Annual Meeting
1996 Perinatal Medicine Update, UC Irvine
1997 Current Challenges in Obstetrics, Symposia-Medicus
1999 Advanced Laparoscopic Surgery, Mayo Clinic

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Board Certification

1985 Diplomate, American Board of Obstetrics and
Gynecology
ACOG, written exam

Licensure

1978 Washington #0018862

Professional Experience

1998-present Private Practice, Swedish Medical Center, First Hill
Campus, Seattle, WA
1995-present Clinical Professor, Dept. OBGYN, University of
Washington
1982-1998 OB/GYN, Pacific Medical Center
1984-1987 Chief, OB/GYN, Pacific Medical
1981-1982 Staff Physician, Feminist Women's Health Care
Center, Yakima, WA

Current Research

2000-2001 Co-PI, Randomized, partially-blinded, active and
placebo-controlled, study assessing the effect of
Norethindrone Acetate plus Ethinyl Estradiol on
endothelial dysfunction in postmenopausal women.
Parke-Davis/Pfizer

2000-2001 Co-PI Safety and Efficacy of Abarelix-Depot
compared with LupronDepot in women with
endometriosis-associated pain. Praecis

2000-2001 Sub-Investigator, Safety and efficacy of Imiquimod
cervical cream in women with cervical low-grade
squamous intraepithelial lesions. 3M

1994-1999 Co/Sub-Investigator, "Comparison of Raloxifene
HCl and Placebo in the Treatment of
Postmenopausal Woman With Osteoporosis (Eli
Lilly & Company Protocol H3S-MC-
GGGK)." Principle Investigator: Barbara
Drinkwater, PhD

1994-1998 Co/Sub-Investigator, "A Multicenter, Randomized,
Double-
Blind, Placebo-Controlled, Dose Finding Study to
Evaluate, the Efficacy and Safety of Tibolone (ORG
OD 14) In Prevention
Of Osteoporosis in Postmenopausal Women
(Organon Protocol 010-005)" Principle
Investigator: Barbara Drinkwater PhD

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- 1995-2000 Co/Sub-Investigator, "Heart and Estrogen/progestin Replacement Study (HERS) (Wyeth-Ayerst Inc. Study #713-401US)." Principle Investigator: "Robert H. Knopp, MD
- 1995-1997 Co/Sub-Investigator, "Evaluation of Endometrial Histology in Post Menopausal Women Receiving OGEN/Provera Hormone Replacement Therapy (HRT), (Upjohn & Company Protocol #MS410/0336)." P.I.: Robert H. Knopp, MD
- 1995-1997 Co/Sub-Investigator, "A double-blind, placebo controlled, parallel-group study to assess the safety and efficacy of 3 doses of ALX1-11 (50, 75, and 100ug) in the treatment of Postmenopausal osteoporosis (Allelix Pharmaceutical Protocol #ALX1-11-821)." P.I. Robert H. Knopp, MD
- 1996-1998 Co/Sub-Investigator, "A study to assess the safety and Efficacy of Progestasert (Intrauterine Progesterone System) for endometrial protection in postmenopausal women given oral conjugated estrogen replacement therapy. (ALZA Corporation Protocol # C-94-035)." P.I. Robert H. Knopp MD
- 1996-1997 Co/Sub-Investigator, "A study to evaluate the effect of ORTHO Tri-Cyclen on the lipid profile of women with Dislipidemia. (Ortho-McNeil Protocol #CAPSS006)." Principle Investigator: Robert H. Knopp, MD

Hospital Privileges:

Swedish Medical Center, Seattle
Northwest Hospital, Seattle

**Professional
Organizations:**

Seattle Gynecological Society
King County Medical Society
Washington State Medical Society
American College of Sports Medicine

Presentations:

1985	Color Commentator, KOMO-TV Ch4, Emerald City Marathon Coverage
1984	Color Commentator, KINGO-TV Ch5, Emerald City Marathon
June 1985	"Update on PMS" <i>University of Washington Sports Medicine Clinic Education and Research Meeting</i>
July 1984	"Special Problems of the Female Athlete", <i>Snowmass Annual Sports Medicine Clinic</i>
July 1983	"OB/Gyn Issues for the Female Athlete". In <i>Comprehensive Care of the Teenage Athlete</i> . University of Washington CME

Dear Ms. 3 - Healthca...

I am somewhat conflicted about how to respond to your letter and was tempted to let things come to rest as they were without responding. I do believe it has been healing and cathartic for you to detail your feelings during our meeting, and I have myself experienced that sense of positivity in the past at "getting something off my chest" and thoroughly and completely telling someone later what I had experienced with them. It was obvious that you were upset when you left, that just as evident to me as I would have thought you would have seen my frustration at trying to meet your needs. You seem to have seen that frustration as many other things, and it is for that, among other reasons, that I would like to respond. I am sincerely sorry, as anyone would be, that you were upset and unsatisfied by our encounter. That is different than stating that I did something wrong, and I have a great fear that my attempting to clarify any of the many misstatements and misunderstandings that you detailed in your letter may only serve to further inflame your feelings rather than assuage them. But I will try, nevertheless. And I hope that you will receive what I have to say in the spirit in which it was written; understanding that what I am setting forth is the product of sincerity, thoughtfulness, and respect. And I hope you will give it the kind of reflection that I'm sure you hoped you would receive from me. I certainly hope not to have my candor be further interpreted as dishonoring or injurious.

First to deal with a few simple issues, and then to move beyond.

1) No violence, by any rational definition, occurred in our meeting. I'm aware that violence can be represented by something other than physical assault, but disagreement, frustration, lack of common understanding (at it's worst) are not violence. I have to say, that the sooner you move on from this overly broad, violence-is-everywhere, view the sooner your healing will be complete. Those who have been victims of discrimination, for example, do indeed have to struggle with the impulse to see further discrimination in every interaction that isn't perfect. The Jew sees antisemitism everywhere, the african american sees himself the brunt of racism in every exchange with those of another race, the doctor sees himself falsely regarded as arrogant or opinionated by everyone.....

2) You were not "not listened to" in our encounter. I fear you are making the mistake, common and one I observe in myself not too infrequently, of confusing "listening" with "agreeing". I know all too well myself the feeling that "If only they would really listen to what I'm saying they would get it". Meaning see things my way. I WAS listening to you. You had plenty of air time. Our encounter lasted a long time, longer than most. You had ample opportunity to air your views. There are some constraints on my time, of course, other patients waiting, etc. But listening was actually not the problem. I could sense from the very beginning of our conversation an inordinate, even one could say demanding, need for validation for your views. To the point where my many statements of acceptance, without necessarily agreeing, with your comments were clearly, well, not enough. Not sufficient to convince you that you have been right all along in your thinking, that I endorse your view of healing, of the role of a "regular"

doctor like myself in the context of your other healers, of the validity of alternative therapies for various things. Even my verifying the essential certainty of the ultrasound or CT imaging of fibroids was met with skepticism on your part. It IS indeed frustrating to have things so well known, so basic to the then subsequent discussion about alternatives of approach, be unacceptable. And it does make for a lack of common understanding for any further planning or rapport. Sort of like a house is only as good as it's foundation. Or to use another analogy, perhaps like bringing your car to a mechanic to be fixed but at the same time taking the position "I don't want you to use this, this, and that tool", or "I don't trust your tools", or "Fix my car, but I'll pick the tools, because I don't trust you to do so". And have no doubt, you and I DO agree that trust is essential to the relationship. We just don't agree that it comes from me saying, in effect, "Everything you say makes perfect sense". In my view, that amounts to "humoring you", and is, in fact, demeaning and condescending. It is more respectful, I believe, for me to accept your right to believe whatever you want (which I clearly stated - do you remember?) but explain to you why the approaches and alternatives I can recommend are based on studied and prudent, proven principles. It is only ethical for me to make those kinds of recommendations. It does not, nor was it meant to, imply disrespect for your alternative views. We entered into a discussion of what makes science science, as opposed to anecdotal evidence, personal experience, tradition, or hearsay for this reason. It is not some shaky belief of mine. It is the foundation of all modern medicine and technology. It is what separates us from the era of the snake oil salesman or the high priest commanding something of the peasant. And in science (and I mean it in the best sense of course, not perjoratively), we neither accept a hypothesis without proof, nor do we reject without proof. Nevertheless, we need not at any time abandon our horse. Life has many other parts to be sure. I have my views of the spiritual, etc, and you have yours. But that isn't, and wasn't, the topic. It was much more mundane than that. You wanted to know what to do about your fibroids. And it was indeed the frustrating struggle to stay on point with that that made it ultimately a very unsatisfying visit for both of us.

3) You were not the victim of a rough exam. I will not belabor this, but it is clear to me from what you wrote that you were not aware of how gentle and accomadating to your sensitivity I was being. Including responding as best as I humanly could to your protestations about discomfort. I have been in gyn practice 29 years, a specialty of medicine that deals with the most wn=ensitive issues of sexuality, fertility, and the most intimate of physical exam parameters. I have been told hundreds, perhaps thousands by now, times by patients how gentle the exam I perform is. This too frequently in comparison to "my previous doctor, who was a woman". I have been in a practice situation essentially all of those years, and particularly over the last eight in solo private practice, in which my patients could at any and all times "vote with their feet" if they so chose. You may say something to the effect of "a person hears what he wants to hear and disregards the rest", but I stand firmly behind my belief that the exam I perform, both in general and with you specifically, was done with the utmost sensitivity. I spent a few minutes making sure, giving your history, that you were ok with me to go ahead, and it was only after being convinced you were that I went ahead. Only a fool would be unaware that you were likely to be a very sensitive exam (which you were), and I am no fool in that regard I assure you.

As a side note, I should also point out that I work frequently with the legal profession in the area of sexual assault. I have reviewed cases, testified, seen patient victims, and so forth now

approaching a hundred times in the past six or seven years. I consider myself both more informed, and with humility, more sensitive, than the average physician to the victims of such violence. I have seen many patients in my own practice who were victims of domestic violence. I have never had a one present themselves as anything other than that, victims of domestic violence. And it was because of that experience that prompted me, when you described yourself as a "victim of violence", to ask you what you meant, presuming you to mean some other circumstance of violence. Your clarification was taken at face value. Can you see now how even that one small aspect of our conversation, and your misinterpretation of my response as trivializing YOUR experience of domestic violence, may have set a tone of response to everything else I said further? I ask you in honest good faith to think about this.

I fear I may have exhausted you in reading through all this. I admit it is a bit wearying for me too. But I want you to know this: frustrated as we both may be I have not cut you off from seeking attention to the original problem, the fibroids, which you still have. I certainly understand if you neither want to come back, nor find this response fully satisfying. Do trust however, if I may ask you, that it is written in a spirit of respect, and not condescension or simple defensiveness. I do believe it would be the height of DISrespect for me to give you an insincere pat on the shoulder or be patronizing. I do indeed trust your intelligence and insight, particularly insight into what's best for you, to allow me to speak my mind honestly. I wish you well.

Sincerely,

Philip Welch MD

RECEIVED

APR 30 2008

DEPARTMENT OF HEALTH
Investigation Service Unit

PHILIP D WELCH, MD
Heath Building
801 Broadway, Suite 628
Seattle, WA 98122

Ph: 206.215.6565
Fax: 206.215.6566

4/21/08

Connie Pyles
Department of Health
PO Box 47874
Olympia, WA 98504-7864

RE: File #2007-10-0038MD

Dear Connie,

Thank you for spending the time you did a few weeks ago going over the case involving the complaints received from patient 3 - Healthcare Information ..., seen 9/27/07. This was a very frustrating and difficult encounter, and you have asked me to review the event from my point of view and respond to some specific allegations she had made regarding a painful exam and a broader complaint of poor communication.

As you know, and have a copy, I received a letter of complaint at my office dated 10/1/07. Though many of her statements were inaccurate, exaggerated, or skewed, the fact that she would write such a letter was not a surprise since it was very apparent at the time of the visit that she was unhappy with her experience. I believe you have a copy of the reply letter I composed at the time. I will not repeat or clarify all the statements I made since the points are reasonably well-articulated there. As I told you at our meeting, when I finished writing that I reread it several times, made some revisions, but ultimately decided not to send it. I feared that nothing short of a complete apology, including agreement with all the unusual premises with which she came to me, would be satisfying to her; and that I could not in honesty do that. I felt she would simply interpret my attempts to explain or justify my manner or actions as arrogance or defensiveness.

And indeed, defensive I could not avoid being, as to some degree I am now as well, since much of what she was alleging was either not true, or at least an example of poor communication, including a good measure on my part, but not the kind of accusation that she was making taken all together.

I felt apologetic for how the encounter went (and told her that several times over at the time); I felt sorry for her because I could see that she had had a very difficult time with the health care system in the past; and I could see that the ideas and biases she brought to a health care visit (which certainly remained, if not were reinforced, perhaps by self-fulfilling prophecy) were certain to prevent her from getting her genuine problems taken care of elsewhere.

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You will have with you also a copy of my CV so I also will not summarize those data.

Ms. [3 - Healthc...] came to my office regarding a long known diagnosis of large fibroids, pelvic pain, and abnormal bleeding. Both of those symptoms are common in the setting of fibroids. She had gotten my name from an acquaintance she met on a bus ride about a year ago. I mention this only in that it might indicate a referral, in the context of a conversation involving Ms. [3 - Healthcar...] bitterly complaining about the treatment she had received in the past, in which my other patient extolled the good experience she had had with me, to the degree that Ms. [3 - Healthca...] was sufficiently impressed to hold onto that card for a year before making the call. It is worth noting that I am in solo private practice, with a philosophy specifically aimed at very personalized care. There is no one who is obligated by their coverage to come to me. My practice stands or falls 100% on goodwill and word of mouth. Every single person I see can vote with their feet at any time. My reputation for gentleness, being a good listener, a good explainer, being respectful, are the only things that keep people coming back. Or telling a friend on a bus "See my doctor, it will be different". I have always prided myself on the idea of being tolerant, of being able to "get along with anybody". When I worked formerly at Pacific Medical Center it was tacitly known within the group that "difficult" patients would often be directed to me, for what might be called, for lack of a better term, my diplomacy skills.

So perhaps you can see why I was so mightily challenged by this patient, dismayed that I could not get or keep things on track with her; and shocked and, yes, a bit angered, by her accusations later. Allow me to describe how the encounter went.

After the introduction of how she had gotten my name described above, Ms. [3 - Healthca...] began by explaining the reason for her visit being to "correct violence in the health care industry". Needless to say, this was a surprising opening statement, and as I encouraged her to go on it became clear that what she was referring to was a long history of what she perceived as arrogance, injustice, mistreatment, lack of openness to alternative treatment, and so forth. She was not initially referring to herself, but to the health care industry in general. This is a somewhat, if not highly, unusual definition of "violence", and she used the term frequently and in several different contexts throughout our encounter. My attempts to clarify what she meant by the different references to violence, including the specific references to herself, was met with obvious brisk resentment on her part. She took umbrage almost immediately to my confusion about her meaning, appearing to rather immediately interpret it as condescension. She comments and complains about this in her initial letter to me, particularly in regard to her history of "domestic violence". It was indeed frustrating not to be able to find a way to inquire about this area without inciting this response, since it was so obviously meaningful to her.

I tried to gather history about her actual gyn complaints, hoping this in some way would be less controversial and more straightforward. Here too I ran into problems. She described a host of other "physicians" she was involved with who, on further questioning, turn out to be more what would normally be thought of as friends, supporters, mentors, pastors, and some allied health professionals. A broad network of support in life is absolutely a good thing. We all agree on that. But unfortunately many of the ideas that she had gleaned from these sources were simply

either medically incorrect, or at least counter to what would be traditional, well-established treatment for her problem. It was apparent that she relied heavily on these sources, and any attempt on my part to counter those ideas, no matter how gentle and balanced, was swiftly interpreted as non-acceptance of her views, condescension, physician arrogance, etc - perhaps inwardly as "violence".

I tried to back up and explain in the sense of larger historical principles the difference between claims or beliefs and evidence-based medicine. Ms. [3 - Healthc...], as can be seen from her letters, is not lacking in intelligence and is very articulate. However, her world view and, if I may say, her biases are so strong that she simply was unable to acknowledge any of the truth of what I was saying. The treatment modalities I described and the diagnostic tools we use, such as the very fundamental role of ultrasound, were all met with utter, stonewalling skepticism. I will give some examples.

Modern high resolution ultrasound gives an extremely accurate picture of the soft tissue organs of the pelvis. Further, fibroids, the condition she has, and particularly very large fibroids such as hers, are exceedingly easily and reliably visualized on ultrasound. Ms. [3 - Healthc...] expressed great doubt about the validity of her previous ultrasound diagnosis. She raised as a possible (in her mind entirely likely) counter explanation the presence of a "stone baby", an archaic term for a very rare condition in which a miscarried pregnancy that was not passed could slowly calcify in place over many years. This is a condition rare enough that most physicians would go an entire career and never see it. I certainly have not. And, again, modern ultrasound would easily distinguish it. I think you can guess by now how my trying to gently explain that was received.

When we came to the point of proposing moving on to the physical exam, I told her I was familiar with working with sexual assault victims, and that I was very aware that the pelvic exam could be particularly stressful in that background setting. I told her I was aware that that could be perhaps even more so when a male provider was involved. I sat adjacent to the side of the table, prior to beginning the exam, and asked her again was she ok with my proceeding. Despite our not exactly having a meeting of the minds during the previous 40 minutes or so, she did seem to have a vestige of positivity about my caring and respectfulness (or so I perceived) and she said yes she would like to go ahead. I was very concerned about proceeding, in view of the not very veiled underlying anger and hostility she had been demonstrating. I was quite consciously worried about somehow being perceived as another example of "violence". I remember this concern, prior to the exam, very distinctly even now. I knew I had a judgement to make for myself, whether she was capable of allowing an exam and not having a bad experience from it. I decided to go ahead, and perhaps it goes without saying I attempted to perform an exam in the most gentle manner of which I am humanly capable. The speculum part of the exam went without incident. Ms. [3 - Healthc...] appeared to be tolerating the bimanual portion of the exam, though a bit uncomfortable. As I was just about to be finished and was trying to be certain there was no ovarian abnormality (large fibroids can obscure the ovaries, making this portion of the exam difficult from the clinician's point of view) she said the exam was hurting and asked me to stop. In an attempt to prevail on her to allow a few seconds more (and I meant literally three or four seconds) I said "I'm just about done". In retrospect I recognize I should have made it more clear that "just about done" did indeed mean three or four seconds (which I'm sure she would

have tolerated), and been more overtly apologetic. In any event, she abruptly sat upright, a maneuver I have never had occur, and the exam was concluded. Perhaps she thought I was going to continue for another minute or more? Certainly she was regarding me as insensitive and unapologetic, which I can only say was not my manner or intention, needless to say.


I tried to pull together a meaningful plan of action regarding her original problem but this was difficult. She had attacked my whole orientation of medical practice so many times over it was worth considering whether there was any basis for offering her further care. I did not take this approach ultimately, I did not "discharge" her as a patient. She did indeed have very large fibroids, the uterus rising to the umbilicus - the equivalent size of a 20 week pregnancy. She really did, and still does I presume, need further work-up in the form of an ultrasound, and still was in the predicament of having no coverage for these expensive studies. In addition, standard medical opinion would lead to a surgical recommendation, either hysterectomy outright or myomectomy (removal of the tumors and repair of the uterus, to allow and improve childbearing potential). As she is now, functional pregnancy potential would be very limited if not impossible.

In summary then, I see this patient as someone with significant psychological and emotional problems, with a long history of both genuine emotional and perhaps physical abuse, as well as perceived "violence", who unfortunately has a very real gynecologic problem as well. There is an old fashioned term for a person who is hypersensitive to slights, sees themselves as constantly victimized, and is itching for a fight about it at any time - "chip on the shoulder". That is the most ready picture I have in my mind of this person, beyond any fancier medical term. Nevertheless, I am genuinely sorry I was not able to bridge that gap and offer her help in a more supportive and nurturing way, or a way that she would see as that. I am humbled by my own lack of ability in this regard, despite the previous self-image I had of being good at this. I have learned much from this encounter, all of it unfortunately too late to be of specific assistance to Ms. 3 - Healthca... I still do think my original letter was not the kind of apologetic and confessional reply she would have wanted, and that my decision not to send it was the right one. Should I have written an insincere but ingratiating "the customer is always right" letter of apology instead? That is something I have been pondering for months now.

Ms. 3 - Healthca... still is in a position of needing, in my opinion, substantial help - foremostly emotionally and psychologically, but also medically, and not least of all financially. I hope her support group can, or maybe already has, facilitated these ends.

Thank you for your indulgence in reading this.

Sincerely,



Philip Welch MD

PHILIP D WELCH, MD
Heath Building
801 Broadway, Suite 628
Seattle, WA 98122

Ph: 206.215.6565
Fax: 206.215.6566

CME 2007, (hrs)

Category I

Swedish didactic 7

ACLS 13

Category II

12

Category III

Res. Teaching 16

Consulting 39

Category V

Review 20+



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CONFIDENTIAL

February 5, 2008

Ms. Margaret Sutro
Inner Space Studio
2808 E. Madison St. #206
Seattle, WA 98112-4867

RE: File #2007-10-0038MD

Dear Ms. Sutro:

The Medical Quality Assurance Commission is currently investigating a complaint concerning the care Ms. [3 - Healthcare Information ...] (DOB [3 - Healthcare...]) received from Dr. Philip Welch.

Under the provisions of RCW 18.130.180 (8), a health care provider shall cooperate with an investigation and comply with a request for a full and complete explanation regarding the matter under investigation and/or request for records and documentation in his or her possession. Failure to cooperate may be deemed unprofessional conduct pursuant to RCW 18.130.180 (8).

The Health Care Information Act, RCW 70.02.050 (2) (a), authorizes and requires a health care provider to disclose health care information concerning a patient without the patient's authorization when needed to determine compliance with state licensure regulations and laws or when needed to protect the public health. Pursuant to the health care information act compulsory process (subpoena) is no longer required to obtain health care information.

Ms. [3 - Healthcare...] indicated she'd received counseling from you. In order to evaluate her complaint, please provide the Commission with a narrative description of the condition Ms. [3 - Healthcare...] was experiencing when she sought your services on or about 09/27/07. Additionally, please provide copies of your patient records for Ms. [3 - Healthcare Information ...] (DOB [3 - Healthcare...]) from 09/01/07 to the present.

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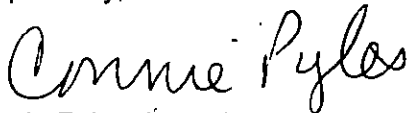


Page 2
Dr. Sutro

Please note: Any written statement you provide may be released to the person under investigation if a statement of charges is issued.

Please provide the information requested within fourteen days after your receipt of this letter. Note: If there is a charge for the copying of the records, please include your federal tax identification number on your billing statement. If copying costs will exceed \$100.00, please advise before copying. If you have any questions or comments, please contact me at (360) 236-4826, by FAX at (360) 586-0123 or by writing to the address listed below. Thank you for your anticipated cooperation.

Respectfully,



Connie Pyles, Investigator
Investigation Service Unit
Department of Health
PO Box 47874
Olympia, WA 98504-7874

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Margaret Z Sutro MA LMHC
INNER SPACE STUDIO
2808 East Madison Street #206
Seattle WA 98112
206 715 2227 Margaret@InnerSpaceStudio.net

RECEIVED
FEB 25 2008
DEPARTMENT OF HEALTH
Investigation Service Unit

WA Licensed Mental Health Counselor LH 00007552 Tax ID# Available on request

February 22, 2008

Ms. Connie Pyles
Investigation Service Unit
Department of Health
State of Washington
PO Box 47874
Olympia WA 98504-7874

RE: File #2007-10-0038MD

Dear Ms. Pyles:

Per your letter received February 8, 2008, please find copies of our patient records for Ms. [3 - Healthcare Information Rea...] (DOB: [3 - Healthcare Infor...]) from 9/1/2007 to present. (8 sessions: treatment plan @ 2 x month)

Session # 44 09/20/2007
45 09/27/2007
46 10/18/2007
11/01/2007 No Show: Called "late": Reschedule within week
47 11/05/2007
48 11/28/2007
49 12/11/2007
50 01/04/2008
51 02/07/2008

Requested narrative to be sent separately.

Please let us know if you require further information regarding this investigation.

Yours very truly,


Margaret Z. Sutro MA LMHC

Encls: 5 sheets

Margaret Z Sutro MA LMHC
INNER SPACE STUDIO
2808 East Madison Street #206
Seattle WA 98112
206 715 2227 Margaret@InnerSpaceStudio.net

RECEIVED
FEB 29 2008
DEPARTMENT OF HEALTH
Investigation Service Unit

WA Licensed Mental Health Counselor LH 00007552

Tax ID# Available on request

February 27, 2008

Ms. Connie Pyles, Investigator
Investigation Service Unit
Department of Health
State of Washington
P.O. Box 47874
Olympia, Washington 98504-7874

RE: File #2007-10-0038MD Dr. Philip Welch
Ms. [3 - Healthcare Information Rea...] (DoB: [3 - Healthcare Inf...])

Dear Ms. Pyles:

The information below is provided for a complaint investigation by the State of Washington Department of Health regarding the care received from Dr. Philip Welch by Ms. [3 - Healthcare Information Rea...] on September 27, 2007.

I have provided mental health counseling for Ms. [3 - Healthcare ...] since March 2006, generally 2 times per month when she sought my services through the Therapy Network for Sexual Abuse Survivors at the Harborview Center for Sexual Assault & Traumatic Stress. While we have provided treatment in order to decrease her symptoms of post-traumatic stress disorder, recurrent depression, and binge-eating, her attempts to get appropriate diagnosis and treatment for the often debilitating pain of uterine fibroid tumor have been an ongoing major concern.

In the aftermath of recent domestic violence and a history of sexual abuse, Ms. [3 - Healthcare...] has been resourceful, accessing many kinds of support as well as providing encouragement to other women with similar difficulties. She has searched for medical providers who would be willing and able to provide diagnosis and treatment based on their professional knowledge and experience as well as on her individual situation and concerns. Intelligent, well-educated, and verbally articulate, Ms. [3 - Healthcare...] presents with determination and clarity. The other side of her resolve to be treated respectfully as an individual is her relatively new experience with recovery from emotionally and physically numbing behavior. Emotional abuse has exacerbated the challenge of emotional self-regulation, yet during the process of counseling, Ms. [3 - Healthcare...] has been diligent in her efforts to learn emotional and physical self-care.

In August 2007 Ms. [3 - Healthcare...] reported that she was going to make another effort to get medical treatment for fibroids after months of physical pain and the frustration of being told that a hysterectomy was the only option. I did not see her during the

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first weeks of September. Because of Ms. [3 - Healthcar...] s resourcefulness I knew she would be seeking a well-recommended physician whom she could trust to be considerate and respectful of her emotionally—as well as physically—and with whom she could establish some rapport for working on her medical issues as a team. Still I feel remiss in not specifically reviewing effective ways of asserting her right and responsibility for attending to her physical and emotional boundaries during a pelvic examination.

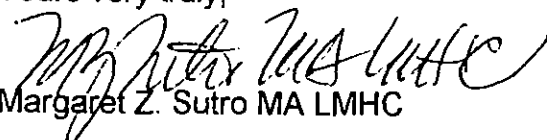
In September 2007 one of the goals of counseling was to observe the triggers for binge-eating—thoroughly using the contemplation stage of change to prepare for improved coping skills and reliable self-care. When she came in for counseling on the afternoon of September 27th, she was late and upset about her appointment with the physician. She reported that he did not take into account her experience of physical pain during the examination or her request that he stop the examination. My recollection of her comment is that when she asked him to stop, the doctor continued, responding, "I'm almost finished." It is my understanding that there was neither an advocate nor nurse/assistant in the examining room to help physician and patient communicate or to provide understanding or reassurance. Even though Ms. [3 - Healthcar...] was upset at the outset of her counseling session and expressed her concerns about her previous doctor's appointment, her overall affect was bright; she was engaged with the counseling process. The therapist suggested she may want to seek information about patient rights by contacting the Northwest Women's Law Center.

In the session, Ms. [3 - Healthcar...] reported on the successful process of creative financial exchanges she was working on. She also reported what she had observed during the previous night's food binge: her own fear. She became determined to access the courage to make necessary changes in her life and walk through her fears. Even though physical pain had often interrupted her ability to sustain work in past months, she resolved to dedicate herself to practicing healthy and life-affirming ways of supporting herself financially as well as physically and emotionally.

From September 27th to the present we have witnessed a decline in Ms. [3 - Healthcar...] s ability to cope. She experienced more depression, anxiety and regular difficulty in leaving her home. However, she was also actively decreasing her binge-eating and in December created meaningful ways of raising money to visit her birth mother. The intensity, creativity and depth with which Ms. [3 - Healthcar...] is approaching recovery and life is integral to her healing from generations of trauma. She has remained determined to face her fears, name violence when she sees it, and foster respectful relationships.

Please contact me if you require further information for your investigation.

Yours very truly,


Margaret Z. Sutro MA LMHC

VI PRO SUTRO/Confidential/BrD 2006

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Fax

Date: 02/05/07

Number of pages including cover sheet: 2

To: Dr. Martina Koller

Phone: 206-
522-5646

Fax phone: 206-524-5054

CC:

From: Connie Pyles, Health Care
Investigator

Phone: 360-
236-4826

Fax
phone: 360-
586-0123

REMARKS:

☐ Urgent

☐ For your review

☒ Reply ASAP

☐ Please comment

056

RE: WA State Health Professions Quality Assurance Commission Investigation/
File # 2007-10-0038MD

Dear Dr. Koller:

This letter identifies documentation needed in the investigation regarding the care Ms. [REDACTED] received from Dr. Philip D. Welch. This is a request for medical records. The following requested documentation should be received by February 19, 2008. Your input will be of great assistance in the conduct of this investigation. 3 - Healthcare Information R...

The Medical Quality Assurance Commission is the agency within the State government with legislated authority to assure the delivery of safe health care. Under provision of RCW 18.130.050 and RCW 18.130.160 of the Uniform Disciplinary Act, the 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 it is warranted.

Be advised that this is a preliminary investigation and no charges against the licensee have been issued in connection with this investigation.

The Health Care Information Act, RCW 70.02.050 (2) (a) authorizes and requires a health care provider to disclose health care information concerning a patient(s) without the patient's authorization when needed to determine compliance with state licensure regulations and laws, or when needed to protect the public health. Pursuant to the health care information act, compulsory process (subpoena) is no longer required to obtain health care information.

Under provisions of the above laws, you are requested to provide the following:

The medical records for Ms. [REDACTED] (DOB [REDACTED]) from 09/07 to the present.

If you have no records for this individual, please document on this page that there are no records, sign and fax this sheet back to 360-586-0123.

The conduct of the investigation is confidential at this point in time. Please call 360-236-4826 if you have any questions, and thank you for your assistance and cooperation in providing the requested documentation.

Please send the requested documentation to the address below or fax it to (360) 586-0123 ATTN: Connie Pyles, Health Care Investigator. If you have any questions concerning this request, please contact me at (360) 236-4826. Thank you for your cooperation.

Sincerely,

Connie Pyles
Health Care Investigator
Department of Health
WA State Health Professions Quality Assurance
Investigation Service Unit
P.O. Box 47874
Olympia, WA 98504-787 4

ATTENTION: The information in this fax message is privileged and confidential. It is intended only for the use of the recipient named above (or the employee or agent responsible to deliver it to the intended recipient). If you received this in error, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this message in error, please notify us by telephone immediately, and return the original message to us at the address listed above via U.S. Postal Service. We will, of course, be happy to reimburse you for any costs. Thank you. 057

*** TX REPORT ***

TRANSMISSION OK

TX/RX NO	4458
CONNECTION TEL	8p20652450545203901
CONNECTION ID	
ST. TIME	02/05 14:43
USAGE T	00'56
PGS. SENT	2
RESULT	OK

HEALTH PROFESSIONS QUALITY ASSURANCE
INVESTIGATION SERVICE UNIT

P.O. BOX 47874
OLYMPIA, WASHINGTON 98504-7874

Fax



Date: 02/05/07

Number of pages including cover sheet: 2

To: Dr. Martina Koller

Phone: 206-
522-5646

Fax phone: 206-524-5054

CC:

From: Connie Pyles, Health Care
InvestigatorPhone: 360-
236-4826Fax
phone: 360-
586-0123REMARKS: ☐ Urgent ☐ For your review ☒ Reply ASAP ☐ Please comment

058

PROVIDER

Dr. Martina Koller6300 9th AVENUE N E, SUITE 200

SEATTLE, WA 98115

FAX: 206-524-5054

PHONE: 206-522-5646

FACSIMILE TRANSMITTAL SHEET

TO: Connie Pyles - Healthcare Inv. FROM: Heather
COMPANY: Dept. of Health DATE: 2.7.08
FAX NUMBER: (360) 586-0123 TOTAL # OF PAGES INCLUDING COVER:
PHONE NUMBER: (360) 236-4826 SENDER'S REFERENCE NUMBER:
RE: 3 - Healthcare Information Readily Identifiable to a Person - RCW... YOUR REFERENCE NUMBER:
206 3 - Healthcare Informati...

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

Your request for3 - Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70...s records

This communication contains information that may be confidential or privileged and is intended solely for the entity or individual to whom it is addressed. If you are not the intended recipient you should delete this message and are hereby notified that any disclosure, copying or distribution of this communication is strictly prohibited. If you have received this communication in error please notify the sender and destroy the message.

6300 9th AVENUE NE - SUITE 200 SEATTLE, WA 98115

059

RE: WA State Health Professions Quality Assurance Commission Investigation/
File # 2007-10-0038MD

Dear Dr. Koller:

This letter identifies documentation needed in the investigation regarding the care Ms. [3 - Healthcare Information ...] received from Dr. Philip D. Welch. This is a request for medical records. The following requested documentation should be received by February 19, 2008. Your input will be of great assistance in the conduct of this investigation.

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Sincerely,

Connie Pyles
Health Care Investigator
Department of Health
WA State Health Professions Quality Assurance
Investigation Service Unit
P.O. Box 47874
Olympia, WA 98504-7874

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060

2 1807 P. 2



City of Seattle



Detective Kevin Grossman
Seattle Police Department
Sexual Assault & Child Abuse Unit
Investigations Bureau

Seattle Police Headquarters
610 Fifth Avenue
PO Box 34986
Seattle, WA 98124-4986

Tel: (206) 684-5495

Fax: (206) 684-0217

kevin.grossman@seattle.gov

www.seattle.gov/police

WELCH, PHILIP MD_2007100038 PAGE 136

Redaction Summary (79 redactions)

4 Privilege / Exemption reasons used:

1 -- "Consulting expert case review - RCW 42.56.290; 42.56.070 (1); CR 26(b)(5)(B)" (1 instance)

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

3 -- "Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1)" (45 instances)

4 -- "Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1)" (31 instances)

Page 5, Consulting expert case review - RCW 42.56.290; 42.56.070 (1); CR 26(b)(5)(B), 1 instance
Page 12, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 2 instances
Page 13, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 4 instances
Page 18, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance
Page 19, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 3 instances
Page 21, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 2 instances
Page 28, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance
Page 28, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance
Page 33, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance
Page 34, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance
Page 36, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 2 instances
Page 38, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance
Page 43, 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 56, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 2 instances
Page 57, 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 58, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 6 instances
Page 65, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance
Page 66, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 5 instances
Page 78, 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 81, 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, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 4 instances
Page 83, 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 84, 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 86, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 6 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), 2 instances
Page 101, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 8 instances
Page 102, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 5 instances
Page 104, 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 106, 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 107, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 3 instances