



Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application

Physician Name: Alain Lester Campbell, M.D.

License No.: 60491

Current Status: Active

License Expiration Date: 4/28/2015

1) Activity Status: Active

2) Address & Contact Information

Mailing Address: Cardone & Asso Rep Med, 2 Main St
Suite 150
Stoneham
Massachusetts - 02180
United States of America

Home Address:

Business Address: 2 MAIN ST, CARDONE & associates rep med
Suite 150
Stoneham
Massachusetts - 02180
United States of America
(781) 438-9600

3) Email Address:

4) Fax Number: (781) 438-9601

5) Specialties
Obstetrics and Gynecology

6) Current American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA) Information

ABMS/AOA	Board Name	Certification	Subspecialty
		None Reported	

7) Drug License Numbers

Massachusetts	Federal (DEA)	Federal (DEA) XS
---------------	---------------	------------------

8) Other states where you are now licensed to practice
New Hampshire

9) States where you were previously licensed
None Reported

10) Work Sites

List of all work sites in Massachusetts, including health care facilities (where you are credentialed), private office, clinics, nursing homes, etc

WorkSite	Location
North Shore Medical Center - Salem Hospital	
North Shore Medical Center-Union Hosp	



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11) Care of patients in Massachusetts

Average weekly hours involved in: a) inpatient care 0 hrs/wk
b) outpatient care 0 hrs/wk

12) Medical Liability Insurance Information

I am not required to have malpractice insurance.

Other

Health chemo, stage 4 CLL/SLL, exper drug stage 1, Dec 2011 to June very slow marrow recovery, multiples hospitalizations, 1st N WBC, Dec 2014, 2nd Feb 2015. Assess stability desire to return. Renew-decide. Board certif expired, written exam to take

13) Do you perform any surgery in your Massachusetts office?

14) Claims Made

- a) New: Have you received notification of a claim, whether or not a lawsuit was filed on that claim, or has any medical malpractice claim been made against you during this time period?
- b) Pending: Are there any unresolved malpractice claims against you today, i.e., any claims that have not been resolved, settled or adjudicated during this time period?

15) Claims Closed

Has any medical malpractice claim against you (whether or not a lawsuit was filed on that claim) been resolved, settled, or adjudicated during this time period?

16) Other Civil Lawsuits

Question 16 refers to claims or actions related to your competency to practice medicine or your professional conduct in the practice of medicine.

- a) New: Have there been any claims, other than medical malpractice claims, filed against you during this time period?
- b) Resolved: Have you resolved, settled or adjudicated any lawsuits, other than medical malpractice claims, during this period?

17) Criminal Charges

- a) Have you been charged with any criminal offense during this period?
- b) Have any criminal offenses/charges against you been resolved during this time period?
- c) Are there any criminal charges pending against you today?
- d) Are any Application of Issuance of Process pending against you?

18) Other Issues

- a) Have you withdrawn an application to any governmental authority, health care facility, group practice employer or professional association?
- b) Have you taken a leave of absence from any health care facility, group practice or employer for reasons related to your competence to practice medicine?
- c) Have you been the subject of an investigation by any governmental authority, including the Massachusetts Board of Registration in Medicine or any other state medical board, health care facility, group practice, employer or professional association?
- d) Have you been the subject of a disciplinary action taken by any governmental authority, health care facility, group practice, employer or professional association?

19) Have your privileges to possess, dispense or prescribe controlled substances been suspended, revoked, denied, restricted by or surrendered to any state or federal agency?



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License No.: 60491

- 20) Have you withdrawn an application for a medical license, allowed a license application to become obsolete or have you been denied a medical license for any reason?
- 21) Has any medical liability insurance carrier restricted, limited, terminated, imposed a surcharge or co-payment, or placed any condition related to professional competency or conduct on your coverage, or have you voluntarily restricted, limited or terminated your insurance coverage in response to an inquiry by a medical liability insurance carrier?
- 22) Have you completed all of the CPD requirements for this renewal cycle? If you are renewing your license for the first time or participating in postgraduate training, please answer Yes.

Yes



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23) Do you have a medical condition that interferes in any way or limits your ability to practice medicine?

24) Have you used any chemical substance(s) which in any way interferes with your ability to practice medicine?



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25) Electronic Health Records Proficiency

I have demonstrated proficiency in the use of EHR by completion of 3 hours of a Category 1 EHR-related CPD course that discusses, at a minimum, the core and menu objectives and the Clinical Quality Measures for Meaningful Use.

26) Requirement to Complete Training in Recognizing and Reporting Child Abuse

Have you completed training to recognize and report suspected child abuse or neglect?



**Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application**

Physician Name: Alain Lester Campbell, M.D.

License No.: 60491

Compliance with Legal Responsibilities

Online profile:

☒ I have reviewed my Physician Profile and confirm that the information is accurate.

- 1) I understand and agree to comply with my obligations to report abuse or neglect of children pursuant to M.G.L. c. 119 sec. 51A and I understand the punishment for failure to comply.
- 2) I understand and agree to comply with my obligations to report abuse or neglect of disabled persons pursuant to M.G.L. c. 19C sec. 10 and I understand the punishment for failure to comply.
- 3) I understand and agree to comply with my obligations to report abuse, neglect or Financial exploitation of elderly persons pursuant to M.G.L. c. 19A sec. 15 and I understand the punishment for failure to comply.
- 4) I understand and agree to comply with my obligations to report the treatment of wounds, burns and other injuries pursuant to M.G.L. c. 112 sec. 12A and I understand the punishment for failure to comply.
- 5) I understand and agree to comply with my obligations to report the treatment of victims of rape or sexual assault pursuant to M.G.L. c. 112 sec. 12A 1/2 and I understand the punishment for failure to comply.
- 6) I understand and agree to comply with my obligations to report a physician to the Board of Medicine pursuant to M.G.L. c. 112 sec. 5F, when I have a reasonable basis to believe that a person violated any provisions of M.G.L. c. 112 sec. 5 or any Board regulation.
- 7) I understand and agree to comply with my obligations related to charging and collecting fees from Medicare beneficiaries in accordance with the Medicare fee schedule, pursuant to M.G.L. c. 112 sec. 2.
- 8) I understand and have complied with my obligations to file Massachusetts tax returns and to pay Massachusetts taxes and I understand that, pursuant to M.G.L. c. 62C sec. 49A, my license shall not be issued or renewed unless I make this certification under penalties of perjury.
- 9) I understand and agree to comply with my obligations related to the reporting of the wages of employees and contractors pursuant to M.G.L. c. 62E Sec. 2.
- 10) I understand and agree to comply with my obligations related to the withholding and remitting of child support payments pursuant to M.G.L. c. 119A.
- 11) I understand and agree to comply with my obligations to file an Incident Report with the Board when certain adverse events occur in my private office, pursuant to M.G.L. c. 112 sec. 5 and 243 CMR 3.00 et seq. and I understand that the Patient Care Assessment (PCA) programs at the health care facilities where I practice report certain Major Incidents to the Board.
- 12) I understand and agree to comply with my obligations to disclose ownership interest in any partnership, corporation, firm or other legal entity to which I have referred a patient for physical therapy services, pursuant to M.G.L. c. 112 sec. 12AA.
- 13) I am aware of my obligations and responsibilities under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), including the requirement that I obtain and provide to the Board a National Provider Identifier (NPI) number.
- 14) I understand and am in compliance with HIPAA and all other federal and state obligations placed upon me as a physician.
- 15) I understand that as an applicant for a license renewal to practice medicine a criminal record check may be conducted for conviction and pending criminal case information only from the Criminal History Systems Board and that it will not necessarily disqualify me.

☒ I have reviewed the above statements and certify that I understand my requirement to comply with the responsibilities and obligations of each and agree to do so.

☒ Under penalties of perjury, I declare that I have examined this renewal application and all of its accompanying instructions, forms and statements, and to the best of my knowledge and belief, I certify that the information contained herein is true, accurate, and complete.



Commonwealth of Massachusetts
Board of Registration in Medicine

560 Harrison Avenue, G-4
Boston, Massachusetts 02118
(617) 654-9800

Enforcement Division Fax: (617) 451-9588
Legal Division Fax: (617) 357-8453
Licensing Division Fax: (617) 426-9358

November 8, 2002

REDACTED COPY

Alain L. Campbell, MD
9 Boston Street - Suite 9
Lynn, Massachusetts 01904

Re:

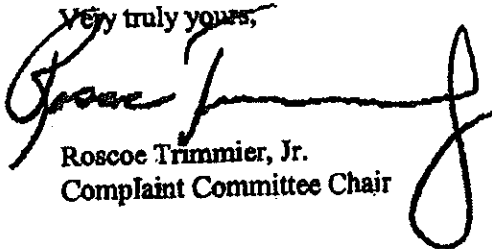
Docket No: 02-179

Dear Dr. Campbell:

The Complaint Committee of the Board met on November 6, 2002 and discussed the above-mentioned complaint.

The Committee also determined that no further action was warranted and the complaint was closed. If you have any questions, please call Patricia Garison of the Clinical Care Unit at (617) 654-9891, or write to her at the address above.

Very truly yours,



Roscoe Trimmier, Jr.
Complaint Committee Chair

RT/tcg



Commonwealth of Massachusetts
Board of Registration in Medicine

560 Harrison Avenue, G-4
Boston, Massachusetts 02118
(617) 654-9800

Enforcement Division Fax: (617) 451-9568
Legal Division Fax: (617) 357-8453
Licensing Division Fax: (617) 426-9358

November 8, 2002

Re: Alain Campbell, M.D.
Docket No: 02-179

Dear

The Complaint Committee of the Board of Registration in Medicine met on November 6, 2002 and carefully considered the information you furnished regarding your complaint. Your complaint, the physician's response, and the medical records were thoroughly reviewed.

The Committee has decided to close this docketed complaint. Additionally, the Committee wants you to know that these documents have been placed in this physician's permanent record.

The Committee members appreciate your efforts in bringing this matter to their attention. If you have any questions please feel free to contact me at (617) 654-9891.

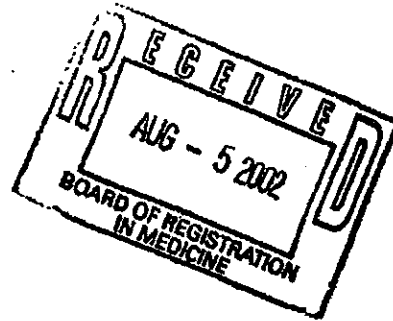
Very truly yours,

Patricia Curran Garison
Clinical Care Reviewer

Enclosure

July 18, 2002

Ms Luz A. Carrion
Paralegal, Clinical Care Unit
Board of Registration in Medicine
Boston, MA



Dear Ms Carrion:

The medical record of _____ is enclosed. You asked for ultrasound films, so I suppose you wonder why there is a discrepancy between my results and the ultra-sound performed elsewhere.

The following comments expressed in quotes come from Williams Obstetrics, the classical textbook of Obstetrics (Williams Obstetrics, Norwalk, CT, Appleton & Lange)

- 1- Many Ob/Gyn and Hospitals use different tables for fetal measurements, hence different results: "As emphasized by Jeanty (1991), deciding which table(s) to use can be difficult".
- 2- The choice of the percentile will influence results: "For example, a biparietal diameter of 40mm could represent a fetus of 14 weeks (5th percentile) or 20 weeks (95th percentile) as compared with 17 weeks when the 50th percentile is used." Most clinicians (but not all) will use the 50th percentile.
- 3- I have had other cases in the office where my ultrasound gave the same results as an ultrasound performed elsewhere.
- 4- Even with the same table, there is a variation among readers: "Different fetal dimensions have different reliability and ease of measurement at different gestational ages."
- 5- The exam and ultrasound were made to assess the feasibility of an abortion, as expressed earlier, not to determine if there were twins, triplets, etc. . The diagnosis of twins is often missed, even with ultrasound: "Most contemporary reports on twin gestations where selective (based on indications) ultrasound examinations were performed indicate that about 80 percent of twins are diagnosed before labor using this approach (Andrews and colleagues, 1991; Kovacs and co-workers, 1989). Kemppainen and co-workers (1990) diagnosed three fourths of twins by 21 weeks in over 4600 Helsinki women receiving clinically indicated ultrasound examinations. ... The identification of pregnancy complicated by multiple fetuses is missed not so much because it is unusually difficult but because the examiner fails to keep the possibility in mind." So a fairly large number of twins are missed on clinical grounds.
- 6- The patient left a Lynn address, so I referred her to an Ob/Gyn in Lynn, Dr. _____, 225 Boston St. (my address is 9 Boston St.). The office was closed when I

called but I left a message for her to be seen the next week for continuity of care. I understand she now gives a New Hampshire address.

- 7- The subsection "diagnosis of multiple fetuses" in the chapter "Multiple pregnancy" starts in Williams with the following comments: "It is unfortunate that the diagnosis of twins has frequently not been made until late in pregnancy, often as late as the time of labor and delivery."
- 8- "Before the third trimester, it is difficult to diagnose twins by palpation of fetal parts. It is apparent in Figure 39-9 that even late in pregnancy it may not always be possible to identify twins by transabdominal palpation, especially if one twin overlies the other, ..."
- 9- "In the case of a woman that appears large for gestational age, the following possibilities are considered: (1) multiple fetuses, (2) elevation of the uterus by a distended bladder, (3) inaccurate menstrual history, (4)hydramnios, (5) hydatidiform mole, (6) uterine myomas or adenomyosis, (7) a closely attached adnexal mass, and (8) fetal macrosomia late in pregnancy." Again, my exam was to determine the safety of performing an abortion in the office, not to determine the many causes mentioned above. Dr. _____ would have investigated her the next week by a complete obstetrical exam of a regular OB patient and the ordering of a complete and thorough detailed ultrasound exam in the hospital.

I believe that I have illustrated my point. I know many surgeons who have removed a normal appendix on a pathology exam but they acted with good faith and do not have to justify themselves at various units of the Board of Registration in Medicine. As well, patients have to pay a fee for the medical service rendered.

I do have medical expenses to run my office and it is perfectly legal to charge patients for a medical visit and physical exam including ultrasound for evaluation of the feasibility of a safe abortion in the office. This is a standard fee in abortion clinics in this state. This case is a medical act like any medical act. There will be many months before we know how many weeks she approximately was at the time of the visit but still here, as we are dealing with clinical medicine, there will be a range of weeks. We are dealing with clinical medicine, not mathematics. The BPD (biparietal diameter) found by the other physician is not the gold standard of medicine and I am happy that he/she found the patient is having twins on a complete antenatal ultrasound evaluation for regular obstetrical care.

The report of the ultrasound (U/S) is enclosed in the medical notes, page 8 of the chart of the patient, as is done at Repro abortion clinics and Women care clinic, across Massachusetts. Fundal size was 25 cm, corresponding to a normal clinical pregnancy of 24-26 weeks. BPD was estimated at 53-54mm, corresponding to a gestation of 22 weeks. Femur could not be assessed accurately as the fetus was moving too much, so a questionable 44mm, which would be 24 weeks. Again, discrepancies were not analyzed as it was not a case for the office. As you will note, there is no place in the chart for placental location as the U/S is done simply to complement a clinical exam; if appropriate, I write placental location in the chart. Many physicians known to me do not even use ultrasound to perform abortions.

I hope the patient can understand those limitations in the practice of medicine.

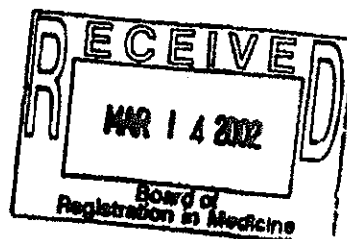
Thank you and sincerely yours,



Alain L. Campbell, MD, MSc, Diplomate ABOG (1986, recertified 1996)

References:

- 1- Andrews WW, Leveno KJ, Sherman ML et al: Elective hospitalization in the management of twin pregnancies. *Obstet Gynecol* 77:826, 1991
- 2- Kemppainen AS, Karjalainen O, Ylostalo P, et al: Ultrasound screening and perinatal mortality: Controlled trial of systemic one-stage screening in pregnancy. *Lancet* 336:387, 1990
- 3- Kovacs BW, Kirschbaum TH, Paul RH: Twin gestations, I. Antenatal care and complications. *Obstet Gynecol* 74:313, 1989
- 4- Jeanty P: fetal biometry. In Fleischer AC, Romero R, Manning FA, Jeanty PJ, James AE (eds): *The principles and Practice of Ultrasonography in Obstetrics and Gynecology*, 4th ed. Norwalk, CT, Appleton & Lange, 1991, p 93



COMPLAINT FORM

Please type or print clearly, and provide all of the information requested.

<input type="checkbox"/> Mrs.	Your First Name	Your Last Name	Patient Name (if different)
<input checked="" type="checkbox"/> Ms.			
<input type="checkbox"/> Mr.			
Street Address		Mailing Address (if different)	
City		State	Zip Code
Business/Daytime Phone		Home Phone	

Complaint against M.D. ☒ D.O. ☐ Acupuncturist ☐

(For complaints against Chiropractors, Dentists, Nurses, Optometrists, Podiatrists or Psychologists, please contact the Division of Registration at (617)727-7498, or 239 Causeway St., Boston, MA 02114.)

This complaint cannot be processed without the full name of the physician or acupuncturist. Please verify spelling.

Full Name (First & Last) of Physician or Acupuncturist (one name per form) Photocopies are acceptable.

Alain Campbell		
Address		
9 Boston St. Lynn, MA 01905		
City	State	Zip Code
781-592-5622		
Business Phone		
Alternative Medical Care of MA		
Name and Location of Health Care Facility (if known)		

Nature of Complaint

- | | |
|--|--|
| <input type="checkbox"/> Substandard Medical Care | <input type="checkbox"/> Drug Dealing |
| <input type="checkbox"/> Professional Misconduct | <input type="checkbox"/> Criminal Conviction |
| <input type="checkbox"/> Sexual Misconduct | <input type="checkbox"/> Patient Neglect/Abandonment |
| <input type="checkbox"/> Rude or Discourteous Behavior | <input type="checkbox"/> Unlawful Discrimination |
| <input type="checkbox"/> Impaired by Alcohol or Drugs | <input type="checkbox"/> Billing for Services Not Rendered |
| <input type="checkbox"/> Impaired by Mental or Emotional Illness | <input type="checkbox"/> Failure to Supervise Staff |
| <input type="checkbox"/> Failure to Provide Medical Records | <input type="checkbox"/> False Advertising |
| <input type="checkbox"/> Overcharge for Medical Records | <input type="checkbox"/> Fraud |
- ☒ OTHER incorrect diagnosis on an ultrasound

Failure to complete and sign this release may prevent investigation of your complaint.

Release of Medical Records and Information

Patient Name: _____ Date of Birth: _____

Address: _____

I HEREBY AUTHORIZE ANY AND ALL HEALTHCARE PROVIDERS OR INSTITUTIONS TO RELEASE ANY AND ALL OF MY MEDICAL RECORDS TO, AND TO DISCUSS MY MEDICAL CARE WITH, THE MASSACHUSETTS BOARD OF REGISTRATION IN MEDICINE.

Signature of Patient: _____ Date: 3/7/02
(Or Legal Representative)

I FURTHER AUTHORIZE MY MENTAL HEALTH PROVIDER(S) TO DISCUSS EVALUATIONS, DIAGNOSES OR TREATMENT AND/OR RELEASE ANY AND ALL OF MY MEDICAL RECORDS TO THE MASSACHUSETTS BOARD OF REGISTRATION IN MEDICINE. THIS AUTHORIZATION REPRESENTS A WAIVER OF THE PSYCHOTHERAPIST-PATIENT PRIVILEGE, AS DESCRIBED IN G.L. c. 233, § 20B.

Signature of Patient: _____ Date: 3/7/02
(Or Legal Representative)

Please list the names and addresses of all healthcare providers and institutions that provided treatment which may relate to this complaint.

If you are not the patient, what is your relationship to the patient?

☐ Spouse, ☐ Parent, ☐ Child, ☐ Other Relative _____, ☐ Friend, ☐ Attorney, ☐ Other _____

Has this physician provided treatment in the past? (Do not count the treatment in this complaint.)

☐ Yes, ☒ No

Is this physician the person you (or patient) usually see when you (or patient) are ill?

☐ Yes, ☒ No

How long have you (or patient) been under this physician's care?

☒ 1 to 30 days, ☐ 1 to 12 months, ☐ 1 to 2 years, ☐ 2 to 4 years, ☐ 4 to 8 years, ☐ 8 years or more

What form of payment was made? Check as many as apply.

☐ Commercial Insurance, ☐ Health Maintenance Organization, ☐ Medicaid, ☐ Medicare, ☐ Champus

☐ Workers' Compensation, ☐ Self, ☒ Other Jason Mylch (boyfriend)

Are you (or patient) expected to pay a portion of this bill out of pocket?

☒ Yes, ☐ No

Has the physician adjusted the bill in any way, for example, was the fee or copayment reduced or waived?

☐ Yes, ☒ No

Is the fee or copayment in dispute?

☒ Yes, ☐ No

Has the physician been contacted about this complaint?

☒ Yes, ☐ No

Dates of Treatment: Friday, February 15, 2002

I had gone to Dr. Campbell for an abortion. Before he even saw me, my boyfriend paid him \$325 for the service. When they took me in, Dr. Campbell did an ultrasound and determined that I was too far along in my pregnancy for this procedure. He claimed that I was 22 to 24 weeks pregnant. He wrote a check for \$175, charging him \$150 for the ultrasound which was never discussed. I followed up with an obstetricianist who determined by ultrasound that I was not that far along and that I am pregnant with twins. I am very upset that I paid \$150 for false information, so I confronted Dr. Campbell about the situation. He refused to reimburse the money and said that the ultrasound was to determine the stage of my pregnancy and not anything else. It is quite obvious that he did something incorrect to miss that there are two babies and not one. I got nothing but grief from all of this. I shouldn't have to pay for mistakes.

Attach copies of related documents to this form. ultra Sound 2/26
The information in this complaint is true, correct and complete to the best of my knowledge.

Your signature: _____

Date: 3/7/02

Mail this form to:

Consumer Protection Coordinator
Board of Registration in Medicine
Ten West Street, Third Floor
Boston MA 02111

If he ~~did~~ did his job the right way something could have been done.



Commonwealth of Massachusetts
Board of Registration in Medicine

560 Harrison Avenue, G-4
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(617) 654-9800

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Legal Division Fax: (617) 357-8453
Licensing Division Fax: (617) 428-9358

09/03/08 31
03-07582
31

REDACTED COPY

April 3, 2003

Alain Lester Campbell, M.D.
9 Boston Street, Suite 9
Lynn, MA 01904

Re:
Docket No: 03-075

Dear Dr. Campbell:

The Complaint Committee of the Board of Registration in Medicine met on April 2, 2003 and carefully considered the information both you and the complainant furnished in the above-referenced matter. They determined that no further action was warranted and the matter has been closed. Despite the decision to close the above complaint the Board reserves the right to reopen the complaint should you commit any violations of Board statutes or regulations in the future.

If you have any questions regarding this matter, I can be reached at the number or address listed above.

Very truly yours,

Kathleen M. Shea
Consumer Protection Manager

KMS\so



Commonwealth of Massachusetts
Board of Registration in Medicine

560 Harrison Avenue, G-4
Boston, Massachusetts 02118
(617) 654-9800

Enforcement Division Fax: (617) 451-9588
Legal Division Fax: (617) 357-8453
Licensing Division Fax: (617) 428-9358

April 3, 2003

Re: Alain Lester Campbell, M.D.
Docket No: 03-075

Dear

The Complaint Committee of the Board carefully considered the information you furnished regarding your complaint against the physician referenced above. A copy of the complaint was sent to the physician, who was required to respond in writing to the Board regarding the issues that were raised.

After a thorough review of this evidence, the Committee determined that the complaint and the physician's response should be placed in the permanent record of the physician. While the Committee declined to recommend the initiation of formal disciplinary action in this case, it is appreciative to you in bringing this matter to its attention.

Should you have any questions I can be reached at the number or address listed above.

Thank you again for your concern.

Very truly yours,

Kathleen M. Shea
Consumer Protection Manager

KMS:so

March 06, 2003

Ms Kathleen M. Shea
Consumer Protection Manager
Board of Registration in Medicine
Boston, MA

Dear Ms Shea

Re:
Docket Number 03-075

Thank you for your letter, dated February 13, 2003. There is a civil action filed against me by _____, on the same allegations, dated August 2002. Her attorney signed himself out of the case recently, due to irreconcilable differences between him and her, so the case is at a standstill for now, the Court having accepted his withdrawal. So I believe she then decided to file a complaint with you.

I do have problems to read her handwriting but the comments are the same. as in the civil action. I am surprised she stayed with me from 1991 to 1999 if she was not satisfied with my approach to her care.

I am sending you a copy of the denial by my attorney (1st defense), as the comments are similar. Please as well refer to the letter that I prepared for the reviewers, dated 10-20-2002.

1st complaint:

Delivery was performed with the usual standard of care, as well as ante-natal care. Gestational diabetes is not an indication for cesarean delivery, neither is a baby 7 pounds 8 ounces.

2nd complaint:

Uterine bleeding was benign and irregular, with no anemia. Problems were diagnosed and treated medically and surgically, with the usual standard of care.

3rd complaint:

I continued to offer medical and surgical treatment of her endometriosis, a chronic and persistent disease, where both medical and surgical treatment offer similar response rates. I refused to perform an elective hysterectomy in her case, as explained in the letter dated 10-20-2002. I told her other gynecologists could opt for an hysterectomy, but I would not perform it myself. Her bleeding could have been controlled by endometrial ablation. I have no notion of a significant fibroid in her case

In summary, she had standard medical care and was treated medically and surgically for her endometriosis and bleeding. She had a normal vaginal delivery for her beautiful daughter

09/03/08 S1
03-07582 38
8

I believe that if [redacted] sees my answers, it will give her an edge in court against me as the arguments-answers will be the same.

I am thus asking the Board to suppress her right in the actual circumstances to see my answers. She could see them after a Court decision is reached. She could in fact use this complaint as an excuse to have access to my defense pre-trial.

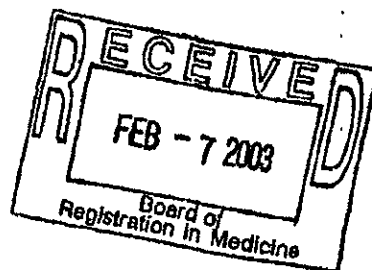
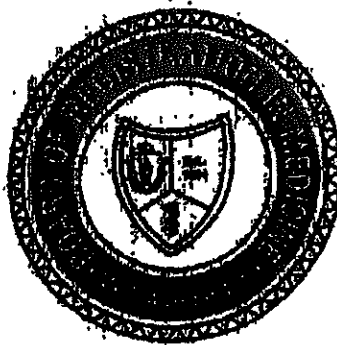
Thank you,

Sincerely yours,



Alain L. Campbell, MD, MSc, Diplomate ABOG (1986, recertified 1996)

cc: Esq Charles P Reidy III, Martin, Magnuson, McCarthy & Kenney
101 Merrimac St, Boston, MA 02114; 617-227-3240



02/03/08 81
04-07582 39
2

COMPLAINT FORM

Please type or print clearly, and provide all of the information requested.

<input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Mr.	Your First Name	Your Last Name	Patient Name (if different)
Street Address		Mailing Address (if different)	
City	State	Zip Code	
Business/Daytime Phone		Home Phone	

Complaint against M.D. ☒ D.O. ☐ Acupuncturist ☐
(For complaints against Chiropractors, Dentists, Nurses, Optometrists, Podiatrists or Psychologists, please contact the Division of Registration at (617)727-7406, or 239 Causeway St., Boston, MA 02114.)
This complaint cannot be processed without the full name of the physician or acupuncturist. Please verify spelling. Photocopies are acceptable.

Full Name (First & Last) of Physician or Acupuncturist (one name per form)		
<u>Dr. ALVIN CAMPBELL, GYN</u>		
Address		
City	State	Zip Code
Business Phone		
Name and Location of Health Care Facility (if known)		

Nature of Complaint

- ☒ Substandard Medical Care
- ☐ Professional Misconduct
- ☐ Sexual Misconduct
- ☐ Rude or Discourteous Behavior
- ☐ Impaired by Alcohol or Drugs
- ☐ Impaired by Mental or Emotional Illness
- ☐ Failure to Provide Medical Records
- ☐ Overcharge for Medical Records

- ☐ Drug Dealing
- ☐ Criminal Conviction
- ☒ Patient Neglect/Abandonment
- ☐ Unlawful Discrimination
- ☐ Billing for Services Not Rendered
- ☐ Failure to Supervise Staff
- ☐ False Advertising
- ☐ Fraud

OTHER

Dr. Campbell neglected my care especially in my tubal ligation and bleeding pain (hemorrhaging) 1997-1999. I was a result of his charging me & lost uterus & both ovaries. He put me into a situation.

09/03/08 51
09-07582 40
3

Failure to complete and sign this release may prevent investigation of your complaint.

Release of Medical Records and Information

Patient Name: _____ Date of Birth: _____

Address: _____

I HEREBY AUTHORIZE ANY AND ALL HEALTHCARE PROVIDERS OR INSTITUTIONS TO RELEASE ANY AND ALL OF MY MEDICAL RECORDS TO, AND TO DISCUSS MY MEDICAL CARE WITH, THE MASSACHUSETTS BOARD OF REGISTRATION IN MEDICINE.

Signature of Patient:
(Or Legal Representative)

Date: Feb. 5, 2003

I FURTHER AUTHORIZE MY MENTAL HEALTH PROVIDER(S) TO DISCUSS EVALUATIONS, DIAGNOSES OR TREATMENT AND/OR RELEASE ANY AND ALL OF MY MEDICAL RECORDS TO THE MASSACHUSETTS BOARD OF REGISTRATION IN MEDICINE. THIS AUTHORIZATION REPRESENTS A WAIVER OF THE PSYCHOTHERAPIST-PATIENT PRIVILEGE, AS DESCRIBED IN G.L. c. 233, § 20B.

Signature of Patient:
(Or Legal Representative)

Date: Feb. 5, 2003

Please list the names and addresses of all healthcare providers and institutions that provided treatment which may relate to this complaint.

Salem Hospital - ER Apt 1 visit to stop bleeding
" " - DVC & numerous laparoscopies.
Fibroids also removed.

If you are not the patient, what is your relationship to the patient?
☐ Spouse, ☐ Parent, ☐ Child, ☐ Other Relative, ☐ Friend, ☐ Attorney, ☐ Other

Has this physician provided treatment in the past? (Do not count the treatment in this complaint.)
☒ Yes, ☐ No

Is this physician the person you (or patient) usually see when you (or patient) are ill?
☒ Yes, ☐ No

How long have you (or patient) been under this physician's care?
☐ 1 to 30 days, ☐ 1 to 12 months, ☐ 1 to 2 years, ☐ 2 to 4 years, ☒ 4 to 8 years, ☐ 8 years or more

What form of payment was made? Check as many as apply.
☐ Commercial Insurance, ☒ Health Maintenance Organization, ☐ Medicaid, ☐ Medicare, ☐ Champus
☐ Workers' Compensation, ☐ Self, ☐ Other

Are you (or patient) expected to pay a portion of this bill out of pocket?
☒ Yes, ☐ No

Has the physician adjusted the bill in any way, for example, was the fee or copayment reduced or waived?
☒ Yes, ☐ No

Is the fee or copayment in dispute?
☐ Yes, ☒ No

Has the physician been contacted about this complaint?
☐ Yes, ☐ No

Dates of Treatment: 10-30-91 thru 9-1-99

Describe your complaint here or attach. If you need more space, continue on reverse or on another sheet of paper.

During my initial meeting of Dr. Campbell, it was when I became pregnant. Dr. Robert Johnson, my previous GYN was in process of retiring & Dr. Campbell was taking over his practice.

I feel Dr. Campbell was negligent from the beginning of my care (child birth) On 10-30-91 I was in labor for approx. 15 hrs. my child was 7lb 8oz and I also was gestational diabetes. I feel my pregnancy & diabetes was not monitored. On Sept 24, my daughter showed I was over considered for a C-Section due to I feel my doctor (gestational) size of my baby.

2nd Negligence - diagnosed incorrect hormones to stop my excessive vaginal bleeding/hemorrhaging. I was prescribed Premarin (w/ my uterus) & Cycrin, when a doctor (gynec) should have been prescribed.

3rd Dr. Campbell said I was negatively my situation in 9/99 I could no longer get my ^{periods} or stop to fit my uterus was smaller to the size of a (23 ^{month} pregnancy) I was not pregnant. I could not take 1 step without hemorrhaging. My P.C.M. physician then referred me to a Dr. Zolt Marostom who said on my 1st visit he didn't put me in the hospital trying to stop this bleeding & hemorrhaging.

Attach copies of related documents to this form.

The information in this complaint is true, correct and complete to the best of my knowledge.

Your signature: _____

Date: Feb. 5, 2003

Mail this form to:

Consumer Protection Manager
Board of Registration in Medicine
560 Harrison Avenue, G-4
Boston, MA 02118



MITT ROMNEY
GOVERNOR
KERRY HEALEY
LIEUTENANT GOVERNOR

Commonwealth of Massachusetts Board of Registration in Medicine

560 Harrison Avenue, G-4
Boston, Massachusetts 02118
(617) 654-9800

Enforcement Division Fax: (617) 451-9568
Legal Division Fax: (617) 357-8453
Licensing Division Fax: (617) 426-9358

MARTIN CRANE, MD
BOARD CHAIR

NANCY ACHIN AUDESSE
EXECUTIVE DIRECTOR

May 4, 2005

REDACTED COPY

Alain Lester Campbell, M.D.
9 Boston Street
Suite 9
Lynn, Massachusetts 01904-0000

Re:
Docket Number: 05-035

Dear Dr. Campbell:

The Complaint Committee of the Board of Registration in Medicine considered the above-referenced complaint at its meeting on May 4, 2005.

The Board reserves the right to reopen this complaint should you commit any violation of the Board statute, regulations or policies in the future.

Sincerely,


Roscoe Trimmier, Jr., Esquire
Complaint Committee Chair

RT/jab
Enclosure



Commonwealth of Massachusetts
Board of Registration in Medicine

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Boston, Massachusetts 02118
(617) 654-9800

Enforcement Division Fax: (617) 451-9568
Legal Division Fax: (617) 357-8453
Licensing Division Fax: (617) 426-9358

May 17, 2005

Re: Alain Lester Campbell, M.D.
Docket Number: 05-035

Dear

The Complaint Committee of the Board of Registration in Medicine met and carefully considered the information you furnished regarding Dr. Campbell. A copy of your complaint was sent to Dr. Campbell, who was required to respond in writing to the Board regarding the issues that you raised.

After a thorough review of the evidence, the Committee determined that your complaint and Dr. Campbell's response should be placed in his permanent record.

While the Committee declined to recommend the initiation of formal disciplinary action in this matter, it is appreciative of your actions in bringing this matter to its attention.

Should you have any questions I can be reached at the number or address above.

Very truly yours,

A handwritten signature in cursive script, appearing to read "Jennifer Brown".

Jennifer A. Brown
Consumer Protection Coordinator

JAB/bmh
Enclosure



MITT ROMNEY
GOVERNOR
KERRY HEALEY
LIEUTENANT GOVERNOR

Commonwealth of Massachusetts Board of Registration in Medicine

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MARTIN CRANE, MD
BOARD CHAIR
NANCY ACHIN AUDESSE
EXECUTIVE DIRECTOR

January 26, 2005

Alain Lester Campbell, M.D.
9 Boston Street
Suite 9
Lynn, MA 01904-0000

Re:

Docket Number: 05-035

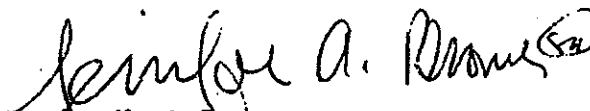
Dear Dr. Campbell:

The Board of Registration in Medicine has received a complaint regarding your conduct in the practice of medicine, a copy of which is enclosed. The Board is obligated by law to investigate such matters relating to the proper practice of medicine. In compliance with this mandate, the Board's Complaint Committee has directed the staff of the Board to gather information on all such complaints.

Please provide a written response to the issues raised in the enclosed material. Your response may be as brief or as lengthy as you choose. Under the law, the person filing the enclosed complaint may have access to your response.

Your response should be sent to me, at the address above, within thirty days of your receipt of this letter. After your response is received, the case may be assigned to an investigator employed by the Board, who may contact you if further information is needed. You will in any event be informed in writing as to the disposition of this complaint. Thank you for your attention to this request.

Very truly yours,


Jennifer A. Brown
Consumer Protection Coordinator

JAB/som



MITT ROMNEY
GOVERNOR
KERRY HEALEY
LIEUTENANT GOVERNOR

Commonwealth of Massachusetts Board of Registration in Medicine

560 Harrison Avenue, G-4
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MARTIN CRANE, MD
BOARD CHAIR
NANCY ACHIN AUDESSE
EXECUTIVE DIRECTOR

09/03/08 51 45
05/27/05 87

8

January 26, 2005

Re: Alain Lester Campbell, M.D.
Docket Number: 05-035

Dear

Your complaint regarding the physician named above has been received. The physician involved has been asked to respond in writing to your complaint. Any future correspondence regarding your complaint should include the name of the physician and the docket number as it appears in this letter.

If you wish to bring additional information bearing on your complaint to the attention of the Board, please furnish it in writing to me at the address above.

Very truly yours,

Jennifer A. Brown
Consumer Protection Coordinator

JAB/som



MITT ROMNEY
GOVERNOR
KERRY HEALEY
LIEUTENANT GOVERNOR

Commonwealth of Massachusetts Board of Registration in Medicine

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Boston, Massachusetts 02118
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MARTIN CRANE, MD
BOARD CHAIR
NANCY ACHIN AUDESSE
EXECUTIVE DIRECTOR

03/03/08 31 46
05/27/05 31
9

March 14, 2005

Re: Alain Lester Campbell, M.D.
Docket Number: 05-035

Dear

Enclosed please find a copy of Dr. Campbell's response. You will be notified when there is a disposition in this matter.

In the meantime if you have any questions, I can be reached at (617) 654-9800 ext. 4033

Very truly yours,

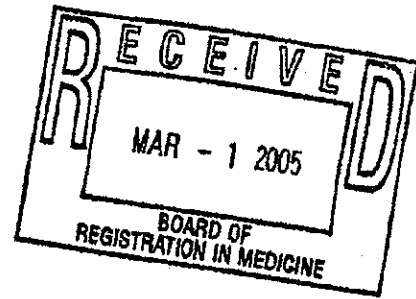
Jennifer A. Brown
Consumer Protection Manager

JAB/bmh
Enclosure



February 23, 2005

Ms Jennifer A. Brown
Consumer Protection Coordinator
Board of Registration in Medicine
Boston, MA



03/03/08 31 47
05/27/05 31 13

Dear Ms Brown: Re: , 05-035

Thank you for your letter dated 01-26-2005, post marked 01-27-05 and received 02-01-05 (office is closed on Monday, weekend in between).

As you indicated in your letter, my answer may be as brief or as lengthy as I choose.

The nature of the complaint involves 5 main items: substandard medical care, professional misconduct, rude or discourteous behavior, patient neglect/abandonment, unlawful discrimination. These complaints imply a patient- physician relationship.

I could terminate my letter here stating that a patient-physician relationship was never established. Thus the complaints are rejected. She came for an **elective termination of pregnancy** and I refused to do it. In fact, we did not even review her medical history.

Women can choose their physician, likewise, physicians can choose their patients for an elective procedure.

However, with respect for the Board of Medicine, who has to answer to all letters they receive, I will make some comments.

As quoted by Joanne Tetrault, MA, with Joan Roediger, JD, LLM in Physicians Practice, January 2005: Severing the ties, how to end a patient relationship legally (p.73):

"to establish a physician-patient relationship, both parties must voluntarily consent to it, and the physician must indicate an intention to treat the patient."

I refused to see as a patient for an elective termination of pregnancy.

All of her comments in this letter were negative. I perform 400 to 500 abortions a year. If all the experiences were negative, the Board would be inundated, monthly, with letters of complaints that I could not defend. I am a board certified obstetrician-gynecologist, I still practice general gynecology and my patients are happy.

I will make comments in the order of the facts that she is referring to. The secretary was absent that day. The nurse () and myself decided we would see the potential candidates ourselves. I was part of a group of three different people who arrived late and at the same time.

I am registered at City Hall in Lynn as Alain Campbell, MD, DBA Atlanticare Ob/Gyn and Alternative Medical Care. I function as an individual, not a clinic. This is my private office where I see established general gynecology patients, which are at times mixed with pregnancy termination appointments.

My waiting room was completely rebuilt around 1 ½ years ago, following water damage. It is modern and clean. I understand that it may not have the nice appearance of some of the buildings in Cambridge, where I lives. Many of my patients come from Lynn, Lawrence and Lowell. These are poor areas, but people have a right to be treated no matter where they live. People may have more of a tendency to let advertisement tags in magazines drop to the floor, without picking them up so we do clean more often, after office hours. There are, at times, children playing on the ground, as some of these customers have no money to pay for a baby sitter. I do not know if there were children the day she came. I enclose a digital picture of the waiting room.

A private medical office is not an airport: people do not have to show a picture identification. Verification of age is not necessary unless the woman appears young. In such a case, it will be done in room #1, privately by the nurse or the nurse-assistant, not in front of everybody. This is a standard medical practice. When people schedule an appointment, different forms of payment are discussed. Insurance data do not belong on the consent form. As elective pregnancy termination is a one time surgery, and usually people will not return, they will sign directly on the insurance form (HCFA-1500) that I explain myself just before the surgery, when I review the medical chart. A social security number is not mandatory on this form. As you can see, many of her comments come from her ignorance of the medical technicalities of the daily practice of medicine.

Her comments about being asked no questions about her name, background, age, health is irrelevant as that information was supplied by her in the chart, but we never got to that point as I refused to see her as a patient. We do not offer any counseling as we do not have the expertise to do so. We refer women in need of these services to Planned Parenthood in Boston. If, over the phone, we realize that a woman is unsure of her decision, or if we realize at the office that she is unsure because of her questions, we refer her to Boston.

told she had questions for the doctor, so she bypassed room #1 (where a first screening is usually done by the nurse or nurse-assistant) and she came directly into the procedure room.

The "makeshift recovery room", as [redacted] calls it, was actually decorated by a 3rd year student of Architecture. It is clean and simple. I admit it does not compare to some of the Cambridge clinics or surgicenters. Digital pictures are enclosed.

The "broken down chair" is actually a lounge that can be reclined into a bed-like position, so that patients are more comfortable. I have two of these. The blood pressure was being taken by a wrist digital BP cuff, which she probably never saw before.

The procedure room is clean. The ultra-sound machine is older but still very functional. Cleaning is done regularly and the usual garbage can is emptied many times a day. As per law, there are red containers labeled for disposal of needles, syringes, and spoiled biologic materials, which are picked up by Stericycle (as I am part of the Partners Health Care Group through hospital affiliations). There is no hair on the floor, but people walk in and out, and wear boots in the winter. We do clean the floor in between customers. The "dirt stains" as [redacted] calls them, are surgical scrub (Iodine), which stains the tiles permanently.

I am enclosing a copy of the chart and consent forms she completed. As you can see, this is one of the most exhaustive pregnancy termination documents used in the field. Compare them to the state form enclosed. They were developed by an attorney and more than three gynecologists. When women have questions, I always refer to the consent forms, because they are very comprehensive, and I answer any additional questions they may have. I answered [redacted] questions about infection, and told her about my estimates of risks, which are lower than those on the consent form. I told her the surgery was considered minor, and she should be fine the next day to go to work. She asked me about infertility risks. She asked if I could guarantee that she would become pregnant again, and I told her that no one could guarantee that she would. It is very unlikely that she would not become pregnant again, as we use new sterile equipment. Everybody receives antibiotics, but there is always a small group of infertile women, and it is a possibility that she could be part of them. My perception was that she insisted on the guarantee that she could be pregnant again. This is when I told her she should keep the pregnancy (I never use the word baby in such a context) if she wanted absolute warranties, which no one can give.

This is when [redacted] partner asked me if I had any history of malpractice suits (he did not ask me if my history was above normal, as suggested by [redacted] complaint letter- witness [redacted] present). I answered yes. I have a limited history of malpractice suits. I told him I did not wish to discuss malpractice suits, as they are already reported with the Board of Medicine, the insurance plans, and the 2 hospitals that I am affiliated with. I told her there were potential complications associated with pregnancy termination, and given her great concerns, I did not want her to be my patient. I let her know she should not have her surgery in a private office but rather in the hospital. Scientific data show no difference in outcome between abortions performed in the office and hospital settings. In the past two decades, most abortions were performed in office settings, not in hospitals or surgicenters. I told [redacted] to "please dress and leave the office, and call Mt Auburn Hospital", where we refer.

09/03/08 S1 50
05/27/05 S1

My "hands incrustated with white paste" are powder residue from the gloves I had just removed before seeing her (no infectious material handled), and from the repeated hand washing throughout the day. As is the case with all physicians, I obviously do take a bath daily and clean my nails. I wash my hands in between patients and clean the nails (medical students are taught early to do so). I do not wear gloves when I speak to a woman or review her medical chart (I ; letter suggest it was a mistake not to do so).

Her medical history, that I did not review with her, shows a history of active depression.

was upset that I refused to enter a physician-patient relationship with her, hence a negative letter to the Board of Medicine.

As said earlier, a woman can choose her physician. Likewise physicians can choose their patients for an elective pregnancy termination. As a physician, I cannot be forced to perform an abortion when the woman appears greatly concerned of potential complications or unsure of her decision to terminate a pregnancy. As well, patients with potential risks, physical or psychological, are not good candidates for office surgery.

Very truly yours,



Alain Campbell, MD, MSc, Diplomate ABOG



Commonwealth of Massachusetts
Board of Registration in Medicine
560 Harrison Avenue, Suite G-4
Boston, MA 02118

RECEIVED
2005 JAN 19 PM 2:11
BOARD OF REGISTRATION
IN MEDICINE

09/03/08 S1
51
06/27/05 ST

COMPLAINT FORM

Please type or print clearly, and provide all of the information requested.

☐ Mrs. Your First Name Your Last Name Patient Name (if different)
☒ Ms.
☐ Mr.

Street Address Mailing Address (if different)

City State Zip Code

Business/Daytime Phone Home Phone

Complaint against M.D. X D.O. _____ Acupuncturist _____
(For complaints against Chiropractors, Dentists, Nurses, Optometrists, Podiatrists or Psychologists, please contact the Division of Registration at (617)727-7406, or 239 Causeway St., Boston, MA 02114.)
This complaint cannot be processed without the full name of the physician or acupuncturist. Please verify spelling.
Full Name (First & Last) of Physician or Acupuncturist (one name per form) Photocopies are acceptable.

Alain L. Campbell M.D.

Address
9 Boston St. Suite 9

City State Zip Code
Lynn MA 01904

Business Phone 781 592 3000

Name and Location of Health Care Facility (if known)

d/b/a Atlanticare OBGYN and/or Alternative Medical Care

Nature of Complaint

- | | |
|---|---|
| <input checked="" type="checkbox"/> Substandard Medical Care | <input type="checkbox"/> Drug Dealing |
| <input checked="" type="checkbox"/> Professional Misconduct | <input type="checkbox"/> Criminal Conviction |
| <input type="checkbox"/> Sexual Misconduct | <input checked="" type="checkbox"/> Patient Neglect/Abandonment |
| <input checked="" type="checkbox"/> Rude or Discourteous Behavior | <input checked="" type="checkbox"/> Unlawful Discrimination |
| <input type="checkbox"/> Impaired by Alcohol or Drugs | <input type="checkbox"/> Billing for Services Not Rendered |
| <input type="checkbox"/> Impaired by Mental or Emotional Illness | <input type="checkbox"/> Failure to Supervise Staff |
| <input type="checkbox"/> Failure to Provide Medical Records | <input type="checkbox"/> False Advertising |
| <input type="checkbox"/> Overcharge for Medical Records | <input type="checkbox"/> Fraud |

☐ OTHER Dirty clinic. Failure to demand identification.
Failure to answer questions (see attached statement)

Failure to complete and sign this release may prevent investigation of your complaint.

Release of Medical Records and Information

Patient Name: _____ Date of Birth: _____

Address: _____

I HEREBY AUTHORIZE ANY AND ALL HEALTHCARE PROVIDERS OR INSTITUTIONS TO RELEASE ANY AND ALL OF MY MEDICAL RECORDS TO, AND TO DISCUSS MY MEDICAL CARE WITH, THE MASSACHUSETTS BOARD OF REGISTRATION IN MEDICINE.

Signature of Patient:
(Or Legal Representative)

Date: 1/15/2005

I FURTHER AUTHORIZE MY MENTAL HEALTH PROVIDER(S) TO DISCUSS EVALUATIONS, DIAGNOSES OR TREATMENT AND/OR RELEASE ANY AND ALL OF MY MEDICAL RECORDS TO THE MASSACHUSETTS BOARD OF REGISTRATION IN MEDICINE. THIS AUTHORIZATION REPRESENTS A WAIVER OF THE PSYCHOTHERAPIST-PATIENT PRIVILEGE, AS DESCRIBED IN G.L. c. 233, § 20B.

Signature of Patient: _____ Date: _____
(Or Legal Representative)

Please list the names and addresses of all healthcare providers and institutions that provided treatment which may relate to this complaint.

Alain L. Campbell, M.D.
9 Boston St. Suite 9
Lynn, MA 01904

If you are not the patient, what is your relationship to the patient?

☐ Spouse, ☐ Parent, ☐ Child, ☐ Other Relative, ☐ Friend, ☐ Attorney, ☐ Other

Has this physician provided treatment in the past? (Do not count the treatment in this complaint.)

☐ Yes, ☒ No

Is this physician the person you (or patient) usually see when you (or patient) are ill?

☐ Yes, ☒ No

How long have you (or patient) been under this physician's care?

☒ 1 to 30 days, ☐ 1 to 12 months, ☐ 1 to 2 years, ☐ 2 to 4 years, ☐ 4 to 8 years, ☐ 8 years or more

What form of payment was made? Check as many as apply.

☐ Commercial Insurance, ☐ Health Maintenance Organization, ☐ Medicaid, ☐ Medicare, ☐ Campus
☐ Workers' Compensation, ☐ Self, ☐ Other

Are you (or patient) expected to pay a portion of this bill out of pocket?

☐ Yes, ☐ No

Has the physician adjusted the bill in any way, for example, was the fee or copayment reduced or waived?

☐ Yes, ☐ No

Is the fee or copayment in dispute?

☐ Yes, ☐ No

Has the physician been contacted about this complaint?

☐ Yes, ☒ No

Dates of Treatment: January 4th 2005

09/03/08 91
010-7408-52

09/03/08 51
53
09/03/08 51
53

Describe your complaint here or attach. If you need more space, continue on reverse or on another sheet of paper.

please see attached statement. thank you

Attach copies of related documents to this form.
The information in this complaint is true correct and complete to the best of my knowledge.

Your signature: _____

Date: 1/15/2004

Mail this form to:

Consumer Protection Coordinator
Board of Registration in Medicine
560 Harrison Ave Suite G-4
Boston MA 02118

I waited unto 4:50 when I was finally called in to a backroom. I was asked no questions about my name, my background, my age or my health. I was not given any counseling about the procedure.

As I walked into the OR I noticed the patient who had gone in before me slumped over a broken down easy chair in a makeshift hallway "recovery-room" monitoring her blood pressure. I was taken to the O.R. with my partner and told by nurse to get wrapped in a tissue gown. I said that I would like to ask the doctor a few questions before the operation for surgical abortion. She said, fine, he would be right in. As I waited I put on my gown and noticed that the O.R. was filthy -- there was dust on all the equipment, and the countertop. The floor had dirt stains on in the center of the room (around the table) and the outskirts were dirty with bits of dust, hairs and debris. Also it was very crowded and there was broken-seeming equipment lying around. The garbage can was overflowing.

Dr. Campbell came in and introduced himself. He said that he had called my insurance agent himself and that I was covered. He said, "Let's begin." I said I had a couple questions. First I asked about the risk of infection and/or complication and also about what recovery would be like. He said he did not need to answer my questions since all pertinent information was included in the consent forms I had already signed. I noticed while he was talking that his hands encrusted with white paste and his nails were dirty. He was not wearing gloves (though hopefully he would have put them on later). I persisted and said I really would like to know more about risks and also whether or not he had had a higher or lower than normal rate of complications from this procedure. Dr. Campbell would not answer my question beyond directing me to the papers to read. He said "this a risky operation and I won't say anymore about this. If you are so worried you should just have the baby." My partner then said, "Dr. Campbell, if you won't talk about risks, can I ask you if you've had greater than normal problem with malpractice."

Dr. Campbell looked very upset. He turned to me and said, "That's it. I won't speak about this any more and you will not be my patient. I won't take a risk on somebody like you. This is an elective abortion and so I choose not to perform it. Get your things, put on your pants and get out of this office immediately!" Dr. Campbell then stormed out of the O.R. I scrambled to get on my pants and left the clinic.