



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
*Olympia, Washington 98504*

RE: Douglas Attig  
Docket No.: 00-03-A-1118MD  
Document: Final Order

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

The following information has been withheld: **NONE**

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

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

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



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION

**ORIGINAL**

In the Matter of the License to Practice )	
As a Physician and Surgeon of: )	<b>Docket No. 00-03-A-1118MD</b>
)	
DOUGLAS L. ATTIG, MD, )	<b>STIPULATED FINDINGS OF FACT,</b>
License No. MD00015578 )	<b>CONCLUSIONS OF LAW AND</b>
)	<b>AGREED ORDER.</b>
Respondent. )	
_____ )	

The Medical Quality Assurance Commission (Commission), by and through Gerald D. Kelly, Supervising Staff Attorney, Department of Health, and Douglas L. Attig, MD, Respondent, (program case Nos. 99-10-0046MD and 99-07-0066MD), individually and by and through his counsel of record, Sean P. Wickens, stipulate and agree to the following. Any patients referred to in this document are identified in a Confidential Schedule, attached to the Statement of Charges, issued in this matter.

**Section 1: PROCEDURAL STIPULATIONS**

1.1 Douglas L. Attig, MD, Respondent, was issued a license to practice medicine and surgery by the state of Washington, on November 10, 1976.

1.2 On April 17, 2000, the Commission issued a Statement of Charges against Respondent.

1.3 The Statement of Charges alleges that Respondent violated RCW 18.130.180(1), (4) and (24).

1.4 Respondent understands that the State is prepared to proceed to a hearing on the allegations in the Statement of Charges.

1.5 Respondent understands that he has the right to defend himself against the allegations in the Statement of Charges, by presenting evidence at a hearing.

1.6 Respondent understands that, should the State prove at a hearing the allegations in the Statement of Charges, the Commission has the power and authority to impose sanctions, pursuant to RCW 18.130.160.

**REDACTED**

1.7 Respondent and the Commission agree to expedite the resolution of this matter by means of this Stipulated Findings of Fact, Conclusions of Law and Agreed Order (Agreed Order).

1.8 Respondent waives the opportunity for a hearing on the Statement of Charges, contingent upon, signature and acceptance of this Agreed Order by the Commission.

1.9 This Agreed Order is not binding unless and until it is signed and accepted by the Commission.

1.10 Should this Agreed Order be signed and accepted, it will be subject to the reporting requirements of RCW 18.130.110, and any applicable interstate/national reporting requirements.

1.11 Should this Agreed Order be rejected, Respondent waives any objection to the participation at hearing of all or some of the Commission members who heard the Agreed Order presentation.

## **Section 2: STIPULATED FACTS**

The State and Respondent stipulate to the following facts, and Respondent acknowledges that the evidence is sufficient to support the following facts:

The patients referred to by number are identified in the Confidential Schedule attached as Exhibit A to the Statement of Charges in this matter, dated April 17, 2000 and by reference incorporated herein.

2.1 Respondent does not contest that the following evidence in these stipulated facts would be presented at hearing.

2.2 Respondent initially saw Patient One, a 37 year-old female patient, on September 23, 1999, with a complaint of bleeding from the nipple area of the left breast. After this visit Patient One was referred to a surgeon for consultation and additional testing.

2.3 On a second visit to Respondent, on October 7, 1999, Respondent performed a physical examination, including a pelvic examination on Patient One. Respondent experienced some difficulty attempting to secure a pap smear due to the smallness of the patient's vagina. Respondent commented to the patient that they needed to "*somehow stretch you out*", and further commented that "*a pop bottle works*" or "*a douche bottle or vibrator also work*".

2.4 Respondent became Patient Two's primary care physician on or about August 3, 1996, when the 28-year old female presented to Respondent with a complaint of intermittent headaches and depression.

2.5 Patient Two, who had struggled with drug addiction for many years, began abusing narcotics in 1997 in an attempt to control the chronic pain associated with her migraine headaches and endometriosis, eventually taking narcotic "samples" from her place of employment as well as calling in false prescriptions for narcotics for her own use. Patient Two, at the urging of Dr. Attig, subsequently became involved with Crossroads Treatment Center (Crossroads), a professional addiction treatment and monitoring facility. Crossroads does not utilize primary care physicians to provide them with urine analysis (UA) reports for their clients.

2.6 In early 1998 Respondent became determined to directly monitor Patient Two's attempt to remain free of drugs. Patient Two's involvement with Crossroads was undermined by Respondent's attempt to directly monitor Patient Two's drug treatment. Respondent required Patient Two to give UA samples at his office under observation of Respondent or his medical staff. Initially Respondent required Patient Two to give UA samples at his office one to two times per week which was later decreased to one time per month. Throughout 1998, there were numerous "positive" UA reports indicating Patient Two's continued substance abuse, but there was little or no reference to them in Respondent's progress (chart) notes.

2.7 Respondent informed Patient Two, a licensed audiologist, that he would help her not to lose her professional license due to her substance abuse. There had been charges issued against Patient Two with an Agreed Order entered into with the Board of Hearing and Speech. Respondent further advised Patient Two that he would keep any "dirty" UA reports in a separate place. Respondent's progress notes regarding the patient's positive UA reports were either incomplete, missing or made no reference to the fact that Patient Two was continuing to abuse controlled substances.

2.8 Respondent repeatedly hugged and kissed Patient Two with frequent declarations that he "loved" her. Patient Two states that on numerous occasions, usually related to the taking or positive nature of urine analysis samples, Respondent insisted on spanking the bare bottom of Patient Two and on one occasion ordered Patient Two to pull her pants down and bend over an examination table. Many of Respondent's actions over an

extended period of time, were inappropriate and outside appropriate physician/patient boundaries. Respondent's behavior and actions related to Patient Two were inappropriate and not medically justified.

2.9 Respondent exchanged a copious amount of inappropriate and suggestive electronic mail (e-mail) with Patient Two exhibiting significant indiscretion and creating an unhealthy and unprofessional relationship between Respondent and Patient Two.

2.10 Respondent frequently expressed deep concern regarding Patient Two's addiction treatment progress and yet Respondent's progress notes, as well as his e-mails to Patient Two, do not express any concerns when the patient was not actively participating in the Crossroads treatment program.

2.11 Respondent's preoccupation and repeated references to Patient Two completing the "4<sup>th</sup> step" was inappropriate as Patient Two was not in, and had never been in, a traditional 12 step Alcoholics Anonymous program.

2.12 Respondent exhibited unprofessional conduct and erratic behavior with Patient Two, including insisting that Patient Two accompany him for bowling one afternoon and evening, and the repeated requests by Respondent that Patient Two bowl and/or meet with him on a regular basis.

### **Section 3: CONCLUSIONS OF LAW**

The State and Respondent agree to the entry of the following Conclusions of Law:

3.1 The Commission has jurisdiction over Respondent and over the subject matter of this proceeding.

3.2 The above facts, stipulated to in paragraphs 2.1 through 2.12 above, constitute unprofessional conduct, in violation of RCW 18.130.180(1), (4) and (24), which define unprofessional conduct as:

- (1) The commission of any act involving moral turpitude, dishonesty, or corruption relating to the practice of the person's profession, whether the act constitutes a crime or not....
- (4) Incompetence, negligence, or malpractice which results in injury to a patient or which creates an unreasonable risk that a patient may be harmed....
- (24) Abuse of a client or patient or sexual contact with a client or patient.

3.3 The above violations are grounds for the imposition of sanctions under RCW 18.130.160.

#### **Section 4: AGREED ORDER**

Based on the preceding Stipulated Findings of Fact and Conclusions of Law, Respondent agrees to entry of the following Order:

4.1 It is hereby ordered that Respondent's license to practice medicine and surgery in the state of Washington is suspended for a minimum period of five (5) years. Said suspension is stayed and Respondent is placed on probation providing that Respondent complies with the terms and conditions in the following paragraphs.

4.2 Respondent shall be assessed by, and shall enter into a contract with, the Washington Physician Health Program (WPHP) and shall continue to comply with all of the terms and conditions contained therein. WPHP will supply the Commission, or its designee, with regular quarterly reports regarding Respondent's compliance with their program. Respondent agrees to sign a waiver of confidentiality and release of information from WPHP to the Commission.

4.3 Respondent shall completely abstain from the use of alcoholic beverages and will not possess nor use controlled substances, analogues or prescription drugs unless Respondent's physician prescribes the same for legitimate therapeutic purposes.

4.4 Respondent shall begin treatment or therapy with a personal mental health professional, either a qualified psychologist or psychiatrist, approved by the Commission, or its' designee, for specialized treatment focusing on issues of Respondent's boundary problems, as well as anger management. Said therapy shall continue until recommended by the therapist that treatment or therapy is no longer needed, but in any event for a minimum period of one (1) year. Respondent shall supply the approved therapist, and any subsequently approved therapist(s), with a copy of the Statement of Charges and the Agreed Order. The therapist shall supply the Commission, or its' designee, with semi-annual reports indicating the progress being made by Respondent. The Respondent shall pay for all costs associated with such therapy.

4.5 Respondent shall be evaluated by an independent psychologist, psychiatrist or mental health professional, approved by the Commission or its' designee, six (6) months following the date of this Order, and shall be evaluated again when it is the decision of

Respondent's therapist that treatment or therapy is no longer needed. A written report shall be submitted by this individual to the Commission or its' designee. An evaluation shall also be required prior to any request by the Respondent for termination of the Commission's oversight under this Order. The Respondent shall pay for all costs associated with such independent evaluations.

4.6 During the term of this probation, Respondent shall inform, by giving a copy of this Order, all current and future chiefs' of staff, medical directors' and administrators' of each hospital, clinic and every other medical facility, including surgery centers, located in the state of Washington in which Respondent practices or has privileges, of all provisions in this Order.

4.7 Respondent shall not see any female patient without a chaperon, approved by the Commission or its' designee, being physically present with the patient, at all times, when the Respondent is examining, treating or consulting with such patient. The chaperon shall be an independently licensed health care professional under the jurisdiction of RCW 18.130. The chaperon shall indicate in each female patient's chart each time that said chaperon has been present in the room throughout the patient's visit.

4.8 CONTINUING MEDICAL EDUCATION (CME):

Pursuant to RCW 18.130.160(4), Respondent shall complete, during the first year of probation, the course entitled "Maintaining Proper Boundaries," that is presented by The Center for Professional Health at Vanderbilt University Medical Center located in Nashville, TN., or a comparable course, approved by the Commission or its' designee, of CME in the area of medical ethics and patient boundary issues. Said CME course hours shall be in addition to the CME course hours required for licensure.

4.9 Respondent shall ensure that all care delivered to patients, falls within acceptable standards of medical practice and he shall create and keep a medical record for all patients treated and/or seen.

4.10 COMPLIANCE:

- a. Respondent shall appear before the Commission six months from the date this Agreed Order is signed by the Commission, or as soon thereafter as the Commission's schedule permits, and present proof that he is complying with this Agreed Order. After the first appearance, Respondent shall

continue to make compliance appearances annually unless otherwise instructed in writing by the Commission or its' representative, until the Commission releases Respondent from the terms and conditions of this Agreed Order and the probation is lifted by the Commission.

b. In order to monitor compliance with the Agreed Order, Respondent agrees that a representative of the Commission may make announced visits to Respondent's practice to:

- (1) Inspect office and/or medical records;
- (2) Interview office staff,
- (3) Inspect accounting records and appointment records,
- (4) Review other aspects of Respondent's practice.

4.11 RESIDENCE:

- a. Respondent shall inform the Commission, and the Adjudicative Clerk Office, in writing, of any changes in his practice and residence address.
- b. In the event Respondent leaves the state of Washington to reside or to practice outside the state of Washington, Respondent must notify the Commission in writing of the dates of departure and return.
- c. The period of suspension/probation shall be tolled for any time period during which Respondent resides and/or practices outside the state of Washington.

4.12 The Commission may change the terms and conditions of probation and/or may impose additional terms or conditions, at any time, during the period of the probation as necessary to protect the public.

4.13 Respondent shall assume all costs of complying with all provisions of this Agreed Order.

4.14 The Commission's oversight and monitoring of Respondent, under this Agreed Order, shall continue until Respondent files a written petition for termination of the Commission's oversight and monitoring. If the Commission so requests, Respondent must appear personally before the Commission. Termination of the Commission's oversight and monitoring shall be by written order of the Commission. Respondent may petition the



Commission for a release, modification or change of some of the provisions of this Agreed Order, and/or the oversight of the Commission, no sooner than four (4) years from the effective date of this Agreed Order.

4.15 Pursuant to RCW 181.130.160(8), Respondent shall pay to the Commission, the cost of processing this matter, in the amount of Five Thousand Dollars (\$5,000.00), payable in full within thirty six (36) months of the effective date of this Agreed Order. These costs shall be payable to the State Treasury and sent to the following address:

**Accounting Department  
Department of Health  
PO Box 1099  
Olympia, WA 98507-1099**

4.16 This Agreed Order will be subject to the reporting requirements of RCW 18.130.110 and any applicable interstate/national reporting requirements.

4.17 Respondent understands that should he breach or fail to comply with any of the terms and conditions of this Agreed Order, the Commission may determine that he is out of compliance and subsequently issue a Statement of Charges, pursuant to RCW 18.130.180(9). In the alternative, the Commission may issue a Notice of Determination that addresses Respondent's failure to comply with one or more of the terms and conditions of the Agreed Order. The Commission would then make the Brief Adjudicative Procedure available to Respondent, pursuant to RCW 34.05.482 and WAC 246-11-420.

4.18 This Stipulation and Agreed Order is not binding on Respondent or the Commission unless accepted by the Commission.

4.19 This Stipulation and Agreed Order shall become effective ten (10) days from the date the Agreed Order is signed by the Commission Chair, or upon service of the Agreed Order on the Respondent, whichever date is sooner.

I, Douglas L. Attig, MD, Respondent, certify that I have read this Stipulated Findings of Fact, Conclusions of Law and Agreed Order in its entirety; that my counsel of record, if any, has fully explained the legal significance and consequence of it; that I fully understand and agree to all of it; and that it may be presented to the Commission without my appearance.

If the Commission accepts the Stipulated Findings of Fact, Conclusions of Law and Agreed Order, I understand that I will receive a signed copy.

Douglas L. Attig  
DOUGLAS L. ATTIG, MD

7/13/01  
Date

**Section 5: ORDER**

The Commission accepts and enters this Stipulated Findings of Fact, Conclusions of Law and Agreed Order.

DATED this 13<sup>th</sup> day of July, 2001.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION

By: Robert Newell  
Panel Chair

Presented By:

Gerald D. Kelly  
Gerald D. Kelly, WSBA# 5427  
Supervising Staff Attorney, Department of Health

JERRE O. STANSEI # 8996 Attorney for Dr. Attig

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**REDACTED**