



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

RE: Douglas Attig  
Docket No.: 00-03-A-1118MD  
Document: Statement of Charges

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

The following information has been withheld:

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

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

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

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



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION

In the Matter of the License to Practice )  
as a Physician and Surgeon of )  
 ) **Docket No. 00-03-A-1118MD**  
DOUGLAS L. ATTIG, MD )  
License No. 15578 ) **STATEMENT OF CHARGES**  
Respondent. )  
\_\_\_\_\_ )

The Program Manager of the Medical Quality Assurance Commission (Commission), on designation by the Commission, makes the allegations below which are supported by evidence contained in program case files No. 99-07-0066MD and 99-10-0046MD. Any patients referred to in this Statement of Charges are identified in an attached Confidential Schedule.

**Section 1: ALLEGED FACTS**

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 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.

1.3 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*".

1.4 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.

1.5 Sometime during 1997 Patient Two became addicted to narcotics 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 prescriptions for her own use. Patient Two 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.

1.6 In early 1998 Respondent was informed of the substance abuse problem of Patient Two and became determined to directly monitor Patient Two's attempt to remain free of drugs. Patient Two's involvement with Crossroads was repeatedly undermined by Respondent's meddling. Respondent required Patient Two to give UA samples at his office under his personal observation. Initially Respondent required Patient Two to give UA samples to him 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.

1.7 Respondent informed Patient Two, a licensed audiologist, that he would insure that she would not 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 assured 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.

1.8 Respondent repeatedly hugged and kissed Patient Two with frequent declarations of "how much he loved her". 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, including the hugging, kissing and spanking of Patient Two, were inappropriate and sexually oriented. Respondent's behavior and actions related to Patient Two were sexualized, voyeuristic, inappropriate and not medically justified.

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

1.10 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.

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

1.12 Respondent continued to exhibit repeated unprofessional conduct and long term erratic behavior with Patient Two, including insisting that Patient Two accompany him for an extended period of bowling one afternoon and evening, and the repeated demands by Respondent that Patient Two bowl and/or meet with him on a regular basis.

## **Section 2: ALLEGED VIOLATIONS**

2.1 The violations alleged in paragraphs 1.2 through 1.3 above constitute grounds for disciplinary action pursuant to RCW 18.130.180(4) and (24). The violations alleged in paragraphs 1.4 through 1.12 above constitute grounds for disciplinary action pursuant to 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.

2.2 The violations alleged in paragraphs 1.2 through 1.12 above constitute grounds for the imposition of sanctions under RCW 18.130.160.

**Section 3: NOTICE TO RESPONDENT**

The charges in this document affect the public health, safety and welfare. The Program Manager of the Commission directs that a notice be issued and served on Respondent as provided by law, giving Respondent the opportunity to defend against these charges. If Respondent fails to defend against these charges, Respondent shall be subject to discipline pursuant to 18.130.180 RCW, and the imposition of sanctions under RCW 18.130.160.

DATED this 17th day of April, 2000.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION

By: Maryella E. Jansen  
Maryella E. Jansen  
Program Manager

Presented by:

Kim O'Neal  
, WSBA# 12939  
Assistant Attorney General

FOR INTERNAL USE ONLY. INTERNAL TRACKING NUMBERS:

Program Nos. 99-10-0046MD 99-07-0066MD