LOUISIANA STATE BOARD OF MEDICAL EXAMINERS

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In The Matter Of :

THOMAS A. HANSBROUGH, M.D. : FINAL DECISION

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By notice of March 17, 1982, the Louisiana State Board of Medical Examiners ("Board") charged Thomas A. Hansbrough, M.D. ("Dr. Hansbrough") with "[p]rescribing, dispensing, or administering habit-forming or other legally controlled substances in other than a legal or legitimate manner" and "[p]rofessional or medical incompetency," in violation of the Louisiana Medical Practice Act, LSA-R.S. 37:1285(6), (12). A formal administrative hearing was convened before the Board on April 15, 1982, and concluded on April 16, 1982, to adjudicate the alleged and specified violations. The entire Board was present. Dr. Hansbrough was present and was represented by legal counsel, Charles W. Nelson, Jr., Esq.

Upon consideration of the evidence presented, both

testimonial and documentary, and the arguments and representations of legal counsel, pursuant to LSA-R.S. 49:958 and LSA-R.S. 37:1285, the Board renders the following findings of fact, conclusions of law and decision.

Findings of Fact

1

Dr. Hansbrough is a physician duly licensed by the Board to practice medicine in the state of Louisiana. By virtue of state licensure and Federal registration, he is authorized, as a practitioner, to prescribe, dispense, or administer controlled substances. At all times material to the conduct and activities which this administrative proceeding concerns, Dr. Hansbrough was so licensed and authorized and engaged in the practice of medicine in New Orleans, Louisiana.

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From February 1980 to July 1981, while serving a residency in otolaryngology and head and neck surgery at the Louisiana State University School of Medicine (New Orleans), Dr. Hansbrough sought to supplement his resi-

dency income with work one night each week at an office adjacent to the Super City Pharmacy on St. Bernard Avenue in New Orleans.* Generally, Dr. Hansbrough worked at the pharmacy clinic on Friday evenings from 5:30 to 8:30 p.m.

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In addition to Dr. Hansbrough, several other L.S.U. residents and several physicians in private practice worked at the clinic on different days. Each physician worked alone, however, and there was little if any formal communication among the several physicians who staffed the clinic.

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The clinic was poorly equipped. Physically, the clinic comprised two physician's offices, a bathroom, and a patients' waiting area Both offices had examining tables and what was described as "a laboratory with hot and cold running water." Equipment consisted solely of weight and height scales, a centrifuge for finger

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*Once a month Dr. Hansbrough also did emergency room work at the Marksville General Hospital, Marksville, Louisiana.

stick hematocrits, a small refrigerator for storage of injectable medication and a filing cabinet for maintenance of patient records.

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There was no common record system for patients; each physician, rather, maintained his own patient records independently of the others. Dr. Hansbrough's records were maintained on 3" by 5" index cards. According to Dr. Hansbrough, with respect to each patient he consistently noted the patients' names, birth dates, allergies, pertinent medical history and physical findings and recorded blood pressure, weight and height. Examples of such records admitted into evidence, however, suggest that the records were generally more cryptic, including only the patient's name (without address or telephone number), date of birth and indications as to allergies, the date of and reason for the visit and a notation of medication prescribed. Medical history information was virtually non-existent in such records and blood pressure, weight and height were sporadically and inconsistently recorded.

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The practice at the pharmacy clinic was described

by Dr. Hansbrough as "a general medical practice," involving "various types of complaints, anything from colds to sore throats to stab wounds." The number of patients seen by the physician each week ranged from four to 12, and during a year's time, Dr. Hansbrough saw 563 different patients.* Based upon the physician's review of his own records, the principal areas of the practice were ear, eye, nose and throat problems (14.7%), physical examinations (14.2%), obesity (12.8%) and hypertension (11.5%).** These categories accounted for 300 of the patients treated by Dr. Hansbrough from July 1980 to July 1981.

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A survey of seven New Orleans area pharmacies, including the Super City Pharmacy at which the clinic was located, by the Office of Narcotics and Dangerous Drugs, Department of Health and Human Resources, identified

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*Dr. Hansbrough testified that his records for the first five months at the clinic (February to July 1980) were lost when the clinic offices were painted.

**Other areas listed were muskuloskeletal problems (8.5%), urological problems (7.1%), abdominal problems (6.0%), anxiety (6.0%), skin problems (4.8%), headaches (4.3%), gynecological problems (3.7%), chest problems (3.2%), surgical (1.6%) and miscellaneous (1.4%).

some 94 prescriptions for selected controlled substances written and issued by Dr. Hansbrough from June 6, 1980 to April 24, 1981. Over two-thirds of such prescriptions were for controlled substances of the amphetamine or sympathamimetic amine class, including seven prescriptions for Desoxyn (methamphetamine hydrochloride), 10 prescriptions for Fastin (phentermine hydrochloride) and 49 prescriptions for Ionamin (phentermine resin).* With a limited additional use as to Desoxyn, drugs of this class are known and used as anorexiants or anorectics (appetite suppressants) and are indicated exclusively for treatment of exogenous obesity as a short-term (a few weeks) adjunct in a regimen of weight reduction based on caloric restriction, exercise and behavior modification.

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Sympathomimetic amines such as Ionamin and Fastin and amphetamines such as Desoxyn have a limited usefulness in the treatment of obesity which must be measured

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*There were also 21 prescriptions for Percodan (oxycodone hydrochloride), two for Percocet (oxycodone hydrochloride), two for Dilaudid (hydromorphone hydrochloride), and one each for Seconal (secobarbital sodium), Tylox (oxycodone/acetaminophen) and Donnagel.

against their well-known risks and contraindications. It is common knowledge among the medical profession and the more general population that such substances, as central nervous system stimulants, are subject to extensive abuse; prolonged or excessive administration may induce psychological and/or physiological dependence. Anorectics, moreover, are contraindicated in the presence of a variety of conditions, including arteriosclerosis, symptomatic cardiovascular disease, hypertension, hyperthyroidism, glaucoma, hypersensitivity or idosyncrasy to the sympathomimetic amines and patients with a history of drug abuse. And even where appropriate for administration, tachyphylaxis or tolerance to the anorectic effect of such substances usually develops within a few weeks.

9

Given the limited and indeed questionable efficacy of such medications, their potential for untoward cardiovascular and central nervous system stimulation, their contraindications and their dependence and abuse potential, a physician exercising sound medical judgment in the good faith administration of treatment for obesity should and must necessarily exercise extreme caution

in prescribing anorectics. Alternative forms of therapy should be proven unsuccessful before anorectics are prescribed. A comprehensive medical history, physical examination and appropriate tests should be obtained to exclude possible contraindications. And when used, the lowest feasible amount and dosage should be prescribed. Thereafter, the patient's progress should be strictly supervised at short intervals to monitor weight loss progression, to detect the development of tolerance and to identify adverse reactions. If no significant weight loss occurs during a four to six week trial, anorectic therapy should be discontinued. Even with demonstrated, continued weight loss, anorectics should be prescribed for a maximum term of 12 weeks.

10

Dr. Hansbrough prescribed anorectics for obesity. Describing his approach to obesity, the physician testified that

> obesity was determined according to the patient's height and weight. And the patients I treated for obesity, most of the ones that were seen, had specifically requested some treatment for their overweight or they considered themselves overweight. The patients were seen, they were weighed, they were measured, a history was taken from

> them, blood pressure and general health was examined. They were counseled about weight loss. Some of the patients would request something to help them "cut their appetite." Any patient who was hypertensive was put on a diet, was given no agitant medicines for weight loss. Patients who were found to be in reasonably good health, who had no hypertension and no history of pregnancy, were treated with 1,000 to 1,200 caloried diet. They were given printed information for those diets; they were given instructions to increase their exercise activities, or encouraged to take up some physical activities that they might enjoy. They were told to buy weight scales so they could measure the quantities of food on these diets. If I felt it was indicated, I would give them a prescription for an anorectic medication to be taken daily after breakfast. * * * Some of these patients would use their diet for a while and if they weren't losing weight on the diet we would prescribe the medicine. In other cases where the patients were excessively obese, I would give them the medication at the time I would give them a diet.

Contrary to his representations, however, Dr. Hansbrough's records indicate that anorectic medications were consistently prescribed to obesity patients on their first visit to the office, without a trial of dietary restriction alone. Ionamin was prescribed most frequently, Fastin if the patient reported adverse reactions to Ionamin, and Desoxyn if the patient indicated a tolerance to Ionamin and Fastin or desired a quick and substantial weight

loss. Dr. Hansbrough testified that such patients were initially given prescriptions for a one month supply of the medication (usually 30 tablets or capsules) and asked to return in one month. According to Dr. Hansbrough, such prescriptions were sequentially reissued if the patient showed weight loss in the interim or if the absence of weight loss was attributable to the patient's failure to take the medication properly.

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Dr. Hansbrough's basis for prescribing anorectics, thus, was generally deficient in several respects. Obesity patients were regularly given anorectic prescriptions on their first visit solely on their personal representations of prior weight loss difficulties. The minimal medical histories taken and physical examinations and tests done (and seldom recorded) was not adequate to identify contraindications for anorectic usage. The thirty-day intervals at which the patients were seen clearly falls short of the type of strict supervision necessary with use of such medications. And some patients were given repeated prescriptions without demonstrated weight loss, at excessive frequency over excessive periods of time. These problems are exemplified by a

few patient cases.

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In the case of H.B., no record was made of the patient's initial visit on September 22, 1980, when she was given a prescription for 60 Ionamin (15 mg.). On October 21, 1980, she received a second prescription for 30 Ionamin (30 mg.), although the record indicates a blood pressure of 140/90. Dr. Hansbrough then recorded H.B.'s date of birth, height, weight and blood pressure. There is no record of any other history, examination or tests.

13

Another patient, G.S., saw Dr. Hansbrough for the first time on September 22, 1980. The record for that date indicates the patient's date of birth, "NKA" (no known allergies), weight (212 lbs.) and a prescription for 30 Ionamin (30 mg.). No medical history, physical examination, test results or blood pressure are recorded. Height is not indicated. G.S. returned on October 17, 1980, weighing 205 pounds, and was given a prescription for 30 Ionamin (30 mg.). On November 11, 1980, G.S. returned, having gained four pounds since the last

visit, but was given an additional prescription for 30 Ionamin (30 mg.). Another prescription for 30 Ionamin was issued to G.S. on January 9, 1981, but the physician's record contains no notation of the visit.

14

W.S. saw Dr. Hansbrough in July and August of 1980 for treatment of a sebaceous cyst. On the first visit, July 29, 1980, and again on September 2, 1980, when W.S. sought weight loss, the physician recorded high blood pressure. Nonetheless, W.S. was given a prescription for 30 Ionamin (30 mg.). W.S. returned on October 7, 1980, weighing 194 pounds (having lost but one pound since the previous visit) and having a blood pressure of 142/78, and the prescription was repeated. The prescription for Ionamin was again repeated on November 11, 1980, when W.S. weighed 192 pounds, on December 6, 1980, when W.S. weighed 189 pounds and on January 20, 1981, when she weighed 189 pounds. Thus, despite high blood pressure and absent significant weight loss, W.S. was given Ionamin prescriptions sufficient for a 21 week continuous supply of the medication.

15

Hearing records in other administrative proceedings

recently pending before the Board indicate that some of Dr. Hansbrough's patients were receiving prescriptions from other physicians as well as from Dr. Hansbrough. By way of example, in addition to the Ionamin prescriptions issued to H.B. by Dr. Hansbrough, noted above, H.B. had obtained Ionamin prescriptions from another physician at the pharmacy clinic in August, 1980, November 1980, December 1980, February 1981 and March 1981, a total of seven months. Similarly, another patient, M.R., to whom Dr. Hansbrough gave prescriptions for Desoxyn on September 23 and October 17, 1980 and Ionamin prescriptions on December 30, 1980 and January 30, 1981, received Desoxyn prescriptions from another clinic physician on August 11, 1980 (30), August 22, 1980 (30), September 10, 1980 (30), October 6, 1980 (30) and November 1, 1980 (30). Thus, between August 11, 1980 and January 30, 1981, M.R. received prescriptions for 210 Desoxyn tablets and 60 Ionamin, a supply sufficient for nine months in the space of five months. The Board does not view such cases in and of themselves as conclusive evidence of wrongdoing on Dr. Hansbrough's part. They do illustrate rather clearly, however, that the procedures employed by Dr. Hansbrough at the pharmacy clinic

were far from adequate to detect and safeguard against tolerance and abuse of anorectics by his patients.

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In defense of his administration of anorectics for extended periods, Dr. Hansbrough relies in part on a 1976 article by an English physician who expresses the opinion that such drugs "can safely be continued as long as weight loss persists, provided that the clinician exercises careful supervision." D. Craddock, Anorectic Drugs: Use in General Practice, 11 Drugs 378 (1976). The Board cannot accept this opinion. It stands against the great weight of medical authority indicating a maximum term of 12 weeks for safe usage, as explicitly stated in the authoritative AMA Drug Evaluations, Ch. 56, "Agents Used in Obesity," at 936. In any event, as noted before, Dr. Hansbrough did not require persistent weight loss for continued administration of anorectics. And, perhaps most tellingly, the authority cited by Dr. Hansbrough is at pains to emphasize that

> [a]norectic drugs should be strictly supervised by the clinician himself. * * * He should . . . see the patient himself at intervals of one or two weeks and the supply of drugs should be for the exact number of days before the next appointment. As a general rule anorectic drugs should only be supplied

> at subsequent consultations if weight has been lost since the previous attendance.

Craddock, supra, at 391. Dr. Hansbrough did not undertake the strict supervision suggested by the physician on whose opinion he relies.

17

Dr. Hansbrough also sought to support his prescription-writing practices through the testimony of Ladonna M. L. Guillot, M.D., a physician who has practiced medicine for three years since completing an internship in general medicine. For little over two years her practice has been limited to bariatric medicine, though she has had no formal or special training in the field. Dr. Guillot expressed the general opinion that, having reviewed Dr. Hansbrough's records, she believed his prescription of anorectics was consistent with the exercise of sound medical judgment. At the same time, however, the procedures Dr. Guillot described as necessary and appropriate to her own practice were squarely at odds with procedures typically employed by Dr. Hansbrough. Dr. Guillot, thus, testified that with each of her obesity patients she undertakes a physical examination, an EKG if they haven't had one recently, a thyroid profile

and a battery of blood tests including complete blood chemostat 20 to evaluate blood sugar, calcium, protein, cholesterol and triglycerides--primarily to rule out possible contraindications to anorectic therapy. In addition, each patient is introduced to weight loss through an orientation program and is required to return to the physician on a weekly basis and to participate in weekly behavior modification classes. As to the use of anorectics, Dr. Guillot acknowledged that she does not prescribe such substances for all patients and, Ionamin in particular she prescribes only to patients who are "retensive as well as . . . obese." Just five per cent of Dr. Guillot's patients receive Ionamin prescriptions on their first visit. When it is prescribed, the initial and subsequent prescriptions are for a one week supply, starting with the smallest possible dosage (15 mg.) and increasing it only as necessary.

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The foregoing findings of fact compel the Board to find, as a matter of medical fact, that in his practice at the pharmacy clinic, Dr. Hansbrough regularly prescribed anorectic substances without adequate or legitimate medical justification.

Conclusions of Law

Based on the foregoing findings of fact, the Board concludes, as a matter of law, that:

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Ionamin (phentermine resin), Fastin (phentermine hydrochloride) and Desoxyn (methamphetamine hydrochloride) are controlled substances under both Louisiana and Federal law.*

2

State and Federal law, recognizing the substantial hazards inherent in controlled substances, uniformly condition their use by physicians on strict adherence to statutes and regulations governing records, security, and the form of and cause for prescriptions. Federal regulations, for example, provide that

> [a] prescription for a controlled substance to be effective must be issued for a legitimate medical purpose by

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*Ionamin and Fastin are Schedule II controlled dangerous substances under Louisiana law, LSA-R.S. 40:964, and Schedule IV substances under Federal law, 21 C.F.R. § 1308.14. Desoxyn is identified as a Schedule II controlled substance under both state and Federal law. LSA-R.S. 40:964; 21 C.F.R. § 1308.12.

> an individual practitioner acting in the usual scope of his professional practice . . . . An order purporting to be a prescription issued not in the usual course of professional treatment . . . is not a prescription within the meaning and intent of section 390 of the Act (21 U.S.C. 829) and the . . . person issuing it shall be subject to the penalties provided for violations of the provisions of law relating to controlled substances.

21 C.F.R. § 1306.04(a). A virtually identical policy is embraced by Louisiana law.*

Thus, the law severely circumscribes a physician's privilege to make controlled substances available by explicitly requiring that a prescription may be issued (1) only within the usual scope of a physician's professional practice, (2) only for a legitimate medical purpose, and (3) only when the physician is acting in good faith in the administration of a bona fide treatment for a physical, mental or bodily ailment. Together, these requirements make it clear that controlled substances licensure and registration do not license a physician to disregard the demonstrated abuse and depen-

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*LSA-R.S. 40:961(30) defines "prescription" as a written request for a drug or therapeutic aid issued by a licensed physician . . . for a legitimate medical purpose, for the purpose of correcting a physical, mental, or bodily ailment, and acting in good faith in the usual course of his professional practice.

dency-inducing potential of dangerous drugs. When a physician does so, he can no longer claim that the treatment is bona fide or that his prescription is issued in good faith with medical justification.

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In issuing prescriptions for anorectic controlled subtances without adequate or legitimate medical justification, Dr. Hansbrough was prescribing legally controlled substances in other than a legal or legitimate manner. Accordingly, just cause exists for action against his license, as provided by LSA-R.S. 37:1285(6).

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The evidence adduced at hearing of this matter was insufficient to support the conclusion, as a matter of law, that Dr. Hansbrough's practice at the pharmacy clinic was indicative of professional or medical incompetency.

Decision

Considering the foregoing,

IT IS ORDERED that the license of Thomas A. Hansbrough, M.D. to practice medicine in the state of Louisiana, as evidenced by Certificate No. 14162, be, and

the same is hereby, suspended for a period of one (1) year.

IT IS FURTHER ORDERED that the foregoing order of suspension be, and the same is hereby, suspended; provided, however, that Dr. Hansbrough accept and strictly comply with the following probationary terms and conditions:

> Dr. Hansbrough shall, for a period of one (1) year, provide, without compensation or remuneration of any kind, medical services to the community in which he resides and practices, providing one full day of such services bimonthly. The nature and location of such community medical services shall be subject to approval by the Board, and Dr. Hansbrough shall provide the Board with satisfactory evidence of completion of such services.

IT IS FURTHER ORDERED that any violation of the probationary terms and conditions set forth herein shall be deemed just cause for the suspension or revocation of the medical licensure of Thomas A. Hansbrough, M.D. or for such other disciplinary action as the Board deems appropriate, as if such violation were enumerated among the causes provided in LSA-R.S. 37:1285.

New Orleans, Louisiana, this 31 day of May, 1982.

LOUISIANA STATE BOARD OF
MEDICAL EXAMINERS

By: Charles B. Odom, M.D.
Charles B. Odom, M.D.
President

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