

LOUISIANA STATE BOARD OF MEDICAL EXAMINERS



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In The Matter Of :

No. 89-A-024

HERMAN E. WALKER, JR., M.D.
(Certificate No. 09763), :

Respondent. :

DECISION

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An administrative hearing was convened before the Louisiana State Board of Medical Examiners (Board) on July 21, 1989, to adjudicate alleged violations of the Louisiana Medical Practice Act¹ by Herman Walker, M.D., Respondent herein.² A quorum of the Board was present.³ Respondent was present and was represented by legal counsel.⁴

Upon consideration of the evidence admitted, pursuant to La. Rev. Stat. § 49:958, the Board renders the following findings of fact, conclusions of law and decision.

Findings of Fact

1. Respondent, Herman Walker, M.D., is a physician duly licensed by the Board to practice medicine in the state of Louisiana. For the past 23 years he has been a general practitioner in Houma, Louisiana.

¹LA. REV. STAT. ANN. §§ 37:1261-1292 (West 1988 & Supp. 1989).

²By Administrative Complaint filed January 19, 1989, Respondent was charged with "[p]rescribing, dispensing, or administering legally controlled substances or any dependency-inducing medication without legitimate medical justification therefor or in other than a legal or legitimate manner," "[p]rofessional or medical incompetency," "[c]ontinuing or recurring medical practice which fails to satisfy the prevailing and usually accepted standards of medical practice in this state." LA. REV. STAT. ANN. § 37:1285(A)(6), (12) & (14) (West 1988).

³The hearing panel comprised Drs. Muslow, Bordelon, Laborde, Hackett and LaNasa. Drs. Kaplan and Nunnally took no part in the hearing, consideration or decision of this case.

⁴Keith M. Whipple, Esq., Vanessa Guidry Whipple, Esq., Houma, Louisiana.

2. The evidence presented in this case relates to Dr. Walker's treatment and prescription of controlled substances to some 53 patients, 52 of whom the physician purportedly treated for obesity, or weight control. In every one of such 52 cases, as appetite suppressants, Respondent prescribed one or more amphetamine or sympathomimetic amine controlled substances, including Biphetamine (amphetamine), Didrex (benzphetamine hydrochloride), Fastin (phentermine hydrochloride), Ionamin (phentermine resin), Melfiat (phendimetrazine tartrate), and Tenuate Dospan (diethylpropion hydrochloride).

3. Amphetamines (*e.g.*, Biphetamine) and sympathomimetic amines (*e.g.*, Didrex, Fastin, *etc.*) are central nervous system (CNS) stimulants which, when used as appetite suppressants, are known as "anorectics" (or anorexiant), being believed to stimulate the satiety center in the hypothalamus. Drugs of this class are uniformly indicated and approved for use as anorectics exclusively "in the management of exogenous obesity as a short-term (a few weeks) adjunct in a regimen of weight reduction based on caloric restriction."⁵ The recommended dosage for the drugs when used as anorectics is generally one unit per day.⁶

4. All of the available anorectic agents share the contraindications and potential adverse effects common to CNS stimulants. They are explicitly contraindicated for use in patients with advanced arteriosclerosis, symptomatic cardiovascular disease, moderate to severe hypertension, hyperthyroidism, known hypersensitivity or idiosyncrasy to such substances, and glaucoma, as well as for patients with a known history of drug abuse.⁷ All anorectic drugs have a substantial potential for inducing physiological or psychological dependence and are well known to be subject to extensive misuse and abuse, as recognized by their status as legally controlled substances. Within an average of six weeks and occasionally as early as two weeks after first administration, tolerance will regularly develop. When this occurs, increasing the prescribed dosage in an attempt to compensate for the loss of anorectic effect is both ineffective and dangerous.

5. The clinical efficacy of anorectics has been seriously questioned. The approved Food and Drug Administration indication for drugs of this class acknowledges that "[t]he magnitude of increased weight loss of anorectic-treated patients is only a fraction of a pound per week," and that the amount of weight loss associated with anorectics "appears to be related to variables other than the drugs prescribed, such as the physician-investigator, the population treated and the diet prescribed."⁸

6. Given their questionable efficacy, limited usefulness and high potential for abuse, it has long been the consensus of medical authority that such drugs should be used with extreme caution, weighing their limited usefulness against the substantial risks inherent in

⁵See PHYSICIAN'S DESK REFERENCE at 1605-06 (Biphetamine), 2124-25 (Didrex), 690 (Fastin), 1608 (Ionamin), 1673 (Melfiat), & 1126 (Tenuate Dospan) (42d ed. 1988) (hereinafter cited as PDR); DRUG FACTS AND COMPARISONS 233 (amphetamines), 236 (anorexiant) (1989) [hereinafter referenced as FACTS AND COMPARISONS]. Biphetamine may also be indicated for the treatment of behavioral syndrome in children, PDR 1605, a condition not relevant in the present case.

⁶See PDR, *supra*, note 5. The lower strengths of Didrex (25 mg.) and Tenuate Dospan (25 mg.) are alternatively indicated for a maximum of three units per day.

⁷See., *e.g.*, PDR 1605 (Biphetamine), 2124 (Didrex); Facts and Comparisons 233, 236.

⁸See., *e.g.*, PDR 1605 (Biphetamine), 2124 (Didrex).

their use, and administered only to obesity patients who have proven refractory to other forms of therapy, and then at the lowest effect dosage for relatively short period.⁹

7. Based on these medical facts and on the uniform testimony of innumerable experts appearing before the Board—consistently with the evidence in the present case—the Board has previously found in many former cases treating promiscuous prescription of anorectics by physicians that certain principles must necessarily guide a physician in his use of anorectics for weight control. Indeed, such facts have been so consistently reiterated in our cases that the Board concluded that it was appropriate to and did several years ago promulgate a formal statement concerning the prescription of anorectics which was distributed to all physicians licensed to practice medicine in Louisiana.¹⁰ Thus, among the principles which the Board has repeatedly found to be definitively established is that, for the reasons noted, prior to prescribing anorectics a physician should obtain a thorough prior history and undertake a complete physical examination and appropriate diagnostic testing to determine that the patient is a proper candidate for weight reduction treatment, that the patient's obesity is not primarily metabolic, the patient's weight loss/gain history, whether the patient has a history of or any tendency toward abuse of drugs, and the presence of contraindicative conditions, such as arteriosclerosis, hypertension and symptomatic cardiovascular disease.¹¹ The Board specifically found that in no case could the prescription of anorectics for a period in excess of 12 consecutive weeks, or the prescription or re-prescription of anorectics in the absence of demonstrated consistent weight loss in the interim, be medically justified.¹²

⁹See FACTS AND COMPARISONS 233b, 238a. An authoritative text on drugs has previously warned that because their long-term benefit is clearly insignificant, and because of the development of tolerance, and because of the dangers of drug abuse, "alternative management programs, preferably nondrug, are strongly recommended and the use of amphetamines is strongly discouraged." Am Med. Ass'n, AMA DRUG EVALUATIONS 285 (5th ed. 1983). Biphphetamine, thus, is distributed with an explicit warning:

ADMINISTRATION OF [AMPHETAMINE] FOR PROLONGED PERIODS OF TIME IN OBESITY MAY LEAD TO DRUG DEPENDENCE AND MUST BE AVOIDED. PARTICULAR ATTENTION SHOULD BE PAID TO THE POSSIBILITY OF SUBJECT OBTAINING [AMPHETAMINE] FOR NON-THERAPEUTIC USE OR DISTRIBUTION TO OTHERS, AND THE DRUG SHOULD BE PRESCRIBED OR DISPENSED SPARINGLY.

PDR 1605.

¹⁰Statement by the Louisiana State Board of Medical Examiners Concerning the Prescription of Anorectics (Amphetamines and Sympathomimetic Amines) (Feb. 1, 1984) [hereinafter Statement on Anorectics]. Since its original distribution in 1984, the Statement has been provided to all physicians at the time of original licensing and a digest of the Statement was published in the Board's June 1987 *Newsletter*, mailed to all physicians licensed by the Board. Notwithstanding these mailings, Dr. Walker denies having seen the Board's Statement, or otherwise having been aware of the Board's policy, until shortly prior to hearing herein. Our findings and conclusions here, however, do not depend on whether or not Respondent did in fact have prior notice of the Statement, and we make no finding in that regard. The substance of the Statement is accepted medical fact of which any competent physician who undertakes to prescribe anorectic medications is, or should be, aware. Thus, as a physician who testified on Dr. Walker's behalf observed with respect to overprescribing anorectics, without recalling whether he himself had seen the Board's Statement, all physicians have been "cautioned about it. I've been cautioned about amphetamines, all of us have, that you don't use them over a prolonged period of time, excessive long period of time." Transcript of Hearing 97-98 (Jul. 21, 1989).

¹¹Statement on Anorectics 6.

¹²*Id.* 7-8.

8. The evidence in this case is entirely consistent with and supportive of the medical principles reflected in the Statement, and we so find as a matter of medical fact in connection with this case and on the record herein.

9. For each of the 52 "weight control" patients encompassed by the evidentiary record in this proceeding, Dr. Walker prescribed anorectic substances in sufficient amount and for sufficient duration for the patient to have been maintained on such substances in excess of 12 consecutive weeks. Based solely on evidence of prescriptions filled by pharmacies surveyed for the period from September 1987 through September 1988, none of the 52 patients received fewer than six prescriptions for anorectics, ranging from 15 to over 60 tablets per prescription, and over half received 10 or more prescriptions. The physician's own office records for such patients indicate that the actual periods of anorectic maintenance were in fact even longer for 21 of such patients, having been initiated prior to or continued beyond the time encompassed by the pharmacy records.¹³

10. In the case of one patient, JF, from September 9, 1987 to September 14, 1988, Dr. Walker issued no fewer than 21 prescriptions for anorectics—Melfiat (1), Biphedamine (1), Didrex (19)—representing 978 tablets, enough for the patient to have been maintained on more than two tablets of the drugs each and every day for over a year, or approximately 53 weeks.

11. Some 20 prescriptions for Didrex, totalling 768 tablets, were specifically documented as having been issued by Respondent to patient G.P. from September 9, 1987 to August 10, 1988, while the physician's records reflect that anorectic medications had actually been initiated as early as October 1986 and prescribed continuously thereafter for over two years. Patient GJ also received some 20 prescriptions from Respondent—Melfiat (5), Didrex (15)—during the 11 months from October 16, 1987 to August 11, 1988. Another patient, I.M., received 19 prescriptions for a total of 738 units of Melfiat between September 28, 1987 and August 31, 1988. Another patient (DS) received at least 18 anorectic prescriptions from Dr. Walker during a 10 month period, another four patients (TD, BG, TM and NV) received at least 16 prescriptions apiece, five (PA, JB, MB, MD and AR) received 15 prescriptions, three (CF, YG and CO) received 14, three (HA, MM and NT) received 13, and another 10 (BC, TC, SD, AG, CK, ML, TL, SL, DP, and MStM) were given between 10 and 12 prescriptions.

12. Even beyond the prolonged use of anorectics demonstrated by the pharmacy records, from Respondent's records, as noted, it appears that some nine of his patients were maintained on an essentially continuous regimen of anorectics for periods ranging from 15-18 months (patients MB, SD, CF, LG, BT, NT, and NV) to over two years (GP, CP). Patient GP, for example, was maintained on anorectic therapy by Dr. Walker from October 1, 1986 to November 16, 1988, though the physician's records reflect that the patient had experienced a slight weight gain some six months after beginning such therapy and realized a weight loss of only four pounds over a 12 month period. Similarly, Respon-

¹³Such was the case with patients PA, EA, JB, PB, MB, BC, MC, SD, TD, CF, LG, CK, ML, TM, VN, GP, CP, NS, BT, NT and NV. The specific identities of individual patients are immaterial to our findings or conclusions and thus are identified herein exclusively by their initials to permit reference to the evidentiary record.

dent prescribed anorectics continuously to CP from January 1987 through October 1988, though the patient had lost but two pounds after seven months of such treatment and ultimately lost only nine pounds.

13. As was true with CP, Dr. Walker regularly maintained patients on prolonged, continuous regimens of anorectics in the absence of documented consistent weight loss. In many of the cases evidenced, to the extent the physician recorded weights, Respondent persisted with prescriptions for the stimulants in the face of negligible or no weight loss,¹⁴ erratic weight changes, and even increases in weight. Exemplary is the case of PA, form whom Dr. Walker prescribed a relatively continuous diet of anorectics for over a year. During the eight month period beginning at the end of January 1988, during which some 510 Didrex and 15 Biphedamine were prescribed, the patient's weight was recorded as follows:

| <i>Date</i> | <i>Weight (lbs.)</i> | <i>Date</i> | <i>Weight (lbs.)</i> |
|--------------|---------------------------------|--------------|---------------------------------|
| 1/30/88..... | 120 | 6/1/88..... | 135 ¹ / ₂ |
| 2/12/88..... | 123 | 6/15/88..... | 132 ¹ / ₂ |
| 2/26/88..... | 128 ¹ / ₂ | 6/29/88..... | 131 ¹ / ₄ |
| 3/11/88..... | 130 | 7/15/88..... | 130 |
| 3/25/88..... | 130 | 8/2/88..... | 135 |
| 4/9/88..... | 127 ¹ / ₂ | 9/29/88..... | 131 ¹ / ₂ |
| 5/21/88..... | 134 ¹ / ₂ | | |

Similarly, TC, who was on an essentially steady regimen of anorectics for at least eight months, weighed 159³/₄ lbs. on the patient's initial visit, 160 lbs. on the last visit, and had peaked in the interim at 168 lbs. IM gained over five pounds from February to November 1988, but in the interim had continued to receive anorectic prescriptions from Dr. Walker almost every two weeks. Continued prescription of anorectics in the face of actual gains in weight appear evident in the cases of MMcC, Bills, and BT.

14. The evidence is also clear that in a number of instances Dr. Walker initiated or continued the prescription of anorectic medications for patients evidencing hypertension, in which case anorectic stimulants are specifically contraindicated and dangerous. On April 30, 1987, for instance, Respondent recorded a diagnosis of hypertension for patient MB with a blood pressure of 130/90, but nonetheless prescribed anorectics. The patient's blood pressure was 150/98 on the next visit two weeks later, and anorectics were again prescribed. In another two weeks, MB's blood pressure was recorded as 170/100, and again MB was continued on anorectic medications, prescriptions which continued for another 15 months, through September 21, 1988.

15. According to his own records, Dr. Walker was treating patient AG for hypertension with two medications—a beta blocker and a diuretic. Yet, in the face of this contraindication, he prescribed anorectics (Melfiat, Didrex, Biphedamine) for AG from February 22 to November 10, 1988. TL, similarly, was being treated by Respondent with two medications for hypertension, even as the patient was prescribed anorectics from

¹⁴No weight loss, or losses that must necessarily be considered insignificant, were demonstrated, notwithstanding continuing anorectic prescriptions, in quite a few cases, including but not limited to CC, SD, MD, JF, CF, AG, LG, TM, CO, GP, CP (also CW in the physician's records), MStM, BruceS, NS, BT, NT, BV and NV.

March 8, 1988 to November 15, 1988. Any patient, such as AG and TL, who warrants beta blockers cannot be considered to have only mild hypertension. The prescription of anorectics to such patients was extremely hazardous; both Dr. Walker and the patients were fortunate that some serious cardiac catastrophes did not occur.

16. Patients DC, MC and NT also evidenced hypertension conditions. Yet Respondent initiated and maintained DC on various anorectics for over 10 months, MC for approximately 11 months, and NT for nearly 18 months.

17. Notably, TM, a 14-year-old female patient, was stated by Dr. Walker to have hypertension, hypercholesteremia, and hypertriglyceridemia. The physician prescribed various anorectic drugs for her from June 24, 1987 to April 16, 1988, despite the explicit contraindications and despite the fact that, from October 12, 1987 to April 28, 1988, she experienced no weight change other than to gain two pounds.

18. Among the 53 cases embraced by the record before us, the sole patient for whom Dr. Walker did not prescribe anorectic substances for a prolonged period was EH. The medication regimen actually prescribed by Respondent for this patient was nevertheless equally extraordinary and provocative. Various pharmacy records, thus, document that between September 4, 1987 and September 9, 1988, Dr. Walker saw EH consistently one a week and on every such occasion save one, issued four prescriptions for controlled substances to the patient, including Tylenol No. 4 (codeine phosphate/acetaminophen), Limbitrol (chlordiazepoxide/amitriptyline hydrochloride) and two benzodiazepines, Halcion (triazolam) and Xanax (alprazolam).¹⁵ During such period EH received a total of 54 prescriptions for Halcion totalling 378 tablets, 55 prescriptions for Tylenol No. 4 (776 tablets), 54 prescriptions for Xanax (784 tablets), and 53 prescriptions for Limbitrol (1,113 tablets). The physician's own medical records indicate, however, that he had prescribed such controlled substances to EH continually since December 1985 and that they were continued until January 13, 1989, a period of approximately three years.

19. According to Respondent's medical records, EH had sustained a work-related back injury in July 1985. Before seeing Dr. Walker for the first time in December 1985, the patient had been evaluated by some 11 different physicians in New Orleans, including a November 1985 consultation by a neurosurgeon who felt that, although there was evidence on post-myelogram CT scan of a small disc, a large amount of EH's symptoms were functional. He strongly advised psychological evaluation and probable psychiatric treatment. A repeat neurosurgical consultation by another physician was obtained in June 1986. This neurosurgeon agreed with the first, concluding that the patient's lesion was not a severe one and that EH should recover without surgical treatment. In 1987 the patient had two independent psychiatric consultations. One psychiatrist believed that EH was depressed and required hospitalization to include reevaluation of the medications prescribed by Dr. Walker in a controlled environment. The other psychiatrist felt that EH was abusing

¹⁵Tylenol No. 4 (with codeine) is an analgesic indicated for mild to moderately severe pain. PDR 1248 (Tylenol). Limbitrol is an antianxiolytic, antidepressant agent indicated for the treatment of patients with moderate to severe depression associated with moderate to severe anxiety. PDR 1759 (Limbitrol). Halcion is a hypnotic agent, indicated for the short-term management of insomnia. PDR 2127 (Halcion). And Xanax is indicated in the management of anxiety disorders or for the short-term (less than four months) relief of the symptoms of anxiety. PDR 2150 (Xanax).

prescription drugs, including codeine (*i.e.*, Tylenol No. 4) and benzodiazepines (*i.e.*, Halcion, Xanax).

20. Dr. Walker did not heed such consultations, but prescribed an astounding quantity of controlled substances for over three years to a patient with a medical condition that, from all reports and expert evaluations, should not have been disabling. Dr. Walker's prescription of controlled substances to EH certainly exceeded any reasonable or legitimate medical justification.

21. We observe, finally, that the vast majority of Respondent's medical records on the patients listed in the administrative complaint contain no record of any medical history or physical examination for such patients, something which we necessarily consider critical to the prescription of controlled substances, particularly anorectics.¹⁶ In his testimony, Dr. Walker maintained that he did, in fact, complete a history and physical examination on the patients in question, though his records do not so reflect. Even if his assertion were accepted, however, a thorough history and physical examination serves not merely to validate initial diagnosis and therapy, but is necessary so that a patient's subsequent course and medical condition may be correlated with the patient's history and the established baseline physical examination findings. That cannot be done if the results of the history and physical are not recorded in the patient's record. Respondent's practices in this regard, however, they are viewed, must be deemed medically unacceptable.

22. In summary, the evidence in this case is overwhelmingly clear and convincing, and indeed beyond doubt but that Dr. Walker has regularly prescribed amphetamine and sympathomimetic amine anorectics for prolonged periods substantially in excess of any conceivable medication justification. He has continued the prescription of anorectics in the absence of documented consistent weight loss and, indeed, in the face of erratic weight changes and even gains in weight. He has prescribed anorectics in the face of conditions in the presence of which anorectics are explicitly contraindicated and dangerous. He has prescribed other controlled substances for extended periods without articulable medical justification and against authoritative medical advice to the contrary. And he has undertaken and maintained such drug therapies largely without recordation of patient medical histories and physical examination.

23. In short, from the record before us, we can only conclude that Dr. Walker, substituting prolonged medication regimes and polypharmacology for sound medical treatment, repeatedly and consistently prescribed legally controlled, dependency-inducing substances without legitimate medical justification therefor. We further find that such practices clearly and convincingly demonstrate medical incompetency on the physician's part and continuing and recurring medical practice which fails to satisfy the prevailing and usually accepted standards of medical practice in this state.

Conclusions of Law

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

¹⁶See note 11, *supra*, and accompanying text.

1. Biphetamine (amphetamine), Didrex benzphetamine hydrochloride), Fastin (phentermine hydrochloride), Halcion triazolam), Ionamin (phentermine resin), Limbitrol (chlordiazepoxide), Melfiat (phendimetrazine tartrate), Tenuate Dospan (diethylpropion hydrochloride), Tylenol No. 4 (codeine phosphate/acetaminophen), and Xanax (alprazolam) are legally controlled substances under Louisiana and Federal law. La. Rev. Stat. § 40:964; 21 C.F.R. §§ 1308.12-.15.

2. By virtue of his prescription of legally controlled substances to patients without legitimate medical justification therefor, lawful causes exists for the suspension or revocation of Respondent's license to practice medicine in the state of Louisiana, pursuant to La. Rev. Stat. § 37:1285 (A) (6).

3. As demonstrated by our findings in this case, the record before us is demonstrative equally of medical incompetency and continuing and recurring medical practice failing to satisfy the prevailing and usually accepted standards of medical practice in this state. Lawful cause therefore exists for the suspension or revocation of Respondent's license to practice medicine in the state of Louisiana, pursuant to La. Rev. Stat. § 37:1285(A)(12) & (14).

Decision

Considering the foregoing,

IT IS ORDERED that the license of Herman Walker, M.D., to practice medicine in the state of Louisiana, as evidenced by Certificate No. 09763, be, and the same is hereby **SUSPENDED** for a period of five (5) years, effective thirty (30) days from the date hereof.

IT IS FURTHER ORDERED that, following the conclusion of six (6) months of the suspension ordered hereinabove, the foregoing order of suspension shall be itself stayed and suspended and Dr. Walker's license shall be reinstated on probation during the remaining period of such suspension; *provided, however*, that Dr. Walker accept and strictly comply with the following probationary terms, conditions and restrictions:

1. *Restriction on Prescription, Dispensation and Administration of Schedule II Controlled Substances.* Dr. Walker shall not, during his lifetime, prescribe, dispense or administer any Schedule II controlled substance, as defined, enumerated or included in such schedule by La. Rev. Stat. § 40:964 or 21 C.F.R. §§ 1308.12, or any substance which may hereafter be included in such state or federal Schedule II by amendment or revision of the cited statute or regulations. Consistent with this mandate, Dr. Walker shall, within 30 days of the effective date of this decision, surrender to the issuing authorities any State license or Federal registration which he may possess to prescribe, dispense or administer Schedule II controlled substances. Notwithstanding the prohibition expressed hereby, Dr. Walker may order the administration of any Schedule II controlled substance to an inpatient of a hospital where he holds clinical privileges, employing the hospital's controlled substances registration, provided that such is done in accordance with any rules and regulations established by the hospital for such orders.

2. *Fine.* Dr. Walker shall, within five years from the date hereof, pay a fine in the amount of Five Thousand and No/100 Dollars (\$5,000.00) to the Louisiana State Board of Medical Examiners.

3. *Continuing Medical Education.* During each 12-month period during the term of probation ordered hereby (commencing with the 12-month period following the period of suspension), Dr. Walker shall obtain not less than 50 hours of Class A continuing medical education credits through attendance at and participation in continuing medical education (CME) programs accredited by and qualifying for the Physician's Recognition Award of the the American Medical Association, and he shall obtain such award within three years of the effective date hereof. On an annual basis, in conjunction with renewal of his license, Dr. Walker shall cause to be submitted to the Board written certification of the CME programs and credits completed by him during the preceding 12 months. Upon his completion of the same as required herein, Dr. Walker shall promptly cause to be submitted to the Board written certification evidencing his completion of all requirements for the Physician's Recognition Award.

4. *Personal Appearance Before the Board.* Dr. Walker shall personally appear before the Board at its regular meeting during September 1994 to permit the Board to consider his compliance with the terms of this Order. Dr. Walker shall, accordingly, contact the office of the Board prior to September 1, 1994 to determine the date and time that such personal appearance shall be scheduled.

IT IS FURTHER ORDERED that should Dr. Walker fail to comply with and satisfy the conditions of probation set forth above, the suspension ordered hereinabove shall thereby become executory and effective immediately.

IT IS FURTHER ORDERED that any violation of the probationary terms, conditions and restrictions set forth herein shall be deemed just cause for the suspension or revocation of the medical licensure of Herman E. Walker, Jr. M.D., or for such other disciplinary action as the Board deems appropriate, as if such violation were enumerated among the causes provided for by La. Rev. Stat. § 37:1285.

New Orleans, Louisiana, this 27 day of September, 1989.

**LOUISIANA STATE BOARD OF
MEDICAL EXAMINERS**

By: Ike Muslow M.D.
IKE MUSLOW, M.D.
President