LOUISIANA STATE BOARD OF MEDICAL EXAMINERS

OFFICE OF THE SECRETARY-TREASURER
J. MORGAN LYONS, M.D.
830 UNION STREET, SUITE 100
TELEPHONE: (504) 524-6763
NEW ORLEANS, LA 70112

* * * * * * * * * * * * * * * * *

IN THE MATTER OF

CHESTER A. WILLIAMS, M.D.

* * * * * * * * * * * * * * * * *

FINAL DECISION

A formal administrative hearing was convened before the Louisiana State Board of Medical Examiners ("Board") on January 27, 1983, to adjudicate alleged specified violations of the Louisiana Medical Practices Act by Chester A. Williams, M.D. ("Dr. Williams"), to-wit: "[p]rescribing, dispensing, or administering habit-forming or other legally controlled substances in other than a legal or legitimate manner," La. Rev. Stat., Title 37, Section 1285(6), and "[p]rofessional or medical incompetence," La. Rev. Stat., Title 37, Section 1285(12). A quorum of the Board was present, including J. Morgan Lyons, M.D., Richard M. Nunnally, M.D., F.P. Bordelon, Jr., M.D. Anthony J. Hackett, Jr., M.D., Ike Muslow, M.D., and Gerald R. LaNasa, M.D.[1] Dr. Williams was present and was represented by legal counsel, Dennis C. Weber, Esq.

---

[1] Charles B. Odom, M.D., President of the Board, did not participate in the hearing, consideration of evidence or decision in this proceeding.

Upon consideration of the evidence presented, pursuant to La. Rev. Stat., Title 49, Section 958, the Board renders the following Findings of Fact, Conclusions of Law, and Decision.

Findings of Fact

1

Dr. Williams 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. Williams was so licensed and authorized, and engaged in the practice of medicine in Ferriday, Louisiana.

2

According to his testimony, Dr. Williams conducted a general practice in Ferriday, Louisiana from 1976 through March of 1980. In the main, his patient population consisted of individuals residing in Concordia and Catahoula Parishes, in Louisiana, and in Natchez, Mississippi. The physician estimated that during the period of time in question he saw an average of 50 to 65 patients daily.

3

In 1979, an investigation was jointly conducted by the Office of the Attorney General, for the State of Louisiana and

the District Attorney, for the Parishes of Concordia and Catahoula, to survey the prescriptions for scheduled controlled substances written and issued by all physicians in the geographical locale of Dr. Williams and filled in the area pharmacies. In the course of the investigation, the controlled substance prescription files of all area pharmacies, consisting of some 9 to 10 stores in number, were subpoenaed by the District Attorney of Concordia and Catahoula Parishes for the years 1976 through March of 1980. In response to the subpoenas, the prescriptions were delivered to the investigative authorities, analyzed by them, and subsequently delivered to the Board.

4

During the course of the investigation, subpoenas duces tecum were also issued for the patient records of those individuals, from whom medical authorizations had been procured, and to whom prescriptions for controlled substances had been issued by Dr. Williams. In response thereto, numerous patient records were obtained from Dr. Williams. Of significance to this proceeding was the physician's record regarding Stewart Burley, which was surrendered to investigative authorities by Dr. Williams and subsequently delivered to the Board.

5

An analysis of the information received by the Board revealed that a substantial number of prescriptions for

controlled substances were issued by Dr. Williams from 1976 through March, 1980. By far, the prescriptions were primarily written for controlled substances of the amphetamine or sympathomimetic amine class, and within this class, primarily Preludin, Desoxyn, Biphetamine, Eskatrol, Ionamin and Fastin. Numerous prescriptions were also issued by the physician for Percodan.

6

Preludin (phenmetrazine hydrochloride), Desoxyn (methamphetamine hydrochloride), Biphetamine (amphetamine/dextroamphetamine), Eskatrol (dextroamphetamine/prochorperazine), Ionamin (phentermine resin), and Fastin (phentermine hydrochloride) are sympathomimetic amines with pharmacologic actions similar to the amphetamines, acting as central nervous and cardiovascular system stimulants. Each of these drugs are classified as Scheduled II controlled substances under State and Federal regulation, with the exception of Ionamin and Fastin, which are classified as Schedule IV controlled substances under Federal law. La. Rev. Stat., Title 40, Section 964; 21 C.F.R. §§ 1308.12, 1308.14. The exclusive indication for these substances is as an appetite suppressant or anorexiant therapy in the management 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.[2] In prescribing Preludin, Desoxyn, Biphetamine, Eskatrol, Ionamin and Fastin, a physician must be cognizant of the known contraindications, possible adverse side effects, and potential dangers and weigh such risks against the limited usefulness of the substances. All of these medications, thus, are contraindicated in patients with glaucoma, advanced arteriosclerosis, symptomatic cardiovascular disease, moderate to severe hypertension, hyperthyroidism, or known hypersensitivity or idiosyncrasy to sympathomimetic amines. Nor should the medications enumerated above be prescribed to patients who are in an agitated state or who have a history of drug abuse. Similarly, all of the above-mentioned substances may produce untoward cardiovascular and central nervous system stimulation, as well as gastrointestinal disturbances, allergic and endocrine reactions. The substances also produce tachyphylaxis and tolerance, which appears in most patients with administration of the drug over four to eight weeks. Continued administration beyond such a term carries a substantial risk of physical or psychological dependence.

---

[2] Desoxyn is also indicated for the treatment of minimal brain dysfunction in children. Nevertheless, Dr. Williams introduced no evidence that any of the prescriptions for Desoxyn were written as part of a regimen of treatment for minimal brain dysfunction in children.

7

Percodan (oxycodone hydrochloride) is also a Schedule II controlled substance possessing a high potential for abuse and, in varying degrees, a high potential for physiological or psychological dependence or addiction. In particular, Percodan is a potent narcotic analgesic with actions and dependence-producing capacities qualitatively similar to morphine. Such a controlled substance, accordingly, must be prescribed and administered with the utmost caution, only upon legitimate, clinically established medical cause, and with close attention to the dosages administered, the period over which the substance has been prescribed, the development of tolerance to the substance, and the possibility of induced or maintained dependence or addiction.

8

Further analysis of the Schedule II controlled substances revealed that Dr. Williams issued prescriptions for Preludin, Desoxyn, Ionamin and Fastin, for patients within days of issuing identical prescriptions to the same patients, thus, allowing the patients access to several times the maximum prescribed daily dosages, to-wit:

a

In one instance, Dr. Williams issued two separate prescriptions to Gwendolyn Thomas, each for thirty Preludin, 75 mg. tablets, on August 8 and August 12, 1978. Each of the two precriptions were issued in the strength of the maximum daily dosage

and, thus, constitute a quantity sufficient for a sixty day period of Preludin therapy, issued over the course of a 5-day period.

b

Dr. Williams issued three separate prescriptions to Deborah Wagley, each for thirty Preludin, 75 mg. tablets, on September 7, September 18, and September 28, 1979. Each of the three prescriptions were issued in the strength of the maximum daily dosage and, thus, constitute a quantity sufficient for a 90-day period of Preludin therapy, issued over the course of a 22-day period.

c

Sandra Brewer received two separate prescriptions from Dr. Williams, each for 60 Fastin capsules, on June 8, and July 11, 1979. Each of the two prescriptions were issued in the strength of the maximum daily dosage and, thus, constitute a quantity sufficient for a 120-day period of Fastin therapy, issued over the course of a 34-day period.

d

Jimmy White received two separate prescriptions, each for 50 Fastin capsules, on March 6, and March 29, 1978. Each of the two prescriptions were issued in the strength of the maximum daily dosage and, thus, constitute a quantity sufficient for a 100-day period of Fastin therapy, issued over the course of a 24-day period.

e

Dr. Williams issued two separate prescriptions to Juanita Phillips, each for 50 Ionamin 30 mg. capsules, on May 8, and May 17, 1978. Each of the two prescriptions were issued in the strength of the maximum daily dosage and, thus, constitute a quantity sufficient for a 100-day period of Ionamin therapy, issued over the course of a 10-day period.

f

In the case of Belinda White, Dr. Williams issued 33 separate prescriptions, each for 30 Ionamin 30 mg. capsules, on January 14, February 10,

March 7, April 4, May 1, May 26, June 24, July 21, August 12, August 31, September 21, October 13, November 4, November 27 and December 18, 1978, January 9, February 2, February 23, March 14, April 2, April 20, May 7, May 24, June 8, June 27, July 18, August 6, August 23, September 17, October 1, November 13 and December 7, 1979, and January 2, 1980. Each of the 33 prescriptions were issued in the strength of the maximum daily dosage and, thus, constitute a quantity sufficient for a 990-day period of Ionamin therapy, issued over the course of a 340-day period.

g

On October 8, 1977, Dr. Williams issued two separate prescriptions to JoAnn Lord for Desoxyn 15 mg., one for 30 tablets and one for 10 tablets. Each of the two prescriptions were issued in the strength of the maximum daily dosage and, thus, constitute a quantity sufficient for a 40-day period of Desoxyn therapy, issued to the same patient on the same day.

9

In defense of the prescriptions issued in the name of Gwendolyn Thomas, Dr. Williams testified that an individual posing as Gwendolyn Thomas visited his office on August 8, 1978, and received the prescription issued on that date. Dr. Williams testified that the prescription issued on August 12, 1978, was issued to the genuine Gwendolyn Thomas. The testimony and the evidence adduced at the hearing reveals, however, that Dr. Williams had seen Gwendolyn Thomas prior to August 8, 1978. Moreoever, the two prescriptions in question each reflect the identical addresses. Although the Board is of the opinion that adequate patient record profiles, examination of the patient by the physician, as well as screening of patients

by the physician and his staff would prevent the concurrence of such an incident as that described by Dr. Williams in connection with this patient, the Board accepts the explanation offered by Dr. Williams in connection with these two prescriptions.

10

In defense of the three prescriptions issued to Deborah Wagley, Dr. Williams stated that he has, in fact, two patients with the name Deborah Wagley. Although the prescriptions in question reflect identical addresses, Dr. Williams testified that the first and third prescriptions were written for one patient; whereas the second prescription was written for a different Deborah Wagley. And Dr. Williams stated that he believed the two patients were sisters-in-law and perhaps resided at the same address. Although the physician failed to produce separate medical records pertaining to the two patients in question, from a consideration of all of the evidence and given the sworn explanation offered by Dr. Williams, the Board also concludes that the burden of supporting the charge relating to these prescriptions has not been met.

11

With regard to the two prescriptions issued to Sandra Brewer and Juanita Phillips, Dr. Williams testified that the second prescription, in each instance issued prior to the

expiration of the first prescription, was written solely to accommodate patients who were planning trips out of the locale. Nevertheless, in view of the nature and risks inherent in the use of the controlled substances in question, combined with the necessity that patients receiving such substances must be closely monitored by the physician, the Board finds that the prescriptions written by Dr. Williams to these two patients were not medically justified.

12

In defense of the two prescriptions written in the name of Jimmy White, Dr. Williams stated that he had never treated a patient with this name, nor had he ever issued any prescriptions to Jimmy White. The Board concludes that the explanation offered by the physician is acceptable and, therefore, has elected to eliminate the charge relating to these prescriptions from further consideration in connection with this proceeding.

13

The evidence also revealed that Dr. Williams repeatedly prescribed Preludin, Desoxyn, Biphetamine, Eskatrol, Ionamin, Fastin and Percodan to patients for periods of time which, in some instances, spanned the course of several years duration, thus, allowing patients access to the substances for inordinately extensive periods:

a

Stewart Burley received 38 prescriptions from Dr. Williams for Preludin, 75 mg., over a continuous

35-month period from February 18, 1977 through January 2, 1980.

b

Dr. Williams issued 30 prescriptions to Dorothy Craft for Ionamin, 30 mg., and similar substances over a continuous 24-month period, from January 20, 1978 through December 17, 1979.[3]

c

Cathy Daniel received 29 prescriptions from Dr. Williams for Ionamin, 30 mg. These prescriptions were issued over a continuous 24-month period, from December 21, 1977 through November 26, 1979.

d

Dr. Williams issued 32 prescriptions to Ruth Fitt for Eskatrol, and similar substances over a continuous 29-month period, from November 23, 1977 through March 7, 1980.[4]

e

Dr. Williams issued 48 prescriptions to Clayton Gay for Desoxyn, 15 mg., and similar substances over a continuous 36-month period, from April 20, 1977 through March 6, 1980.[5]

f

James Forman received 86 prescriptions from Dr. Williams for Desoxyn, 15 mg., and similar substances over a continuous 39-month period, from January 3, 1977 through March 15, 1980.[6]

---

[3] Several of the prescriptions issued to Dorothy Craft were for Eskatrol.

[4] Several of the prescriptions issued to Ruth Fitt were for Fastin; one prescription was issued for Preludin.

[5] One of the prescriptions issued to Clayton Gay was for Preludin 75 mg.

[6] Several of the prescriptions issued to James Forman were for Dexedrine (dextroamphetamine) 15 mg., a Schedule II controlled substance, LSA-R.S. 40:964, 21 C.F.R. § 1308.12; one prescription was issued for Biphetamine 20 mg.

g

Dr. Williams issued 25 prescriptions to Linda Jones for Biphetamine 20 mg., over a continuous 28-month period from August 9, 1977 through November 27, 1979.

h

Patricia Keyes received 14 separate prescriptions from Dr. Williams, for Fastin 30 mg. over a continuous 18-month period from December 19, 1977 through May 25, 1979.

i

Reedye Haile received 160 prescriptions for Percodan from Dr. Williams, representing a total of 4,153 tablets over a 36-month period from February 16, 1977 through January 2, 1980.

j

Dr. Williams issued 116 prescriptions to Thomas Jones for Percodan, representing a total of 4,620 tablets, over a 25-month period from February 28, 1978 through March 8, 1980.

14

Dr. Williams testified that 36-months of Desoxyn therapy was prescribed to Clayton Gay for the treatment of depression. The Board concludes, however, that the frequency and duration of these prescriptions were not medically justified. Not only does the manufacturer of Desoxyn not indicate depression as a legitimate use of the medication but, more importantly, the manner and duration of time over which the substance was prescribed to this patient is wholly inconsistent with the opinion of experts who testified in this proceeding, as well as the concensus of the medical authorities pertaining to the

dangers of addiction, abuse, side effects and tolerance inherent in the use of Desoxyn.

15

In connection with James Forman, Dr. Williams testified that the 86 prescriptions issued for Desoxyn to this patient, over the course of a 39-month period, were written for what the physician believed to be narcolepsy. In view of the fact that Desoxyn is not indicated for the treatment of narcolepsy by the manufacturer and considering the periods of excessive frequency and the duration over which the substance was prescribed, the Board concludes that the prescriptions issued by Dr. Williams to James Foreman were not medically justified.

16

Dr. Juan J.L. Lertora, an Assistant Professor of Pharmacology at the Tulane University School of Medicine, as well as a physician licensed to practice medicine in Louisiana and certified in the specialty of internal medicine, was qualified as an expert in pharmacology and internal medicine. Dr. Lertora testified that his practice is confined exclusively to those patients referred by and examined at the Tulane Medical Center Hospital and Clinic. Although the amount of time devoted to his patient population is small, in comparison with that devoted to his duties as a teacher and director of the Clinical Pharmacology Department at the Tulane University

School of Medicine, Dr. Lertora testified that he has treated patients for obesity. Due to the substantial risks of addiction, abuse, side effects and tolerance involved in their use, however, Dr. Lertora stated that there is but minimal pharmacological or medical justification for prescribing the sympathomimetic amines under consideration, in connection with the treatment of obesity. Further, Dr. Lertora testified that the manufacturers of Preludin, Desoxyn, Biphetamine, Eskatrol, Fastin, Ionamin and Dexedrine, warn of rapid tolerance, requiring ever-increasing dosages and the dangers of dependency and abuse. Dr. Lertora noted that the above-warnings are consistent with other medical authorities and literature, as well as his knowledge of pharmacology and medicine, as they relate to the substances under consideration.

In view of the recognized risks inherent in their use, Dr. Lertora stated that in instances when these sympathomimetic amines are employed for the treatment of obesity, they should be prescribed in the least amount and strength feasible. Thus, the patient should be issued a prescription sufficient only for a two to three week course of anorectic therapy, with re-examination and re-evaluation of the patient scheduled concurrently with the expiration of the medication prescribed.

Dr. Lertora further testified that the sympathomimetic amines under scrunity should be employed neither as a primary,

nor as a sole, modality for the treatment of obesity. Rather, they should only be prescribed as an adjunct to a regimen of treatment consisting of diet, exercise and behavior modification. Even when prescribed in such a manner, Dr. Lertora testified that the substances should only be prescribed for a short term, which he defined as a period of four to eight weeks. If the patient fails to evidence significant weight loss during that period, the anorectic therapy should be halted. Nevertheless, even with sustained weight loss, Dr. Lertora testified that the substances in question should not be prescribed for a period in excess of twelve consecutive weeks.

In his opinion, Dr. Lertora stated that there is no pharmacological or medical justification for prescribing any of the substances in question, in connection with the treatment of obesity, for a continuous period in excess of twelve weeks; nor in prescribing substances in a manner that permits the patient access to more than the indicated maximum daily dosage over the period for which it is prescribed; nor for the issuance of a single prescription for an amount sufficient for a six-week course of anorectic therapy on any of the substances.

Finally, Dr. Lertora testified that due to the risks accompanying the use of Percodan, only in rare instances would there be pharmacological or medical justification for prescribing the medication in a manner that would permit a patient access to

more than 4,000 tablets during the course of a twenty-five month period of time.

17

Dr. Brobson Lutz, a physician licensed to practice medicine in Louisiana, and certified in the specialty of internal medicine, was qualified as an expert in general and internal medicine. Dr. Lutz testified that approximately 20% of his patients are treated by him for obesity. Nevertheless, due to the rapid development of tolerance, side effects and the potential for abuse, Dr. Lutz testified that he does not routinely prescribe Schedule II sympathomimetic amines in the management of obesity. In fact, he has only prescribed such substances on two occasions and then only for periods of time less than twelve weeks. Furthermore, Dr. Lutz stated that due to the dangers which accompany the substaces in question, they should never be prescribed for periods of time greater than twelve weeks; nor should they be employed as a sole or primary method for treating obesity. Rather, Preludin, Desoxyn, Biphetamine, Eskatrol, Ionamin and Fastin should be prescribed only after other forms of weight management have proven unsuccessful and, then, only in conjunction with diet, exercise, and behavior modification.

Further, in order to exclude the presence of any of the contraindications to the above-mentioned substances, Dr. Lutz

testified that it is essential for the prescribing physician to obtain a comprehensive medical history and physical examination on patients to whom these sympathomimetic amines are prescribed. At a minimum, on each occasion on which a prescription for an anorectic substance is issued, the weight and blood pressure should be recorded on the patient's chart, as should the amount, strength, and the manner in which the substance is prescribed.

18

The Board finds as a matter of medical fact, consistently with the opinions of experts who testified in this matter and the unanimous teachings of the medical authorities, that Preludin, Desoxyn, Biphetamine, Eskatrol, Ionamin and Fastin caused rapid tolerance, are highly addictive, and should be avoided because of their potential for abuse. The Board further finds that there is virtually never a medical justification for the continuous use of the above-mentioned substances in excess of twelve weeks. And even in the rare instances in which prolonged usage might be indicated, an informed physician, acting in good faith, would necessarily consider a trial of no medication usage and substituting an anorectic other than those mentioned hereinabove.

19

The Board further finds, consistent with the opinions of experts who testified in this proceeding, as well as the

medical authorities and literature pertaining to the substances in question, that there is virtually never medical justification for prescribing Preludin, Desoxyn, Biphetamine, Eskatrol, Ionamin and Fastin in such a manner that a patient has access to more than the maximum daily dosage of the substances over the course of anorectic therapy.

20

The indicated usual adult dosage for Percodan is one tablet every six hours as needed for pain. As against this average dosage, the Board observes that over a period of twenty-six days in one month (August 3-28, 1979), Dr. Williams issued nine prescriptions to Reedye Haile, totaling 210 Percodan tablets.

21

The Board finds that the frequency and duration of the prescriptions written by Dr. Williams to Reedye Haile were not medically justified by the nature of the patient's injuries or resulting pain which the physician described at the hearing. Considering the duration of the prescriptions, as well as several periods of excessive frequency, the Board finds it difficult to conceive of a medical justification for such prescriptions for a non-hospitalized, ambulatory patient. Although Dr. Williams did not offer any medical justification for the frequency and duration of prescriptions written for Percodan to Thomas Jones, in view of the frequency and duration

of the prescriptions, the Board also finds no medical justification for such prescriptions.

22

In view of Dr. Williams' medical records pertaining to Stewart Burley, as well as the testimony adduced at the hearing, the Board finds that Dr. Williams did not elicit a comprehensive medical history from this patient, did not subject him to a comprehensive physical examination, did not undertake laboratory or other testing, did not maintain sufficient records on his examination, diagnosis, prognosis or treatment, did not maintain adequate records in the course of medication prescribed to Stewart Burley and prescribed no course of therapy or treatment for him other than the medications prescribed. Indeed, Dr. Williams' records fail to reflect the patient's blood pressure on any instance or the amount or strength of the medication prescribed. And while Preludin is indicated solely for the treatment of exogenous obesity, Dr. Williams' records reveal that at the conclusion of an inordinately lengthy course of Preludin therapy this patient actually displayed a substantial increase in weight.

Conclusions of Law

Based upon the foregoing Findings of Fact, the Board concludes, as a matter of law, that:

1

Preludin, Desoxyn, Biphetamine, Eskatrol, Ionamin, Fastin, Dexedrine and Percodan are controlled substances under Louisiana and Federal law. LSA-R.S. 40:964; 21 C.F.R. §§ 1308.12, 1308.14.

2

State and Federal law, recognizing the substantial hazards inherent in controlled substances,[7] 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 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 309 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.

---

[7] A drug is classified as a Schedule II controlled dangerous substance upon a considered, empirical finding that "[t]he drug or other substance has a high potential for abuse" and "[a]buse of the drug or other substances may lead to severe psychological or physical dependence." The definition is identical under Federal and Louisiana law. 21 U.S.C. § 812(b)(2)(A),(C); LSA-R.S. 40:963(B),(1),(3).

21 C.F.R. § 1306.04(a). A virtually identical policy is embraced by Louisiana law.[8]

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 dependency-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.

3

As a matter of course, Dr. Williams has indiscriminately issued prescriptions for controlled substances without legitimate medical basis or justification and not in the good faith

---

[8] 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.

administration of a bona fide treatment for a physical, mental or bodily ailment. In issuing such prescriptions, Dr. Williams was prescribing legally controlled substances in other than a legal or legitimate manner and, therefore, just cause exists for action against his license, as provided by LSA-R.S. 37:1285(6).

4

Dr. Williams' explanation that prescribing Preludin, Desoxyn, Biphetamine, Eskatrol, Ionamin and Fastin for periods in excess of three months and as long as thirty-nine months was medically justifiable because the patients did not appear to be dependent upon, or addicted to, these substances is indicative of medical incompetency in regard to the prescribing of these substances. Dr. Williams' failure to obtain and record vital medical information on the patient records under scrunity, further supports a conclusion of medical incompetency. Accordingly, just cause exists for action against his license, as provided by LSA-R.S. 37:1285(12).

Decision

Considering the foregoing:

IT IS ORDERED that the license of Chester A. Williams, M.D. to practice medicine in the State of Louisiana, as evidenced by Certificate No. 5678, be and the same is hereby SUSPENDED for a period of five (5) years from the date hereof and will remain on PROBATION for the said five (5) year period.

IT IS FURTHER ORDERED that the foregoing Order of Suspension be, and the same is hereby, suspended, except as to the period beginning March 7, 1983 and ending September 7, 1983, as to which such suspension shall have full force and effect; PROVIDED, HOWEVER, THAT:

a. Dr. Williams shall not, from March 7, 1983, until further order of the Board, prescribe, dispense or administer any controlled substance as defined, enumerated or included in 21 C.F.R. § 1308.11-.15 and LSA-R.S. 40:964, and any substance which may hereafter be included in any controlled substances by amendment or revision of the cited regulations or statute.

b. Dr. Williams shall, within seven (7) months from date hereof, obtain fifty credit hours toward the Physician's Recognition Award for continuing medical education of the American Medical Association.

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

New Orleans, Louisiana, this 8th day of February, 1983.

LOUISIANA STATE BOARD
OF MEDICAL EXAMINERS

By: J. Morgan Lyons M.D.
J. MORGAN LYONS, M.D.
Secretary-Treasurer