BEFORE THE
DIVISION OF LICENSING
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Probationary Certificate for:

JOHN PATRICK COUCH

No. 15-96-59900

Respondent.

________________________________________

DECISION

The attached Stipulation for a Probationary Certificate is hereby adopted by the Division of Licensing as its Decision in the above-entitled matter.

This Decision shall become effective on March 20, 1996.

IT IS SO ORDERED March 20, 1996.

By: THOMAS A. JOAS, M.D.
President
Division of Licensing
BEFORE THE
DIVISION OF LICENSING
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMERS AFFAIRS
STATE OF CALIFORNIA

In the Matter of the
Application of:

JOHN PATRICK COUCH

STIPULATION FOR A
PROBATIONARY CERTIFICATE

For a Physician and
Surgeon’s Certificate

1) John Patrick Couch, applicant for a physician’s license, and Cornelius J. Fippin, Manager of the Licensing Program, Medical Board of California, hereby stipulate as follows:

2) This 30 year old applicant (DOB 7/01/65) is a 1991 graduate of Medical College of Georgia School of Medicine. He completed a one-year transitional internship at Georgia Baptist Medical Center in Atlanta, Georgia, from July 1, 1991 through June 30, 1992. From July 1, 1992 through August 31, 1995, the applicant completed three years and two months of an approved residency training program in anesthesiology at University of South Florida in Tampa, Florida. On September 1, 1995, the applicant re-located to California, where he was accepted to begin a one-year ACGME-approved clinical fellowship in pain management in the Department of Anesthesiology at the UCLA School of Medicine Pain Medicine Center.

3) In accordance with Section 2065 of the Business and Professions Code, the applicant may complete a maximum of one year of postgraduate training in California without a license to practice medicine. The applicant’s fellowship in pain management requires that he administer narcotic analgesics as part of his daily clinical responsibilities. The fellowship director has delegated this responsibility in the interim to supervisory staff or attendings until the Medical Board renders a decision regarding the applicant’s eligibility for licensure. Consequently, if the probationary certificate is not granted, the applicant will continue to be unable to prescribe controlled substances as part of his fellowship training program. The applicant is a native of Georgia, and holds an active license with recovery monitoring conditions in Florida. At this time, the applicant anticipates returning to Georgia after completion of his fellowship program. However; if additional training or practice opportunities are identified, he may also consider remaining in this state.

4) The applicant has a history of substance abuse, including alcohol and propofol. His use initially began with alcohol in eighth grade, and increased during high school. During his senior year, he was arrested and convicted for driving under the influence of alcohol. After briefly abstaining, the applicant resumed social drinking during college. His use of alcohol escalated, and he drank considerably during medical school from August 1987 to June 1991. In December 1991, while in his first year of postgraduate training in Atlanta, Georgia, he was again arrested and convicted for drunk driving. Following the breakup of a relationship, the applicant was despondent and drank very heavily in bars, but not while at work in the hospital.
5) In April 1993, the applicant self-administered propofol intravenously to induce sleep as he was having trouble sleeping due to the alcohol abuse. He knew that propofol was not a controlled substance. When initially confronted by hospital personnel, the applicant denied substance abuse. He was referred to the Health Care Connection Treatment Program in Florida for treatment for his addiction to alcohol. During out-patient treatment, the applicant injected himself with propofol about eight times during a four-week period. In July 1993, he was confronted by his program director and confessed to having a problem with alcohol and propofol.

6) On July 2, 1993, the applicant was admitted as an in-patient to the Perspectives Health Program in Hampton, Virginia. His initial diagnosis was chemical dependency to alcohol and sedative hypnotic dependence to propofol. Following ten weeks of treatment, including recovery residence living, the applicant was discharged on September 10, 1993, with a good prognosis for recovery, provided that he strictly adhere to his Relapse Prevention Plan and Continuing Care Plan. He resumed his residency training program in anesthesiology at the University of South Florida and completed it satisfactorily in August 1995.

7) The applicant signed an Advocacy Contract with the Florida Physicians Recovery Network (PRN) of the Impaired Practitioner’s Program of Florida on September 20, 1993, and participated continuously until August 31, 1995. He has complied fully with all of the monitoring requirements, including random urine drug screens, which were all negative. His recovery program consisted of weekly attendance at PRN group sessions, three AA meetings per week, an AA sponsor, and monthly reports of his activities and attendance.

8) The applicant contacted the California Medical Board’s Diversion Program on September 5, 1995, and began informal participation at that time. He has made a smooth transition in his recovery from the Florida Program, and his sponsors and support network in Florida are fully aware and supportive of his ongoing recovery activities in California. He attends several AA meetings and Diversion Program meetings per week.

9) The applicant’s former program director and chairman in the Department of Anesthesiology at University of South Florida submitted letters of recommendation to the director of the UCLA Pain Medicine Center which confirmed that the applicant’s progress and performance in the training program was remarkable and fully acceptable to allow them to endorse his application for the clinical fellowship.

10) The applicant has been clean and sober since June 26, 1993, with documented recovery including all negative urine screens to substantiate his abstinence. This represents almost two and one-half years of sobriety.

11) Under Section 2221 of the California Business and Professions Code, the Division of Licensing of the Medical Board of California may deny a license to an applicant because of unprofessional conduct. Or, as an alternative, the Division has the discretionary authority to issue a probationary license on terms and conditions.

12) Self-abuse of alcohol and violation of any statute regulating alcohol both constitute unprofessional conduct under Business and Professions Code Section 2239. The above findings support unprofessional conduct in this case.

13) The applicant acknowledges he has a right to request a Statement of Issues and hearing upon denial of license for cause. Applicant waives notice of hearing and judicial review in favor of this Stipulation for a Probationary Certificate, which is subject to approval by the Division. If not approved, this Stipulation is null and void and may not be used for any purpose.
14) The staff recommends to the Division that a Probationary Certificate be issued as follows:

ORDER

IT IS ORDERED that JOHN PATRICK COUCH, applicant, be issued a physician and surgeon’s certificate on a probationary basis, subject to the following terms and conditions:

1) Applicant is placed on probation for three years beginning the effective date of this Order.

2) Applicant shall continue to participate in the Medical Board’s Diversion Program for the duration of the three-year Diversion contract. Leaving Diversion without permission or being expelled for cause shall constitute a violation of probation.

3) Applicant shall satisfactorily complete the one-year ACGME clinical fellowship in pain management in the Department of Anesthesiology, UCLA School of Medicine, Los Angeles, California, scheduled for completion on August 31, 1996.

4) Applicant shall immediately submit to and continue biological fluid testing, at applicant’s cost, upon the request of the Division or its designee.

5) Applicant shall obey all federal, state and local laws, and all rules governing the practice of medicine in California.

6) Applicant shall submit quarterly declarations under penalty of perjury on forms provided by the Division, stating whether there has been compliance with all conditions of probation.

7) Applicant shall comply with the Enforcement Division’s probation surveillance program.

8) In the event applicant should leave California to reside or to practice outside the State, he must notify the Division in writing of the dates of departure and return. Periods of residence or practice outside California will not apply to the reduction of this probationary period. Remaining outside the jurisdiction of California for a period of sixty (60) days or more in a single year without prior Division consent constitutes a basis for the surrender or termination of the probationary certificate.

9) The Division of Licensing reserves the right to evaluate the applicant’s probationary history at or near the end of the probationary period and to exercise its discretion whether to grant a clear license without conditions, or to take any other action deemed appropriate and reasonable under the circumstances.

10) If the applicant violates probation in any respect, the Division, after giving applicant notice and the opportunity to be heard, may revoke probation and terminate the probationary certificate. If an accusation or petition to revoke probation is filed against the applicant during probation, the Division shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.
Applicant agrees to comply with the terms and conditions of the above Order.

John Patrick Couch, Applicant  

Date  

Cornelius J. Fippin, Manager, Licensing Program  

Date