BEFORE THE

OREGON MEDICAL BOARD

STATE OF OREGON

In the Matter of CHRISTOPHER LIEN HATLESTAD, MD LICENSE NO MD 24066	)	STIPULATED ORDER

1.

The Oregon Medical Board (Board) is the state agency responsible for licensing, regulating and disciplining certain health care providers, including physicians, in the state of Oregon. Christopher Lien Hatlestad, MD (Licensee) is a licensed physician in the state of Oregon.

2.

In a Complaint and Notice of Proposed Disciplinary Action issued on April 5, 2012, the Board proposed taking disciplinary action by imposing up to the maximum range of potential sanctions identified in ORS 677.205(2), to include the revocation of license, a $10,000 fine, and assessment of costs, pursuant to ORS 677.205 against Licensee for violations of the Medical Practice Act, to wit: ORS 677.190(1)(a) unprofessional or dishonorable conduct, as defined by ORS 677.188(4)(a), (b) and (c) and ORS 677.190(13) gross or repeated negligence in the practice of medicine.

3.

Licensee is board certified in family practice and practices medicine at the Center for Environmental Medicine in Portland, Oregon. Licensee's acts and conduct that violated the Medical Practice Act are:

3.1 A review of the medical records in this case reveals that Patient A, a 68 year old male, sought treatment from a number of naturopathic and allopathic physicians in the fall of 2010 and early 2011. Patient A presented to a naturopathic physician on November 4, 2010,

complaining of lack of energy and severe constipation. The naturopath conducted an oral chelation dimercaptosuccinic (DMSA) challenge, assessed Patient A with "heavy metal burden" and placed him on a series of Ethylenediaminetetraacetic Acid (EDTA) IV (intravenous) chelation treatments. On November 30, 2010, Patient A presented to Licensee for evaluation of what the patient thought was possible heavy metal toxicity. Patient A complained of ringing in his ears, constipation, urinary frequency, burning in his ankles, cold feet, and fatigue. Licensee noted that Patient A's previous allopathic PCP could not find "any reasonable explanation" to explain his symptoms. Patient A also reported feeling "slightly queasy" during his last chelation treatment. Licensee relied upon the naturopath's DMSA challenge to conclude that Patient A had "fairly high levels of lead and mercury." Licensee recommended a general detoxification but also encouraged Patient A to delay doing additional medical chelation therapy. Licensee accepted Patient A's report that he had been exposed to heavy metals at the workplace (Patient A worked in drywall and plaster) without further investigation. Licensee put Patient A on Thyroid, 30 mg and placed Patient A on various supplements, ostensibly to help "cleanse" his body of toxins. Licensee's diagnosis of lead and mercury toxicity and his treatment plan was not medically indicated. The American College of Medical Toxicology disapproves of the use of post-chelator challenge urinary metal testing in clinical practice.

3.2 On December 20, 2010, Patient A presented to Licensee for follow-up. Licensee noted that Patient A had repeated an IV challenge and heavy metal analysis against the advice of his naturopathic physician. Patient A complained that "his bowels are shutting down." Licensee recommended titrating a dose of magnesium citrate liquid until he had regular bowel movements and to "avoid further chelation treatments." On December 24, 2010, Patient A established care with a new primary care physician (PCP), and presented with complaints of generalized malaise and diffuse myalgia and fatigue. Patient A told his PCP that he had been exposed to heavy metal poisoning when he was sanding boards to help construct a Masonic lodge. This physician noted that Patient A had recently undergone laboratory blood testing that was negative for lead or mercury, but that naturopathic lab work reported elevated levels of lead and mercury. The PCP

ordered another blood test, which was negative for heavy metals. The PCP offered to refer Patient A to OHSU's occupational medicine department and recommended that Patient A consider Seroquel (Quetiapine) to reduce his anxiety. The PCP charted that he did not think that Patient A's multiple somatic complaints were related to his exposure to mercury or lead. In January 2011, the PCP put Patient A on a course of Ativan (Lorazepam, Schedule IV) and Xanax (Alprazolam, Schedule IV). Patient A subsequently presented to Licensee for follow-up on January 13, 2011. Licensee noted that Patient A was under the care of a PCP, who had run several serum levels for lead and mercury that were both negative. Nevertheless, Licensee concluded that Patient A had mercury, lead and cadmium toxicity that "are likely contributing if not the primary cause of a number of his health issues." Licensee treated Patient A with 10 cc of calcium EDTA IV (intravenous) chelation therapy. Licensee also recommended that Patient A use rectal EDTA suppositories with oral DMSA and other supplements "to facilitate continued removal of the heavy metals." Patient A subsequently underwent an independent medical examination (IME) in January 2011 by a physician with board certification in medical toxicology for the purpose of evaluating his complaints in regard to his alleged exposures to lead and other substances encountered during the course of his work activities at a Masonic Lodge. Laboratory testing for blood lead and mercury were negative. This IME report concluded that there was no historical or medical data to substantiate a conclusion that Patient A had been exposed to heavy metals through the course of his work activities and that his multiple somatic complaints did not correspond with objective findings. On February 16, 2011, Patient A's PCP diagnosed him with depressive disorder and prescribed Seroquel XR 50 mg. An occupational medicine referral was made to Harborview Medical Center, which did extensive lab work and concluded that "[t]his patient does not have heavy metal toxicity. He should not pursue additional chelation therapy with his naturopath." Licensee's diagnosis of heavy metal toxicity was not supported by evidence based medical science. Licensee's treatment plan was not medically indicated, and exposed Patient A to the risk of harm, to include increased urinary excretion of essential minerals, while failing to consider other potential etiologies for Patient A's complaints.

3.3 The Board conducted a review of Licensee's charts for Patients B - F, which revealed the following pattern of practice: Licensee failed to document a complete occupational and environmental exposure history to assess his patients' possible sources of exposure to heavy metals; Licensee failed to document objective findings based upon an appropriate neurological examination to establish symptoms related to heavy metal toxicity; Licensee failed to rely upon appropriate diagnostic testing to establish or rule out a diagnosis of heavy metal toxicity; Licensee relied upon post-chelator challenge urinary metal testing as an indication for the administration of chelating agent to treat heavy metal toxicity (according to the American College of Medical Toxicology, this form of testing "has not been scientifically validated, has no demonstrated benefit, and may be harmful when applied in the assessment and treatment of patients in whom there is concern for metal poisoning.") Licensee also provided his patients with unnecessary treatment, to include repeated intravenous chelation therapy, and used dietary supplements to treat heavy metal toxicity and other medical conditions, in a manner that lacked adequate support in medical science to address the asserted diagnosis. These treatments caused Licensee's patients to incur unnecessary expense and exposed his patients to the risk of harm, to include increased urinary secretion of essential minerals, such as iron, copper and zinc. Finally, Licensee failed to consider and rule out other etiologies, but relied upon a diagnosis of heavy metal toxicity, to explain his patients' complaints. Examples include, but are not limited to, the following patients.

3.4 Patient D, a 44 year old female, presented to Licensee on March 15, 2011 with complaints of chemical sensitivities and requesting that he "assess her hormonal balance." Licensee noted a patient history of bulimia and a current report of psychotic reactions to exposures to certain vitamins and various chemicals and foods. Licensee recommended thyroid screening as well as a heavy metal challenge test. Patient D underwent a "heavy metal challenge test" with Calcium Disodium (CaEDTA) DMPS on April 11, 2011. Licensee diagnosed lead toxicity and noted that the test also revealed "relatively high levels of cadmium and aluminum." On May 27, 2011, Patient D reported a sudden onset of low backache 4 days

after the metal challenge test, but Licensee did not conduct further assessment for potential complication associated with the challenge test. Licensee failed to give credence to prior blood testing (all negative) for both lead and mercury and relied upon post-chelator challenge urinary metal testing, resulting in misdiagnosis of heavy metal toxicity. Licensee failed to address Patient D's history of bulimia and current reports of psychotic reactions to various substances. Licensee noted that Patient D brought in a handout that she had received about bipolar disorder, but "would not recommend a mood stabilizer at this time...." Licensee failed to assess or provide referral for Patient D's psychotic symptoms.

3.5 Patient F presented to Licensee on March 9, 2010, to continue chelation therapy to address various concerns, to include hypertension, fatigue, difficulty breathing, hearing loss, visual complaints and situational anxiety. Licensee relied upon past CaEDTA/DMPS challenge testing, which "found modestly elevated levels of mercury and lead and cadmium." Patient F reported shortness of breath, elevated blood pressure, and decreased exercise toleration. Licensee recommended repeating heavy metal challenge testing and the need to rule out symptomatic coronary disease. On that same day, Patient F received an IV infusion of CaEDTA. Licensee also referred Patient F for a stress echocardiogram. The results of cardiac testing were "suggestive of at least a mild amount of coronary artery disease." The consulting cardiologist recommended additional diagnostic testing. A review of Licensee's records does not reveal any additional cardiac work-up. Licensee inappropriately treated Patient F's hypertension with dietary supplements (CardioHTN) and treated Patient F's episodes of chest pain with a therapeutic trial of sublingual nitroglycerin. Licensee did not conduct a complete cardiac work-up and failed to provide appropriate treatment. Licensee also inappropriately relied upon chelation challenge testing to establish a diagnosis of heavy metal toxicity and treated Patient F with repeated intravenous chelation therapy that was not medically indicated, unnecessarily exposing this patient to the risk of an adverse reaction.

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Licensee and the Board desire to settle this matter by entry of this Stipulated Order. Licensee understands that he has the right to a contested case hearing under the Administrative Procedures Act (chapter 183), Oregon Revised Statutes. Licensee fully and finally waives the right to a contested case hearing and any appeal therefrom by the signing of and entry of this Order in the Board's records. Licensee does not contest that he engaged in the conduct described in paragraph 3, and that this conduct violated ORS 677.190(1)(a) unprofessional or dishonorable conduct, as defined by ORS 677.188(4)(a), (b) and (c) and ORS 677.190(13) gross or repeated negligence in the practice of medicine. Licensee understands that this Order is a public record and is a disciplinary action that is reportable to the national Data Bank, and the Federation of State Medical Boards.

5.

Licensee and the Board agree to resolve this matter by the entry of this Stipulated Order subject to the following sanctions and terms and conditions of probation:

5.1 Licensee is reprimanded.

5.2 Licensee must not use (or approve) DMPS challenge testing (to include but not limited to CaEDTA DMPS) for any patient.

5.3 Licensee is prohibited from treating (or authorize treating) any patient for heavy metal toxicity.

5.4 Licensee must not treat (or authorize treating) any patient using any form of chelation therapy, to include EDTA IV and CaEDTA chelation therapy.

5.5 After one year of successful compliance with the terms of this Order, Licensee may present to the Board's Medical Director for review and request approval for a proposed treatment modality to diagnose and treat heavy metal toxicity. The proposed treatment modality must be evidence based and supported by appropriate peer reviewed studies.

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5.6 Licensee is placed on probation for five years. Licensee must report in person to the Board at each of its quarterly meetings at the scheduled times for a probation interview, unless otherwise directed by the Board's Compliance Officer or its Investigative Committee.

5.7 Licensee's medical charts and practice locations are subject to no notice compliance audits by the Board's designees.

5.8 Licensee stipulates and agrees that this Order becomes effective the date it is signed by the Board Chair.

5.9 Licensee must obey all federal and Oregon state laws and regulations pertaining to the practice of medicine.

5.10 Licensee stipulates and agrees that any violation of the terms of this Order shall be grounds for further disciplinary action under ORS 677.190(17).

IT IS SO STIPULATED THIS 19 day of December, 2012.

SIGNATURES REDACTED

CHRISTOPHER LIEN HATLESTAD, MD

IT IS SO ORDERED THIS 10th day of January, 2013.

OREGON MEDICAL BOARD
State of Oregon

SIGNATURES REDACTED

W. KENT WILLIAMSON, MD
BOARD CHAIR