

BEFORE THE  
NORTH CAROLINA MEDICAL BOARD

In Re:	)	
	)	FINDINGS OF FACT,
Raymond Joseph Oenbrink, D.O.	)	CONCLUSIONS OF LAW
	)	AND ORDER
Respondent.	)	

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This matter was heard by the North Carolina Medical Board ("Board") pursuant to N.C. Gen. Stat. §§ 90-14.2 and 90-14.7, on June 19 and 20, 2014. Board members present were Paul S. Camnitz, M.D., Board President and Presiding Officer; Pascal O. Udekwa, M.D., Board Member; Thelma C. Lennon, Board Member; Cheryl L. Walker-McGill, M.D., Board Member; Eleanor E. Greene, M.D., Board Member; Debra A. Bolick, M.D., Board Member; and H. Diane Meelheim, FNP, Board Member. The Board was assisted by Independent Counsel, the Honorable Fred Morelock. Marcus Jimison represented the Board. John S. Morrison represented Respondent, Raymond Joseph Oenbrink, D.O. ("Dr. Oenbrink").

Based upon the evidence presented and the arguments of counsel, the Board enters the following:

FINDINGS OF FACT

1. The Board is a body duly organized under the laws of North Carolina and is the proper party to bring this proceeding under the authority granted it in Article 1 of Chapter 90 of the North Carolina General Statutes.

2. In March and April 2010, Dr. Oenbrink worked as a contract physician at a United States Army medical facility on the west coast ("Army facility").

3. During his time at the Army facility Dr. Oenbrink made inappropriate sexual comments and jokes to patients and staff. Dr. Oenbrink also inappropriately touched patients and staff.

4. During an osteopathic manipulation of a female patient with red hair, Dr. Oenbrink told a sexualized joke about ankles making the best ear accessories for a red-head. A senior female military physician was in the exam room and heard Dr. Oenbrink tell the joke. The female physician testified that the joke was inappropriate.

5. Dr. Oenbrink also inappropriately touched this same female physician. The physician testified that Dr. Oenbrink approached from behind and began massaging her shoulders without her permission. The physical contact was unwelcomed and non-consensual.

6. During well-woman examinations Dr. Oenbrink would grab female patients by the thighs, while the patients were undressed and undraped, to reposition them on the exam table. In each instance, Dr. Oenbrink did not announce his intentions before grabbing the patient by the legs. A licensed professional nurse (LPN) and certified nursing assistant both testified that they

witnessed Dr. Oenbrink grab female patients by the legs to reposition them on exam table.

7. Dr. Oenbrink would tell a sexualized joke before performing a bimanual pelve exam that "no gloves mean love." The certified nursing assistant testified that Dr. Oenbrink made these comments in the presence of patients.

8. Dr. Oenbrink performed rectal exams on female patients without first discussing his intention with the patient to do so prior to performing this exam.

9. On or about April 20, 2010, Dr. Oenbrink separated from the Army facility after a dispute with his supervisor. Dr. Oenbrink characterized his separation as a "resignation."

10. On Septebmer 16, 2010, Dr. Oenbrink completed his annual renewal of his North Carolina medical license. In order to renew his license, Dr. Oenbrink had to answer certain questions on the Board's on-line form. One such question was the following: "Have you ever had an action taken against you by a health care institution? If so, list each occurrence." The term "action" was defined as: "warnings, censures, disciplines, admissions monitored, privileges limited, termination, privileges suspended/revoked, remediation, probation, withdrawals/ resignations of privileges, or denial of staff membership." (emphasis added). The term "health care institution" was defined as "hospitals, health maintenance

organizations, preferred provider organizations, or any other provider organizations that issue credentials to physicians." Dr. Oenbrink responded to this question by listing no actions.

11. This response was false. Dr. Oenbrink failed to disclose on his September 2010 online renewal form his recent resignation from the Army facility.

12. After resigning his position at the Army facility, Dr. Oenbrink relocated to North Carolina. In August 2011, Dr. Oenbrink submitted an application for privileges at Northern Hospital in Surry County, North Carolina.

13. In his application for privileges, Dr. Oenbrink was asked the following question: "Have any disciplinary actions or investigations been initiated, or are any pending, against you by any licensing board?" To this question, Dr. Oenbrink answered "No."

14. This answer was false. In August 2009, Dr. Oenbrink received a North Carolina license along with a Public Letter of Concern. The Board issued the Public Letter of Concern based on two non-disclosures Dr. Oenbrink made on his application.

15. On May 31, 2011, Dr. Oenbrink was sent a "private letter of concern" from the Board regarding complaints that were filed against him by Patient D and the wife of Patient E. In that letter the Board wrote: "The Board considers this to have been an investigation." Just prior to being sent that letter,

Dr. Oenbrink had met with a panel of the Board at its May meeting for an interview to discuss the complaints.

16. On August 8, 2011, just one week prior to submitting his application for privileges to Northern Hospital, Dr. Oenbrink wrote a letter to the Board requesting that his 2009 Public Letter of Concern be removed from the Board's website. In his request, Dr. Oenbrink indicated that the Public Letter of Concern had cost him job opportunities.

17. Dr. Oenbrink provided a false response on his Northern Hospital application for privileges when he failed to disclose his interactions with this Board, including his 2009 Public Letter of Concern and his May 2011 private letter of concern, along with his interaction with the Florida Board in response to the application question about past licensing board investigations.

18. In that same Northern Hospital application, Dr. Oenbrink was asked, "Have your employment, medical staff appointment, or clinical privileges ever been voluntarily or involuntarily suspended, diminished, revoked, refused, relinquished, or limited at any hospital, clinic, or other health care facility?" To this question, Dr. Oenbrink answered "No."

19. This answer was false. Dr. Oenbrink failed to disclose his 2010 resignation from the Army facility.

20. In May 2012, Dr. Oenbrink was working at a family medicine practice in High Point, North Carolina. On this day, Dr. Oenbrink kissed an elderly female, the wife of Patient A, on the forehead without her permission. Dr. Oenbrink admits to kissing Patient A's wife in the presence of her spouse but testified that he did so because he believed she was anxious about her husband and wanted to reassure her. The wife of the patient did not want to be kissed by Dr. Oenbrink. Dr. Oenbrink's actions upset the wife of Patient A, and as a result of the incident, the patient changed practices so that the patient's spouse would not have any more contact with Dr. Oenbrink.

21. Prior to this allegation being made with regard to Patient A's spouse, the Board received previous complaints from Patients D and E in 2010. Patients D and E testified at the hearing on this matter consistent with their previous complaints, which the Board dealt with at the May 2011 Investigative Interview and with its May 31, 2011 private letter of concern.

22. In June 2012, Dr. Oenbrink asked an elderly female patient, Patient B, to remove her pants so that he may perform a pelvic exam. Dr. Oenbrink did not express his intention to perform a pelvic exam, for which the patient had been scheduled, prior to asking Patient B to remove her pants. When Patient B

began having difficulty removing her pants, Dr. Oenbrink assisted with removing her pants and underwear. Dr. Oenbrink did not excuse himself from the room when Patient B was removing her pants nor did he ask his medical assistant to assist Patient B. Patient B was embarrassed and humiliated by Dr. Oenbrink's conduct.

23. As a result of complaints and other information coming to the Board regarding allegations of inappropriate behavior toward patients and staff by Dr. Oenbrink, Dr. Oenbrink was ordered to present for an assessment by the North Carolina Physicians Health Program ("NCPHP"). After presenting to NCPHP for an assessment, Dr. Oenbrink was referred for further assessments at Acumen Assessments, Inc. ("Acumen"). The assessors at Acumen diagnosed Dr. Oenbrink with Asperger's Disorder. Acumen opined that Dr. Oenbrink's Asperger's Disorder, without proper treatment and management, creates a risk of him engaging in inappropriate behavior with patients and staff. The Acumen report recommended that with successful completion of treatment Dr. Oenbrink could return to practice.

24. The staff at Acumen assessed Dr. Oenbrink in September 2012. As the conclusion of that assessment, Acumen issued a report detailing its findings, opinions and recommendations. That September report was entered into evidence in this matter.

25. In January 2013, Dr. Oenbrink returned to Acumen for treatment of Asperger's Disorder. At the conclusion of his treatment, Acumen issued a report called a discharge summary detailing Acumen's findings, opinions and recommendations. The discharge summary report was entered into evidence in this matter.

26. At the hearing on this matter, Peter Graham, PhD, a psychologist at Acumen, testified that without treatment and the conditions detailed in the Acumen reports, Dr. Oenbrink is unable to practice medicine safely. Dr. Graham also testified that Dr. Oenbrink's conduct, such as unwanted touching, kissing, and sexualized jokes, can cause harm to patients and their family members.

27. Dr. Oenbrink called his treating psychologist, Robert T. Dickerson, PhD, to testify in his defense. Dr. Dickerson testified that he agreed with the substance of the Acumen reports and that Dr. Oenbrink needed treatment for his Asperger's Disorder.

28. Dr. Oenbrink's actions at the Army facility and with regard to Patients A, B, D and E are consistent with his Asperger's Disorder and the Board finds that Dr. Oenbrink's Asperger's Disorder was a contributing factor in the matters referenced above.



29. In January 2013, Dr. Oenbrink and the Board entered into an Interim Non-Practice Agreement where Dr. Oenbrink agreed to not practice medicine until cleared to do so by the Board. Dr. Oenbrink has not practiced medicine since January 2013 and the Interim Non-Practice Agreement remains in effect.

#### CONCLUSIONS OF LAW

1. The Board has jurisdiction over Dr. Oenbrink and this subject matter.

2. Dr. Oenbrink's conduct at the Army facility, as described in the Findings of Fact, constitutes unprofessional conduct, including, but not limited to, departure from, or the failure to conform to, the standards of acceptable and prevailing medical practice, or the ethics of the medical profession, irrespective of whether or not a patient is injured thereby, or the committing of any act contrary to honesty, justice, or good morals, whether the same is committed in the course of the licensee's practice or otherwise, and whether committed within or without North Carolina, within the meaning of N.C. Gen. Stat. § 90-14(a)(6), and grounds exist under that section of the North Carolina General Statutes for the Board to annul, suspend, revoke, or limit Dr. Oenbrink's license to practice medicine or to deny any application he might make in the future for a license to practice medicine.

3. Dr. Oenbrink's conduct with regard to the spouse of Patient A, as described in the Findings of Fact, constitutes unprofessional conduct, including, but not limited to, departure from, or the failure to conform to, the standards of acceptable and prevailing medical practice, or the ethics of the medical profession, irrespective of whether or not a patient is injured thereby, or the committing of any act contrary to honesty, justice, or good morals, whether the same is committed in the course of the licensee's practice or otherwise, and whether committed within or without North Carolina, within the meaning of N.C. Gen. Stat. § 90-14(a)(6), and grounds exist under that section of the North Carolina General Statutes for the Board to annul, suspend, revoke, or limit Dr. Oenbrink's license to practice medicine or to deny any application he might make in the future for a license to practice medicine.

4. Dr. Oenbrink's conduct with regard to Patient B, as described in the Findings of Fact, constitutes unprofessional conduct, including, but not limited to, departure from, or the failure to conform to, the standards of acceptable and prevailing medical practice, or the ethics of the medical profession, irrespective of whether or not a patient is injured thereby, or the committing of any act contrary to honesty, justice, or good morals, whether the same is committed in the course of the licensee's practice or otherwise, and whether

committed within or without North Carolina, within the meaning of N.C. Gen. Stat. § 90-14(a)(6), and grounds exist under that section of the North Carolina General Statutes for the Board to annul, suspend, revoke, or limit Dr. Oenbrink's license to practice medicine or to deny any application he might make in the future for a license to practice medicine.

5. Dr. Oenbrink's false answers on his application for privileges at Northern Hospital Surry County, as described in the Findings of Fact, constitute unprofessional conduct, including, the committing of any act contrary to honesty, justice, or good morals, whether the same is committed in the course of the licensee's practice or otherwise, and whether committed within or without North Carolina, within the meaning of N.C. Gen. Stat. § 90-14(a)(6). and grounds exist under that section of the North Carolina General Statutes for the Board to annul, suspend, revoke, or limit Dr. Oenbrink's license to practice medicine or to deny any application he might make in the future for a license to practice medicine.

6. Dr. Oenbrink's failure to report his resignation of staff privileges at the Army facility on his annual license renewal form submitted in September 2010, as described in the Findings of Fact, constitutes the making of false statements or representations to the Board, or willfully concealing from the Board material information in connection with an annual

registration of a license, within the meaning of N.C. Gen. Stat. § 90-14(a)(3), and grounds exist under that section of the North Carolina General Statutes for the Board to annul, suspend, revoke, or limit Dr. Oenbrink's license to practice medicine or to deny any application he might make in the future for a license to practice medicine.

7. Dr. Oenbrink's Asperger's Disorder, when not properly treated and managed, renders him unable to practice medicine with reasonable skill and safety to patients by reason of illness or by reason of any mental abnormality within the meaning of N.C. Gen. Stat. § 90-14(a)(5), and grounds exist under that section of the North Carolina General Statutes for the Board to annul, suspend, revoke or limit his license or to deny any application he might make in the future or have pending for a license.

#### ORDER

1. Dr. Oenbrink's North Carolina medical license is hereby INDEFINITELY SUSPENDED. This suspension is hereby STAYED upon the following terms and conditions.

2. Dr. Oenbrink shall maintain his current contract with NCPHP and abide by its terms. Dr. Oenbrink shall follow all recommendations made by NCPHP and Acumen and provide regular reports to NCPHP demonstrating collaboration between his treating clinical psychologist and treating psychiatrist. In

addition, Dr. Oenbrink should either complete his longitudinal evaluation at Acumen or begin reevaluation and a treatment protocol with Acumen or an Acumen-like program approved by the Board's Medical Director.

3. Dr. Oenbrink shall restrict his work hours to FORTY (40) HOURS per week.

4. Prior to resuming practice, Dr. Oenbrink must notify the Board and obtain practice site approval, and any changes thereto, from the Board President and the Board's Office of Medical Director, which the Board President and the Medical Director are under no obligation to approve.

5. Dr. Oenbrink shall ensure that a chaperone is physically present for all patient encounters, male or female, and regardless of the nature or purpose of the patient examination or patient visit.

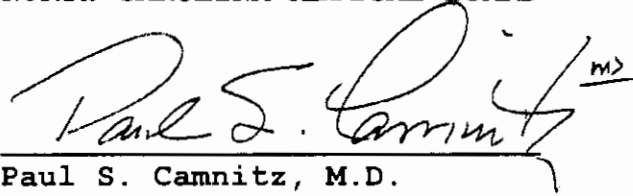
6. Prior to resuming practice, Dr. Oenbrink shall obtain a physician mentor who will agree to become familiar with Dr. Oenbrink's practice and will further agree to make himself or herself available to Dr. Oenbrink. The physician mentor must be approved by the NCPHP.

7. This Order supersedes and replaces the January 2013 Interim Non-Practice Agreement.

So ORDERED, this the 12<sup>th</sup> day of September, 2014.

NORTH CAROLINA MEDICAL BOARD

By:

A handwritten signature in black ink, appearing to read "Paul S. Camnitz" with a stylized flourish at the end. To the right of the signature, the letters "M.D." are written in a small, handwritten font.

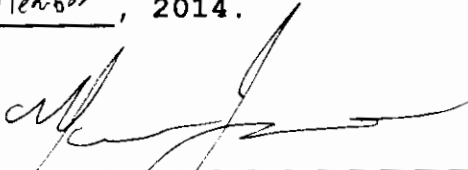
Paul S. Camnitz, M.D.  
Board President and  
Presiding Officer

CERTIFICATE OF SERVICE

I, the undersigned counsel for The North Carolina Medical Board, hereby certify that I have served a copy of the foregoing Findings of Fact, Conclusions of Law and Order of Discipline to the Attorney for Respondent by U.S. mail and electronic mail as follows:

John S. Morrison, Esq.  
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This the 12<sup>th</sup> day of September, 2014.



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