COMMONWEALTH OF MASSACHUSETTS

Middlesex, SS. Board of Registration in Medicine

Adjudicatory Case No. 2013-017

In the Matter of	)
RAYMOND W. KAM, M.D.	)

STATEMENT OF ALLEGATIONS

The Board of Registration in Medicine (Board) has determined that good cause exists to believe the following acts occurred and constitute a violation for which a licensee may be sanctioned by the Board. The Board therefore alleges that Raymond W. Kam, M.D. (Respondent) has practiced medicine in violation of law, regulations, or good and accepted medical practice, as set forth herein. The investigative docket number associated with this order to show cause is Docket No. 12-241.

Biographical Information

1. The Respondent was born on November 26, 1969. He graduated from the Yale University School of Medicine in 1996. He is certified by the American Board of Psychiatry and Neurology in Psychiatry and in Child and Adolescent Psychiatry. He has been licensed to practice medicine in Massachusetts under certificate number 155699 since 1997.

2. Since completing his training in 2002, the Respondent worked in the community and outpatient psychiatry clinics at Children's Hospital Boston (Children's Hospital).

3. From January 2011 to April 2012, the Respondent also worked in the outpatient psychiatric clinic at Children's Hospital where he supervised child psychiatry fellows.

Factual Allegations

The Respondent's Pre-hospitalization Treatment of Patient A

4. From August 2011 to April 2012, Patient A was seen in Children's Hospital outpatient clinic by a psychiatry fellow. The psychiatry fellow was supervised by her supervisory attending. The supervisory attending did not attend treatment sessions with the fellow and Patient A, but reviewed the fellow's treatment notes and met with the fellow weekly to discuss Patient A.

5. Patient A was suffering from several serious psychiatric symptoms and/or conditions.

6. In the late summer/early fall 2011, Children's Hospital categorized Patient A as a psychopharmacological patient.

7. In October 2011, the Respondent became involved in Patient A's care and attended two of Patient A's sessions with the psychiatry fellow.

8. Patient A, who had been difficult to engage, appeared to communicate more easily with the Respondent in attendance.

9. In January 2012, Patient A's outpatient visits increased in frequency and the Respondent and psychiatry fellow together saw Patient A.

10. In January 2012, the Respondent printed parts of Patient A's medical records and retained them at his home for several months when he sought permission from Patient A's father to retain the records.

11. During one of Patient A's outpatient visits which occurred prior to her hospitalization, the Respondent became concerned with Patient A's spiritual wellbeing. He believed that Patients A's problems were not only the result of her psychiatric symptoms and/or

conditions, but were also spiritual in nature.

12. Without mentioning Patient A by name, the Respondent told some members of his church that he was treating a patient and that he had concerns about that patient's spiritual wellbeing.

Patient A's Hospitalization

13. From on or about February 8, 2012 to February 23, 2012, Patient A was hospitalized in Children's Hospital's psychiatric inpatient unit. While hospitalized, Children's Hospital employees entered Patient A's room to conduct five minute wellness checks.

14. On February 8, 2012, the Respondent came to believe that that there was a significant spiritual component to Patient A's symptoms and condition. During Patient A's hospitalization, the Respondent told Patient A about his belief.

15. The Respondent visited Patient A approximately three times while she was hospitalized. During a part of each visit with Patient A, the Respondent was accompanied by the psychiatry fellow. During the entire time of each visit, Children's Hospital employees conducted five minute wellness checks on Patient A.

16. During Patient A's hospitalization, the Respondent failed to tell Patient A's inpatient treaters about his belief that there was a significant spiritual component to Patient A's symptoms and conditions. However, the Respondent did communicate this to the psychiatry fellow and to the fellow's direct supervisor.

17. On February 14, 2012, the Respondent gave Patient A a cross in exchange for a different religious symbol that she was wearing. The Respondent believed that Patient A believed the symbol was harmful to Patient A and believed that the exchange would help Patient A. Patient A later returned the cross to the Respondent.

18. On February 15, 2012, the Respondent reached the conclusion that he could no longer be part of Patient A's treatment team and shared his understanding of Patient A's condition with the psychiatry fellow and notified the psychiatry fellow that he was signing off the case and, in fact, later did so.

19. On February 17, 2012, the Respondent met with the psychiatry fellow and the fellow's supervisor, a senior practitioner at Children's Hospital and someone who had previously been the Respondent's supervisor and mentor, to discuss the case with him. At this meeting, the Respondent shared his understanding of Patient A's condition with the psychiatry fellow's supervisor and they discussed Patient A's spiritual needs as well as her continued psychiatric treatment at Children's Hospital. They also discussed the Respondent taking on the role of Patient A's spiritual mentor. The psychiatry fellow's supervisor also instructed the Respondent to seek a consultation for Patient A from his own church. The supervisor also directed and introduced the Respondent to a Children's Hospital Christian chaplain for spiritual consultation.

20. On or about February 17, 2012, the Respondent offered to Patient A to become her spiritual mentor.

Patient A's Post-Hospitalization Treatment and Relationship with the Respondent

21. After Patient A was discharged from Children's Hospital, she continued to receive treatment from the psychiatry fellow and the fellow's supervisor at Children's Hospital's outpatient clinic.

22. After Patient A's discharge, the Respondent obtained consent via email and later in person from Patient A's father to act as her spiritual mentor. Subsequently, the Respondent brought Patient A to his church and to church related meetings.

23. The Respondent introduced Patient A to some of the same church members with

whom he had discussed a patient prior to her hospitalization.

24. During the same time period, the Respondent communicated with Patient A on a regular basis, often by text message which were of a personal nature.

25. The Respondent met with Patient A, members of his church and an assistant minister of his church to develop a plan to address Patient A's alleged spiritual issues.

26. The Respondent met with a Children's Hospital's chaplain to develop a plan to address Patient A's alleged spiritual issues.

27. In March 2012, Patient A told the Respondent that her father had evicted her from her home and that she had nowhere to stay at night.

28. The Respondent failed to report to any state agency that Patient A had told him that she had been evicted from her home. Instead, the Respondent and his wife invited Patient A to stay overnight at his home with their family which she did. Subsequently, the Respondent obtained permission from Patient A's father, and she stayed overnight at his home with his wife and family on three more occasions.

29. In March 2012, Patient A told the Respondent that her mother had pushed her down a flight of stairs and had tried to asphyxiate her.

30. The Respondent had reason to believe that Patient A was suffering injury resulting from abuse and never reported to the Department of Children and Families that he had reason to believe that Patient A was suffering injury resulting from abuse.

31. The Respondent imparted his own religious system of belief to Patient A.

32. The Respondent failed to separate his own religious belief for diagnostic concepts and therapeutic practice.

33. According to the American Psychiatric Association's Guidelines Regarding

Possible Conflict Between Psychiatrist's Religious Commitments, "psychiatrists should not impose their own religious systems of belief on their patients nor should they substitute such beliefs or ritual for accepted diagnostic concepts or therapeutic practice."

Legal Basis for Proposed Relief

A. Pursuant to G.L. c. 112, §5, ninth par. (c) and 243 CMR 1.03(5)(a)3, the Board may discipline a physician upon proof satisfactory to a majority of the Board, that he engaged in conduct that places into question the Respondent's competence to practice medicine.

B. Pursuant to 243 CMR 1.03(5)(a)18, the Board may discipline a physician upon proof satisfactory to a majority of the Board, that said physician committed misconduct in the practice of medicine.

C. The Respondent has violated G.L. c. 112, § 5, ninth par. (b) and 243 CMR 1.03(5)(a)2 by committing an offense against a provision of the laws of the Commonwealth relating to the practice of medicine, or a rule or regulation adopted thereunder—to wit:

1. G.L. c.119, §51A which state states that a physician who "has reasonable cause to believe that a child is suffering physical or emotional injury resulting from: . . . abuse . . . shall immediately communicate with the department orally and, within 48 hours, shall file a written report with the department detailing the suspected abuse or neglect . . . ."

D. Pursuant to *Levy v. Board of Registration in Medicine*, 378 Mass. 519 (1979); *Raymond v. Board of Registration in Medicine*, 387 Mass. 708 (1982), the Board may discipline a physician upon proof satisfactory to a majority of the Board, that said physician has engaged in conduct that undermines the public confidence in the integrity of the medical profession.

The Board has jurisdiction over this matter pursuant to G.L. c. 112, §§ 5, 61 and 62. This adjudicatory proceeding will be conducted in accordance with the provisions of G.L. c. 30A and 801 CMR 1.01.

Nature of Relief Sought

The Board is authorized and empowered to order appropriate disciplinary action, which may include revocation or suspension of the Respondent's license to practice medicine. The Board may also order, in addition to or instead of revocation or suspension, one or more of the following: admonishment, censure, reprimand, fine, the performance of uncompensated public service, a course of education or training or other restrictions upon the Respondent's practice of medicine.

Order

Wherefore, it is hereby **ORDERED** that the Respondent show cause why the Board should not discipline the Respondent for the conduct described herein.

By the Board of Registration in Medicine,

Candace Lapidus Sloane, MD

Candace Lapidus Sloane, M.D.
Board Chair

Date: May 8, 2013

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