

COMMONWEALTH OF MASSACHUSETTS

Middlesex, SS.

Board of Registration in Medicine

Adjudicatory Case No. 2012-009

_____)
 In the Matter of)
)
 SAMUEL P. WYCHE, M.D.)
 _____)

CONSENT ORDER

Pursuant to G.L. c. 30A, § 10, Samuel P. Wyche, M.D. (Respondent) and the Board of Registration in Medicine (Board) (hereinafter referred to jointly as the "Parties") agree that the Board may issue this Consent Order to resolve the above-captioned adjudicatory proceeding. The Parties further agree that this Consent Order will have all the force and effect of a Final Decision within the meaning of 801 CMR 1.01(11)(d). The Respondent admits to the findings of fact specified below and agrees that the Board may make the conclusions of law and impose the sanction set forth below in resolution of investigative Docket No. 11-204.

Findings of Fact

1. The Respondent was born on May 17, 1982. He is a 2008 graduate of the Temple University School of Medicine. The Respondent held a limited license from June 2008 until June 2011 under certificate number 237523 while enrolled in the pathology residency program at Brigham and Women’s Hospital (BWH).
2. The Respondent’s limited license to practice medicine expired in June 2011.
3. On September 7, 2009, the Respondent voluntarily admitted himself to the Watershed Addiction Treatment Program (“Watershed”) for treatment of chemical dependency, after taking a voluntary leave of absence from his BWH residency program.

4. The Respondent presented at Watershed with a five year history of alcohol use and drug abuse. The Watershed assessment revealed a history of recent alcohol and cocaine use, and past use of marijuana, heroin, amphetamines and ecstasy.
5. The Respondent had refrained from drug use when he began his BWH residency.
6. The Respondent began to use alcohol and cocaine approximately three months after entering the residency program.
7. The Respondent primarily used alcohol and cocaine during the weekends. His use progressed in the months prior to his admission to include larger quantities of alcohol and cocaine.
8. During the two weeks leading up to his voluntary leave of absence and treatment, the Respondent used alcohol and cocaine in the evening and nights after work, and subsequently felt fatigued at work.
9. The Respondent successfully completed treatment and was medically discharged from Watershed on October 31, 2009.
10. The Respondent contacted and voluntarily entered into a contract with Physician Health Services (PHS) in November 2009.
11. Beginning in February 2010 and continuing through March 2011, the Respondent missed a random drug screen, was late undergoing three random drug screens, and did not submit some self-reports in a timely fashion.
12. The Respondent and PHS discussed the issues noted in paragraph 11 over the course of the occurrences.
13. In November 2010, PHS recommended that the Respondent complete an independent evaluation to determine the reason for his noncompliance.

14. On January 25, 2011, BWH placed the Respondent on an administrative leave of absence after he failed to meet a PHS deadline to submit to the independent evaluation.

15. After speaking with his residency program, on January 30, 2011, the Respondent was admitted to Marworth, a treatment facility in Pennsylvania, for an independent evaluation.

While at Marworth, the Respondent's hair tested positive for cocaine.

16. The Respondent initially denied using cocaine but eventually admitted that he relapsed one night shortly before his Marworth admission.

17. The Respondent remained at Marworth for additional treatment, but was administratively discharged from Marworth on February 9, 2011 as his treatment was not covered by Blue Cross Blue Shield, and he was told that there was no financial assistance available to cover a 12-week stay. Marworth recommended that the Respondent receive inpatient or residential treatment at a facility, and that he not return to clinical medicine until he was cleared to return to work.

18. On February 21, 2011, the Respondent was admitted to Plymouth House, a residential treatment facility in New Hampshire.

19. On March 22, 2011, he was discharged after successfully completing the program.

20. The Respondent entered into a new PHS contract on March 29, 2011. He has been compliant with that contract.

21. On April 21, 2011, the Respondent submitted to an independent chemical dependency evaluation by a psychiatrist, pursuant to PHS's recommendation. The psychiatrist concluded that the Respondent was fit to return to work.

22. On September 6, 2011, the Pathology Residency Program Director at BWH sent a letter to the Board confirming that the program had no suspicion or evidence that the Respondent was at any time practicing medicine while impaired.

Conclusions of Law

- A. The Respondent has violated G.L. c. 112, § 5, ninth par. (d) and 243 CMR 1.03(5)(a)4 by practicing medicine while his ability to do so was impaired by alcohol and drugs.
- B. The Respondent has engaged in conduct that undermines the public confidence in the integrity of the medical profession. *See Levy v. Board of Registration in Medicine*, 378 Mass. 519 (1979); *Raymond v. Board of Registration in Medicine*, 387 Mass. 708 (1982).

Sanction and Order

The Respondent's license is hereby revoked, retroactive to January 25, 2011, the date that BWH placed him on administrative leave. The issuance of any new limited license is conditioned on at least one year of documented sobriety from March 29, 2011, and entry into a five-year Probation Agreement, the term of which shall be calculated from the date the Respondent entered into his most recent PHS Substance Use Monitoring contract. The Probation Agreement shall include compliance with his PHS contract and any other terms and conditions that the Board deems appropriate.

Execution of this Consent Order

The Respondent shall provide a complete copy of this Consent Order with all exhibits and attachments within ten (10) days by certified mail, return receipt requested, or by hand delivery to the following designated entities: any in- or out-of-state hospital, nursing home, clinic, other licensed facility, or municipal, state, or federal facility at which s/he practices medicine; any in- or out-of-state health maintenance organization with whom the Respondent has privileges or any other kind of association; any state agency, in- or out-of-state, with which the Respondent has a provider contract; any in- or out-of-state medical employer, whether or not the Respondent practices medicine there; the state licensing boards of all states in which the

Respondent has any kind of license to practice medicine; the Drug Enforcement Administration Boston Diversion Group; and the Massachusetts Department of Public Health Drug Control Program. The Respondent shall also provide this notification to any such designated entities with which the Respondent becomes associated for the duration of this revocation. The Respondent is further directed to certify to the Board within ten (10) days that the Respondent has complied with this directive.

The Board expressly reserves the authority to independently notify, at any time, any of the entities designated above, or any other affected entity, of any action it has taken.

<u>Signed by Samuel Wyche</u> Samuel P. Wyche Licensee	<u>1/25/12</u> Date
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<u>Signed by John J. Reardon initialed MG</u> John J. Reardon Attorney for the Licensee	<u>1/25/12</u> Date
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<u>Signed by Pamela J. Meister</u> Pamela J. Meister Complaint Counsel	<u>1/26/12</u> Date
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So ORDERED by the Board of Registration in Medicine this 15th day of February, 2012.

Signed by Peter Paige
Peter Paige, M.D.
Chairman