

## Orders For MEDICAL BOARD OF AUSTRALIA, ALMAYNE DU PREEZ VR:75/2016

**Jurisdiction:** STATE ADMINISTRATIVE TRIBUNAL  
**File Number:** VR:75/2016  
**Act:** HEALTH PRACTITIONER REGULATION NATIONAL LAW (WA) ACT 2010  
**Heard:** 31/08/2016  
**Coram:** JUSTICE J C CURTHOYS (PRESIDENT)  
MS H LESLIE (MEMBER)  
DR P WINTERTON (SENIOR SESSIONAL MEMBER)  
**Parties:** MEDICAL BOARD OF AUSTRALIA, ALMAYNE DU PREEZ

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**Orders:** The Tribunal notes:

The Medical Board of Australia alleged that there is proper cause for disciplinary action against the Respondent pursuant to s 193 of the Health Practitioner Regulation National Law (WA) (National Law).

By agreement between the parties dated 30 August 2016, the Respondent admitted to allegations of unprofessional conduct and the parties agreed the terms upon which the proceedings could be settled.

The parties have agreed the relevant facts set out in Schedule 'A'.

The Tribunal orders:

Being satisfied by reason of the Respondent's admissions that proper cause exists for disciplinary action against the Respondent, and in order to give effect to the agreed terms of settlement of the proceedings, it is on 31 August 2016 ordered pursuant to s 56(1) of the State Administrative Tribunal Act 2004 (WA) that:

1. The Respondent has behaved in a way that constitutes unprofessional conduct in terms of s 196(1)(b)(ii) of the National Law.
2. The Respondent is reprimanded pursuant to s 196(2)(a) of the National Law.
3. The Respondent must pay a fine of \$1,000.00 pursuant to s 196(2)(c) of the National Law.
4. Conditions are imposed on the Respondent's registration pursuant to s 196(2)(b) of the National Law as follows:

The Respondent must not initiate or continue treatment for diagnosed or suspected Lyme disease or a Lyme disease-like illness unless:

- (a) the patient has first been referred to and seen by a specialist infectious diseases physician registered in Australia; and
- (b) the specialist infectious diseases physician who has seen the patient has given directions for such treatment to be provided to that patient;

The Respondent must not facilitate the insertion of a peripherally inserted central catheter (PICC line) or request the insertion of a PICC line for the purpose of administering vitamins for diagnosed or suspected Lyme disease or any Lyme disease-like illness; Within 14 days of the notice of imposition of these conditions, the Respondent must provide to the Australian Health Practitioner Regulation Agency (AHPRA):

- (a) The contact details of the practice proprietor or equivalent (the Senior Person) at each and every current place of practice and written confirmation that they are aware that AHPRA may contact them in order to obtain information as to the Respondent's compliance with conditions 4.1 and 4.2 of this order and that they must report to AHPRA any non-compliance with that condition.
- (b) Written acknowledgement that AHPRA may request and access from the Senior Person nominated in (a) copies of patient clinical records in order to monitor compliance with this condition.
- (c) Written acknowledgement that AHPRA may have contact with and access information, where relevant, from Medicare Australia, private health insurers and/or practice billing data in order to monitor compliance with this condition.

Within 14 days of the notice of the imposition of these conditions, the Practitioner is to provide to AHPRA, on the form provided, the details of any and all places of practice, together with, where relevant, confirmation from the Senior Person at each and every place of practice that they have sighted a copy of these conditions.

With each and every subsequent place of practice the Respondent must, within 7 days of the commencement of practice, provide to AHPRA the details of the subsequent place of practice together with written confirmation, where relevant, from the Senior Person at each and every subsequent place of practice that they have sighted a copy of these conditions.

With each and every subsequent alteration to these conditions the Respondent must, within 7 days of the notice of alteration of these conditions, provide to AHPRA written confirmation from the Senior Person, where relevant, at each and every place of practice, that they have sighted a copy of the altered conditions.

5. Unless expressly provided for within a condition, all costs associated with compliance with these conditions are at the Respondent's own expense.

6. The conditions imposed by this order will be reviewed within 12 months of the date of this order pursuant to s 196(3) of the National Law.

7. The Respondent must pay the Applicant's costs of the proceedings fixed in the sum of \$9,000.00.

**Annexure 'A'**

1. The Applicant is established pursuant to s 31 of the Health Practitioner Regulation National Law (WA) 2010, Schedule (**National Law**) and has the functions referred to in s 35 of the National Law, including the referral of matters concerning registered health practitioners to responsible tribunals in participating jurisdictions.
2. The Respondent has, and had at all material times, specialist registration (general practice) as a medical practitioner pursuant to the National Law.
3. At all material times the Respondent practised as a general practitioner at the Ocean Reef Medical Centre, 81 Marina Boulevard, Ocean Reef and BMI Medical, Grand Boulevard, Joondalup in the State of Western Australia.
4. The Patient (a 17 year old male) was referred to the Respondent by a general practitioner for consideration of the possibility that the Patient was suffering from Lyme disease.
5. The Patient's symptoms upon first consulting with the Respondent on 6 March 2014 included but were not limited to fatigue, nausea, vomiting, bowel impaction and aching muscles.
6. The Patient was being treated by a naturopath (**the Naturopath**) at the same time at which he was being treated by the Respondent.
7. The Respondent implemented the Naturopath's treatment plans which included the administration of various medications prescribed by the Respondent including antibiotics.
8. On 30 October 2014, the Respondent provided the Patient with a referral to the Perth Radiological Clinic in Joondalup (**PRC**) for insertion of a peripherally inserted central catheter (**PICC line**) to be inserted upon the Patient's return from Germany where he was to undergo treatment during November 2014.
9. On 4 December 2014 an appointment that had been made for the Patient to have a PICC line inserted was cancelled by PRC. The Patient's mother telephoned the Respondent to advise of the cancellation and requested that the Respondent speak to PRC in respect of the indication for the insertion of the PICC line.
10. On 5 December 2014 the Respondent discussed with a practitioner at the PRC the reason for the insertion of a PICC line and the PICC line was inserted by PRC on 5 December 2014.
11. On 9 December 2014 the Patient attended on the Respondent together with his mother at which time the Respondent counselled the Patient and his mother with respect to management of the PICC line, arranged for bio patches and sterile trays to be provided to the Patient in order to change dressings required in respect of the PICC line, counselled the Patient and his mother on sterile techniques, dressing changes and symptoms which might necessitate medical review and agreed to the Patient's mother, who she understood had previously been an enrolled nurse, taking

12. full responsibility for managing the PICC line and educating the Patient's carer to change the PICC line dressings when the Patient's mother was not available to do so.
13. The Patient underwent administration of vitamins twice per week via the PICC line.
14. The Respondent did not review or monitor the Patient following insertion of the PICC line. The Patient did not advise the Respondent of any concerns relating to the PICC line.
15. On 31 December 2014 the Patient presented at Royal Perth Hospital (**RPH**) following the development of a headache, rigors and vomiting.
16. On 2 January 2015 the Patient was reviewed at RPH by a specialist infectious diseases physician and was diagnosed with PICC line sepsis due to the growth of staphylococcus epidermis within the PICC line.
17. Throughout the period that the Respondent treated the Patient the Respondent failed to refer the Patient to a specialist infectious diseases physician registered in Australia or obtain any direction from any such specialist in relation to the Patient's symptoms, the question as to whether the Patient had Lyme disease or a Lyme disease-like illness or the question of whether it was appropriate to insert the PICC line for the administration of vitamins in order to treat any such condition.

The Respondent admits that she engaged in unprofessional conduct as defined in s 5 of the National Law in that she:

- (a) Failed to consult with, obtain direction from and/or refer the Patient to a specialist infectious diseases physician registered in Australia at any time during her management of the Patient; and
- (b) Facilitated the insertion of a PICC line in the Patient for the purpose of administering vitamins to the Patient via the PICC line.

#### Relevant factors in mitigation

18. The Respondent co-operated with the Applicant's investigation of the misconduct.
19. The Respondent made early admissions of the misconduct and has demonstrated insight into the seriousness of the misconduct.

The Respondent has a previously unblemished disciplinary record.