



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
*Olympia, Washington 98504*

RE: Evelyn M. Hanshew  
Docket No.: 97-06-A-1140MD  
Document: Statement of Charges

Regarding your request for information about the above-named practitioner, certain information may have been withheld pursuant to Washington state laws. While those laws require that most records be disclosed on request, they also state that certain information should not be disclosed.

The following information has been withheld:

The identity of the complainant if the person is a consumer, health care provider, or employee, pursuant to RCW 43.70.075 (Identity of Whistleblower Protected) and/or the identity of a patient, pursuant to RCW 70.02.020 (Medical Records – Health Care Information Access and Disclosure)

If you have any questions or need additional information regarding the information that was withheld, please contact:

Adjudicative Clerk Office  
P.O. Box 47879  
Olympia, WA 98504-7879  
Phone: (360) 236-4677  
Fax: (360) 586-2171

You may appeal the decision to withhold any information by writing to Nancy Ellison, Deputy Secretary, Department of Health, P.O. Box 47890, Olympia, WA 98504-7890.



**STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION**

In the Matter of the License	)	Program Nos. 95-05-0089MD
to Practice Medicine of	)	95-09-0009MD
	)	
EVELYN M. HANSHEW M.D.,	)	STATEMENT OF CHARGES
License #26630	)	
	)	
Respondent.	)	
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The Administrator of the Washington Medical Quality Assurance Commission, upon designation by the Commission, states and alleges as follows:

**Section 1: LICENSE STATUS**

At all times material to this Statement of Charges, Respondent has been licensed to practice medicine and surgery by the state of Washington.

**Section 2: CONFIDENTIAL SCHEDULE**

Appended to this Statement of Charges is a confidential list of patient names which is intended only for identification of the factual circumstances surrounding the allegations in the Statement of Charges. It should not be released except to the parties and as required by the disciplining authority during the administrative proceedings.

**Section 3: FACTUAL ALLEGATIONS**

3.1 In the care and treatment of Patients One through Eight, the Respondent's charts

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**REDACTED**

indicate that she prescribed prolonged courses of narcotics and/or benzodiazepines without appropriate clinical indications of pathology, appropriate referral and/or any discernible treatment plan.

3.2 In the care and treatment of Patients Nine through Twenty, identified on the Confidential Schedule, the Respondent's individual patient charts indicate that she prescribed prolonged courses of controlled anorexic medications, often in combination, without a clearly charted treatment plan emphasizing exercise, proper nutrition, and addressing any underlying psychological condition that may be contributing to a patient's eating disorder.

3.3 In the care and treatment of Patients Nine through Twenty, identified on the Confidential Schedule, the Respondent's individual patient charts indicate that she prescribed prolonged courses of levothyroxin for weight reduction and without clinical justification for its use.

3.4 In the care and treatment of Patients Nine through Twenty, identified on the Confidential Schedule, the Respondent's patient records indicate that she treated these patients with phentermine and levothyroxin for weight reduction without medical justification.

3.5 In the care of Patients Sixteen, Seventeen and Nineteen, respondent's patient records show she continually treated these patients with phentermine and levothyroxin without adequately investigating, and/or documenting any such investigation into, their cardiovascular complaints.

3.6 In the care and treatment of Patients One through Twenty, the Respondent's

charts indicate that she frequently prescribed medications such as diuretics, anti-depressants, and antibiotics in an episodic, inconsistent manner, without a reasonable basis for diagnosis, or any discernible treatment rationale or plan based on laboratory testing or clinical indications of pathology.

3.7 The Respondent prescribed morphine sulfate to Patient One for the purpose of maintaining and/or detoxifying her as treatment for opiate addiction. Patient One presented to the Respondent in June, 1994, claiming to have become addicted to hydromorphone (Dilaudid). Patient One told the Respondent that she had been able to reduce her narcotic consumption, using only hydrocodone (Vicodin) since April, 1994. Without any laboratory confirmation of narcotic addiction, contact with the patient's other physician, or a thorough history and physical examination, the Respondent continually prescribed MS Contin (morphine sulfate), hydrocodone and alprazolam to Patient One until she transferred to another care provider in March, 1995. The Respondent's chart listed Patient One's diagnoses as carpal tunnel syndrome and fatigue.

3.8 In the care and treatment of Patients One through Twenty, the Respondent's patient charts reveal a lack of historical information on each patient, limited documentation of objective evidence of pathology, no documentation of consent for minor office procedures or notes for such procedures, a lack of corollary diagnostic imaging or laboratory information, infrequent consultation with experts, and the use of multiple powerful and potentially dangerous medications not justified by the patients' complaints or the physical findings.

3.9 From October, 1993 until at least June, 1995, the Respondent employed a person,

not licensed under Title 18 RCW, to give patients injections, take radiographs, and prescribe medications, including controlled substances, without supervision.

3.10 The Respondent sent a letter, dated December 21, 1994, to Tracy A. Hansen, Department of Health, wherein she stated that she had recently begun using a properly licensed person to take radiographs rather than the unlicensed person referred to in paragraph 3.7 above. The Respondent nevertheless continued to have the unlicensed person take radiographs until at least June, 1995.

3.11 The Respondent failed to keep complete records of controlled substances she administered and dispensed, and failed to properly secure all controlled substances in the office.

3.12 The Respondent failed to maintain invoices and order forms for controlled substances she purchased and administered and dispensed to patients.

3.13 The Respondent routinely dispensed samples of controlled substances to patients without properly labeling the samples.

3.14 Despite the frequent and consistent dispensing of sample medications to patients, the Respondent's patient charts fail to consistently document the dispensing of sample medications.

3.15 During the course of the Department of Health's investigation of a complaint against the Respondent, the Respondent falsely represented to Department of Health investigator Lynn Larsen-LeVier that she had and used written office protocols (the "Office Manual") for her staff and clinic management.

3.16 During the course of the Department of Health's investigation of a complaint against the Respondent, the Respondent falsely represented to Department of Health

investigator Lynn Larsen-LeVier that she did not permit any non-physician employee to administer, prescribe or dispense medication.

3.17 Respondent was not approved by state or federal authorities to prescribe, administer or dispense narcotics for detoxification treatment, but she nonetheless did so in the treatment of Patients One, Six and Eight.

3.18 Title 21 Code of Federal Regulations, section 291.505(b)(2)(iv) provides, in pertinent part, as follows:

**Prohibition against unapproved use of narcotic drugs.** No prescribing, administering, or dispensing of a narcotic drug for the treatment of narcotic addiction may occur without prior approval by the Food and Drug Administration and the State authority, except as provided for in paragraph (h)(5) of this section, unless specifically exempted by this section.

3.19 Title 21 CFR Section 291-505(a)(1), provides in part as follows:

Detoxification treatment means the dispensing of a narcotic drug in decreasing doses to an individual to alleviate adverse physiological or psychological effects incident to withdrawal from the continuous and sustained use of a narcotic drug and as a method of bringing the individual to a narcotic drug-free state within such period. . . .

3.20 Section 69.50.306, Revised Code of Washington, provides, in pertinent part, as follows:

**Records of registrants.** Persons registered, or exempted from registration under RCW 69.50.302(d), to manufacture, distribute, dispense, or administer controlled substances under this chapter shall keep records and maintain inventories in conformance with the record-keeping and inventory requirements of federal law and with any additional rules the state board of pharmacy issues.

3.21 Title 21 Code of Federal Regulations, section 1301.75(b) provides, in pertinent part, as follows:

**Physical security controls for practitioners.**

. . . (b) Controlled substances listed in Schedules II, III, IV, and V shall be stored in a securely locked, substantially constructed cabinet. . .

3.22 Section 69.41.050, Revised Code of Washington, provides, in pertinent part, as follows:

**Labeling requirements.** To every box, bottle, jar, tube or other container of a legend drug, which is dispensed by a practitioner authorized to prescribe legend drugs, there shall be affixed a label bearing the name of the prescriber, complete directions for use, the name of the drug either by the brand or generic name, and strength per unit dose, name of patient and date: PROVIDED, That the practitioner may omit the name and dosage of the drug if he determines that his patient should not have this information and that, if the drug dispensed is a trial sample in its original package and which is labeled in accordance with federal law and regulation, there need be set forth additionally only the name of the issuing practitioner and the name of the patient.

3.23 Section 18.135.010, Revised Code of Washington, provides that health care assistants must be certified under the auspices of RCW 18.135 in order to administer subcutaneous, intradermal, intramuscular, and intravenous injections; Section 18.84.030 Revised Code of Washington, further requires that a person who applies radiation on a human being for diagnostic purposes, if not otherwise licensed to do so, must be certified under the auspices of RCW 18.84; Sections 69.41.010 and 69.41.040 Revised Code of Washington, further state that a prescription for legend drugs is only valid if issued by one licensed to issue prescriptions, such as a physician, advanced registered nurse practitioner, physician assistant, dentist, et cetera.

3.24 Title 21 Code of Federal Regulations, section 1306.03 provides, in pertinent part, as follows:

**Persons entitled to issue prescriptions.** (a) A prescription for a controlled substance may be issued only by an individual practitioner who is: (1)

authorized to prescribe controlled substances by the jurisdiction in which he is licensed to practice his profession and (2) either registered or exempt from registration pursuant to §§ 1301.24(c) and 1301.25 of this chapter;

3.25 Title 21 Code of Federal Regulations, section 1304.03(b) provides, in pertinent part, as follows:

(b) A registered individual practitioner is required to keep records, as described in § 1304.04, of controlled substances in Schedules II, III, IV and V which are dispensed, other than by prescribing or administering in the lawful course of professional practice;

3.26 Title 21 Code of Federal Regulations, section 1304.24 provides, in pertinent part, as follows:

**Records for dispensers and researchers.** Each person registered or authorized (by § 1301.22(b) of this chapter) to dispense or conduct research with controlled substances and required to keep records pursuant to § 1304.03 shall maintain records with the following information for each controlled substance:

. . . (c) The number of commercial containers of each such finished form received from other persons, including the date and number of containers in each receipt and the name, address, and registration number of the person from whom the containers were received; . . .

3.27 Section 69.41.042, Revised Code of Washington, provides, in pertinent part, as follows:

**Record requirements.** A pharmaceutical manufacturer, wholesaler, pharmacy, or practitioner who purchases, dispenses, or distributes legend drugs shall maintain invoices or other such records as are necessary to account for receipt and disposition of the legend drugs. The records maintained pursuant to this section shall be available for inspection by the board and its authorized representatives and shall be maintained for two years.

#### Section 4: ALLEGED VIOLATIONS

4.1 The conduct alleged in paragraphs 3.10, 3.15, and 3.16 above, if proved at a hearing, would constitute a violation of RCW 18.130.180(1), to wit:



RCW 18.130.180 Unprofessional conduct. The following conduct, acts, or conditions constitute unprofessional conduct for any applicant or license holder under the jurisdiction of this chapter:

(1) The commission of any act involving moral turpitude, dishonesty, or corruption relating to the practice of the person's profession, whether the act constitutes a crime or not. If the act constitutes a crime, conviction in a criminal proceeding is not a condition precedent to disciplinary action. Upon such a conviction, however, the judgment and sentence is conclusive evidence at the ensuing disciplinary hearing of the guilt of the license holder or applicant of the crime described in the indictment or information, and of the person's violation of the statute on which it is based. For the purposes of this section, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for the conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW;

4.2 The conduct alleged in paragraphs 3.1 through 3.9, and 3.14 above, if proved at a hearing, would constitute a violation of RCW 18.130.180(4), to wit:

RCW 18.130.180 Unprofessional conduct. The following conduct, acts, or conditions constitute unprofessional conduct for any applicant or license holder under the jurisdiction of this chapter:

(4) Incompetence, negligence, or malpractice which results in injury to a patient or which creates an unreasonable risk that a patient may be harmed. . . . ;

4.3 The conduct alleged in paragraphs 3.7, 3.11 through 3.13, 3.17 through 3.22, and 3.24 through 3.27 above, if proved at a hearing, would constitute a violation of RCW 18.130.180(6), to wit:

RCW 18.130.180 Unprofessional conduct. The following conduct, acts, or conditions constitute unprofessional conduct for any applicant or license holder under the jurisdiction of this chapter:

(6) The possession, use, prescription for use, or distribution of controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes, diversion of controlled substances or legend drugs, the violation of any drug law, or prescribing controlled substances for oneself;

4.4 The conduct alleged in paragraphs 3.7, 3.9, 3.11 through 3.13, and 3.17 through 3.27 above, if proved at a hearing, would constitute a violation of RCW 18.130.180(7), to wit:

RCW 18.130.180 Unprofessional conduct. The following conduct, acts, or conditions constitute unprofessional conduct for any applicant or license holder under the jurisdiction of this chapter:

(7) Violation of any state or federal statute or administrative rule regulating the profession in question, including any statute or rule defining or establishing standards of patient care or professional conduct or practice;

4.5 The conduct alleged in paragraphs 3.9, 3.10, 3.16, and 3.23 above, if proved at a hearing, would constitute a violation of RCW 18.130.180(10), to wit:

RCW 18.130.180 Unprofessional conduct. The following conduct, acts, or conditions constitute unprofessional conduct for any applicant or license holder under the jurisdiction of this chapter:

(10) Aiding or abetting an unlicensed person to practice when a license is required;

4.6 The conduct alleged in paragraphs 3.10, 3.15, and 3.16 above, if proved at a hearing, would constitute a violation of RCW 18.130.180(22), to wit:

RCW 18.130.180 Unprofessional conduct. The following conduct, acts, or conditions constitute unprofessional conduct for any applicant or license holder under the jurisdiction of this chapter:

(22) Interference with an investigation or disciplinary proceeding by willful misrepresentation of facts before the disciplining authority or its authorized representative . . . ;

It is further alleged that the conduct referred to in this Statement of Charges affects the public health, safety and welfare, and the Commission directs that a notice be issued and served on the Respondent as provided by law, giving Respondent the opportunity to defend against the allegations in this Statement of Charges. If Respondent fails to defend against these allegations, Respondent shall be subject to such discipline as is appropriate under RCW 18.130.160.

DATED this 24<sup>th</sup> day of January, 1997.

WASHINGTON STATE MEDICAL QUALITY  
ASSURANCE COMMISSION

By: Beverly A. Teeter  
Beverly A. Teeter  
Administrator

Presented by:

Ann Ryan  
Ann Ryan, WSBA # 14237  
Assistant Attorney General

NOTICE

PURSUANT TO WASHINGTON ADMINISTRATIVE CODE 246-920-130 IT IS THE RESPONSIBILITY OF THE LICENSEE TO MAINTAIN A CURRENT MAILING ADDRESS ON FILE WITH THE COMMISSION. THE MAILING ADDRESS ON FILE WITH THE COMMISSION SHALL BE USED FOR MAILING OF ALL OFFICIAL MATTERS FROM THE COMMISSION TO THE LICENSEE. IF CHARGES AGAINST THE LICENSEE SENT CERTIFIED MAIL TO THE ADDRESS ON FILE WITH THE COMMISSION ARE RETURNED UNCLAIMED OR ARE NOT ABLE TO BE DELIVERED FOR ANY REASON THE COMMISSION IS MANDATED TO PROCEED AGAINST THE LICENSEE BY DEFAULT PURSUANT TO RCW 34 05.440.

**REDACTED**