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GOVERNOR

STATE OF MAINE
BOARD OF OSTEOPATHIC LICENSURE
142 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0142

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EXECUTIVE SECRETARY

Certified Mail # 7016 1370 0001 7279 7022

June 10, 2019

Gina Turcotte
4 Caswell Rd
Windsor, ME 04363-3129

RE: Complaint against Julia L. McDonald, D.O. - CR#2019-11

Dear Ms. Turcotte,

Enclosed please find a copy of Dr. McDonald's response to the complaint that you filed with the Board of Osteopathic Licensure. After reviewing this response if you feel there is additional information you would like the Board to consider, please submit your comments within 10 days of your receipt of this letter.

Your complaint and Dr. McDonald's response, as well as any additional information provided by you will be presented to the Board as soon as all necessary investigation has been completed.

Dr. McDonald's response can be used for no other purpose than the resolution of your complaint before the Board.

If you have any questions, please contact me at (207) 287-3608.

Sincerely,

A handwritten signature in cursive script that reads "Savannah Okoronkwo".

Savannah Okoronkwo
Consumer Assistance Specialist

Enclosures

June 4, 2019

State of Maine
Board of Osteopathic Licensure
142 State House Station
Augusta, Maine 04333-0142

Re: McDonald/Turcotte – CR2019 11

Dear Board Members,

I am writing in response to the complaint that has been filed by a former patient of mine, Gina Turcotte. I have known – since August 2016 – that Ms. Turcotte was upset that her medical records contain references to her exhibiting signs of delusional thinking, and we have been working with her to resolve her concerns. Thank you for the opportunity to respond to her complaint and explain the steps that we have taken to resolve the issue.

By way of background, I am a family-medicine trained physician, having completed medical school in 2011 at the University of New England. I obtained my Master's degree in Public Health from UNE that year, as well. After completing my residency at the Greater Lawrence Family Medicine Residency Program in 2014, I joined MaineGeneral Medical Center's staff. I currently provide the full spectrum of primary care services to patients at the Family Medicine Institute in Augusta and am pleased to serve as a faculty member in the Maine-Dartmouth Family Medicine Residency Program, as well.

Ms. Turcotte was a patient at the Family Medicine Institute for several years prior to my developing a patient-physician relationship with her. She was diagnosed with bipolar disorder well before I assumed her care and has declined mental health treatment for several years. Although the Board asked for records from January 2015 forward, I have included some of her previous records, which place her complaints in context.

In 2013, Ms. Turcotte was seen in the office by one of our former physicians, Jose Ventura, M.D. (Dr. Ventura is now a hospitalist at MaineGeneral Medical Center). Dr. Ventura had first seen Ms. Turcotte on April 5, 2013, when she came to the office, requesting to be evaluated for chronic pain and for a referral for medical marijuana pain management. She did not want to use any pain medication due to her beliefs regarding alternative medicine. She was also not on any medication for her diagnosed bipolar disorder, which she explained had been managed by "mind techniques." At that time, she denied any racing thoughts or manic/hypomanic episodes.

When Dr. Ventura saw Ms. Turcotte next, on August 8, 2013, her presentation had changed. For example, she was insisting on heavy metal testing, as she believed the rain and environment to be "poison" and wanted to ensure that she had no metal in her system. She also spoke about political issues and her efforts at obtaining justice, including starting a non-profit



organization to "reap justice for Maine tenants." According to Dr. Ventura's note, Ms. Turcotte was increasingly argumentative in her presentation.

Ms. Turcotte also exhibited fixed views about the direction that her medical care should take. She did not want to try anything other than marijuana, stating that she was "sick and tired of this healthcare system" because it did not value a natural approach. Dr. Ventura expressed concern that Ms. Turcotte's strong beliefs might impede consultant recommendations.

In our medical records system, there is an "assessment" category, where the provider can select symptoms or issues that were assessed on that date. My understanding is that on August 8, 2013, Dr. Ventura selected "Delusional disorder, somatic (297.1)," as one of the problems that he "assessed." Any symptom or issue that is "assessed" then gets automatically carried forward into the patient's "active problem" list unless the problem is manually reviewed and "resolved."¹ This serves as a reminder to subsequent treating physicians to review those issues to see if they are still problems for the patient.

I first saw Ms. Turcotte on January 5, 2015. She had been scheduled for an annual wellness visit, but was upset about proceeding with an annual wellness visit because of acute issues that needed to be addressed. Nonetheless, we did review her health maintenance and found that she had no history of cholesterol screening, no recorded pap exam, and no history of mammograms or colonoscopies. During her visit on January 5, 2015, Ms. Turcotte declined a referral for a mammogram or a pap exam, and also declined all immunizations, for which she was overdue.

Ms. Turcotte was primarily concerned about her teeth during her January 2015 visit. She had several broken teeth, severe tooth decay, and mild to moderate gingivitis. Ms. Turcotte admitted that her teeth caused difficulty eating, but denied any swelling, pain, or fevers. She did not want to seek the care of a dentist.

Instead, Ms. Turcotte wanted me to review a print-out regarding studies on tooth regeneration. I agreed to do so, and I later did. I also, however, explained to Ms. Turcotte that based on the knowledge I had, there was a low likelihood that regeneration would work for her. My understanding is that just recently, in a clinical trial, stem cells that were extracted from children's baby teeth were used to regrow the living tissue in teeth damaged by injury. The science is a long way from being useful in the clinical context, if it will ever be helpful for a patient who has extensive decay and tooth disease. Ms. Turcotte, however, was very fixed in her thinking and was not receptive to any suggestions that regeneration might not be an option for her.

As documented in my note, Ms. Turcotte was cachectic and chronically ill in appearance during this office visit. Her BMI was 18.5, which is right on the line for being underweight and

¹ Problems on the "Active Problem" list can also be noted as having been "entered in error." Because I was not the provider who placed "delusional disorder" on the assessment list (which carries over to the active problem list) in the first place, I did not feel comfortable selecting that option when I "resolved" the issue on August 8, 2016.

possibly malnourished. She stood during our entire appointment, pacing the room. Her speech was also pressured. Knowing that she had been diagnosed with bipolar disorder and was refusing treatment, I made note of the fact that Ms. Turcotte was exhibiting signs of mania with delusions during this visit. Contrary to her complaint, as a family medicine physician, it is within my qualifications and expertise to assess a patient for signs of mania and delusional thinking and to render mental health diagnoses. Although I did not diagnose Ms. Turcotte with a "delusional disorder" on January 5, 2015, for the reasons outlined above, it was my medical opinion that she was exhibiting signs of mania with delusions.

I had not gone through every one of Ms. Turcotte's "Active Problems" during her January 5, 2015, office visit, as she wanted her annual wellness visit changed to an office visit so that we could assess her acute issues, which took a fair amount of time. Accordingly, as noted in the record, I only "assessed" her bipolar mood disorder, vitamin D deficiency, back pain, tooth decay (caries), and decreased vision. Candidly, even if I had reviewed every problem on her "active problem" list during the January 5, 2015, visit, I am not sure I would have "resolved" the "delusional disorder," as Ms. Turcotte was exhibiting signs of delusional thinking with mania at that time.

I understand that some of Ms. Turcotte's concerns regarding this visit are that I did not refer her to a psychiatrist and that I referred to her signs of delusional thinking as her "baseline." To be fair, I discussed mental health treatment with Ms. Turcotte on January 5, and I documented that she refused interventions at that time. As she did not appear to be a danger to herself or others, there was nothing more I could do in terms of getting her to see a psychiatrist. Moreover, my notation about her "baseline" referred not just to her signs of mania with delusions, but also to the fact that she was declining interventions, yet did not appear to be in danger of harming herself or others: "Not treated, pt exhibiting signs of mania with delusions. She declines intervention at this time, does not appear to be in danger of harm to self or other. Per chart records, may be her baseline." Her chart supported this statement, and this entry served as a reminder to myself to assess, during future visits, whether her presentation on January 5, 2015, did indeed reflect her baseline.

I did not see Ms. Turcotte until a year and a half later, on August 8, 2016. At that time, her major concern was her teeth, but she had also discovered that her chart indicated that she had a delusional disorder, and she was very upset about that.²

When Ms. Turcotte presented to the office on August 8, 2016, she was still very thin, having lost an additional 6 pounds, which brought her BMI down to 17.5. She explained that she had made a lot of changes to her diet to eliminate toxins and brought in a list of labs that she wanted ordered, including another heavy metals panel. I ordered her requested labs, explaining that

² I do not understand Ms. Turcotte's statement in her complaint that she discovered the "delusional disorder" diagnosis on February 11, 2019, when her attorney received a copy of her chart. We had discussed the issue over two years earlier, on August 8, 2016.

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MaineCare might not cover all of them. I also expressed a willingness to discuss her plan of care with her naturopathic doctor.

With respect to her teeth, the state of which were contributing to her weight loss, Ms. Turcotte continued to refuse a referral to a dentist for the evaluation of her tooth decay and gum disease and she also declined x-rays. She continued to believe that dental regeneration was possible, but acknowledged that it was outside of the mainstream biomedical understanding. She also, however, expressed a desire to have her silver fillings removed, and so I provided her with information regarding a local dentist who might be able to help her. I was hopeful that maybe if she went in for that issue, she might be willing to discuss her tooth decay and gum disease with the dentist. Of concern, since I had last seen her, she had experienced a tooth abscess and had self-treated it with "oil pooling." She was certainly at risk of gum infection – and possibly a systemic infections – if she continued to refuse care.

During this office visit, I discussed Ms. Turcotte's concerns regarding her records with her. I agreed that I had not assessed her for a delusional disorder and so could not say that she carried that diagnosis. And, as of that date, I am not certain that she would have qualified for the diagnosis. As noted, she was still exhibiting signs of delusional thinking, but she did not appear to be acutely manic. I agreed, therefore, to remove the diagnosis from the "Active Problem" list. I also "suppressed" the problem, so that it would not appear on her past problem list on future notes. I cannot, however, remove "delusional disorder" from the "Active Problem" list on notes that I did not create.

I next saw Ms. Turcotte on November 28, 2016.³ I have discovered that there is a charting error in the office note for this date, as portions of my note from August 8, 2016, were carried forward to the HPI section of the November 28, 2016, note. This is one of the risks of electronic medical records, and I apologize for not addressing this charting error sooner. I have now edited that note to remove the two paragraphs at the bottom of the HPI section.

I saw Ms. Turcotte a few months later, on February 8, 2017, in follow-up to her back and dental issues. I was encouraged that she was receptive to seeing a dentist at that time and that she was actively exploring the possibility of dentures and dental care. Ms. Turcotte had read that poor dentation can lead to jaw malalignment, neck problems, and possibly lower back issues. As she had been experiencing back issues, she was motivated to take action with respect to her teeth. Accordingly, Ms. Turcotte accepted a referral for an x-ray of her teeth, as well as a referral to our dental clinic to discuss care. With her permission, I also submitted a referral to an outside orthodontist for an evaluation regarding extractions and dentures.

³ Ms. Turcotte's November 28, 2016, office visit had nothing to do with her teeth or her mental health issues. Instead, she presented with complaints of weakness and numbness on her left side, which initially was concerning for stroke. Following my examination, I did not believe that a stroke was the cause of her symptoms, and instead recommended evaluation for a herniated disc with nerve impingement.

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Ms. Turcotte appeared to be doing much better and was able to make good eye contact and displayed organized thinking when I saw her in February 2017. She acknowledged that in the past she had been "off her rocker" (her words, not mine), but that she was feeling well that day. She still presented with irrational thoughts regarding tooth regeneration, but admitted that "it may not happen."

One month later, on March 3, 2017, Ms. Turcotte met with one of my colleagues, Dr. Woytowicz, to review her medical marijuana recertification. During this visit, she explained that she really wanted to keep her teeth and was hoping that they would grow back. They discussed her hope in detail and Dr. Woytowicz explained that it was not a possibility for her. Besides the fact that tooth regeneration is not a procedure that is available here, Ms. Turcotte has poor nutrition, is a pack-a-day smoker, and has extensive tooth decay. Dr. Woytowicz recommended the use of spiranthus, turmeric, and bloodroot, and encouraged her to follow through with her upcoming dental visit.

Ms. Turcotte's mental health was stable when I next saw her almost a year later on February 16, 2018. She made good eye contact and had no flight of ideas. I noted that she planned to have all of her teeth extracted, and she had been referred to an oral surgeon for that purpose. We also discussed her back pain and she accepted another referral for physical therapy. I also invited her to return so that we could discuss smoking cessation prior to tooth extraction.

Unfortunately, things did not go well at the dentist's office. When I next saw Ms. Turcotte on April 13, 2018, she explained that she had been seen at Dr. Nadeau's for her tooth extraction, but had an argument with patients in the waiting room, as well as with the dentist. The office threatened to call the police, prompting Ms. Turcotte to file a complaint with the Board of Dentistry. Ultimately, Ms. Turcotte did not have any work done during that visit. She came to see me in order to obtain a culture of her teeth to determine if there was virulent bacteria eating her teeth and jaw. She expressed, however, that she still wanted her teeth extracted and had given up hope for re-growing her teeth. I obtained a culture as requested and asked that she be scheduled within one month for her extraction.

Ms. Turcotte presented a few more times in the office prior to her dental evaluation. She had concerns regarding black mold being the cause of her tooth loss, as well as concerns regarding what she felt was a crack in her palate. My colleague, Dr. Proulx, and I provided reassurance and I also ordered facial x-rays to evaluate her palate. Ultimately, Allen Goldey, D.D.S., saw Ms. Turcotte on June 6, 2018, and recommended that all of her teeth be extracted.

I have seen Ms. Turcotte three other times since her consultation. On June 15, 2018, I made a referral to a psychologist for her, as requested by the denture provider with whom she had consulted. Later that summer, I evaluated her for a rash. On both occasions, her mental health appeared stable.

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On March 1, 2019 – my final visit with Ms. Turcotte – she informed me that she had decided not to go through with the extraction. MaineCare had denied her request for dentures and she decided that she wanted to wait for further scientific development in the field of dentistry. This was unfortunate news, as I worry about continued weight loss and risk of infection for Ms. Turcotte, so long as her teeth remain untreated.

I understand that Ms. Turcotte is upset about the references to delusional thinking in her medical records. In fact, we talked about her concerns regarding documentation as late as March 1, 2019. Although I understand Ms. Turcotte's frustration and disagreement with my opinions, in my judgment, her beliefs regarding the possibility of tooth regeneration represent delusional thinking. She is very fixed in her beliefs, irrespective of the lack of evidence that regeneration is an available option for her, and her fixation is interfering with her physical health. I documented these observations and conclusions objectively and without judgment. It would have been remiss of me, however, not to document my observations, especially in light of Ms. Turcotte's untreated bipolar disorder.

I have taken all of the steps that I can to remove the "delusional disorder" entry from Ms. Turcotte's record. Recognizing the difference between delusional thinking and a disorder, I agree that it is reasonable to "resolve" that issue for her. In addition, understanding that I could not remove entries from previous providers, I documented on August 8, 2016, that due to my "incomplete and inclusive mental health assessment," I had removed delusional disorder from her problem list. I hoped that this would provide sufficient explanation to someone reviewing the records. Further, I took care to try to avoid referencing "delusional" thinking in her medical records after August 8, 2016, when possible.

Finally, I hear Ms. Turcotte's concern that I was not straightforward and honest with her. In reading her letter of April 10, 2019, she clearly feels betrayed, and I am sorry for that. I tried to be as direct as professionally possible with Ms. Turcotte every time she raised the issue of tooth regeneration and I told her on multiple occasions that the science was not developed and that I did not believe it was going to ever be a reality for her. I did not specifically tell her that, in my judgment, she was exhibiting signs of delusional thinking, as I have never found that to be a useful approach with a patient. Instead, I offered her treatment for her bipolar disorder, which she declined, and continued to encourage her to seek medical treatment for her teeth. In truth, I monitored Ms. Turcotte's mental health status every time I met with her, but since she improved after our first visit, was stable during subsequent visits, and we were making progress (up until our last visit) towards getting her dental care, it would have been more harmful than helpful if I had been confrontational.

Thank you for the opportunity to respond to Ms. Turcotte's complaint. If I can provide additional information, please let me know.

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Sincerely,


Julia McDonald, D.O.