

BEFORE THE  
NORTH CAROLINA MEDICAL BOARD

In Re:	)	
	)	
James Stewart Campbell, M.D.,	)	FINDINGS OF FACT,
	)	CONCLUSIONS OF LAW, AND
Respondent.	)	ORDER OF DISCIPLINE

This matter was heard by the North Carolina Medical Board ("Board") on October 19-20, 2017. Board members present were Eleanor E. Greene, M.D., Past Board President and Presiding Officer; Timothy E. Lietz, M.D., Board President; Venkata Jonnalagadda, M.D., Board Member; Bryant A. Murphy, M.D., Board Member; Shawn Parker, J.D., Board Member; Jerri L. Patterson, N.P., Board Member; Barbara E. Walker, D.O., Board Member; and Ralph A. Walker, J.D., Board Member. The Board was assisted by Independent Counsel, the Honorable Fred Morelock. D. Todd Brosius represented the Board. Respondent James Stewart Campbell, M.D. ("Dr. Campbell") represented himself.

Based upon the evidence presented and arguments of counsel and Dr. Campbell, the Board enters the following:

FINDINGS OF FACT

1. The Board is a body duly organized under the laws of North Carolina and is the proper party to bring this proceeding under the authority granted to it in Article 1 of Chapter 90 of the North Carolina General Statutes.

2. Dr. Campbell is a physician first licensed by the Board on or about October 18, 1975, license number 20380.

3. During the times relevant herein, Dr. Campbell practiced medicine in Clemmons, North Carolina.

4. In May 2015, the Board received a complaint from a physician regarding Dr. Campbell's prescribing of controlled substances to Patient A. The complaining physician expressed her concern for what she characterized as "a shocking amount of narcotics" prescribed by Dr. Campbell to Patient A, who the complaining physician was also treating.

5. In June 2015, the Board received an additional complaint from a pharmacist with concerns that Dr. Campbell was prescribing excessive quantities of oxycodone and alprazolam.

6. In October 2015, Patient F's mother complained to the Board that Dr. Campbell had prescribed excessive quantities of oxycodone and alprazolam to Patient F, which may have contributed to his death.

7. In March 2017, pursuant to the Board's Safe Opioid Prescribing Initiative, the North Carolina Department of Health and Human Services notified the Board of the overdose deaths of two (2) additional patients treated by Dr. Campbell, Patients G and H.

8. The Board obtained the patient records of eight (8) patients from Dr. Campbell, including Patients A, F, G, and H, and

submitted the records to an independent reviewing expert. The reviewing expert found Dr. Campbell's diagnoses, treatment, and overall care of Patients A through H failed to conform to the standards of acceptable and prevailing medical practice in North Carolina.

9. On August 25, 2017, the Board issued an Amended Notice of Charges and Allegations and a Notice of Hearing, scheduling the hearing on this matter for October 19, 2017.

10. At the October 19-20, 2017 hearing before the Board, the Board presented testimony from:

- a. An expert in the specialty of family practice who also treats chronic pain testifying about Dr. Campbell's care of Patients A through H;
- b. A second expert in the specialty of family practice who also treats chronic pain testifying about Dr. Campbell's care of Patients F through H;
- c. The pharmacist who had complained about Dr. Campbell's prescribing;
- d. Patient F's mother;
- e. The Board investigator who investigated the complaints against Dr. Campbell; and
- f. The Board's Director of Complaints.

11. At the October 19-20, 2017 hearing before the Board, Dr. Campbell testified himself. Dr. Campbell did not offer additional witnesses.

12. Dr. Campbell failed to meet the standard of care in his treatment of Patients A through H where he routinely failed to document a rationale for escalations in dosages for opiates and benzodiazepines.

13. With regard to his care of Patient A, Dr. Campbell failed to conform to the standard of practice in North Carolina by:

- a. Failing to obtain an adequate history or conduct a physical examination of Patient A detailing the cause of pain;
- b. Failing to obtain an initial urine drug screen on Patient A;
- c. Failing to attempt any non-opiate interventions for Patient A's pain control; and
- d. Failing to assess Patient A's potential psychiatric disorders while prescribing large doses of benzodiazepines.

14. With regard to his care of Patient B, Dr. Campbell failed to conform to the standard of practice in North Carolina by:

- a. Failing to obtain an adequate history or conduct a physical examination of Patient B detailing the cause of pain;

- b. Failing to obtain an initial urine drug screen on Patient B;
- c. Failing to document whether any prior treatment therapies were attempted for Patient B and whether they were successful; and
- d. Failing to assess Patient B's potential psychiatric disorders while prescribing large doses of benzodiazepines.

15. With regard to his care of Patient C, Dr. Campbell failed to conform to the standard of practice in North Carolina by:

- a. Failing to obtain an adequate history or conduct a physical examination of Patient C detailing the cause of pain;
- b. Failing to obtain an initial urine drug screen on Patient C;
- c. Failing to obtain a signed medication use agreement for Patient C;
- d. Failing to assess Patient C's potential psychiatric disorders while prescribing large doses of benzodiazepines;
- e. Failing to document the rationale of a substantial increase in Patient C's opiate prescriptions;

- f. Failing to perform an adequate cardiac assessment or electrocardiogram on Patient C, a high-risk patient; and
- g. Basing the amount of opiates he prescribed to Patient C on the amount that she claimed to be receiving on the black market.

16. With regard to his care of Patient D, Dr. Campbell failed to conform to the standard of practice in North Carolina by:

- a. Failing to obtain an adequate history or conduct a physical examination of Patient D detailing the cause of pain;
- b. Failing to obtain an initial urine drug screen on Patient D;
- c. Failing to adequately assess Patient D's potential risk of substance abuse;
- d. Failing to document the rationale of a substantial increase in Patient D's opiate and benzodiazepine prescriptions; and
- e. Providing early refills to Patient D without a documented explanation.

17. With regard to his care of Patient E, Dr. Campbell failed to conform to the standard of practice in North Carolina by:

- a. Failing to obtain an adequate history or conduct a physical examination of Patient E detailing the cause of pain;
- b. Failing to obtain an initial urine drug screen on Patient E;
- c. Failing to address the fact that Patient E was receiving prescriptions for controlled substances from multiple providers;
- d. Failing to test Patient E for sexually transmitted diseases when he presented with a urethral discharge;
- e. Treating Patient E with testosterone without obtaining a baseline PSA and lipid profile;
- f. Writing overlapping prescriptions to Patient E with refills for large doses of benzodiazepines; and
- g. Failing to document the rationale of a substantial increase in Patient E's opiate prescriptions.

18. With regard to his care of Patient F, Dr. Campbell failed to conform to the standard of practice in North Carolina by:

- a. Failing to obtain an adequate history or conduct a physical examination of Patient F detailing the cause of pain;
- b. Failing to obtain an adequate history of family substance abuse or misuse of alcohol for Patient F;

- c. Providing inadequate details in his documentation of Patient F's office visits for chronic pain;
- d. Failing to obtain an initial urine drug screen on Patient F;
- e. Failing to adequately monitor the possibility of Patient F's polysubstance abuse in a young man with a history of substance abuse;
- f. Failing to assess Patient F's potential psychiatric disorders while prescribing large doses of benzodiazepines;
- g. Failing to document whether any prior treatment therapies were attempted for Patient F and whether they were successful;
- h. Initiating Patient F on a high dose of opiate medications; and
- i. Failing to appropriately explore his diagnosis of Patient F's post-traumatic stress disorder.

19. With regard to his care of Patient G, Dr. Campbell failed to conform to the standard of practice in North Carolina by:

- a. Failing to obtain an adequate history for Patient G;
- b. Providing inadequate details in his documentation of Patient G's office visits for chronic pain;

- c. Failing to explore the cause of Patient G's diagnosis of Hepatitis C;
- d. Failing to obtain urine drug screens on Patient G;
- e. Prescribing high doses of alprazolam and opiates to Patient G who suffered from significant respiratory disease; and
- f. Failing to perform any meaningful functional assessment of Patient G.

20. With regard to his care of Patient H, Dr. Campbell failed to conform to the standard of practice in North Carolina by:

- a. Failing to obtain a signed medication use agreement for Patient H;
- b. Failing to obtain an adequate history or conduct a physical examination of Patient H detailing the cause of pain;
- c. Providing inadequate details in his documentation of Patient H's office visits for chronic pain;
- d. Failing to obtain urine drug screens for Patient H;
- e. Failing to document the rationale of substantial increases in Patient H's opiate and benzodiazepine prescriptions;

- f. Rapidly escalating the dosages for Patient H's prescriptions for benzodiazepines and opiate medications;
- g. Failing to document whether any prior treatment therapies were attempted for Patient H and whether they were successful; and
- h. Basing the amount of opiates he prescribed to Patient H on the amount that he claimed to be receiving on the black market.

21. After review of the evidence presented at the hearing, the Board found that Dr. Campbell's diagnosis, treatment, and documentation of the care he provided to Patients A through H failed to conform to the standards of acceptable and prevailing medical practice in North Carolina.

Based upon the foregoing Findings of Fact, the Board enters the following:

CONCLUSIONS OF LAW

1. The Board has jurisdiction over Dr. Campbell and the subject matter of this case.

2. By failing to conform to the standards of acceptable and prevailing medical practice in North Carolina in his diagnosis, treatment, and documentation of his care of Patients A through H, Dr. Campbell engaged in unprofessional conduct, including, but not limited to, a departure from, or the failure to conform to, the

standards of acceptable and prevailing medical practice, or the ethics of the medical profession within the meaning of N.C. Gen. Stat. § 90-14(a)(6), which is grounds for the Board to take disciplinary action against Dr. Campbell's North Carolina medical license or to deny any application he may make in the future.

3. Dr. Campbell's treatment of Patients A through H posed a safety risk greater than the prevailing treatment or provided treatment that was generally not effective and constitutes unprofessional conduct within the meaning of N.C. Gen. Stat. § 90-14(a)(6), which is grounds for the Board to take disciplinary action against Dr. Campbell's North Carolina medical license or to deny any application he may make in the future.

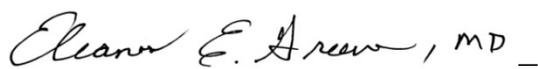
4. Based on the totality of the evidence before the Board at the hearing and the arguments of Board counsel and Dr. Campbell, the Board concludes that it is in the best interest of the public that Dr. Campbell's North Carolina medical license be revoked.

ORDER OF DISCIPLINE

1. Dr. Campbell's North Carolina medical license is hereby REVOKED.

So ORDERED, this the 4th day of December, 2017.

NORTH CAROLINA MEDICAL BOARD

By:  Eleanor E. Greene, M.D.  
Past Board President and  
Presiding Officer