

**STATE OF RHODE ISLAND
DEPARTMENT OF HEALTH
BOARD OF MEDICAL LICENSURE
AND DISCIPLINE**

**IN THE MATTER OF:
PHILEMON TRUESDALE MARVELL, MD
LICENSE NUMBER MD 05394**

Summary Suspension

The Board of Medical Licensure and Discipline has received information concerning the professional activities of Philemon Truesdale Marvell, MD, (hereinafter the "Respondent") a licensed physician in Rhode Island whose principal place of business is Newport Psychological Services, 680 Aquidneck Ave., Middletown, RI 02842.

An investigation was conducted by the Board of Medical Licensure and Discipline and the Board of Pharmacy. The Board of Medical Licensure and Discipline and the Office of the Director of Health make the following findings:

Findings of Fact and Conclusions of Law

1. The Respondent is a physician licensed to practice in the State of Rhode Island since 1978. He is a 1976 graduate of the University of Bordeaux, France. He is 68 years old.
2. The Respondent was previously suspended by the Board following a determination that he had engaged in a sexual relationship with his patient. The Respondent later married his patient.

3. The Department of Health became aware that the Respondent was prescribing controlled substances to certain patients who lived out-of-state. The Board of Pharmacy and Board of Medical Licensure and Discipline conducted an investigation concerning certain patients it had identified.
4. The Board of Medical Licensure and Discipline conducted a review of the “medical records” of certain patients that it had subpoenaed from the Respondent.
5. The Board’s review of 11 patient charts revealed a pattern of practice that fell substantially below the minimum standards of acceptable practice for patients who are receiving narcotic prescriptions from a licensed physician.
6. The Board findings include, inter alia, a failure to maintain records in the manner required by § 11.4 of the Rules and Regulation for Licensing and Discipline of Physicians (R5-37 MD/DO). Additionally, the Respondent’s patient records and practice violate RIGL § 5-37-5.1(19) for failure to maintain the minimum standards for acceptable practice as shall be determined by the board for the following patients:
 - a. **Patient CH** – Patient management and narcotic prescribing are substandard. Neither the doctor nor the patient are following a Pain Contract. The treatments rendered do not appear to match progress notes. The patient has received 51 prescriptions for Adderall and Suboxone in a one year period. There is a 600 day supply of Adderall prescribed over a one year period.
 - b. **Patient MC** – This patient has been maintained on Percocet and Valium since a 2009 motor vehicle accident. The patient records contain 2 years of notes on one page with no physical examinations documented. Physical therapy was not initiated and justification for continued narcotic treatment after 8 weeks is not evident.
 - c. **Patient RC** – The patient record is bereft of a problem summary, medication list or narcotic log. The initial note is sparse, illegible and incomplete with no meaningful physical examination. The patient is seen

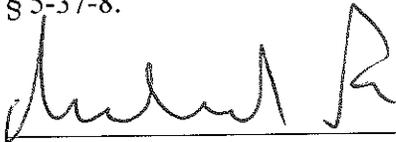
23 times with no physical examination. The patient is treated for Attention Deficit Disorder with three separate stimulants. She is later prescribed Suboxone for reasons that are not documented. The Respondent is renewing prescriptions for stimulants weeks ahead of time and is using 2 separate dates of birth and five different pharmacies.

- d. **Patient SD** – The medical records are illegible, the treatment notes are poorly developed, the history is scant and nearly no physical examinations. She is prescribed Suboxone, Percocet (overlapping with Suboxone) and Adderall. The prescribing of controlled substances appears to be indiscriminate.
- e. **Patient RC** – The care rendered includes Suboxone treatment but the patient record reveals no problem summary list, no medication list, and no narcotic log. There is a scant history and physical examination but notes are illegible and lack clear assessments and treatment plans.
- f. **Patient CK** – 42 prescriptions for scheduled controlled substances with little or no documentation of problems, medication list or progress notes. No monitoring took place and medical problems were not addressed.
- g. **Patient JS** – This patient has 14 medical visits for chronic pain with not problem summary list noted, or a medical or narcotic log. Respondent's notes are illegible and lack physical and follow-up examinations. Respondent's narcotic prescriptions are frequently filled early.
- h. **Patient RF** - There are 43 prescriptions for narcotics over the 2 year period. The medical records lack problem summary lists, medication lists, narcotic logs, and a physical exam is rarely done. There are 16 visits June 2009 to March 2011, the progress notes are largely illegible and difficult to follow. The patient is also diagnosed with narcolepsy but the record reveals no information concerning diagnostic workup or results.
- i. **Patient PG** – This patient has 74 narcotic prescriptions over a two year period with only brief notes that are incomplete that are difficult to follow and hard to read. A brief attempt to treat migraine headaches with Cymbalta is made but patient is quickly switched to Percocet and vicodin.
- j. **Patient LS** –The initial evaluation reveals anxiety, depression, substance abuse, and kidney stones with no meaningful history or examination to support the diagnosis. 41 prescriptions for Suboxone are given over a 6 month period for a 251 day supply. Records lack the minimal information needed to diagnose and treat a patient with the medications prescribed..
- k. **Patient SA** – This patient was diagnosed with ADD, depression, cluster headaches and Gastro esophageal reflux disease. It is unclear how these diagnoses were verified or decided. The medical record is largely illegible. It is impossible to determine thought process of the Respondent clinician or clinical approach to the patient. The patient was started on Suboxone without justification.

ORDER

After considering the findings of the Board of Medical Licensure and Discipline, regarding Philemon Truesdale Marvell, MD, it has been determined that the continuation of the practice of medicine by Philemon Truesdale Marvell, MD would constitute an immediate danger to the public. Accordingly, Philemon Truesdale Marvell, MD, is suspended from practicing medicine until further Order of the Department of Health Board of Medical Licensure and Discipline. The Respondent is entitled to an administrative hearing on this suspension within 10 days of this Order pursuant to RIGL

§ 5-37-8.



Michael Fine, M.D.
Director of Health



Date

CERTIFICATION

I hereby certify that a copy of this **ORDER** was hand delivered to Philemon Truesdale Marvell, MD, 680 Aquidneck Ave., Middletown, RI 0284 on this 20th day of March 2012.

