Opinion

Ophthalmic Criminology: Why Did They Lose It?

eans have recently wondered if the classic prerequisites for medical school admission (like organic chemistry and calculus) select for the wrong kinds of people. Following completion of training, physicians seem particularly prone to behaving in unprofessional, if not criminal, ways. Three recent news stories involving ophthalmologists are noteworthy. The real names are irrelevant, hence I have substituted names of colors, as in the game of Clue.

Dr. Green had a successful pediatric ophthalmology practice in Arizona but yearned to do eye plastic surgery, so he recruited Dr. Purple to handle his pediatric patients while he grew his new plastics practice. Dr. Green developed a drug addiction that led to indictment for fraudulently obtaining prescription narcotics, and resulted in probation of his medical license. Meanwhile, Dr. Purple continued to see the pediatric patients. Later, Dr. Purple opened his own independent practice in the same city. Dr. Green believed that Dr. Purple had stolen his patients, so he hired a hit man to kill Dr. Purple. Tragically, the plot resulted in the death of Dr. Purple in 2004 and the incarceration of Dr. Green and his hit man.

Dr. Yellow had a successful pediatric practice in Kentucky but, like Dr. Green, wanted to get into eye plastic surgery, so he did a two-week observational fellowship with a prominent oculoplastic surgeon. His subsequent ac-

tivities included promoting botulinum toxin injections for cosmesis involving a non-FDA-approved substitute for Botox. He was convicted of promoting an unapproved drug and lost his medical license and his job. He has subsequently completed a divinity degree and is practicing family therapy.

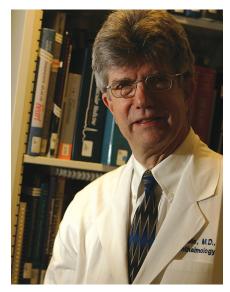
Dr. Black was a pediatric ophthalmologist who decided to enter the practice of refractive surgery in Washington with his good friend Dr. Red. Drs. Black and Red married women who were sisters, and they shared a lucrative practice with four satellite offices. They bought "key man" life insurance of \$5 million on each other to benefit the practice corporation and the remaining partner in the event of unexpected death. When the economy turned sour, the practice suffered, and they fired their practice manager, who then sued them for wrongful termination. Dr. Red wanted to dissolve the corporation, but Dr. Black objected. Dr. Black allegedly hired a hit man, who fortunately turned out to be an FBI agent, to kill his partner in a way that seemed accidental so the insurance would pay off. The matter is now in the hands of the courts.

All three perpetrators were ABO-certified, loyal fellows of the Academy, and even members of their state ophthalmology societies. They were fellowship-trained in pediatric ophthalmology, in mid-career with successful busy practices. While it is invalid to

draw epidemiologic conclusions from three cases, I think some recommendations can be made so the rest of us don't totally lose it as these three did.

First, if you are a pediatric ophthalmologist, don't switch to a more lucrative subspecialty without proper fellowship training. Second, ignore the advice of your practice consultant to buy key man life insurance for the business. It's just too much temptation when you get mad at your partner. And finally, remember laws really do apply to doctors as well as everybody else.

As to the underlying etiology? My theory is exposure to those prerequisites—organic chemistry and calculus—way back when.



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