

COPY

BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF OREGON

In the Matter of)

JOHN E. GAMBEE, M.D.)

OREGON LICENSE NO. MD09526)

FINAL ORDER

This matter came before the Board of Medical Examiners on October 13, 1994, for consideration of the proposed findings of fact and conclusions of law provided by Robert Keating, hearings officer of the Board, as a result of a contested case hearing held on April 20 and 21, 1994, at Portland, Oregon. The Board had invited Dr. Gambee to make an oral argument concerning his exceptions to the proposed order and he did so. The Board was represented by Paul J. Sundermier, Assistant Attorney General. Dr. John E. Gambee, licensee, appeared in person and represented himself. The record of the proceeding, including the transcript of testimony and all admitted exhibits, as well as all memoranda and argument submitted by the parties have been reviewed and considered.

The Board adopts the following findings of fact and conclusions of law of the hearings officer, as modified, which are based upon the entire record.

FINDINGS OF FACT

1. John E. Gambee, M.D. is a physician licensed to practice medicine in the State of Oregon by the Oregon Board of Medical Examiners.

1 2. Thyroid hormone affects virtually every organ in the
2 body. The proper amount of thyroid hormone is maintained by a
3 carefully regulated system. The thyroid gland produces hormones
4 known as T3 and T4 (T4 is broken down by the liver into T3) which
5 are the hormones which act on the various organ systems. The
6 pituitary gland produces TSH (thyroid stimulating hormone) which
7 stimulates the thyroid to produce T3 and T4. The pituitary, in
8 turn, is regulated in its secretion of TSH by the hypothalamus
9 which produces TRH (thyroid-releasing hormone) which reacts to
10 the level of T3 in the blood. T 43-44.

11 3. The system can fail any number of ways resulting in
12 either excess hormone (hyperthyroidism) or too little hormone
13 (hypothyroidism) T 44. Each manifests in a variety of symptoms.
14 Hypothyroidism can produce slowing of the pulse, slowing of
15 menstruation, slowing of bowel function, weight gain, loss of
16 appetite, snoring, dry hair, a feeling of coldness. T 45. These
17 manifestations vary dramatically from person to person, and may be
18 present in some patients and not in others. Excess thyroid may
19 produce rapid heart rate, increased appetite, increased
20 sensitivity to body heat, weight loss, rapid bowel function,
21 muscle weakness, sleep disturbance, anxiety, nervousness and
22 shakiness. T 46. None of these symptoms are specific to or
23 diagnostic of hypo- or hyperthyroidism. T 88, Exhibit 21.

24 4. Either too much or too little thyroid can result in
25 serious consequences to the patients, including potentially
26 lethal cardiac rhythm disturbances. T 54. Exhibit 13.

1 5. The administration of thyroid hormone can result in too
2 much hormone. T. 51, Exhibit 21.

3 6. It is not good practice to diagnose and treat
4 hypothyroidism on clinical symptoms alone since the symptoms are
5 non-specific and administration of thyroid replacement, the
6 appropriate therapy for hypothyroidism, can cause hyperthyroidism.
7 T. 51. The appropriate method of diagnosis is to measure blood
8 levels of T4 and, if necessary, TSH. T. 47-48, Exhibit 21.

9 7. Once a patient is started on thyroid replacement
10 therapy, it is necessary to measure blood levels periodically to
11 insure that the hormones stay in the appropriate range to avoid
12 therapy induced hyperthyroidism. T. 57.

13 8. Dr. Gambee diagnosed and treated patients for
14 hypothyroidism without performing thyroid function tests to
15 determine the level of thyroid hormone. LB, Exhibit 17, T. 61;
16 M.C. Exhibit 18, T. 68; GW, Exhibit 19, T. 74; T.S. Exhibit 20,
17 T. 79; Exhibit 21.

18 9. Failure to perform thyroid function tests on patients
19 with suspected hypothyroidism ignores modern scientific knowledge
20 and constitutes unscientific practices. Failure to perform such
21 tests can result in either hypo or hyperthyroidism, posing serious
22 health risks to the patients. Exhibit 21.

23 10. Dr. Gambee treated patient D.B., a terminal patient
24 with myeloma, with "ozone therapy." T. 226. Dr. Gambee had never
25 before and has never since treated a patient with this modality.
26 T. 225-227.

1 11. Dr. Gambee treated patient D.B. with Ozone because he
2 was a terminally ill patient, had received the treatment out of
3 the country and believed it had been beneficial, and Dr. Gambee
4 did not believe it would be harmful to the patient. T 226. Dr.
5 Gambee treated himself with the therapy. T. 226.

6 12. The treatment of patient D.B. with Ozone therapy
7 constitutes the use of unproved and unnecessary treatment. T 174.
8 It is not an accepted modality in the United States. T. 173.

9 13. Dr. Gambee treated patients with "cranial therapy".
10 Cranial therapy is treatment of various complaints by manipulation
11 of the cranial bones. T. 148. Cranial therapy is a recognized
12 and accepted method of treatment and its performance constitutes
13 the practice of medicine. T. 149. Cranial therapy requires
14 certain minimal training to perform including some minimal
15 generalized basic medical training by way of background. T. 149.
16 Dr. Gambee deputized one Mr. Guy Stores to provide the therapy
17 to patients for whom Dr. Gambee had prescribed the therapy.
18 T. 153, 191-192. Mr. Stores has had no generalized medical
19 training of any sort. T. 155, 191.

20 14. It is unacceptable practice for a physician to delegate
21 the performance of cranial therapy to a person with Mr. Stores
22 level of training. T. 155.

23 15. Dr. Gambee utilized "EAV" (Electro-Acupuncture according
24 to Voll) as a method of testing patients. T. 211-212, T.S. 213.,
25 L.B. 213, M.C. 213, K.F. 199, Exhibit 29. The technique measures the
26 resistance to an electrical impulse at an acupuncture point. T. 201.

1 It is measured by placing an instrument, a "Dermatron" or an
2 "Enclosion," (T. 200) on the patient's body at the acupuncture
3 point while the ground is held in the patient's hand. T. 201-202.

4 16. The purpose of EAV testing is to determine whether an
5 inflammatory state exists. T. 213. The theory is that the lower
6 the resistance the more likely an inflammatory state exists since
7 an inflammatory state causes the retention of fluids which lessens
8 resistance to electrical impulse. T. 213. Acupuncture points can
9 give some idea of the general state of health of some parts of
10 the body. T. 216. Dr. Gambee believes by use of this technique
11 the allergy acupuncture meridian can give some idea that allergies
12 may play a role in a patient's problems. T. 216.

13 17. The use of EAV is not customary and is not scientifically
14 based. Exhibit 31, p. 19.

15 **ULTIMATE FINDINGS OF FACT**

16 1. Dr. Gambee's use of EAV constituted the use of
17 unscientific modes of practice and the provision of medical
18 services for diagnosis which is unnecessary.

19 2. Dr. Gambee's use of Mr. Guy Stores, an unlicensed and
20 medically untrained person, to provide cranial therapy to his
21 patients, constitutes a practice contrary to recognized standards
22 of ethics of the medical profession and aiding and abetting the
23 practice of medicine without a license.

24 3. Dr. Gambee's use of Ozone therapy for patient D.B.
25 constituted the administration of unnecessary treatment and the
26 use of unscientific practices.

1 4. Dr. Gambee's diagnosis of hypothyroidism without thyroid
2 function tests in the patients listed above and his provision of
3 thyroid replacement without monitoring thyroid levels through the
4 use of thyroid function tests constitutes the use of unscientific
5 treatment and might endanger the health of the patients.

6 **CONCLUSIONS OF LAW**

7 1. All rulings made at the hearing in this matter are
8 affirmed.

9 2. No evidence was presented by Dr. Gambee to support
10 allegations of bias on the part of the Board Members in this
11 case and the Board concludes no such bias exists.

12 3. Dr. Gambee's use of unscientific testing modalities by
13 the use of EAV constitutes unprofessional conduct as defined in
14 ORS 677.188(4)(c) and justifies revocation of his license under
15 ORS 677.190(1).

16 4. Dr. Gambee's use of unproved and unscientific therapy by
17 the use of Ozone therapy for patient D.B. constitutes unprofessional
18 conduct as defined in ORS 677.180(4)(c) and justifies revocation
19 of his license under ORS 677.190(1).

20 5. Dr. Gambee's use of an inadequately trained layman to
21 provide medical therapy was contrary to the recognized standards
22 of ethics of the medical profession and constitutes unprofessional
23 conduct and aiding and abetting the unlicensed practice of medicine
24 justifying revocation of his license under ORS 677.190(11) and
25 ORS 677.190(1) as defined in ORS 677.188(4)(a).

26 6. Dr. Gambee's diagnosis and treatment of patients for

1 hypothyroidism without performing thyroid function tests
2 constitutes unprofessional conduct under ORS 677.188(4)(c) and
3 justifies revocation of his license under ORS 677.190(1).

4 7. Each ground for revocation set forth in Conclusions of
5 Law 3, 4, 5 and 6 is independent of the other and is sufficient
6 in itself to justify revocation of Dr. Gambee's license.

7 OPINION

8 Dr. Gambee has repeatedly demonstrated a willingness to move
9 into uncharted waters in his practice without regard to the
10 scientific merits of the proposed modality. His righteous defense
11 of his use of Ozone therapy on a terminal patient because the
12 patient wanted it and Dr. Gambee did not think it would hurt
13 illustrates an attitude which poses a threat to the safety of his
14 patients.

15 Alternative methods of treatment are available from
16 alternative providers. When a patient goes to a Medical Doctor
17 or a Doctor of Osteopathy, he or she is entitled to presume that
18 the physician will practice pursuant to scientific, orthodox
19 principles. One of those principles is that unproven or
20 unscientific therapies will not be provided, even for the best of
21 motives, because of the risk of exploitation. Dr. Gambee's use
22 of Ozone with patient D.B. , and his rationale for it, is not
23 dissimilar to the use of Laetrile. Patients in these conditions
24 are extremely vulnerable to offers of hope of any kind from anybody
25 for any price. This Board cannot condone these practices for
26 those who do not charge and prohibit them to those that do. The

1 principle is that the modality be scientifically based and
2 justifiable. This Board must protect that principle and the
3 principle will protect the population.

4 ORDER

5 IT IS HEREBY ORDERED that the license of John E. Gambee, M.D.
6 to practice medicine in the State of Oregon is revoked effective
7 11:59 p.m., December 31, 1994.

8 IT IS SO ORDERED this 13th day of October, 1994.

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11 
12 TERRY CONNOR, D.O., Chairman
Board of Medical Examiners

13 NOTICE: You are entitled to judicial review of this Order.
14 Judicial review may be obtained by filing a petition for
15 review within 60 days from the service of this Order.
16 Judicial review is pursuant to the provisions of ORS 183.482
17 to the Oregon Court of Appeals.
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