Articles from *The Journal of Clinical Ethics* are copyrighted, and may not be reproduced, sold, or exploited for any commercial purpose without the express written consent of *The Journal of Clinical Ethics.*

Katrina A. Bramstedt, "Medical Boards and Fitness to Practice: The Case of Teleka Patrick, MD," *The Journal of Clinical Ethics* 27, no. 2 (Summer 2016): 146-53.

Medical Boards and Fitness to Practice: The Case of Teleka Patrick, MD

Katrina A. Bramstedt

ABSTRACT

Background

Medical boards and fitness-to-practice committees aim to ensure that medical students and physicians have "good moral character" and are not impaired in their practice of medicine.

Method

Presented here is an ethical analysis of stalking behavior by physicians and medical students, with focus on the case of Teleka Patrick, MD (a psychiatry resident practicing medicine while under a restraining order due to her alleged stalking behavior).

Conclusions

While a restraining order is not generally considered a criminal conviction, stalking behavior is clearly unprofessional and a marker of inappropriate character and fitness, yet the reporting obligations for such matters are complex. Medical schools and training programs that fail to assess, record, and report matters of moral conduct such as this potentially allow impaired students to graduate and enter the work force (unless a robust licensing process identifies them). Patrick's case should be a wake-up call for medical schools and medical boards to better integrate the professionalism domain into their operations. Further, the professionalism of students and doctors need to be integrated into the legal domain, so that those who are unfit to practice are, in fact, prevented from doing so. Guidance for integration is provided.

Katrina A. Bramstedt, PhD, is a Professor in the Faculty of Health Sciences and Medicine at Bond University in Gold Coast, Queensland, Australia. *txbioethics@yahoo.com*

© 2016 by *The Journal of Clinical Ethics.* All rights reserved.

As a member of this profession, a physician must recognize responsibility to patients first and foremost, as well as to society, to other health professionals, and to self.
—American Medical Association

INTRODUCTION

Physicians are expected to have "good moral character"[1] and not be impaired in their practice of medicine.[2] Inappropriate behaviors and impairments are sometimes identified in medical school and are generally managed by fitness-to-practice committees. Case management (including mentoring and psychological counseling) is generally supportive, but can include a punitive component if policy violations have occurred (for example, plagiarism, fabrication of data, bullying). When medical boards have registration oversight of medical students, notification of certain fitness-to-practice cases is mandatory (for example, students with impairments who may place the public at substantial risk of harm[3]). In the setting of licensed physicians, medical boards' evaluation of "character and fitness" in the United States is one of the four major elements of licensure.[4] Evaluation can include criminal background check, fingerprint analysis, professional reference check, review of disciplinary actions in other jurisdictions, personal interview, and application screening questions.

According to the American Medical Association *Code of Medical Ethics Opinion 9.031,* "Unethical

Articles from *The Journal of Clinical Ethics* are copyrighted, and may not be reproduced, sold, or exploited for any commercial purpose without the express written consent of *The Journal of Clinical Ethics*.

conduct that violates state licensing provisions should be reported to the state licensing board."[5] Similar reporting obligations are also stated in *AMA Opinion 9.0305*.[6] While these statements specifically refer to reporting by colleagues, it is important to note that many jurisdictions also require self-reporting.

The recent case of stalking behavior by a physician, Teleka Patrick, has received international attention.[7] Presented here is neither a psychiatric nor forensic analysis of her case, but rather an ethical analysis pertaining to issues of fitness to practice and regulatory reporting.

CASE REPORT

Teleka Patrick, age 30, was a May 2013 MD-PhD graduate of Loma Linda University, and a first-year psychiatry resident at Western Michigan University School of Medicine/Borgess Medical Center in Kalamazoo, Michigan. A few months into her residency at Borgess, she was served a personal protection order (a PPO, a civil order that restrains intrusive behavior).[8] A few days earlier, she had received a letter rescinding her church membership.[9] The person requesting the PPO was her church pastor, Marvin Sapp, an internationally known gospel singer, who described nearly a year's duration of inappropriate behavior: Patrick had stalked him and his children, and Patrick had sent several hundred pages of unwanted correspondence, in some of which Patrick claimed Sapp was her husband.[10]

On 5 December 2013, Patrick left work at the hospital and drove to a local hotel where she attempted to rent a room with cash, but was turned away. Her car was found later that evening on the side of the road with a flat tire, about 110 miles away from her home. Her body was found four months later, drowned in Lake Charles, a few hundred feet from her car. The death was ruled accidental.[11] One can only speculate whether Patrick had concerns about the medical board or her institution becoming aware of the PPO and its detailed contents, especially because her institution required her to undergo drug testing in the summer of 2013 after she reportedly exhibited strange behavior.[12] Any such fears could have prevented Patrick from seeking psychiatric help.

DISCUSSION

Stalking is an inappropriate social behavior and a criminal offense characterized by repeated unwanted intrusions such as texts, phone calls, emails, giving gifts, following, and surveillance. While stalking itself is not a mental illness, the behavior can coexist with various psychopathologies, including delusional disorders, personality disorders, and schizophrenia.[13] Numerous cases of patients stalking their physicians have been reported in the medical literature;[14] however, physicians and medical students have rarely been reported as stalkers (see table 1). Furthermore, what makes the case of Patrick unique is her medical specialty: psychiatry.

In the state of Michigan, stalking is legally defined as "a willful course of conduct involving repeated or continuing harassment of another individual that would cause a reasonable person to feel terrorized, frightened, intimidated, threatened, harassed, or molested and that actually causes the victim to feel terrorized, frightened, intimidated, threatened, harassed, or molested."[15] The stalking of an adult is a misdemeanor punishable by imprisonment for not more than one year or a fine of not more than $1,000, or both,[16] whereas the stalking of a child is a felony punishable by imprisonment for not more than five years or a fine of not more than $10,000, or both.[17] Patrick's case, a potential felony, raises speculation about whether the Michigan Department of Licensing and Regulatory Affairs Board of Medicine was aware of her stalking behavior and the PPO. *Did Dr. Patrick report her court order? Did the court report this information?* The answers to these questions are not publicly known; however, it is unlikely that any reporting occurred, because Patrick continued her clinical work at the medical center while under the PPO.

While a stalking PPO is not (generally) considered a criminal conviction, stalking behavior is clearly unprofessional and a marker of problematic character and fitness, which are under the jurisdiction of medical boards and educational institutions. As indicated in table 1, stalking behavior is often not an isolated issue, as other inappropriate behaviors are also identified. Similar findings have been reported elsewhere.[18] If Patrick's court order was unreported, this was a missed opportunity to explore her global conduct and behavior so as to understand her wellness and her fitness to practice. If the court order was reported and she was allowed to continue to practice medicine, this raises questions about the ethical appropriateness of such a decision.

With regard to initial licensing applications for new graduates, the Michigan Department of Licensing and Regulatory Affairs Board of Medicine Application for Medical Educational Limited and Controlled Substance Licenses (2014) asks only one question with regard to psychiatric matters: *Have*

Articles from *The Journal of Clinical Ethics* are copyrighted, and may not be reproduced, sold, or exploited for any commercial purpose without the express written consent of *The Journal of Clinical Ethics.*

you ever been treated for substance abuse in the past 2 years? The application does not inquire about current or past psychiatric diagnoses or psychiatric hospitalizations. Fingerprint scans are used for criminal background checks, and applicants are asked to indicate if they have ever been convicted of a felony or convicted of a misdemeanor "punishable by imprisonment for a maximum of 2 years."[19] In Michigan, Medical Educational Limited licenses (that is, the license held by interns and residents) are valid for one year. License renewals require only the completion of a one-page form that informs the medical board of the contact information for the physician's training program and the signature of

TABLE 1. Doctors and medical students with stalking behavior

Date	Location	Specialty	Gender	Victim	Stalking behavior	Other behaviors	Outcome
2013[1]	U.S.	Psychiatry	Female	Gospel singer	Emails, home visits, claimed to be victim's wife.	Delusions, paranoia, auditory hallucinations.	Drowned in icy lake in 2014.
2012[2]	Australia	Medical student	Male	Patient	Calls, texts, home visit.	Plagiarism of medical school coursework.	1-year suspension from medical school & medical board notification (stalking); written reprimand & rotation failure (plagiarism).
2009[3]	U.K.	Emergency medicine	Male	Physician	Texts, gift giving, home visit, vandalized victim's car, threat to kill.	Impersonation; self-harm; faked illness (brain tumor) for attention.	Permanently removed from medical register; 4-year prison term.
2009[4]	U.S.	Medical student	Male	Prostitutes	Stalked victims on-line then met them at hotels; beat and robbed them; 1 killed; kept their lingerie.	Alleged gambling addiction; did not attend medical school classes (studied from home.)	Suspended from school; committed suicide in jail while awaiting trial (no note).
2008[5]	U.K.	Vascular surgery	Male	Secretary	Accessed her medical record; stole item from her office; hired private investigator to "vet" her.	Pornography addiction	3-month suspension.
2004[6]	U.K.	Sr. house officer	Male	Actress	Emails, texting, confronted victim at her home while showering.	Alcohol addiction, depression; spousal abuse conviction.	Struck off medical register.
1997[7]	U.S.	Cardiology	Male	Nuclear medicine technician	Followed victim while she worked; followed her home; phone calls, gift giving; vandalized victim's car.	Pattern of stalking: another victim filed a complaint prior.	$50,000 award to victim by jury trial.

NOTES

1. State of Michigan, 17th Circuit Court for the County of Kent, *Marvin Louis Sapp v. Dr. Taleka Patrick,* Personal Protection Order No. 13-08830-PH, 2013, *http://media. mlive.com/kzgazette_impact/other/TelekaPatrick. MarvinSappPPO2.pdf;* M.L. Sapp, "Letter rescinding church membership," 2013, *http://fox17online.com/2014/01/23/letter-to-teleka-patrick-from-marvinsapp/#axzz32JFE6TkN;* Health Professional Recovery Program, 2011, *http://www.hprp.org/documentsHPRP%20Brochure.pdf.*

2. *Bond University Fitness to Practice Medicine Registry,* Research Protocol RO1631.

3. *http://www.nottinghampost.com/Stalker-doctor-banned-life/story-12202282detail/story.html.*

4. *http://www.boston.com/news/local/massachusetts/articles/2011/04/01/files_tell_more_about_ craigslist_killer/?page=1; http://www.dailymail.co.uk/news/article-1085751/Married-surgeon-suspended-stalkingsecretary.html.*

5. *http://www.nowmagazine.co.uk/celebrity-news/228799/abi-titmuss; http://www.thefreelibrary.com/Abi+stalker+admits+to+beating+his+wife.-a0148513046.*

6. *http://articles.mcall.com/1999-07-30/news/3265860_1_harassment-nuclear-medicineunwanted-sexual-advances; http://www.clearinghouse.net/chDocs/public/EE-PA-00639000.pdf.*

Articles from *The Journal of Clinical Ethics* are copyrighted, and may not be reproduced, sold, or exploited for any commercial purpose without the express written consent of *The Journal of Clinical Ethics.*

the director of medical education.[20] These yearly renewals require no criminal background check or disclosure (by self or institutional) about harmful or criminal behavior.

Disability discrimination is a concern of medical boards,[21] and physicians' licensing applications are generally exceedingly cautious about questioning applicants about medical or mental health ailments. As an example, the above-mentioned Michigan form, asks about substance abuse treatment, but not about diagnoses of abuse or dependence.[22] Furthermore, the footer of the form is clear to state that the Department of Licensing and Regulatory Affairs "will not discriminate against any individual or groups because of . . . disability. . . ."[23] From an ethics perspective, medical boards need to balance their fear of disability discrimination against the need to identify impaired medical graduates seeking licensure. Patrick's stalking of her pastor began while she was a medical student, but it is unclear whether her medical school was aware of her behavior. This said, medical schools may indeed be awarding medical degrees to students who have "satisfied" academic requirements but who have impairments in the professionalism domain (impacting their behavior with society).[24] Medical students and physicians may be afraid to seek help for their impairments due to concerns about stigma and censure or punishment.[25] Indeed, there are two critical elements for students and educational bodies to consider: support and management. Medical schools and training programs have dual interests, in that they aim to support students who are having professionalism problems by referring them to interventions that provide assistance (medical, psychological, academic), while also managing the matter and its consequences (for example, plagiarism, stalking, social media misconduct). If educators are not balanced in their approach, over-focusing on support could send a message that the unwanted behavior and its consequences are insignificant (compared to the root cause). Conversely, over-focusing on the behavior and consequences could embolden a punitive and fear-based approach to handling unprofessionalism, and this could seclude students who might already fear seeking help.

In 1993 the State of Michigan created the Health Professional Recovery Program (*www.hprp.org*) for physicians and other clinical practitioners. Practitioners can self-refer or they can be referred by external sources such as their employer, the medical board, patients, family members, or the state. The service provides confidential treatment and monitoring for cases involving impairments due to mental or physical conditions "before their impairment harms a patient or damages their careers through disciplinary action."[26] Participation costs are paid by the enrollee, and the program is confidential, such that practitioners' names are not disclosed to state regulatory authorities or the public. Exceptions to this confidentiality are (1) physicians who are referred by the State of Michigan Attorney General's Office or the Licensing and Regulatory Division, or (2) physicians who are deemed noncompliant with one or more elements of their monitoring. It is unknown whether Patrick was referred to or enrolled in this program; however, considering the PPO, a referral from the court would have been ethically appropriate (although not legally required).

The features of this case are troubling because they raise questions about the assessment and reporting of professionalism issues during medical education. Medical school accreditation bodies do include ethics and professionalism as required items for curriculum, assessment, and remedy in situations of breach.[27] Curriculum generally includes core skill building, such as safe use of social media, empathy and communication training, hygiene and personal wellness, cultural safety, and ethical decision making. Assessment methods include reflective writing assignments, exam questions, and personal feedback from peers, patients, standardized patients, teachers, tutors, and clinical supervisors. Schools map their curriculum and assessment for tracking and audit purposes, and remedy panels (for example, fitness-to-practice committees) document their cases and outcomes. Medical schools are the "eyes and ears" that assess performance domains that are hugely relevant to the safety and welfare of patients, society, and the student-doctors themselves.[28] In addition to assessing clinical and basic science, medical student academic transcripts and dean's letters should contain assessment information pertinent to professionalism, so that medical boards and potential employers are aware of behavior and performance issues (see table 2).

It is not enough, however, for medical school accreditation bodies to require "ethics and professionalism" as a core competency. Universities, as the umbrella institutions for the schools, must also embrace such competency as a graduation requirement. Cases of unprofessional behavior (including those involving student wellness) often transition from the medical school up to the university (for example, matters of suspension, expulsion, students' appeals of cases). Thus the university mind-set must be aligned with that of the medical school, so that unprofessional and impaired students are appropri-

Articles from *The Journal of Clinical Ethics* are copyrighted, and may not be reproduced, sold, or exploited for any commercial purpose without the express written consent of *The Journal of Clinical Ethics.*

ately managed (see table 2). Universities should not be viewed as "safe havens" away from medical schools, where policies are "softer" and professionalism is "less valued." Medical schools and their partnered universities must be unified in their goal of ensuring that their medical graduates are safe and professional in their clinical practice. Unity can be achieved by ensuring that the misconduct policies of medical schools and universities align, and no loopholes exist that could allow unprofessional or impaired students to graduate.

Also, it is critically important that professionalism integrates into the legal domain, so that students and doctors who are unfit to practice are, in fact, prevented from practicing (see table 2). If the legal system fails to recognize professionalism as an essential core competency for medical graduates, this undercuts the integrity and authority of medical schools and their accreditation bodies.[29] There is ample evidence that the courts have used medical codes of ethics to inform legal decisions.[30] Thus, not recognizing professionalism in this same manner is

TABLE 2. Recommendations regarding professionalism and fitness to practice

Accreditation bodies	Professionalism must be valued on an equal footing with science and clinical competencies.
Medical schools (and post-graduate training programs)	1. Professionalism must be valued by faculty on an equal footing with science and clinical subjects. 2. Payment of tuition does not cause schools to automatically award medical diplomas to students.[1] 3. Matters of unprofessionalism should be potential grounds for dismal from a medical program, even if pass results are achieved in all other domains/courses.[2] 4. Respect for medical school professionalism policies must occur across all organizational structures (department, school, university).[3] 5. Professionalism assessment, feedback, and remediation should begin in year one of medical programs. 6. Student honor codes should require self-reporting of serious unprofessionalism[4] to their school/post-graduate training program/medical board (if regulated by medical board). 7. Transcripts and dean's letters should report matters of serious or trending unprofessionalism.[5]
Medical boards	1. Professionalism must be valued on an equal footing with clinical and research skills. 2. Medical boards should require self-reporting of serious unprofessionalism,[6] as well as reporting by medical schools/training programs, employers, and courts (if the individual has failed to self-report). 3. Medical boards should require certain matters of serious unprofessionalism to be directly reported by schools/training programs, employers, and courts.[7]
Legal system/courts	1. Courts should legally recognize the professionalism domain of medical practice, using codes of ethics and other standards as a legal basis for decisions. 2. Courts should order students and doctors to self-report to medical schools/medical boards serious matters of unprofessionalism for cases in their purview. 3. Courts should have the power to directly report certain matters of serious unprofessionalism to medical schools and medical boards, or report when students/doctors fail to adhere to court-ordered self-reporting.[8]

NOTES

1. The rules of progression should include exit pathways (e.g., expulsion, alternate degree) for students who are unable to achieve the requirements of the medical degree such that these students cannot continue along the path toward a medical diploma and licensure

2. Ibid.

3. Universities which offer programs in addition to medical degrees must recognize the unique societal obligations and professional standards of the medical profession.

4. Examples include plagiarism, fabrication, falsification, human or animal abuse, boundary violations, poor reliability and responsibility, lack of self-improvement and adaptability, poor initiative and motivation, negligence, inappropriate use of drugs or alcohol, criminal behavior, serious matters of moral character. M. Papadakis, C. Hodgson, A. Teherani, and N. Kohatsu, "Unprofessional Behavior in Medical School Is Associated with Subsequent Disciplinary Action by a State Medical Board," *Academic Medicine* 79, no. 3 (2004),244-249.

5. Ibid.

6. Ibid.

7. This recommendation is consistent with current practice in some jurisdictions. American Medical Association, "Opinion 9.031 - Reporting Impaired, Incompetent, or Unethical Colleagues," *AMA Code of Medical Ethics,* adopted December 1991, *http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics/opinion9031.page?*

8. Ibid.

Articles from *The Journal of Clinical Ethics* are copyrighted, and may not be reproduced, sold, or exploited for any commercial purpose without the express written consent of *The Journal of Clinical Ethics.*

inconsistent and potentially puts the public at risk.[31] Concurring with the Ottawa 2010 Conference, "Assessment [of professionalism] involves characterizing societal expectations, through dialogue and meaningful input from public stakeholders, and measuring the degree to which the profession . . . meets these expectations."[32] In doing so, medical schools help their students to recognize their responsibility to patients, to society, to other health professionals, and to self.[33] Those who do not meet these expectations should not enter the medical work force.[34] For those who have problems arising after they have entered the work force, successful remediation is essential if they are to safely remain in the profession.

Admittedly, there will be occasional "misses"—unprofessional and impaired medical students will receive degrees and enter the work force. Misses can result when undesirable behaviors go unreported by teachers, due to apathy or a desire to rid students from their roster by moving them along into the next rotation or subject. This "failure to fail" can also be the result of matters such as the desire to avoid an institutional appeal,[35] or to avoid the personal emotional toil of failing a student.[36] Fear of litigation can also causes misses,[37] especially when students view their degree as an entitlement based on a contract.[38] A recent investigation in Australia has concluded that some universities hesitate to fail under-performing students because failing them would shut off a valuable tuition income stream in the setting of weak government funding.[39] Much of this "failure to fail" can be more accurately termed "fear to fail."

CONCLUSION

Even an "ideal" system won't be perfect. This is because teachers and institutions will likely always have conflicts of interest that steer them away from reporting or failing unprofessional and impaired students. Furthermore, there is no crystal ball that predicts which students will successfully remediate. Some trainees, with the aid of needed mental and physical health supports, will gain wellness across these areas, as well as gain improvement in their professionalism.[40] Some trainees, unless they gain insight, will continue to have professionalism problems.[41] The recommendations in table 2 aim to either optimize existing systems or to create new and better ones. The resulting systems would have policies that align within schools and universities, fill loopholes, and add transparency that protects patients' welfare. These recommendations should be considered by a national task force that includes all stakeholders (including representatives from medical student cohorts, fellowship training programs, and community members). The resulting systems should also include a support mechanism for teachers/supervisors who struggle emotionally with the task of reporting or failing under performing trainees. (Practice points are listed in table 3.)

TABLE 3. Practice points

- Professionalism must be recognized as an assessable core competency, fully integrated into medical school as well as post-graduate training programs.
- The legal system (courts) must recognize professionalism as an essential core competency for medical graduates, preserving the integrity and authority of medical schools, training programs, and their accreditation bodies, and protecting the safety and welfare of patients and society.
- Students and doctors recognized as "unfit to practice" from a professionalism standpoint should be prevented from doing so and should be referred for appropriate remediation.

EPIGRAPH

American Medical Association, "Principles of Medical Ethics: Preamble," *AMA Code of Medical Ethics,* adopted June 1957, revised June 1980, revised June 2001, *http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics/principles-medical-ethics.page.*

DISCLOSURES

The author declares no conflict of interest. No funding was received for this work.

NOTES

1. West's Encyclopedia of American Law, "Physicians and Surgeons," 2005, *http://www.encyclopedia.com/doc/1G2-3437703351.html.*

2. American Medical Association, "Principles of Medical Ethics: Preamble,"*AMA Code of Medical Ethics,* adopted June 1957, revised June 1980, revised June 2001, *http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics/principles-medical-ethics.page.*

3. Health Practitioner Regulation National Law Act, Section 143, "Mandatory notifications by education providers," 2009, *https://www.legislation.qld.gov.au/LEGISLTN/CURRENT/H/HealthPracRNatLaw.pdf.*

4. R.P. Reaves, *The Law of Professional Licensing and Certification,* 1st ed. (Charlotte, N.C.: Publications for Professionals, 1984), 30-9.

5. AMA, "Principles of Medical Ethics: Preamble," see note 2 above.

Articles from *The Journal of Clinical Ethics* are copyrighted, and may not be reproduced, sold, or exploited for any commercial purpose without the express written consent of *The Journal of Clinical Ethics.*

6. AMA, "Opinion 9.0305—Physician Health and Wellness," *AMA Code of Medical Ethics,* adopted December 2003, *http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics/opinion90305.page.*

7. State of Michigan, 17th Circuit Court for the County of Kent, Marvin Louis Sapp v. Dr. Taleka Patrick, Personal Protection Order No. 13-08830-PH, 2013, *http://media.mlive.com/kzgazette_impact/other/TelekaPatrick.MarvinSappPPO2.pdf.*

8. Ibid.

9. M.L. Sapp, "Letter rescinding church membership," 2013, *http://fox17online.com/2014/01/23/letter-to-teleka-patrick-from-marvinsapp/#axzz32JFE6TkN.*

10. State of Michigan, 17th Circuit Court, see note 7 above.

11. A. Mitchell, "Second autopsy of Teleka Patrick confirms death by drowning, private investigator says," *Kalamazoo Gazette*, 13 April 2014, *http://www.mlive.com/news/kalamazoo/index.ssf/2014/04/second_autopsy_of_teleka _patri.html.*

12. R. Hall, Jr., "Teleka Patrick case: Report details Kalamazoo investigation as Indiana police await toxicology results," 2 August 2014, *http://www.mlive.com/news/kalamazoo/index.ssf/2014/08/teleka_patrick_case_police_rep.html*

13. R. Purcell, "A Study of Women Who Stalk," *American Journal of Psychiatry* 158, no. 12 (2001): 2056-60.

14. L. Maclean et al., "Psychiatrists' experiences of being stalked: A qualitative analysis," *Journal of the American Academy of Psychiatry and the Law* 41, no. 2 (2013): 193-9; C. Gale, B. Arroll, and J. Coverdale, "The 12-month prevalence of patient-initiated aggression against psychiatrists: A New Zealand national survey," *International Journal of Psychiatry and Medicine* 39, no. 1 (2009): 79-87; R. Mcivor, L. Potter, and L. Davies, "Stalking Behavior By Patients Towards Psychiatrists in a Large Mental Health Organization," *International Journal of Social Psychiatry* 54, no. 4 (2008): 350-7.

15. Michigan Penal Code Act 328 MCLA750.411 h (1)(d). (1998a)

16. Michigan Penal Code Act 328 MCLA750.411 h (2)(a). (1998b)

17. Michigan Penal Code Act 328 MCLA750.411 h (2)(b). (1998c)

18. J.R. Meloy et al., "A replication study of obsessional followers and offenders with mental disorders," *Journal of Forensic Sciences* 45, no. 1 (2000): 147-52.

19. Michigan Department of Licensing and Regulatory Affairs Board of Medicine, 2014, "Application for Medical Educational Limited and Controlled Substance Licenses," *https://www.michigan.gov/documents/lara/Medicine_Educational_Limited_456114_7. pdf.*

20. Michigan Department of Licensing and Regulatory Affairs Bureau of Health Care Services, 2014, Board of Medicine—Educational Limited Renewal Certification of Appointment to a Post Graduate Training Program, *http://www.michigan.gov/documents/mdch_med_cert_appt_renew_90202_7.pdf.*

21. R. Schroeder et al., "Do State Medical Board Applications Violate the Americans with Disabilities Act?" *Academic Medicine* 84, no. 6 (2009): 776-81; S. Altchuler, "Commentary: Granting Medical Licensure, Honoring the Americans with Disabilities Act, and Protecting the Public: Can We Do All Three?" *Academic Medicine* 84 no. 6 (2009): 689-91.

22. Michigan Department of Licensing and Regulatory Affairs Board of Medicine, see note 19 above.

23. Ibid.

24. K. Farkas, "CWRU blocks graduation from med school over 'professionalism' issues; judge orders degree be awarded," 2014, *http://www.cleveland.com/metro/index.ssf/2014/06/medical_student_not_allowed_to.html*; *Amir A. Al-Dabagh v. Case Western Reserve University* (2015) no. 14-3551 (Sixth Circuit).

25. L.W. Roberts et al., "Perceptions of academic vulnerability associated with personal illness: A study of 1,027 students at nine medical schools. Collaborative Research Group on Medical Student Health," *Comprehensive Psychiatry* 42, no. 1 (2001): 1-15.

26. Health Professional Recovery Program, 2011, *http://www.hprp.org/documentsHPRP%20Brochure.pdf.*

27. Liaison Committee on Medical Education, *Standard ED-23: Medical Ethics* (Washington, D.C: Association of American Medical Colleges, 2014); Australian Medical Council, Standards for Assessment and Accreditation of Primary Medical Programs (Kingston, A.C.T., Australia: AMC Ltd., 2012).

28. M. Papadakis, H. Loeser, and K. Healy, "Early Detection and Evaluation of Professionalism Deficiencies in Medical Students," *Academic Medicine* 76, no. 11 (2001): 1100-6.

29. Farkas, "CWRU blocks graduation from med school over 'professionalism' issues," see note 24 above ; *Amir A. Al-Dabagh v. Case Western Reserve University,* see note 24 above.

30. Ibid.; *Furniss v. Fitcett* (1958) NZLR 396.

31. A. Teherani, C. Hodgson, M. Banach, and M. Papadakis, "Domains of Unprofessional Behavior During Medical School Associated with Future Disciplinary Action by a State Medical Board," *Academic Medicine* 80 supp. (2005): S17-20.

32. B. Hodges et al., "Assessment of professionalism: Recommendations from the Ottawa 2010 Conference," *Medical Teacher* 33, no. 5 (2011): 354-63.

33. American Medical Association, "Principles of Medical Ethics: Preamble," see note 2 above.

34. Papadakis, Hodgson, Teherani, and Kohatsu, "Unprofessional Behavior in Medical School Is Associated with Subsequent Disciplinary Action by a State Medical Board," see note 28 above.

35. N. Dudek, M. Marks, and G. Regehr, "Failure to fail: The perspectives of clinical supervisors," *Academic Medicine* 80, no. 10 supp. (2005): S84-7.

36. F. Luhanga et al., "Exploring the Issue of Failure to Fail in Professional Education Programs: A Multidisciplinary Study," *Journal of University Teaching & Learning Practice* 11, no. 2 (2014): 1-24.

37. J. Guerrasio et al., "Failure to fail: The institu-

Articles from *The Journal of Clinical Ethics* are copyrighted, and may not be reproduced, sold, or exploited for any commercial purpose without the express written consent of *The Journal of Clinical Ethics.*

tional perspective," *Medical Teacher* 36, no. 9 (2014): 799-803.

38. *Alissa S. v Manhattanville College,* 2013, NY Slip Op 51300(U); *Sharick v. Southeastern University of the Health Science, Inc.,* 2000, No. 3D98-2674 (Ct. App. Fla.)

39. L. Besser, and P. Cronau, "Degrees of deception, 2015," *http://www.abc.net.au/4corners/stories/2015/04/20/4217741.htm.*

40. L. Dyrbye et al., "A multi-institutional study exploring the impact of positive mental health on medical students' professionalism in an era of high burnout," *Academic Medicine* 87, no. 8 (2012): 1024-31.

41. C. Sullivan et al., "Emergency medicine directors' perceptions on professionalism: a Council of Emergency Medicine Residency Directors survey," *Academic Emergency Medicine* 18, supp. 2 (2011): s97-103.