

BEFORE THE NORTH CAROLINA STATE BOARD OF DENTAL EXAMINERS

In The Matter Of:

MICHELLE A. MASSIE, D.D.S.

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FINAL AGENCY
DECISION

THIS MATTER was heard before the North Carolina State Board of Dental Examiners (Board) on July 13, 2012 pursuant to N.C. Gen. Stat. §§ 90-41.1 and 150B-38 and 21 NCAC 16N .0504 of the Board's Rules. The Board's Hearing Panel consisted of Board members Dr. Millard W. Wester III, presiding; Dr. Brad C. Morgan, Dr. Stanley L. Allen, Dr. C. Wayne Holland, and Dr. David A. Howdy. Board members Dr. Kenneth M. Sadler, Ms. Carla J. Stack and Dr. James B. Hemby, Jr., did not participate in the hearing, deliberation or decision of this matter. The Petitioner, Dr. Michelle A. Massie, was represented by James A. Wilson. Carolin Bakewell represented the Investigative Panel and Thomas F. Moffitt represented the Hearing Panel.

Based upon the stipulations of the parties and the evidence produced at the hearing, the Board enters the following:

FINDINGS OF FACT

1. The Dental Board is a body duly organized under the laws of North Carolina and is the proper party to bring this proceeding pursuant to the authority granted to it in Chapter 90 of the North Carolina General Statutes, including the Dental Practice Act and the Rules and Regulations of the North Carolina State Board of Dental Examiners.

2. The Petitioner was licensed to practice dentistry in North Carolina in 1987.

3. Since the mid-1990s, the Petitioner has suffered from serious bouts of depression.

4. In September 1994, the Petitioner was hospitalized for one day at a hospital in Cleveland, Ohio after she threatened suicide during a domestic dispute with her husband. Upon discharge, the Petitioner was diagnosed with an adjustment disorder and dependent personality traits.

5. In 1996, Petitioner and her family moved to North Carolina.

6. The Petitioner and her husband separated in 1997 and divorced in September 1998.

7. In early 1999 the Petitioner had sporadic suicidal thoughts during a two-month period and ultimately took an overdose of Tylenol with codeine.

8. Later in 1999, the Petitioner went to her ex-husband's work place and confronted him about his failure to pay child support. Petitioner threw her shoe at him during the confrontation.

9. As a result of the confrontation with her ex-husband, the Petitioner was admitted to Holly Hill Hospital in Raleigh for 12 days.

10. The Petitioner was discharged from Holly Hill with a diagnosis of recurrent, severe major depression, dysthymic disorder and post-traumatic stress disorder.

11. In July 1999, the Petitioner presented to Pitt County Memorial Hospital (PCMH), complaining that relatives had been abusing her children. When questioned by staff, the Petitioner became increasingly belligerent and aggressive and began yelling and screaming.

12. PCMH staff involuntarily committed the Petitioner to Cherry Hospital in Goldsboro when they became concerned that she might be suicidal.

13. The Petitioner remained in Cherry Hospital for 15 days, where she was diagnosed with depression, not otherwise specified.

14. On February 20, 2001, Rural Health Group, where the Petitioner then worked as a dentist, directed her to take a medical leave of absence, based upon reports that she was crying and moaning in front of patients, slurring her words and that her hands were shaky.

15. On February 22, 2001, the Petitioner attempted suicide by taking an overdose of Wellbutrin.

16. Following her suicide attempt, the Petitioner was involuntarily committed to Halifax Memorial Hospital for nine days. She was diagnosed with major depression, recurrent.

17. In 2004, the dentist for whom the Petitioner then worked contacted North Carolina Caring Dental Professionals (CDP) and reported that the Petitioner was having problems controlling her temper and getting along with patients and staff.

18. On August 16, 2004, the Petitioner signed a contract with the CDP (hereafter, 2004 CDP contract).

19. Also in August 2004, the Petitioner underwent a psychiatric evaluation by Raleigh psychiatrist Dr. Phillip Hillsman at the request of CDP.

20. Dr. Hillsman diagnosed the Petitioner with recurrent major depression, personality disorder not otherwise specified and possible borderline personality disorder.

21. As part of the evaluation, Dr. Hillsman contacted Dr. Karen Ballou, a psychiatrist who had treated the Petitioner since her 2001 suicide attempt.

22. According to Dr. Ballou, the Petitioner “comes totally unglued under stress. She decompensates. She can look paranoid and almost psychotic. She rants, raves, cries, and says that this is a racist society.” Dr. Ballou concluded that there was “good evidence . . . [that the Petitioner has] a personality disorder, perhaps borderline personality.”

23. Upon Dr. Hillsman’s advice, the Petitioner was not cleared to resume the practice of dentistry until November 2004.

24. In October 2005, at the request of the CDP, the Petitioner underwent an evaluation by Dr. Morris McEwen, a Charlotte psychiatrist.

25. Dr. McEwen diagnosed the Petitioner with mild to moderate depression, recurrent and in remission, post-traumatic stress disorder, severe mixed personality disorder, including paranoid and borderline traits and obsessive compulsive personality disorder.

26. The Petitioner violated her 2004 CDP contract by missing 32 calls to the CDP drug testing agency to determine if she should undergo drug screens and by failing to report for drug screens on eight occasions when she was selected to test.

27. On May 30, 2006, the Executive Director of CDP met with Petitioner to discuss her violations of her 2004 CDP contract. During the meeting, the Petitioner became angry and agitated and sobbed uncontrollably.

28. Thereafter, the CDP reported the Petitioner’s violations of her 2004 CDP contract to the Dental Board.

29. In July 2006, the Petitioner and the Dental Board entered into a consent order (hereafter, July 2006 CO) whereby the Petitioner was required to sign another CDP contract within 45 days and comply with its terms, including testing for drug and alcohol use.

30. In September 2006, the Petitioner underwent a three-day inpatient evaluation at Earley & Associates in Smyrna, Georgia.

31. During her evaluation at Earley & Associates, the Petitioner was diagnosed with major depression in partial or full remission and personality disorder with avoidant and passive aggressive traits.

32. Earley & Associates recommended that the Petitioner go to the Professional Renewal Center in Kansas or a similar program for treatment of her personality disorder and that she undergo neuropsychological testing for possible heavy metal toxicity.

33. The Petitioner did not comply with either of the Earley & Associates treatment recommendations.

34. The Petitioner signed a second contract with the CDP in 2006 (hereafter 2006 CDP contract), but failed to comply with its testing requirements. She was therefore in violation of her 2006 CDP contract and the 2006 Consent Order as of March 2007, when she let her dental license lapse.

35. In June 2012, the Petitioner signed a third contract with CDP. As of the date of trial, the Petitioner had complied with all terms of the contract.

36. The Petitioner stopped taking medication for depression earlier in 2012 and reported that she had been cleared to discontinue her medication by a psychiatric nurse.

37. The Petitioner's sister testified that the Petitioner's state of mind has greatly improved and that she does not appear to be currently depressed.

38. The Petitioner's sister did not address how or whether the Petitioner has dealt with her personality disorder. The Petitioner's sister is a professor at the University of North Carolina at Chapel Hill but is not a physician and does not have a medical background.

39. Although Petitioner remains at a significantly greater risk for a relapse of depression than other members of the population, the Hearing Panel does not find that she is currently suffering from depression.

40. The Petitioner has not demonstrated by a preponderance of the evidence that she has effectively dealt with her personality disorder.

41. Although the Petitioner has had sporadic counseling and treatment since 2007, none of her treating physicians or psychologists testified at the trial herein and there was no evidence of their conclusions regarding her current diagnosis and prognosis.

42. The only current evidence presented at the hearing regarding the Petitioner's personality disorder came from Dr. Joseph Godfrey, a psychiatrist from Belmont who evaluated the Petitioner for one hour in January 2012.

43. In his written report concerning his evaluation, Dr. Godfrey opined that the Petitioner does not have a personality disorder, but did not explain how he arrived at that conclusion.

44. Dr. Godfrey did not appear and provide live testimony at the trial.

45. Dr. Godfrey did not refer the Petitioner for any personality testing, did not contact any collateral witnesses and did not have access to all of the Petitioner's prior medical records.

46. Dr. Fernando Cobos, a CDP-approved psychiatrist who evaluated the Petitioner in February 2012, did not give an opinion concerning whether the Petitioner has a personality disorder. Dr. Cobos testified that it would not be possible to reach a diagnosis on the basis of a one-hour evaluation.

47. In light of all of the evidence introduced during the trial and the scant evidence upon which Dr. Godfrey appears to have based his opinion, the Hearing Panel did not find Dr. Godfrey's opinion about the Petitioner's mental state to be sufficient to support his conclusion that the Petitioner does not have a personality disorder, and for that reason the Hearing Panel did not find Dr. Godfrey's opinion to be persuasive.

48. In the past, the Petitioner's personality disorder has contributed to conflicts with authority, such as the CDP and the Dental Board, and likely was a factor in her troubled professional life.

49. The Petitioner has been asked to leave several dental practices because she was unable to get along with colleagues, staff and patients. On other occasions, she left dental practices because of perceived unfairness, sexual harassment and even

threats of physical harm by staff members. She has made a number of bizarre claims about colleagues to the Dental Board, all of which appear to be without foundation.

50. Personality disorders are notoriously difficult to treat and typically require significant periods of psychotherapy.

51. The Petitioner did not present sufficient evidence to show that she has received or has been compliant with appropriate therapy for her personality disorder and that she can safely practice dentistry at this time.

Based upon the Findings of Fact and the consent of the parties, the Board hereby enters the following:

CONCLUSIONS OF LAW

1. The Board has jurisdiction over the person of the Petitioner and over the subject matter of this case.

2. The Petitioner failed to meet her burden of proof that she is mentally and emotionally fit to practice dentistry within the meaning of G.S. 90-41(a)(7). Instead, the evidence shows that the Petitioner is mentally and emotionally unfit to practice dentistry at this time.

3. The Petitioner violated the 2006 Consent Order and her 2006 CDP contract and thereby engaged in unprofessional conduct as defined by 21 NCAC 16V.0101(4) and (13), in violation of G.S. 90-41(a)(26), which is a sufficient independent basis to deny reinstatement of her dental license.

Based on the foregoing Findings of Fact and Conclusions of Law, the Board enters the following:

ORDER

The Petitioner's petition for reinstatement of her dental license shall be and hereby is DENIED.

This the 25 day of September, 2012.



Dr. Millard W. Wester III
Chairman

THE NORTH CAROLINA STATE
BOARD OF DENTAL EXAMINERS