

**STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
NURSING CARE QUALITY ASSURANCE COMMISSION**

In the Matter of the License to Practice )	
as a Registered Nurse of: )	Docket No. 01-03-A-1104RN
	)
JOYCE G. BROWN, R.N., )	FINDINGS OF FACT,
License No. RN00081418, )	CONCLUSIONS OF LAW,
	)
Respondent. )	AND FINAL ORDER OF DEFAULT
	(Failure to Respond)

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This matter comes before the Health Law Judge John Kuntz, Presiding Officer for the Nursing Quality Assurance Commission (the Commission), for a final order of default. Based on the record, the Presiding Officer, on designation by the Commission, now issues the following:

**I. FINDINGS OF FACT**

1.1 The Respondent was issued a license to practice as a registered nurse by the State of Washington in February 1984.

1.2 On April 11, 2001, the Respondent was issued an Ex Parte Order of Summary Action; Ex Parte Motion for Order of Summary Action; a Statement of Charges alleging unprofessional conduct under RCW 18.130.180 (3), (4), (6), (7), (10), (13), (14), and (16); WAC 256-840-700 (1)(a), (b), (c), (2)(a), (b), (3)(a), (b), (c); WAC 246-840-710 (1)(a), (b), (c), (f), (2)(a), (b), (3)(a), (4)(c); RCW 18.79.210 and WAC 246-810-111 (1); Statement of Charges, dated April 6, 2001; Notice of Opportunity for Prompt Hearing, Regularly Scheduled Hearing or Settlement, dated April 6, 2001; Answer to Statement of

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Charges and Request for Prompt Hearing or Settlement and Regularly Scheduled Hearing form. On April 11, 2001, these documents were served at the Respondent's last known address. (See Exhibit 1). On April 20, 2001, the Respondent filed a letter with the Adjudicative Clerk Office. The Respondent requested a 60-day extension "in accordance with the hardship extension." The Respondent requested the additional time to allow her to obtain legal representation for the proceeding. On May 4, 2001, an Order on Request for Extension of Time was served granting the Respondent to Answer the Statement of Charges by the close of business on July 2, 2001.

1.4 To date, the Adjudicative Clerk Office has not received an Answer to the Statement of Charges. A Notice of Failure to Respond was issued on July 5, 2001. (See Exhibit 2).

1.5 The Commission has no reason to believe the Respondent is in active military service.

1.6 The Department has filed the Declaration of Debra Young, Paralegal, with attached exhibits. (See Exhibit 3).

1.7 Between April 1999 and September 2000, the Respondent practiced as a registered nurse in the state of Washington while her license was expired.

1.8 The Respondent provides nursing care and nutritional consultation through her business, "Nature's Friend," which she operates out of her residence in Kelso, Washington. The Respondent advertises herself as a registered nurse and refers to her years of nursing experience in recommending treatments and products to prospective clients.

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1.9 Between approximately April 2000 and September 2000, the Respondent promoted and sold the product MICOM (aka MYGA 111 or Iomega 111) to persons, including patients [REDACTED] and [REDACTED] as a natural mineral compound or supplement for the treatment of cancer and other conditions and diseases that is approved by the FDA. MICOM is not approved by the FDA for human use in the United States and is not recognized as an effective or safe treatment for cancer or other conditions and diseases.

1.10 MICOM is an unlabeled non-sterile, non-isotonic solution. The Respondent should have known that any solution that was not labeled sterile was unsafe to administer intravenously and might result in infections. Without a labeled solution the Respondent could not identify the substance she was infusing intravenously.

1.11 The Respondent provides her patients written direction that they should not allow hospitalization after taking MICOM, even if the patient's temperature rises to 104 degrees.

1.12 Between approximately April 2000 and September 2000, the Respondent practiced beyond the scope of a registered nurse in the state of Washington and practiced below the standards of registered nursing practice in the state of Washington:

(a) By starting and administering intravenous infusions of MICOM and D5W (Dextrose 5%) solutions to patients, including patients [REDACTED] and [REDACTED] for the treatment of cancer and other conditions or diseases, without physician orders, physician oversight, review of prior medical records, or conducting a complete physical exam; and

(b) By recommending the oral administration of MICOM to patients; [REDACTED] and [REDACTED] for the treatment of cancer and other conditions or diseases, without physician orders, physician oversight, review of prior medical records, or conducting a complete physical exam.

(c) By recommending and administering a topical tar medication or treatment entitled "Black Salve" to patients, including patient [REDACTED] for the treatment of cancer and other conditions or diseases, without physician orders, physician oversight, review of prior medical records, or conducting a complete physical exam.

#### **Patient ES**

1.13 On or about August 8, 2000, Patient [REDACTED] arrived at the Respondent's residence for intravenous infusions of MICOM solution for the treatment of cancer. Patient [REDACTED] and his spouse had previously consulted with the Respondent by telephone regarding the treatment and at that time informed the Respondent about Patient [REDACTED] history of colon and liver cancer, colectomy in October of 1999, incisional hernia in April of 2000, and his overall fragile condition. Upon arrival at the Respondent's residence, [REDACTED] and his spouse informed the Respondent that [REDACTED] was severely dehydrated and bleeding from his penis and gums.

1.14 Without physician oversight, physician orders, review of prior medical records, or conducting a complete physical exam, the Respondent instructed her unlicensed assistant to start a water rectal drip on [REDACTED] to treat the dehydration. The

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Respondent's prescribed rectal drip would have been ineffective to treat [REDACTED] dehydration secondary to total colectomy in October of 1999.

1.15 At approximately 9:45 a.m., without physician oversight, physician orders, review of prior medical records, or conducting a complete physical exam, the Respondent started an intravenous infusion of MICOM and D5W solutions to patient [REDACTED]

1.16 The MICOM solution the Respondent administered intravenously to [REDACTED] was an unlabeled non-sterile, non-isotonic solution, containing sodium, potassium, chloride, phosphates, sulfates and bacteria. Intravenous administration of this MICOM solution would likely result in dangerous electrolyte imbalance, cardiac arrhythmias, congestive heart failure and renal failure in the patient.

1.17 During the infusion [REDACTED] displayed and complained of chills, chest pains, a burning sensation, difficulty breathing, increased temperature and decreased blood pressure. The Respondent failed to transport [REDACTED] for emergency treatment or consult with a physician.

1.18 At approximately 3:15 p.m. the Respondent determined that [REDACTED] was not breathing and that his heart had stopped. The Respondent told [REDACTED] spouse that [REDACTED] had died and recommended that emergency assistance not be contacted because there was probably nothing that could be done, it would be too expensive, and it might lead to a police investigation.

1.19 The Respondent did not initiate CPR until instructed by [REDACTED] spouse and the Respondent did not immediately call for emergency assistance until the spouse insisted. At approximately 3:30 p.m. the Respondent called 911 and at that time ceased

performing chest compressions on [REDACTED] When the emergency crew arrived, the Respondent instructed them not to administer any normal saline infusions to [REDACTED] because it would stop the patient's heart.

1.20 After hospital transport [REDACTED] was declared dead. The cause of death was determined to be acute congestive heart failure and renal failure following infusion of MICOM (O2MYGA 111).

### **Patient TEB**

1.21 On or about August 8, 2000, Patient [REDACTED] arrived at the Respondent's residence for intravenous infusions of MICOM solution for the treatment of cancer. Patient [REDACTED] and his spouse had previously consulted with the Respondent by telephone regarding the treatment and at that time informed the Respondent about [REDACTED] recent diagnoses of a massive recurrence of a left frontal brain tumor with a prognosis of six weeks to live, and that [REDACTED] suffered from seizures and was currently prescribed Tegretol and Decadron.

1.22 On or about August 8, 2000, at approximately 8:00 a.m., without physician oversight, physician orders, review of prior medical records, or conducting a complete physical exam, the Respondent started an intravenous infusion of MICOM and D5W solutions on Patient [REDACTED] The MICOM solution the Respondent administered intravenously to [REDACTED] was a non-sterile, non-isotonic solution that was likely to contain bacteria.

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1.23 After receiving the solution, [REDACTED] complained of lower back pain and when he attempted to walk, fell down and appeared unconscious for approximately three minutes. [REDACTED] then went in to another room and fell into a deep sleep. The Respondent failed to transport [REDACTED] for emergency treatment or consult with a physician.

1.24 At approximately 3:30 p.m., the Respondent went to the hospital to attend to [REDACTED] and left [REDACTED] in the care of her unlicensed assistant who had no experience with the MICOM intravenous solutions, and the Respondent did not inform the caregiver how to contact her. The Respondent did not return until approximately 9:30 p.m. During that time [REDACTED] could not be aroused and his breathing was rapid and shallow.

1.25 At approximately 10:30 p.m. on August 8, 2000, the Respondent transported [REDACTED] to a hospital in Portland, Oregon in her personal vehicle with no emergency equipment rather than seeking emergency medical care at a local hospital in Washington. Upon arrival at the hospital at approximately 11:30 p.m., [REDACTED] was unresponsive with no audible air movement. [REDACTED] was diagnosed with sepsis, pneumonia and acute renal failure, among other conditions, and placed on a ventilator in critical condition for several days. After a 10-day hospital stay [REDACTED] was released.

## **II. CONCLUSIONS OF LAW**

2.1 The Respondent was issued a license to practice as a registered nurse by the State of Washington, and is subject to the provisions of chapters 18.79 (formerly chapter 18.88) and 18.130 RCW and chapter 246-840 WAC.

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**REDACTED**

2.2 The Respondent did not file a response to the Statement of Charges within the time allowed by WAC 246-11-270(1)(a)(i) or WAC 246-11-270(3). Pursuant to RCW 18.130.090(1) and RCW 34.05.440, the Respondent is in default and the Commission may issue a dispositive order based on the evidence presented to it.

2.3 Based upon Finding of Fact 1.2 through 1.25, the Respondent has engaged in unprofessional conduct in violation of RCW 18.130.180 (3), (4), (6), (7), (10), (13), (14), and (16); WAC 256-840-700 (1)(a), (b), (c), (2)(a), (b), (3)(a), (b), (c); WAC 246-840-710 (1)(a), (b), (c), (f), (2)(a), (b), (3)(a), (4)(c); RCW 18.79.210 and WAC 246-810-111 (1). which provide in part:

**RCW 18.130.180 Unprofessional conduct.**

The following conduct, acts, or conditions constitute unprofessional conduct for any license holder or applicant under the jurisdiction of this chapter:

(3) All advertising which is false, fraudulent, or misleading;  
(4) Incompetence, negligence, or malpractice which results in injury to a patient or which creates an unreasonable risk that a patient may be harmed. The use of a nontraditional treatment by itself shall not constitute unprofessional conduct, provided that it does not result in injury to a patient or create an unreasonable risk that a patient may be harmed;

(6) The possession, use, prescription for use, or distribution of controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes, diversion of controlled substances or legend drugs, the violation of any drug law, or prescribing controlled substances for oneself;

(7) Violation of any state or federal statute or administrative rule regulating the profession in question, including any state or rule defining or establishing standards of patient care or professional conduct or practice;



(10) Aiding or abetting an unlicensed person to practice when a license is required;

...

(13) Misrepresentation or fraud in any aspect of the conduct of the business or profession;

(14) Failure to adequately supervise auxiliary staff to the extent that the consumer's health or safety is at risk;

...

(16) Promotion for personal gain of any unnecessary or inefficacious drug, device, treatment, procedure, or served;

...

**WAC 256-840-700 Standards of nursing conduct or practice.**

The purpose of defining standards of nursing conduct or practice through WAC 246-840-700 and 246-840-710 is to identify responsibilities of the nurse in health care settings and as provided in the Nursing Practice Act, chapter 18.79 RCW. Violation of these standards may be grounds for disciplinary action pursuant to chapter 18.130 RCW. Each individual, upon entering the practice of nursing, assumes a measure of responsibility and public trust and the corresponding obligation to adhere to the standards of nursing practice. The nurse shall be responsible and accountable for the quality of nursing care given to clients. This responsibility cannot be avoided by accepting the orders or directions of another person. The standards of nursing conduct or practice include, but are not limited to the following:

**FOR REGISTERED NURSES:**

(1) Nursing process:

(a) The registered nurse shall collect pertinent objective and subjective data regarding the health status of the client.

(b) The registered nurse shall plan and implement nursing care, which will assist the client to maintain or return to a state of health or will support a dignified death.

(c) The registered nurse shall communicate significant changes in the client's status to appropriate members of the health care team. This communication shall take place in a time period consistent with the client's need for care.

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(2) Delegation and supervision: The registered nurse shall be accountable for the safety of clients receiving nursing service by:

(a) Delegating selected nursing functions to others in accordance with their education, credentials, and demonstrated competence.

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- (b) Supervising others to whom he/she has delegated nursing functions.
- (3) Other responsibilities:
  - (a) The registered nurse shall have knowledge and understanding of the laws and rules regulating nursing and shall function within the legal scope of nursing practice.
  - (b) The registered nurse shall be responsible and accountable for practice based on and limited to the scope of her/his education, demonstrated competence, and nursing experience.
  - (c) The registered nurse shall obtain instruction, supervision, and consultation as necessary before implementing new or unfamiliar techniques or practices.

**WAC 246-840-710 Violations of standards of nursing conduct or practice.**

The following will serve as a guideline for the nurse as to the acts, practices, or omissions that are inconsistent with generally accepted standards of nursing conduct or practice. Such conduct or practice may be grounds for action with regard to the license to practice nursing pursuant to chapter 18.79 RCW and the Uniform Disciplinary Act, chapter 18.130 RCW. Such conduct or practice includes, but is not limited to the following:

- (1) Failure to adhere to the standards enumerated in WAC 246-840-700(1) which may include:
  - (a) Failing to assess and evaluate a client's status or failing to institute nursing intervention as required by the client's condition.
  - (b) Willfully or repeatedly failing to report or document a client's symptoms, responses, progress, medication, or other nursing care accurately and/or intelligibly.
  - (c) Willfully or repeatedly failing to make entries, altering entries, destroying entries, making incorrect or illegible entries and/or making false entries in records pertaining to the giving of medication, treatments, or other nursing care.
- ...
- (f) Willfully causing or contributing to physical or emotional abuse to the client.
- (2) Failure to adhere to the standards enumerated in WAC 246-840-700(2) which may include:
  - (a) Delegating nursing care function or responsibilities to a person who the nurse knows or has reason to know lacks the ability or knowledge to perform the function or responsibility, or delegating to unlicensed persons those functions or responsibilities the nurse knows or has reason to know are to be performed only by licensed persons. This section should not be

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construed as prohibiting delegation to family members and other caregivers exempted by RCW 18.79.040(3), 18.79.050, 18.79.060 or 18.79.240.

(b) Failure to supervise those to whom nursing activities have been delegated. Such supervision shall be adequate to prevent an unreasonable risk of harm to clients.

(3) Failure to adhere to the standards enumerated in WAC 246-840-700(3) which may include:

(a) Performing or attempting to perform nursing techniques and/or procedures for which the nurse lacks the appropriate knowledge, experience, and education and/or failing to obtain instruction, supervision and/or consultation for client safety.

...

(4) Other violations:

...

(c) Willfully abandoning clients by leaving a nursing assignment without transferring responsibilities to appropriate personnel or caregiver when continued nursing care is required by the condition of the client(s).

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#### **RCW 18.79.210 License renewal--Procedures, requirements, fees.**

A license issued under this chapter must be renewed, except as provided in this chapter. The licensee shall comply with administrative procedures, administrative requirements, and fees as determined under RCW 43.70.250 and 43.70.280.

#### **WAC 246-810-111 Expired license.**

(1) If the license has expired for three years or less, the practitioner must meet the requirements of chapter 246-12 WAC, Part 2.

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2.4 The Commission determines that sufficient grounds exist to take disciplinary action against the Respondent's license to practice as a registered nurse in the state of Washington, pursuant to RCW 18.130.160.

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### **III. ORDER**

Based on the foregoing Findings of Fact and Conclusions of Law, the Commission hereby makes the following ORDER:

3.1 The license of the the Respondent to practice as a registered nurse in the state of Washington is REVOKED for a period of ten (10) years with no right to reapply.

3.2 The Respondent shall immediately return all licenses to the Commission within ten (10) days of the service of this Order.

3.3 Within 10 days of the service of this Order, the Respondent shall thoroughly complete the attached Healthcare Integrity and Protection Data Bank Reporting Form (Section 1128 of the Social Security Act) and return it to the disciplining authority.

3.4 The Respondent may submit a written petition for modification of this Order or for reinstatement of her license when she can demonstrate to the Commission general fitness and competency to practice as a registered nurse and advanced registered nurse practitioner in the state of Washington. At the time the Commission considers the petition for modification or reinstatement the Respondent may be required to appear personally before the Commission and the Commission may impose additional conditions after reviewing the Respondent's compliance with this Order.

3.5 This Order is subject to the reporting requirements of RCW 18.130.110, Section 1128E of the Social Security Act, and any other applicable interstate/national reporting requirements.

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#### IV. NOTICE TO PARTIES

As provided in RCW 34.05.461(3), 34.05.470, and WAC 246-11-580, either party may file a petition for reconsideration. The petition must be filed with the Adjudicative Clerk Office, 1107 Eastside Street, PO Box 47879, Olympia, WA 98504-7879, within ten (10) days of service of this Order. The petition must state the specific grounds upon which reconsideration is requested and the relief requested. The petition for reconsideration shall not stay the effectiveness of this Order. The petition for reconsideration is deemed to have been denied 20 days after the petition is filed if the Commission has not acted on the petition or served written notice of the date by which action will be taken on the petition.

"Filing" means actual receipt of the document by the Adjudicative Clerk Office, RCW 34.05.010(6) and WAC 246-11-080. This Order was "served" upon you on the day <sup>19 JPK</sup> it was deposited in the United States mail, RCW 34.05.010(18).

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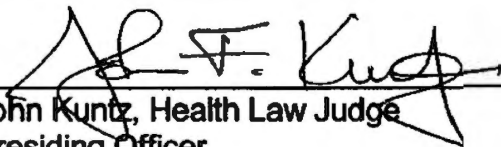
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**REDACTED**

Proceedings for judicial review may be instituted by filing a petition in the Superior Court in accord with the procedures specified in chapter 34.05 RCW, Part V, Judicial Review and Civil Enforcement. The petition for judicial review must be filed within 30 days after service of this Order, as provided by RCW 34.05.542.

DATED THIS 16<sup>th</sup> DAY OF AUGUST, 2001.

  
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John Kuntz, Health Law Judge  
Presiding Officer

Prepared by:

See Proposed Order  
Megan W. Pottorff, WSBA #18054  
Department of Health Staff Attorney

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