



INFORMATION ON EMERGENCY MEDICAL SERVICES

The Relationship between Advanced Life Support Personnel and On-line Medical Control

SB 125, authored by Senator Caramendi, became law in January 1981 (Division 2.5 Section 1797, Health & Safety Code). California pre-hospital Advanced Life Support personnel are now recognized as a state certifiable classification of health care providers. Paramedic and EMT-II programs have been operating as pilot projects while attempting to prove their role in the medical care field. This legislation now allows for easier expansion of the various levels of advanced life support while establishing a relative degree of uniformity for each care level of the program.

Along with this program comes a responsibility for supervision of the medical care provided in the pre-hospital setting. The term used in the law to describe pre-hospital supervision is "MEDICAL CONTROL." MEDICAL CONTROL must be of 2 levels which are termed ON-LINE (Direct) Medical Control and OFF-LINE (Supervisory/review) Medical Control. Both of these methods of Medical Control are to be determined by your local EMS Agency and must be consistent with minimum state standards and the intent of SB 125.

Inasmuch as the pre-hospital Advanced Life Support personnel are a direct extension of a person licensed to practice medicine, Medical Control is ultimately the direct responsibility of specifically designated physicians and their support staff, all of whom are experienced in emergency medicine. The Advanced Life Support personnel are authorized by California law to operate ONLY under physician directed Medical Control while following standardized triage and treatment protocols which have been developed by the local EMS Agency in accordance with local medical practice. These protocols are then reviewed and accepted by the Base Hospital Medical Control physician. Therefore, the Base Hospital physician is responsible for and in full control of Advanced Life Support pre-hospital medical assessment and care. Thus, another health care provider who may arrive on the scene after the ALS team but are not associated with the responding ALS unit should not intervene or interfere as they would not be likely to understand the required protocols that were being utilized. Such individuals would be encouraged "to help with another pair of hands, eyes, and ears"

but should not "take charge of the scene" unless granted such authority by a Base Hospital Medical Control Physician. Medical Control of Advanced Life Support personnel by law must remain with the designated Base Hospital Medical Control Physician.

If you should stop at the scene of an emergency in the future, and you find an ALS team in action, your offer of assistance will continue to be encouraged and appreciated but interference whether inadvertent or deliberate may well compromise coordinated treatment of a critically ill or injured individual. If you have problems or concerns about the system, or the care being provided, DO NOT interfere at the scene but ask to speak directly to the Base Hospital Medical Control Physician.

Section 1482.5 (Health & Safety Code) states "the authority for patient health care management in a medical emergency shall be vested in that licensed health care professional or paramedic at the scene who is most medically qualified specific to the provision of rendering emergency medical care." If your qualifications in emergency medicine are equal to or exceed those of the Base Hospital physician you may take the responsibility for the patient and personally render aid as well as accompany the patient to the appropriate facility. Locally developed protocols should be utilized in your notification of the Base Hospital physician that you are taking charge of his patient and are assuming the liability for this care. Advanced Life Support personnel may assist you in this effort if directed to do so by local protocol or the Medical Control Physician. Please remember that they can only take action in accordance with their Medical Control policies and are practicing outside their legal parameters if they fail to follow those policies.

If the situation is such that an Advanced Life Support team is asked to care for a patient in a physician's office or other situation where the patient's personal physician is physically present such as a convalescent hospital, it is recommended that the physician personally carry out any desired procedures. A requested medication or procedure may not be within the parameters of the particular Advanced Life Support program and thus might well place the Advanced Life Support personnel in jeopardy and would potentially place the Base Hospital physician

in a position of responsibility for pre-hospital care without an opportunity to control the care rendered. Likewise it would not be proper to start an IV medication and then expect the Advanced Life Support personnel to assume responsibility for ongoing care if the medication or procedure was not within the parameters of a particular program.

Your comments and suggestions are welcomed by the Medical Control Physician. Many times "a problem" is a simple misunderstanding of the overall program.

If you have questions regarding information in this article contact your Local Health Officer or Harold Renollet, M.D., Emergency Medical Services Agency, 3701 Branch Center Rd., Room 212, Sacramento, Ca. 95827 (916) 366-2064.

MEDICAL RECORDS MUST BE ACCURATE

The Board of Medical Quality Assurance has recently filed accusations on several physicians for dishonesty. All of these physicians, on multiple occasions, made notations on medical records stating that certain system examinations had been performed during the course of physical examinations when, in fact, the systems as noted in the record were never examined.

The complaints emanated from patients who required medical examinations for state employment, medical examinations for driver license recertification (Department of Motor Vehicles), bus driver examinations, and ambulance driver examinations: for example, the records state that throat, pulse, abdomen, genitourinary, reflexes, extremities, scars, hernia, etc. were examined. None of the systems or findings as noted in the records were examined, although notations and description of findings were made in the record. Urine specific gravity, albumen and sugar results were noted when no urine samples were taken.

Business and Professions Code Section 2234(e) states, in part, that the commission of any act involving dishonesty constitutes unprofessional conduct. The medical record should reflect truthfully the examinations which a physician performs and which are required on various forms. The physicians cited now find that they must defend themselves against the BMQA accusations, a time-consuming and expensive process.

All physicians are taught what constitutes a good history and physical examination. The rules of medical ethics dictate that physicians record honestly and truthfully the conclusions drawn from history and physical examinations actually performed.

YOUR CONTROLLED SUBSTANCES CERTIFICATE—

The correct phone number to call
Physicians desiring information regarding a Con-

trolled Substances Registration Certificate should call (213) 688-6711, the phone number of the Registration Section of the Federal Drug Enforcement Administration, 350 So. Figueroa, Suite 800, Los Angeles 90071.

SPECIALTY BOARD CERTIFICATION

At its March meeting, the Division of Licensing adopted new regulations which will allow any physician who takes and passes a certifying or recertifying examination administered by a recognized specialty board, credit for four consecutive years (100 units) of continuing education credit for relicensure purposes. Credit may be applied retroactively or prospectively.

Questions regarding this new change and other matters related to continuing medical education may be directed to Ms. Patricia Ann Griffin, (916) 920-6353.

GUIDEBOOK TO LAWS GOVERNING THE PRACTICE OF MEDICINE BY PHYSICIANS AND SURGEONS

The 1981 Revised Guidebook to Laws Governing the Practice of Medicine by Physicians and Surgeons has been mailed to all physicians who reside in California. The Guidebook is designed as a reference source regarding pertinent federal and state laws and other useful information. Please do not discard the Guidebook. It has been designed to assist you in your daily medical activities.

You may order additional copies of the "Guidebook" at a unit cost of \$2.40 (this includes the cost of handling, postage, sales tax as well as printing costs) from:

The State of California
Publications Section
P.O. Box 1015
North Highlands, CA 95660

When you order the "Guidebook," specify Publication Stock #0057-1020-3. Please make your check payable to the State of California.

CORRECTION IN THE GUIDEBOOK

Section 6.17 titled oral prescriptions in the Guidebook to Laws Governing the Practice of Medicine by Physicians and Surgeons contains a typographical error. The second sentence states "With the prescriber's permission, any employee may orally transmit a prescription for a controlled substance classified in Schedule II." Schedule II controlled substances may not be orally transmitted. Only in the event of an epidemic, accident or calamity may a Schedule II controlled substance be dispensed upon an oral prescription if failure to issue such a prescription might result in loss of life or intense suffering. With prescriber's permission, any employee may orally transmit a prescription for a controlled substance classified in Schedule III, IV, V, if the pharmacist's record of the prescription specifies the name of the employee.

DISCIPLINARY ACTIONS

January 1, 1981—March 31, 1981

Effective January 1, 1981, all statutes in the Medical Practice Act (Business and Professions Code, commencing at Section 2000) were re-numbered and re-arranged to provide a more orderly and logical sequence. All the cases below were commenced prior to the change. Therefore, all statutes cited below are based on the old numbering system, pre-1981.

- Birsner, John, M.D. (C-9250)—Bakersfield**
2392, 2141 B&P Code
Aided and abetted an x-ray technician in administering intravenous injections and performing fluoroscopy.
60 days suspension, stayed, 1 year probation on terms and conditions.
March 20, 1981
- Bowman, Gary A., M.D. (A-23919)—Fairfax**
2390, 2411, 2391.5 B&P Code; 11157 H&S Code
Stipulated Decision. Issued false prescriptions to obtain Talwin for self use. Violated probation under prior discipline.
Revoked, stayed, 10 years probation on terms and conditions, including 6 month actual suspension.
January 16, 1981
- Chai, Kyong Suk, M.D. (C-38267)—Oklahoma City, OK**
2363 B&P Code
New Jersey license revoked by that state for incompetence and gross malpractice.
Revoked.
January 12, 1981
- Elizaga, Daniel P., M.D. (A-33101)—Morton, WA**
2363 B&P Code
Disciplined by the State of Washington for offering to prescribe controlled substances to certain individuals in return for sexual favors, and for nontherapeutic purposes.
Revoked.
February 6, 1981
- Halpern, David I., M.D. (G-25041)—San Mateo**
Stipulated Decision. Section 2417 impairment.
Revoked.
March 25, 1981
- Heczko, John, M.D. (G-10681)—Lancaster**
2361(b) B&P Code
Gross negligence in care of patient with heart problem. Failed to conduct a complete medical history and examination; failed to follow proper diagnostic procedures; failed to provide necessary medical treatment and testing.
Revoked, stayed, 3 years probation on terms and conditions.
February 6, 1981
- Jones, Stewart M., M.D. (G-6277)—Folsom**
2378.5, 2361(b), 2383 B&P Code
Stipulated Decision. Conviction for unlawful furnishing of laetrile for cancer cure; and gross negligence. Prior discipline.
Revoked, stayed, 5 years probation on terms and conditions, including 6 months actual suspension.
February 19, 1981
- Kikuchi, John F., M.D. (A-15555)—Concord**
2399.5, 2391.5 B&P Code; 11154 H&S Code
Prescribed controlled drugs without medical indication, and to persons not under his care for a pathology or condition.
Revoked, stayed, 5 years probation on terms and conditions.
February 6, 1981
- Martin, Lorenzo, M.D. (A-24140)—Chula Vista**
2383 B&P Code
Grand Theft conviction for filing false claims to Medi-Cal.
Revoked, stayed, 8 years probation on terms and conditions.
February 26, 1981
- Moedl, Karl R., M.D. (C-22933)—Albuquerque, NM**
2363 B&P Code
Stipulated Decision. Disciplined by New Mexico board for self-administration of Demerol.
Revoked, stayed, 3 years probation.
March 30, 1981
- Myers, Bruce Allan, M.D. (C-33429)—Sunset Beach**
2390, 2383, 2428.5, 2391.5 B&P Code; 11170, 11173 (a),(b), 11174 H&S Code
Issued false prescriptions to obtain controlled drugs for self use, made false medical records. Conviction for violating laws regulating prescriptions.
Revoked, stayed, 5 years probation on terms and conditions.
February 26, 1981
- Ocko, Felix H., M.D. (G-5377)—Berkeley**
700, 2399.5, 2391.5 B&P Code; 11190, 11191, 11154, 11172 H&S Code
Stipulated Decision. Prescribed controlled drugs without prior good faith examination and medical indication, and to persons not under his care for a pathology or condition. Excessive prescribing. Postdated prescription. Failed to maintain records of Schedule II prescriptions.
Revoked, stayed, 10 years probation on terms and conditions, including 180 days actual suspension.
January 16, 1981
- Rascoe, Kenneth A., M.D. (A-28282)—Manhattan Beach**
2399.5, 2361.5 B&P Code
Excessive prescribing of dangerous drugs to numerous patients, including large numbers of narcotic drugs, without good faith prior examination and medical indication.
Revoked.
February 10, 1981
- Rickmond, Charles A., M.D. (C-20113)—Martinez**
2399.5, 2391.5 B&P Code; 11190 H&S Code
Stipulated Decision. Prescribed controlled drugs without good faith prior examination and medical indication; and failed to maintain required records for Schedule II drugs furnished. Prior discipline.
Revoked, stayed, 5 years probation on terms and conditions.
February 26, 1981
- Savery, Francois Lourdes, M.D. (C-37612)—Long Beach**
Stipulated Decision. Surrender of license. Accusation dismissed.
March 5, 1981
- Scharr, Dale Roger, M.D. (G-17302)—La Crescenta**
490, 2383, 2361(e), B&P Code
Conviction of an offense involving lewd and lascivious acts with minors. Misrepresented to parent he was conducting valid growth and development studies on her sons.
Revoked, stayed, 15 years probation on terms and conditions.
March 20, 1981
- Slack, David Paul, M.D. (G-36344)—San Diego**
2390 B&P Code
Stipulated Decision. Self administration of a Schedule II drug (Cocaine) while on duty at a hospital.
Revoked, stayed, 5 years probation on terms and conditions, including 6 months actual suspension.
February 26, 1981
- Soho, Stanley, M.D. (G-15318)—Los Angeles**
2361(b),(c),(e), 2411 B&P Code
Stipulated Decision. Gross negligence and incompetence in care and abandonment of patients in convalescent hospitals. Made false statements in medical reports and death certificates.
Revoked, stayed on passing oral clinical examination, then 5 years probation on terms and conditions.
January 5, 1981
- Wachs, Barton Harris, M.D. (A-32052)—University City, MO**
2391.5 B&P Code; 11350 H&S Code
Stipulated Decision. Illegal possession of a Schedule II drug, Cocaine.
Revoked, stayed, 3 years probation.
January 16, 1981
- Windham, Marion Ray, M.D. (C-34630)—South Laguna**
490, 2383 B&P Code
Federal felony conviction for filing a false and fraudulent tax return. The California Supreme Court let stand a Court of Appeal opinion upholding the Medical Board's decision that this tax fraud offense was substantially related to the qualifications, functions and duties of a physician.
Revoked, stayed, 3 years probation on terms and conditions.
January 19, 1981
- Younger, Carl B., M.D. (A-18631)—Burbank**
2383, 2384 B&P Code
Misdemeanor conviction on 21 counts of prescribing controlled drugs to persons not under his treatment for a pathology or condition. Also, violation of probation under prior discipline.
Revoked.
March 30, 1981

MEDICAL BOARD AND EXAMINING COMMITTEES TO REVIEW REGULATIONS

Recently enacted legislation requires each State agency to conduct a comprehensive review of all regulations which were adopted prior to July 1, 1980. The purpose of this review as stated in the legislation is to reduce the number of administrative regulations and to improve the quality of those regulations which were adopted. This review will be of administrative regulations only and will not be a review of any laws which the board and committees may otherwise enforce.

The regulations of the divisions of the Board of Medical Quality Assurance and the examining committees under its jurisdiction are contained in Title 16 of the California Administrative Code, Chapters 13 through 13.8.

All the regulations adopted prior to July 1, 1980 in those chapters must be reviewed to determine that they meet standards of necessity, clarity and consistency with provisions of law. "Necessity" means that a regulation is reasonably necessary to implement or make specific a particular law or laws. "Clarity" means that a regulation is easily understood by persons who are affected by it. "Consistency" means that a regulation is not in conflict with any provisions of law.

In order to provide an opportunity for licensees and the public to comment and testify on their regulations, the Board and examining committees are jointly holding two public comment hearings on the following dates and locations:

Saturday, September 12, 1981, 10:00 a.m.
Airport Hilton, San Francisco International
Airport

Friday, September 25, 1981, 10:00 a.m.
Amfac Hotel, 8601 Lincoln Blvd., Los Angeles

In order to facilitate this review of existing regulations, each agency has prepared an issue paper which details and outlines the various issues and requirements of their regulations. A copy of any issue paper is available by addressing a request to the appropriate division or examining committee of the Board of Medical Quality Assurance at 1430 Howe Avenue, Sacramento, CA 95825.

Both oral and written testimony will be accepted at the public comment hearings. After the hearings, position papers will be prepared on all the regulations reviewed. Recommendations on the amendment or repeal of any regulation will be discussed by the divisions and examining committees in January, 1982. Any comments from licensees or the public pertinent to the reviewed regulations will be received up to that time.

Because of the importance of public comment, licensees and other members of the public are invited to participate in the review process and are encouraged to present their views.

IS YOUR ADDRESS CORRECT

Every month, some mail is returned to the Board as undeliverable because either (1) the address is insufficient, or (2) the addressee has moved without a forwarding address.

Physician licensees have the responsibility of notifying the Board (Section 1302 CAC 16) when an address changes. Failure to keep the Board informed can result in delinquent licenses and lack of access to

valuable information regarding licensing requirements.

If you have moved recently, please make sure that you write us giving both the old and the new address. Send your address change to the Verifications Unit, Board of Medical Quality Assurance, 1430 Howe Avenue, Sacramento, CA 95825. If you have any questions about keeping addresses current, call Mr. John Carter, (916) 920-6336.

DEPARTMENT OF CONSUMER AFFAIRS
BOARD OF MEDICAL QUALITY ASSURANCE
1430 HOWE AVENUE
SACRAMENTO, CA 95825

Applications & Examinations (916) 920-6411
Continuing Education (916) 920-6353
Disciplinary Information (916) 920-6363
Fictitious Names (916) 920-6353
Verifications of Licenses (916) 920-6343
Allied Health Professions:
Acupuncture (916) 924-2642
Hearing Aid/Speech Pathology/Audiology (916) 920-6388
Physical Therapy (916) 920-6373
Physician's Assistant (916) 924-2626
Podiatry (916) 920-6347
Psychology (916) 920-6383
Registered Dispensing Opticians (916) 924-2612

