

Action Report

Medical Board of California

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ISSUE

Medical Board of California Meetings

2004

July 29-30
Sacramento

November 4-5
San Diego

2005

February 3-4
Riverside/Los Angeles

May 5-6
San Francisco

July 28-29
Sacramento

November 3-4
San Diego

All meetings are open
to the public.

California Physicians & Medical Marijuana

Immediately following the passage of the Compassionate Use Act of 1996, the Medical Board of California published an article in the January 1997 Action Report designed to assist physicians who wished to recommend medical marijuana to their patients. At its May 7, 2004 quarterly meeting, the Medical Board unanimously adopted the following statement on California physicians and medical marijuana, incorporating and expanding upon the 1997 Action Report article. The intent of the board at this time is to reassure physicians that if they use the same proper care in recommending medical marijuana to their patients as they would any other medication or treatment, their activity will be viewed by the Medical Board just as any other appropriate medical intervention. This statement is not intended to establish any standard of practice, nor to articulate a new standard of practice. Rather, it is intended to encourage physicians that when considering whether to recommend marijuana to a patient, they should adhere to accepted standards of medical responsibility.

A Statement by the Medical Board of California — May 7, 2004

On November 5, 1996, the people of California passed Proposition 215. Through this Initiative Measure, section 11362.5 was added to the Health & Safety Code. This law is also known as the Compassionate Use Act of 1996. The purposes of the Act include, in part:

“(A) To ensure that seriously ill Californians have the right to obtain and use marijuana for medical purposes where the medical use is deemed appropriate and has been recommended by a physician who has determined that the person’s health would benefit from the use of marijuana in the treatment of cancer, anorexia, AIDS, chronic pain, spasticity, glaucoma, arthritis, migraine, or

any other illness for which marijuana provides relief; and

(B) To ensure that patients and their primary caregivers who obtain and use marijuana for medical purposes upon the recommendation of a physician are not subject to criminal prosecution or sanction.”

Furthermore, Health & Safety Code section 11362.5(c) **provides strong protection for physicians who choose to participate in the implementation of the Act.** –

“Notwithstanding any other provision of law, no physician in this state shall be punished, or denied any right or privilege, for having recommended marijuana to a patient for medical purposes.”

(Continued on page 4)

THE MISSION OF THE MEDICAL BOARD OF CALIFORNIA

The mission of the Medical Board of California is to protect healthcare consumers through the proper licensing and regulation of physicians and surgeons and certain allied healthcare professions and through the vigorous, objective enforcement of the Medical Practice Act.

President's Report

We begin this term with four vacancies on the board to be filled by our new governor. There are also five additional positions that will expire within the month and hopefully these members will be reappointed. At full strength, this is a 21-member board. The workload is infinite, our time finite and our plate overflowing — a challenge, although those of us chosen to so serve the public consider it an honor, and part of our professional commitment.

The board's responsibilities include licensing, renewal of licenses, regulation and enforcement, and other commitments to patient healthcare safety in our state. We receive 12,000 complaints a year, formally investigate approximately 2,000 of them, and discipline about 400 physicians each year. The board enforces California law as it relates to physician conduct and quality of care. Included among problem areas we investigate are sexual misconduct, healthcare fraud, mental and physical impairment, and substance abuse.

The board relies on medical experts to keep us current with professional standards in the various specialties. For example, during my professional career, I've seen carotid body resections used for asthma, gastric freezing ordered to cure ulcers, limb perfusions for cancer, lobotomies for the treatment of depression, oxygen administration for prenatal infants, Phen-fen for the treatment of obesity, and ultraradical surgical procedures for cancer of the breast and thyroid. What was the standard of care in the past may not hold up with extensive research, specialty publication reviews, objective expert peer evaluation, and the scientific method of looking at all aspects of an illness. The standards do change with the passage of time. The board does not take a position in regard to specific medications nor decide what procedures are most effective for an illness, but does demand that good professional medical practice be rendered based on accepted standards of care.

To illustrate this point, at the May 2004 Medical Board meeting the board adopted a statement regarding



*Mitchell S. Karlan, M.D.
President of the Board*

“The board does not take a position in regard to specific medications nor decide what procedures are most effective for an illness, but does demand that good professional medical practice be rendered based on accepted standards of care.”

physicians recommending medical marijuana (see article, page 1). It is not for the board to determine which medical conditions may be treated with marijuana, thus our statement presents only reasonable, professional expectations to California physicians and their patients. The recommendation of this drug solely for a physician's financial gain — without a patient's medical need and without a history and physical, good follow-up at reasonable intervals, informed consent, recording a listing of potential complications, and without a discussion of alternative options — is not acceptable. With a letter of recommendation (not a prescription) the patient can go to one of the many cannabis clubs in this state to obtain medical marijuana.

The Medical Board has attempted to simplify the unusual relationship between federal law and

California's Compassionate Use Act of 1996 (Proposition 215). Following the recommendations will provide strong protection for physicians who elect to participate in the act, and they will not be investigated by the Medical Board if they do so in accordance with accepted standards of medical responsibility. At the same time, state and federal policies do conflict, and physicians need to be aware that the federal government may step in if the physician aids, abets, or conspires with the patient in obtaining the drug, and the physician could lose his or her DEA license and be subject to criminal charges.

Finally, I wish to extend many thanks to Dr. Hazem Chehabi, our immediate past president, for a job well done. He extended our outlook to have the Medical Board deal with myriad public healthcare issues. Also, we all miss our past executive director, Ron Joseph, who was appointed to head the state Department of General Services. Ron will be hard to replace because of his stellar leadership and administrative capability, in addition to having been the most diplomatic person at the Medical Board. We hope to make them proud this coming year.

Continuing Concerns About Sexual Misconduct

By Joan Jerzak, Chief of Enforcement

The board continues to receive a significant number of complaints alleging sexual misconduct – in fiscal year 00/01 – 133 complaints; fiscal year 01/02 – 134 complaints. The complaints range from inappropriate remarks to improper touching to illegal sexual relationships to sexual assault and rape.

Allegations of sexual misconduct have always been one of the highest priorities of the board's Enforcement Program and can result in criminal prosecution as well as disciplinary action against the physician's license.

If complaints are substantiated to a level of proof which is clear and convincing, discipline for a violation of Business and Professions Code section 726 – sexual misconduct – can range, minimally, from seven years of probation (with various specified terms and conditions) to license revocation.

A violation of section 729 – sexual exploitation – can result in administrative and criminal charges being filed against the licensee. Further, Business and Professions Code section 2246 was added in January 2003, stating any proposed decision, which contains a finding of fact that the licensee engaged in multiple acts of sexual exploitation, "shall contain an order of revocation. The revocation shall not be stayed by the administrative law judge."

Generally, complaints fall into two categories: those against therapists and those against all other practice specialties. Complaints against therapists often include boundary

issues alleging some type of improper relationship with the patient. In addition, conversations between a physician and patient can be taken out of context by the patient. Physicians should use caution when questioning patients about their history, especially when their sexual history is discussed, as some patients have interpreted the discussion as sexual advances by the physician.

Complaints against non-therapist physicians typically allege improper examination of the breasts or genitalia. Sometimes, the board receives complaints that a patient simply did not understand what the doctor was doing and was too embarrassed to ask questions.

Many patients are unfamiliar with examination procedures and become concerned when a physician offers a modality or treatment that differs, in any way, from their prior examination experience. Cultural differences may further contribute to this communication breakdown.

During the examination, physicians are encouraged to describe the treatment to the patient at an appropriate level of comprehension, to promote understanding.

While third-party chaperones are not mandatory when examining patients, they may help avoid misunderstandings and patient complaints. However, if a chaperone is used, he or she should be encouraged to pay attention to the patient or the particular procedure being performed.

Liability Coverage Required for Practice at Outpatient Surgery Centers

Physicians who practice at licensed or accredited outpatient surgery centers are required by state law and regulations to maintain malpractice liability insurance in the amount of not less than \$1 million per incident and not less than \$3 million per year.

The required liability insurance must be issued by a carrier or indemnity trust specified in Business and Professions Code section 2216.2. Physicians who fail to obtain adequate liability insurance from an approved carrier or indemnity trust may be disciplined by the board for unprofessional conduct.

On occasion, MBC investigative staff encounter physicians who are unaware that there are no exceptions to these statutory provisions. For example, a bond is not a lawful alternative to malpractice insurance.

Physicians can obtain a packet of information regarding the laws and regulations associated with outpatient surgery settings by contacting the Licensing Program at (916) 263-2645.

A common inquiry received by the board pertains to the expiration of outpatient surgery center accreditation. Once the accreditation expires, the facility must obtain new accreditation from one of the board's four approved accreditation agencies.

Physicians may avoid the expiration of their outpatient surgery center accreditation, and any disruption to their surgical practice, by keeping track of the due dates for recertification inspections and by ensuring that all of the information required by the accrediting authority is available at the time of the inspection.

California Physicians & Medical Marijuana *(continued from page 1)*

The Medical Board of California (MBC) developed this statement because medical marijuana is an emerging treatment modality. The Medical Board wants to assure physicians who choose to recommend medical marijuana to their patients, as part of their regular practice of medicine, that they WILL NOT be subject to investigation or disciplinary action by the MBC if they arrive at the decision to make this recommendation in accordance with accepted standards of medical responsibility. The mere receipt of a complaint that the physician is recommending medical marijuana will not generate an investigation absent additional information indicating that the physician is not adhering to accepted medical standards.

These accepted standards are the same as any reasonable and prudent physician would follow when recommending or approving any other medication, or prescription drug treatment and include the following:

1. History and good faith examination of the patient.
2. Development of a treatment plan with objectives.
3. Provision of informed consent including discussion of side effects.
4. Periodic review of the treatment's efficacy.
5. Consultation, as necessary.
6. Proper record keeping that supports the decision to recommend the use of medical marijuana.

In other words, if physicians use the same care in recommending medical marijuana to patients as they would recommending or approving any other medication or prescription drug treatment, they have nothing to fear from the Medical Board.

Following are some important points to consider when recommending medical marijuana:

1. Although it could trigger federal action, making a recommendation in writing to the patient will not trigger action by the Medical Board of California.
2. A patient need not have failed on all standard medications, in order for a physician to recommend or approve the use of medical marijuana.
3. The physician should determine that medical marijuana use is not masking an acute or treatable progressive condition, or that such use will lead to a worsening of the patient's condition.

4. The Act names certain medical conditions for which medical marijuana may be useful, although physicians are not limited in their recommendations to those specific conditions. In all cases, the physician should base his/her determination on the results of clinical trials, if available, medical literature and reports, or on experience of that physician or other physicians, or on credible patient reports. In all cases, the physician must determine that the risk/benefit ratio of medical marijuana is as good, or better, than other medications that could be used for that individual patient.

5. A physician who is not the primary treating physician may still recommend medical marijuana for a patient's symptoms. However, it is incumbent upon that physician to consult with the patient's primary treating physician or obtain the appropriate patient records to confirm the patient's underlying diagnosis and prior treatment history.

6. The initial examination for the condition for which medical marijuana is being recommended must be in-person.

7. Recommendations should be limited to the time necessary to appropriately monitor the patient. Periodic reviews should occur and be documented at least annually or more frequently as warranted.

8. If a physician recommends or approves the use of medical marijuana for a minor, the parents or legal guardians must be fully informed of the risks and benefits of such use and must consent to that use.

“... If physicians use the same care in recommending medical marijuana to patients as they would recommending or approving any other medication or prescription drug treatment, they have nothing to fear from the Medical Board.”

Physicians may wish to refer to CMA's ON-CALL Document #1315 titled "The Compassionate Use Act of 1996," updated annually for additional information and guidance. (<http://www.cmanet.org/publicdoc.cfm/4>)

Although the Compassionate Use Act allows the use of medical marijuana by a patient upon the recommendation or approval of a physician, California physicians should bear in mind that marijuana is listed in Schedule I of the federal Controlled Substances Act, which means that it has no accepted medical use under federal law.

However, in *Conant v. Walters* (9th Cir.2002) 309 F.3d 629 the United States Court of Appeals recognized that physicians have a constitutionally protected right to discuss medical marijuana as a treatment option with their patients and make oral or written recommendation for medical marijuana. However, the court cautioned that physicians could exceed the scope of this constitutional protection if they conspire with, or aid and abet, their patients in obtaining medical marijuana.

Medical Board Begins Second Year of Physician Loan Repayment Program Awards



Assembly Member Carol Liu, of La Canada Flintridge, (standing in middle) presents an Assembly Resolution to Maria Andrea Mendoza Mason, M.D. (on left), at an April 2, 2004 ceremony held in Ms. Liu's Pasadena district office attended by the board's Past President Gary Gitnick, M.D. Dr. Mason is one of the 2003 California Physician Corps Loan Repayment Program participants. She specializes in family practice at the Community Health Alliance of Pasadena.

Effort Benefits Underserved Patients in Designated Areas of California

The Medical Board has chosen 19 of its year-2004 applicants to receive Physician Loan Repayment Program awards.

The program, created by AB 982 in 2003, allows the Medical Board to award educational loan repayments to culturally and linguistically competent physicians who commit to practice in designated, medically underserved areas of the state for a minimum of three years. With the anticipation of additional funding this fall, more of the awards for this year will be announced in the October issue of the *Action Report*.

More than 80 recently licensed physicians applied for the program. Of these, 69 were eligible for consideration of an award. The current awardees have been selected from various areas of the state and are listed at right.

- Jose Amador, III, M.D.** John C. Fremont Health District, Mariposa
- Matthew Bazzani, M.D.** OB/GYN Clinic, Oroville
- Shaida Behnam, M.D.** Axis Community Health, Livermore/Pleasanton
- Stephen Chee, M.D.** Asian Pacific Health Care Venture, Los Angeles
- Shermeil Dass, M.D.** Santa Cruz County Health Services, Santa Cruz
- Leyla Gahrahmat, M.D.** Valley Springs Family Medical Clinic, Valley Springs
- Naemah Ghafur, M.D.** Family Health Care Centers of Los Angeles, Bell Gardens
- James Helmer, Jr., M.D.** .. Navidad Medical Center, Salinas
- Paul Hubley, M.D.** Family Health Centers of San Diego, San Diego
- Susanne Klaudt, M.D.** North County Health Services, San Marcos
- Uyen Ly, M.D.** West County Health Center, Occidental
- Tania Medina, M.D.** Venice Family Clinic, Venice
- Angela Miller, M.D.** Silver Avenue Family Health Center, San Francisco
S.F. General Adult Clinic, San Francisco
Potrero Hill Health Center, San Francisco
- Potenciano Paredes, M.D.** Morningside Primary Care, Los Angeles
- Matthew Rosenberg, M.D.** Sacramento County Primary Care, Sacramento
- Christina Salazar, M.D.** South Bay Children's Health Center, Torrance
- Ana Saravia, M.D.** North East Valley Health Corp., Pacoima/San Fernando
- Toya Tillis, M.D.** Wilmington Community Clinic, Wilmington
- Joe Villalobos, M.D.** Shasta Community Health Clinic, Redding

Is Your Patient Safe to Drive?

Physicians know there are a number of medical conditions that diminish a patient's ability to drive. State law recognizes that certain conditions, such as loss of consciousness, should be reported to authorities. What happens, however, when it's not so clear, and there is no legal requirement to file a report?

Today's headlines are rife with stories of fatalities caused by drivers who, to a reasonable person, should not have been driving. The headlines generally focus on the aging of drivers now on the road, but there are a number of conditions, regardless of age, that should be considered. A recent media search rendered countless headlines, and here are a representative few:

- The Trauma of Taking Away the Car Keys (South Carolina)
- For Elderly, Driving Home a Point; High Accident Rate Brings Focus on Regimenting (Massachusetts)
- State Looks at Affect of Aging on Motorists (Florida)
- Accidents Drive Concerns About Elderly Behind the Wheel; Relatives, Traffic Officers Can Notify Bureau of Anxiety About Seniors' Skills (Ohio)
- Rights Versus Safety; Medical and Safety Experts, as well as Provincial Governments, are Struggling to Find a Fair Way to Ensure Seniors Can Keep Driving, So Long as it's Safe for All on Road (Ottawa, Canada)

Virtually all of the articles mention the 2003 incident in Santa Monica, California, where an 87-year-old man killed 10 pedestrians and injured many more.

So what's a doctor to do? As the investigations into many of the fatal accidents show, often there were doubts before the incident that the patient should be driving, but no clear evidence that he or she was unable to drive

safely. There was no diagnosis of dementia, Alzheimer's or any lapse of consciousness.

In California, the Older California Traffic Safety Task Force, which has representation from a number of organizations and governmental agencies, including the Medical Board and the California Medical Association, has been meeting to explore the issues surrounding the safety of older drivers.

Its Health Services Workgroup has recently developed a document titled, "Driving Safety Screening for Health Care Providers," which is, essentially, a list of symptoms, or "red flags," to alert physicians and other providers to seek further evaluation. (See "Driver Safety Screening for Health Care Providers," facing page.)

If a doctor has concerns about driver safety for which there is no medical remedy that can be offered, patients may be referred to a driver rehabilitation specialist for assessment or help. The Board of Occupational Therapy has developed a listing of these specialists that is offered free on its Web site, www.bot.ca.gov.

Often physicians are reluctant to report to the Department of Motor Vehicles because they fear that their patient will be harmed from the complete elimination of driving. The doctor may not have any concerns about the patient's ability to drive in familiar surroundings on local roads, but question their safety at night or in unfamiliar surroundings. The DMV, however, does not only fully revoke a license. It may issue a limited or restricted license. Some of the restricted licenses that can be issued include no freeway driving, no night driving, driving in only a specific locale, and so forth.

Future issues of the *Action Report* will keep physicians informed on the findings and activities of the task force and provide materials developed by the Health Services Workgroup. In addition, there may be a change in the reporting requirements should certain proposed legislation be enacted (AB 2547 [Lowenthal]).

UPDATE

Emergency Contraception Drug Therapy: SB 490 (Alpert, Chapter 651, Statutes 2003)

The Medical and Pharmacy boards have approved protocols by which a pharmacist may issue emergency contraception drug therapy.

For more information on these protocols, please visit the Pharmacy Board's Web site at www.pharmacy.ca.gov, or call the board at (916) 445-5014.

DRIVING SAFETY SCREENING FOR HEALTH CARE PROVIDERS

*Developed by Older California Traffic Safety Task Force, Health Services Workgroup
(Adapted from AMA Physician's Guide to Assessing and Counseling Older Drivers)*

ANY OF THESE “RED FLAGS” SHOULD PROMPT FURTHER MEDICAL EVALUATION AND POSSIBLE REFERRAL FOR DRIVING SAFETY EVALUATION AND REMEDIATION:

- UNPREDICTABLE ATTACKS: Seizures, TIA/Stroke, Fainting or Near-fainting, Hypoglycemic attacks, Vertigo, Sleep attacks, etc.
- ACUTE ILLNESS: Any recent hospitalization or illness that leads to alertness or thinking problems, debilitation, vertigo or loss of coordination.
- CHRONIC CONDITIONS:
 - Neurological disease, such as dementia, Parkinson's, multiple sclerosis, residual stroke deficits.
 - Musculoskeletal disease or weakness, including arthritis, amputation, chronic debilitation due to multiple illness.
 - Cardiovascular disease associated with confusion, weakness or blackouts.
 - Vision loss, caused by cataracts, retinal disease, macular degeneration, stroke, glaucoma and other diseases.
 - Mental health issues, including psychosis, anxiety, bipolar disorder, alcohol or other drug abuse.
- MEDICATIONS OR COMBINATIONS OF THAT REDUCE COORDINATION OR ALERTNESS (polypharmacy).
- PATIENT/FAMILY MEMBER CONCERNS: Often, family or friends may notice functional impairments affecting driving before they become evident on physical exam.

IF “RED FLAGS” PRESENT, CONSIDER THE FOLLOWING:

- MEDICATION ADJUSTMENT/REDUCTION: May help alertness.
- SPECIALTY CONSULTATION: May control underlying chronic/acute condition or arrange rehabilitation/remediation.
- REPORT TO DMV/PUBLIC HEALTH: Current state regulations require reporting only when the condition affects driving safety and activities of daily living. **Note: As this is a public safety issue, HIPAA consent is NOT required when reporting an individual to DMV/Public Health.** Some factors to consider:
 - Adequate warning prior to seizure, fainting, etc., to pull off road.
 - Timing. If attacks only occur in bed, in shower, etc., then driving safety is likely unaffected.
 - Provocative factors. If other factors provoking disability are not present or can be controlled in the driving environment, driving safety may be unaffected.
 - Compliance with medical care, including medications, drug and alcohol abuse, etc.
 - Condition improving, worsening or resolving. For seizures, a 3-month seizure-free interval is increasingly found to be safe in many studies.
 - To download reporting forms, go to: <http://www.dmv.ca.gov/forms/formds.htm> (Form DS 699 - Request for Driver Reexamination)
 - There are many kinds of driver license restrictions that the DMV can issue, including: no freeway driving; drive only from sunrise to sunset; use adequate support to ensure a proper driving position; or drive only on particular routes.
- REFER FOR DRIVING SAFETY EVALUATION: DMV can conduct a road test, but provides no remediation program if the patient fails. Driver rehabilitation specialists can assess patients' driving ability and provide remediation as needed. Vehicle equipment modifications may also be appropriate in these cases. A list of private programs providing individual assessment and remediation is available on the Board of Occupational Therapy Web site, www.bot.ca.gov.

Medical Board Honors “Kids Care” Physicians

At its May 7 meeting, the Medical Board presented its second Physician Recognition Award, intended to formally extend its appreciation for “the demonstration of excellence by individual or groups of physicians who strive to improve access and to fill gaps in the healthcare delivery system for underserved populations in California.”

The board’s first such award, to an individual physician, was presented at its Jan. 30 meeting to Jacob Eapen, M.D. of Fremont (see *Action Report*, April 2004, page 3). The second award, to a group of physicians, was presented to several physicians representing “Kids Care,” a group of over 25 anesthesiologists, pediatricians, ENT physicians and family practice physicians from Orange and Shasta counties. “Kids Care” was the idea of Dr. Ann Murphy of Redding, and co-founded



Dr. Hazem Chehabi, at right, then-Medical Board president, presents the board’s Physician Recognition Award to, from left, Dr. Jory Kaplan, Dr. Ann Murphy and Dr. Robert del Junco, of “Kids Care.”

by her and Drs. Jory Kaplan, Navin Amin, and Robert del Junco.

From December 2000 to February 2003, the dedicated corps of “Kids Care” physicians, and other healthcare workers who volunteered their services, treated approximately 166 children in Redding at Mercy Medical Center and Redding Medical Center. These children were treated for chronic tonsillitis, chronic middle-ear infection that caused hearing loss,

also children who were tongue-tied, and some with nasal-sinus problems.

For selflessly helping children live lives without these disabling conditions, the Medical Board is proud to recognize the physicians of “Kids Care,” and hopes its success story serves as a model nationwide for those seeking ways to serve disadvantaged and underserved populations.

Changes to Retired Status and Voluntary Service Status

Effective July 1, 2004, a physician who is in retired status is no longer eligible to practice medicine and may not write prescriptions.

SB 1077 states that physicians who hold a retired license will still be exempt from payment of the renewal fee and continuing medical education (CME) requirements; however, the holder of a retired license may not engage in the practice of medicine.

Additionally, this law removes some of the restrictions that affect physicians who are in voluntary-service status.

Effective Jan. 1, 2004, a physician whose license is in voluntary-service status is no longer limited by the

requirement to practice solely in a not-for-profit agency in an underserved area of this state. However, the restriction from receiving compensation for voluntary service remains in effect.

Physicians who are currently in retired status and wish to receive compensation for practicing medicine will need to request that their license be restored to full active status.

If physicians are providing voluntary, unpaid service, they must apply for a voluntary service license.

This will allow them to continue to practice medicine without compensation, which includes writing prescriptions.

Medical Board Moves Forward With Volunteer Registry

The Medical Board’s Access to Care Committee has authorized board staff to proceed with the development of a Volunteer Registry for Physicians.

This registry will be on the board’s Web site and contain the names, specialty, and level of volunteer interest.

Staff plans to survey the physicians in the volunteer license status category during the summer and then expand the registry to active physicians in the fall or winter.

In addition, they will survey California healthcare clinics to find

out their need for volunteer physicians and assist in the match between the two.

Stay posted for more details in the next *Action Report* and/or contact Justin Ewert at jewert@medbd.ca.gov or (916) 263-6668.

New Controlled Substance Prescription Forms Available From Approved Security Printers

Triplicate Prescription Forms to Be Eliminated

As noticed in the two previous *Action Reports*, triplicate prescription forms are being eliminated.

Effective July 1, 2004, the Department of Justice no longer produces or distributes triplicate prescription forms.

The existing supply of triplicate prescription forms can continue to be used to prescribe Schedule II drugs through December 31, 2004.

The board encourages physicians to begin now by ordering the new controlled substance prescription forms through a Board of Pharmacy-approved printer.

At this time, there are eight approved security printers. They are listed below. Refer to the Board of Pharmacy Web site at: www.pharmacy.ca.gov for any additional approved printers added to this list.

The printers will assist physicians with designing a form that fits their needs.

Alphagraphics #518

900 East Imperial Highway
Brea, CA 92821
Phone: (714) 256-9543

Vic's Printing

P.O. Box 30
Laytonville, CA 95454
Phone: (800) 728-2806

American Security Rx

10755-F Scripps Poway Pkwy., #422
San Diego, CA 92131
Toll Free Number: (877) 290-4262
Phone: (858) 566-4262

Micro Format, Inc.

830-3 Seton Court
Wheeling, IL 60090
Phone: (800) 333-0549

Minuteman Press

7525 Metropolitan Dr., Ste. 303
San Diego, CA 92108
Phone: (619) 295-8070

Printco, Inc.

1434 Progress Lane
Omro, WI 54963
Phone: (920) 685-5662

Standard Register

10390 Coloma Rd., Ste. 7
Rancho Cordova, CA 95670
Phone: (877) 209-7733

Revised Application for Disabled Person Placard or Plates Form

The Department of Motor Vehicle's (DMV) Application for Disabled Person Placard or Plates (REG 195) form (REV 2/2004) has been revised. The new REG 195 can be found on the Internet at www.dmv.ca.gov.

This revision, dated 2/2004, will be the only version accepted after September 1, 2004. Please destroy all obsolete forms.

The Doctor's Certification of Disability is on the back of the two-sided form and must be signed by a physician.

The Doctor's Certification of Disability, sections F and G, must be complete and legible.

The DMV cannot issue a disabled person placard or plate unless the applicant has specific disabilities that are in California Vehicle Code sections 5007(c)(1), 22511.55(b)(1) and 22511.59.

Reasons for disability are listed on the REG 195 form. Individuals with disabilities that are not listed on the REG 195 are not eligible for a disabled person placard or plates.

If printing or photocopying the REG 195, please make sure both sides of the form are given to the applicant.

TDD NUMBERS

Medical Board telephone numbers for the hearing-impaired (TDD):

Division of Licensing
(916) 263-2687

Central Complaint Unit
(916) 263-0935

West Nile Virus Update

California Department of Health Services, Division of Communicable Disease Control

West Nile virus (WNV) is an arbovirus that was first isolated in Uganda in 1937. It is closely related to St. Louis encephalitis virus, Kunjin virus, and Japanese encephalitis virus.

WNV was first detected in the Western Hemisphere in 1999 in the New York area and has since spread to most other areas of the continental United States. Since 1999, over 15,000 WNV cases have been identified in 46 states. In 2003, approximately 250 people died from WNV complications nationwide.

The virus is transmitted to humans by the bite of an infected mosquito. Most people who are infected with WNV have no symptoms. Approximately 15% of infections will result in a mild febrile illness. Only one out of approximately 150 infected persons will develop severe illness (i.e., aseptic meningitis, encephalitis, or acute flaccid paralysis). The elderly are at highest risk of disease and mortality.

Surveillance for WNV in California includes surveillance for human cases and equine cases. Sentinel chickens, mosquitoes, and dead birds are also used to monitor WNV activity.

In 2003, WNV activity was detected in Imperial, Los Angeles, Orange, Riverside, San Bernardino, and San Diego counties. As of June 8, 2004, there has been one confirmed human WNV case in a 40-year-old San Bernardino County woman. WNV activity has also been detected this year in sentinel chickens, mosquito pools and dead birds in Los Angeles, Orange, Riverside, San Bernardino, and Ventura counties.

The California Department of Health Services seeks the participation of physicians and other healthcare providers in an effort to monitor WNV in California. It is critical that healthcare providers immediately report all suspected

(Continued on page 11)

CME COURSES: FULFILLING AB 487 MANDATE

Physicians must complete a mandatory CME course in pain management and the treatment of terminally ill and dying patients by December 31, 2006. This is a one-time requirement of 12 credit hours.

Arizona Geriatrics Society's 16th Annual Educational Conference and Symposium **November 4-6, 2004**

Embassy Suites, Stone Creek
Phoenix/Paradise Valley, Arizona

November 4, pre-conference
on Hospice and Palliative Care

November 5-6, full conference, speakers on multiple geriatric medicine topics, including: Renal Disease; Ophthalmology in Aging; Pressure Ulcers; Pain Management; Osteoporosis; and Risk Management

17.5 CME credits for all 3 days

Complete brochure and register at:
www.arizonageriatrics.org

e-mail: askus@arizonageriatrics.org

Phone: (602) 265-0211

Hotel reservations direct: (602) 765-5800

Pediatric and Adult Pain Management **December 1-3, 2004**

Presented by Stanford University
School of Medicine

Mauna Lani Bay Hotel, Big Island of Hawaii

12 Category 1 credits

More information at: www.cme.lpch.org.

Phone: (650) 497-8554

Pain, Palliation & Politics **Pain Management and End-of-Life Care**

September 10-11, 2004
Sacramento Convention Center

January 7-8, 2005
Disneyland Hotel

Sponsored by California Medical Association,
UC Davis Health System CME

14 Category 1 credits

Phone: (415) 882-3330 Online: www.cmanet.org

News From the U.S. Food and Drug Administration

Foodborne Illness Primer for Physicians and Healthcare Professionals, Second Edition

A second edition primer, *Diagnosis and Management of Foodborne Illnesses: A Primer for Physicians and Other Health Care Professionals*, highlights the recognition and treatment of foodborne illnesses with an emphasis on living in the post 9-11 environment.

This edition contains five new sections on emerging foodborne illnesses and is free to all healthcare professionals.

Printed copies of the primer can be obtained by e-mailing your name, mailing address, and telephone number to Eileen Parish, M.D. (eileen.parish@cfsan.fda.gov), or Howard Seltzer (howard.seltzer@cfsan.fda.gov). The second edition primer will be available online at www.ama-assn.org/go/foodborne.



Public Health Advisory

A recent MedSun report highlighted paralysis as a rare, but devastating and preventable problem with the use of absorbable hemostatic agents. Despite all the warnings in the labeling against leaving an absorbable hemostatic agent in the body once bleeding has stopped, the

practice has recurred and resulted in paralysis. In response FDA issued a Public Health Notification for Absorbable Hemostatic Agents to remind surgeons to review the labeling and note specific warnings: www.fda.gov/cdrh/safety/040204-hemostatics.html

FDA's Heart Health Online: www.fda.gov/hearthealth

This new Web site provides reliable information about the products used to prevent, diagnose, and treat cardiovascular disease. It includes full descriptions and patient instructions for many medications, medical devices, and diagnostic tests for cardiovascular disease.

New Device Database

Devices@FDA is a new resource for finding medical device information from FDA. It allows users to enter either a specific device name or a generic name (i.e. pacemaker).

The database searches the PMA, 510(k), and Humanitarian Device Exemption databases and returns device summary and manufacturer information, links to labeling, summaries of safety and effectiveness, one-pagers, etc. Users currently can access Devices@FDA through the cardiovascular disease Web site (see above) or at www.accessdata.fda.gov/scripts/cdrh/devicesatfda.

West Nile Virus Update *(continued from page 10)*

cases of viral encephalitis, viral meningitis, and acute flaccid paralysis/atypical Guillain-Barré Syndrome to their local health departments. WNV testing is recommended on individuals with the following:

- (A) Encephalitis
- (B) Aseptic meningitis (individuals =18 years of age)
- (C) Acute flaccid paralysis/ Atypical Guillain-Barré Syndrome/ Transverse myelitis
- (D) Febrile illness:
 - Illness compatible with West Nile fever and lasting = seven days
 - Must be seen by a healthcare provider

The West Nile fever syndrome can be variable and often includes headache and fever (T=38C).

Other symptoms include rash, swollen lymph nodes, eye pain, nausea or vomiting. After initial symptoms, the patient may experience several days of fatigue and lethargy.

- (E) Aseptic meningitis (individuals <18 years of age):
 - After workup for enteroviruses (e.g., CSF PCR, throat or stool isolation)

WNV testing can be done through your local public health laboratory. For further information, contact your local health department. You may also contact Carol Glaser, DVM, MD, (510) 307-8613; CGlaser@dhs.ca.gov, or Cynthia Jean (510) 307-8606; CJean@dhs.ca.gov, at the Viral and Rickettsial Disease Laboratory, CDHS, 850 Marina Bay Parkway, Richmond, CA 94804. Information is also available at <http://westnile.ca.gov>.

ADMINISTRATIVE ACTIONS: February 1, 2004 to April 30, 2004

PHYSICIANS AND SURGEONS

ANDERSON, DONNA M., M.D. (G57332)

San Diego, CA

B&P Code §§2234(e), 2236(a). Convicted of first-degree murder in the death of her 13-year-old son. Revoked.

February 26, 2004

ANDERSON, DONOVAN JOHN, M.D. (G48061)

Mohave Valley, AZ

B&P Code §§141(a), 2234, 2305. Stipulated Decision.

Disciplined by Arizona for failing to obtain a detailed history of a patient's blood in the stool and failing to evaluate other causes of bleeding. Public Letter of Reprimand.

April 16, 2004

ARNAZZI, HECTOR HERNANDEZ, M.D. (G40005)

Torrance, CA

B&P Code §§2234(b)(c)(d), 2266. Committed acts of gross negligence, repeated negligence, incompetence, and failed to maintain adequate and accurate medical records in the care and treatment of 2 patients. Revoked, stayed, placed on 7 years probation with terms and conditions, including but not limited to, attend a medical record keeping course, attend educational courses in addition to required CME, take and pass an oral/clinical examination. April 1, 2004

BORCHERS, DOYLE JOHN, III, M.D. (A64879)

Petaluma, CA

B&P Code §2234(c). Stipulated Decision. Committed acts of repeated negligence and unprofessional conduct in the care and treatment of 2 patients. Public Letter of Reprimand. February 25, 2004

CARRANTO, MANUEL ROQUE, M.D. (A52020)

Riverside, CA

B&P Code §822. Disciplined due to a condition affecting his ability to practice medicine safely. Revoked.

April 1, 2004

CARRILLO, PEDRO, M.D. (G55750)

Escondido, CA

B&P Code §§2234(b)(d), 2266. Stipulated Decision.

Committed acts of gross negligence, incompetence, and failed to maintain adequate and accurate medical records in the care and treatment of a patient. Revoked, stayed, placed on 3 years probation with terms and conditions, including, but not limited to, attend a clinical training program. April 28, 2004

Explanation of Disciplinary Language and Actions

“Effective date of decision” — Example: “April 16, 2004” at the bottom of the summary means the date the disciplinary decision goes into operation.

“Gross negligence” — An extreme deviation from the standard of practice.

“Incompetence” — Lack of knowledge or skills in discharging professional obligations.

“Judicial review is being pursued” — The disciplinary decision is being challenged through the court system — Superior Court, maybe Court of Appeal, maybe State Supreme Court. The discipline is currently in effect.

“Probationary License” — A conditional license issued to an applicant on probationary terms and conditions. This is done when good cause exists for denial of the license application.

“Probationary Terms and Conditions” — Examples: Complete a clinical training program. Take educational courses in specified subjects. Take a course in ethics. Pass an oral clinical exam. Abstain from alcohol and drugs. Undergo psychotherapy or medical treatment. Surrender your DEA drug permit. Provide free services to a community facility.

“Public Letter of Reprimand” — A lesser form of discipline that can be negotiated for minor violations before the filing of formal charges (Accusations). The licensee is disciplined in the form of a public letter.

“Revoked” — The license is canceled, voided, annulled, rescinded. The right to practice is ended.

“Revoked, stayed, 5 years probation on terms and conditions, including 60 days suspension” — “Stayed” means the revocation is postponed, put off. Professional practice may continue so

long as the licensee complies with specified probationary terms and conditions, which, in this example, includes 60 days actual suspension from practice. Violation of probation may result in the revocation that was postponed.

“Stipulated Decision” — A form of plea bargaining. The case is negotiated and settled prior to trial.

“Surrender” — Resignation under a cloud. While charges are pending, the licensee turns in the license — subject to acceptance by the relevant board.

“Suspension from practice” — The licensee is prohibited from practicing for a specific period of time.

“Temporary Restraining Order” — A TRO is issued by a Superior Court Judge to halt practice immediately. When issued by an Administrative Law Judge, it is called an ISO (Interim Suspension Order).

CHANG, JIANN ELL, M.D. (A30541) Barstow, CA
B&P Code §2234(b)(c)(d). Committed acts of gross negligence, repeated negligence, and incompetence in the care and treatment of a patient. Revoked, stayed, placed on 5 years probation with terms and conditions, including, but not limited to, attend a clinical training program, attend educational courses in addition to required CME, obtain a practice monitor. April 26, 2004

DENES, ZOLTAN DANIEL, M.D. (A48534)
Carmel, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence and incompetence for failing to recognize or acknowledge that a guide wire was left in a patient following insertion of a central venous catheter and failing to remove the catheter and guide wire together once the guide wire could not be removed. Public Reprimand. March 3, 2004

DILSAVER, STEVEN CHARLES, M.D. (G87120)
Pasadena, CA
B&P Code §§480(a)(3), 2234. Stipulated Decision. Applicant has a condition which could affect his ability to practice medicine safely. Probationary license issued, placed on 10 years probation with terms and conditions. February 4, 2004

FERMIN, RAMON ESPINAS, M.D. (C50663)
Foster City, CA
B&P Code §§141(a), 2305. Disciplined by Illinois due to a condition affecting his ability to practice medicine safely. Revoked. March 5, 2004

FILGAS, FRANCES DEE, M.D. (G42185)
Cloverdale, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence, repeated negligence, incompetence, and failure to maintain adequate and accurate medical records in the care and treatment of 2 patients. Public Reprimand. March 25, 2004

FOLSOM, DOUGLAS LAWRENCE, M.D. (G20961)
Tracy, CA
B&P Code §§2234, 2236. Stipulated Decision. Convicted for obstructing a police officer in the discharge of his duties. Public Letter of Reprimand. April 16, 2004

GALDAMEZ, LUIS A., M.D. (A48644)
Downey, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence, repeated negligence, incompetence, excessive treatment or prescribing in the care and treatment of 4 patients and fraud in the care and treatment of 3 patients. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, attend a medical record keeping course, attend an ethics course, attend a clinical training program, obtain a practice and billing monitor. April 15, 2004

GANSSLE, JOHN DIEDRICH, M.D. (A41508)
San Francisco, CA
B&P Code §822. Disciplined due to a condition affecting his ability to practice medicine safely. Revoked, stayed, placed on 5 years probation with terms and conditions, including, but not limited to, indefinite suspension until it is determined he is fit to practice medicine safely, must renew license. February 12, 2004. Judicial review being pursued.

GEMICI, MURAT OKAY, M.D. (A69511) Vista, CA
B&P Code §§820, 2234(e), 2236(a), 2238, 2239, 2305. Convicted of multiple violations of the Uniform Code of Military Justice, disciplined by Nebraska for wrongfully prescribing, possessing and using controlled substances, committing dishonest acts, and having a condition affecting his ability to practice medicine safely. Revoked. April 15, 2004

GILLIAM, DAVID ROY, M.D. (G36497)
Fairfield, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with failing to take an appropriate medical history, failing to recognize drug-seeking behavior on the part of a patient, and failing to document the objective and clinical support for making a diagnosis of depression in the care and treatment of a patient. Physician completed a prescribing course, a medical record keeping course and a physician/patient communication course. Public Letter of Reprimand. February 9, 2004

GOODSTEIN, WALLACE ALLEN, M.D. (G26339)
Beverly Hills, CA
B&P Code §§2234(b), 2266. Committed acts of gross negligence and failed to maintain adequate and accurate medical records in the care and treatment of a patient. Revoked, stayed, placed on 5 years probation with terms and conditions, including, but not limited to, obtain a practice monitor, attend a medical record keeping course, attend a clinical training program. February 20, 2004. Judicial review being pursued.

GRINSTEAD, CARL E., II, M.D. (C28973)
Santa Maria, CA
B&P Code §2266. Stipulated Decision. Failed to maintain adequate and accurate medical records in the care and treatment of 3 patients. Revoked, stayed, placed on 2 years probation with terms and conditions, including, but not limited to, attend a prescribing practices course and a medical record keeping course, obtain a practice monitor, and cannot dispense or administer controlled substances during probation. April 15, 2004

HAMZA, MANSOUR MAHMOUD, M.D. (A53876)
Culver City, CA
B&P Code §§725, 2234(c). Stipulated Decision.
Committed acts of repeated negligence and excessive treatment or prescribing in the care and treatment of 5 patients and violated the terms and conditions of his board-ordered probation. Probationary term extended for 3 years with terms and conditions, including, but not limited to, 60 days actual suspension, partial restriction on controlled substance prescribing or administering, attend a medical record keeping course, attend a clinical training program, attend educational courses in addition to required CME. February 9, 2004

HITT, RUSSELL SCOTT, M.D. (G56312)
Beverly Hills, CA
B&P Code §726. Stipulated Decision. Engaged in sexual misconduct with a patient. Revoked, stayed, placed on 7 years probation with terms and conditions, including, but not limited to, 60 days actual suspension, also suspended until completion of an ethics course and a professional boundaries program, attend educational courses in addition to required CME, obtain a practice and billing monitor, must have a third-party chaperone while examining all patients. March 22, 2004

HUMBER, PHILIP RICHARD, M.D. (G35448)
Encinitas, CA
B&P Code §2216. Stipulated Decision. Failed to diagnose and hospitalize a patient exhibiting symptoms of pulmonary distress; administered general anesthesia to patients at an uncertified surgical center. Physician completed a clinical training program. Public Letter of Reprimand. March 17, 2004

JOHNSON, MARK YARWOOD, M.D. (G28163)
Chula Vista, CA
B&P Code §2234(c). Stipulated Decision. Committed repeated negligent acts by misdiagnosing Crohn's disease and inadequate reevaluations in the care and treatment of a patient. Public Letter of Reprimand. February 23, 2004

KEENAN, ROBERT STUART, M.D. (A54423)
La Quinta, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence, repeated negligence, and incompetence in the care and treatment of 7 patients; excessive prescribing; and failing to maintain adequate and accurate medical records in the care and treatment of 4 patients. Revoked, stayed, placed on 4 years probation with terms and conditions, including, but not limited to, participate in a clinical training program and a medical record keeping course, attend educational courses in addition to required CME, obtain a practice monitor. February 9, 2004

KHAN, M. IBRAHIM, M.D. (C41598)
Beverly Hills, CA
B&P Code §§2234(b)(c), 2266. Committed acts of gross negligence, repeated negligence, and failed to maintain adequate and accurate medical records in the care and treatment of 5 patients. Revoked, stayed, placed on 5 years probation with terms and conditions, including, but not limited to, participate in a medical record keeping course, attend educational courses in addition to required CME, attend an ethics course. April 29, 2004

KIM, WALTER HYUN, M.D. (A86185)
Century City, CA
B&P Code §480(a)(1)(2)(3)(c). Stipulated Decision. Failed to disclose a second conviction for driving under the influence of alcohol on his application for licensure with the Medical Board of California. Probationary license issued. Placed on 3 years probation with terms and conditions, including, but not limited to, 120 hours of community service, must abstain from the use of alcohol, submit to biological fluid testing. February 18, 2004

KNAPP, REBECCA ANN, M.D. (A29994)
Laredo, TX
B&P Code §§141(a), 2305. Stipulated Decision. Disciplined by Texas for failing to document medical discussions regarding end-of-life issues and document treatment-care plans for pediatric patients, failing to timely and properly respond to neonatal emergencies, failing to identify worsening conditions of neonates and incubate in a timely manner and properly manage ventilation assistance, and for prescribing inappropriate medication dosages. Revoked, stayed, placed on 5 years probation with terms and conditions, including, but not limited to, attend a clinical training program, obtain a practice monitor. March 26, 2004

**Please Check Your Physician Profile
at the Medical Board's Web Site**

Your Address of Record is Public
www.caldocinfo.ca.gov

Signed address changes may be submitted to the board by fax at (916) 263-2944, or by regular mail at:

Medical Board of California
Division of Licensing
1426 Howe Avenue, Suite 54
Sacramento, CA 95825

KULUBYA, EDWIN S., M.D. (G54189)
Anaheim Hills, CA
B&P Code §§2234(b)(c)(d), 2266. Committed acts of gross negligence, repeated negligence, incompetence, and failed to maintain adequate and accurate medical records in the care and treatment of 6 patients. Revoked, stayed, placed on 5 years probation with terms and conditions, including, but not limited to, attend educational courses in addition to required CME, take and pass an oral/clinical exam, attend a prescribing practices course and a medical record keeping course. April 26, 2004. Judicial review being pursued.

LESLIE, ROBERT A., M.D. (C20308)
Villa Park, CA
B&P Code §§725, 2234(b)(c)(d)(e), 2261, 2264, 2272, 2285, 2286, 2410, 2415. Committed acts of gross negligence, repeated negligence, incompetence, dishonesty or corruption, excessive prescribing of diagnostic tests, violating the Corporations Code, engaging in fee splitting, operating and advertising a medical clinic under a fictitious name without a permit, making false statements in documents, and aiding the unlicensed practice of medicine. Revoked. March 15, 2004. Judicial review being pursued.

LIMPIN, JUANITA E., M.D. (A22422) Covina, CA
B&P Code §§725, 2234(b)(c). Stipulated Decision.
Committed acts of gross negligence, repeated negligence, and excessive treatment or prescribing in the care and treatment of 6 patients. Revoked, stayed, placed on 4 years probation with terms and conditions including, but not limited to, 30 days actual suspension, attend a clinical training program, obtain a practice monitor. April 5, 2004

LINNIK, WILLIAM JACOB, M.D. (G64880)
La Jolla, CA
B&P Code §§2234(c), 2266. Stipulated Decision.
Committed acts of repeated negligence and failure to maintain adequate and accurate medical records in the care and treatment of an emergency room patient presenting with chest pain. Revoked, stayed, placed on 5 years probation with terms and conditions, including, but not limited to, attend prescribing practices and medical record keeping courses, attend an ethics course, attend a clinical training program. March 8, 2004

MAROON, T. J., II, M.D. (A55307) Roseville, CA
B&P Code §2234(e). Stipulated Decision. Misrepresented information on an application for reappointment to a healthcare facility. Public Letter of Reprimand.
April 26, 2004

MICHELIS, MARY CATHERINE, M.D. (G23096)
Palmdale, CA
B&P Code §2264. Stipulated Decision. Aided and abetted the unlicensed practice of optometry. Physician completed an ethics course. Public Reprimand. February 2, 2004

MIERCORT, CRAIG R., M.D. (A79779) Tampa, FL
B&P Code §§141(a), 2305. Stipulated Decision.
Disciplined by Utah due to a condition affecting his ability to practice medicine safely. Revoked, stayed, placed on 5 years probation with terms and conditions, including, but not limited to, abstain from controlled substances and alcohol use, submit to biological fluid testing.
April 19, 2004

MIKURIYA, TOD, H., M.D. (G9124) Berkeley, CA
B&P Code §§2234(b)(c), 2242(a), 2266. Committed acts of gross negligence, repeated negligence, recommended and approved the use of a controlled substance without conducting a prior good faith examination, and failed to maintain adequate and accurate medical records in the care and treatment of 16 patients. Revoked, stayed, placed on 5 years probation with terms and conditions, including, but not limited to, obtain a practice monitor.
April 29, 2004. Judicial review being pursued.

MONGRAIN, DALE ROBERT, M.D. (G29446)
Brawley, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with acts of gross negligence, repeated negligence, incompetence, dishonesty, and excessive treatment or prescribing, and violating the terms and conditions of his board-ordered probation. Revoked, stayed, placed on 7 years probation with terms and conditions, including, but not limited to, 45 days actual suspension, complete a prescribing practices course, submit to biological fluid testing, attend an ethics course, obtain billing and practice monitor, attend educational courses in addition to required CME. April 12, 2004

NGUYEN, DIANNE HATHANH, M.D. (A73237)
Placentia, CA
B&P Code §§141(a), 2234, 2305. Stipulated Decision.
Disciplined by Pennsylvania for prescribing medication to patients over the Internet, including Cipro, without a physical examination and without any prior physician-patient relationship. Public Letter of Reprimand.
February 27, 2004

NGUYEN, THANH HUU, M.D. (A63244)
University Place, WA
B&P Code §§2233, 2234(c). Stipulated Decision. Failed to review a list of medications that had been ordered by another physician when care was resumed of the patient and failed to appropriately treat the patient's Digoxin level.
Public Letter of Reprimand. April 28, 2004

PATEL, ROBERT BALVANT, M.D. (A86368)
Kansas City, KS
B&P Code §480(a)(1)(2)(3)(c). Stipulated Decision. Failed to disclose misdemeanor convictions for vandalism and battery on his application for licensure with the Medical Board of California. Probationary license issued. Revoked, stayed, placed on 3 years probation with terms and conditions, including, but not limited to, 120 hours of community service, attend an ethics course. March 9, 2004

PERDOMO, ONELIO EMILIO, M.D. (A37086)
Gadsden, AL
B&P Code §§141(a), 2305. Stipulated Decision.
Disciplined by Alabama for prescribing controlled substances without medical indication in the care and treatment of several patients. Revoked, stayed, placed on 5 years probation with terms and conditions, including, but not limited to, partial restriction on controlled substance prescribing or administering, participate in a prescribing practices course and medical record keeping course, obtain a practice monitor. February 17, 2004

PEREZ, LUIS JUAREZ, M.D. (G46123)
Chula Vista, CA
B&P Code §§726, 2234(b). Engaged in sexual abuse and misconduct in the care and treatment of a patient. Revoked. March 26, 2004

PRAKASH, OM, M.D. (C39398)
Buena Park, CA
B&P Code §2266. Stipulated Decision. Failed to maintain adequate and accurate medical records in the care and treatment of a patient. Revoked, stayed, placed on 3 years probation with terms and conditions, including, but not limited to, attend a clinical training program, attend a prescribing practices course, obtain a practice monitor. April 1, 2004

RALLS, RICHARD J., M.D. (A17993)
Tracy, CA
B&P Code §§2234(b)(c)(d), 2266. Stipulated Decision. Committed acts of gross negligence, repeated negligence, incompetence, and failed to maintain adequate and accurate medical records in the care and treatment of a patient. Revoked, stayed, placed on 3 years probation with terms and conditions, including, but not limited to, attend a medical record keeping course, attend educational courses in addition to required CME courses. April 5, 2004

RAMSEY, JAMES EDWIN, M.D. (G20709)
Laguna Hills, CA
B&P Code §2234(b)(c). Committed acts of gross negligence and repeated negligence in the care and treatment of a patient. Revoked. March 18, 2004. Judicial review being pursued.

REILLY, THOMAS MICHAEL, M.D. (A48776)
Las Vegas, NV
B&P Code §§490, 2234, 2236(a). Stipulated Decision. Convicted of driving under the influence of alcohol. Revoked, stayed, placed on 5 years probation with terms and conditions, including, but not limited to, must submit to biological fluid testing. February 11, 2004

ROMERO, ANTONIO ANGELES, M.D. (A34298)
Downey, CA
B&P Code §§2234(c), 2261, 2266. Committed repeated negligence, provided false statements in documents, and failed to maintain adequate and accurate medical records in the care and treatment of 4 patients. Revoked, stayed, placed on 7 years probation with terms and conditions, including, but not limited to, 60 days actual suspension, attend a medical record keeping course, attend a clinical training program, obtain a practice monitor. February 27, 2004

RYGIEL, KATARZYNA, M.D. (A53597)
San Diego, CA
B&P Code §§725, 2234(b)(c)(d), 2241, 2266. Committed acts of gross negligence, repeated negligence, incompetence, excessive prescribing of controlled substances, prescribed controlled substances to addicts, and failed to maintain accurate and adequate medical records in the care and treatment of 6 patients. Revoked. April 15, 2004. Judicial review being pursued.

SALIH, WAAYL AHMAD, M.D. (G60931)
Dove Canyon, CA
B&P Code §2234(b). Committed gross negligence in the care and treatment of a patient. Revoked, stayed, placed on 3 years probation with terms and conditions, including, but not limited to, attend a clinical training program. March 15, 2004

SAMUEL, CHRISTOJOHN, M.D. (C42242)
Northridge, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence in the care and treatment of a patient. Revoked, stayed, placed on 3 years probation with terms and conditions, including, but not limited to, attend a clinical training program. February 17, 2004

SAYYAH, MASOOD R., M.D. (A42949)
Santa Monica, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence, repeated negligence, and alteration of medical records in the care and treatment of 4 patients. Revoked, stayed, placed on 4 years probation with terms and conditions including, but not limited to, 15 days actual suspension, attend a medical record keeping course, attend a clinical training program, obtain a practice and billing monitor. February 9, 2004

For further information...

Copies of the public documents related to these cases are available at a minimal cost by calling the Medical Board's Central File Room at (916) 263-2525.

SCANNELL, GIANNA, M.D. (A41182)
Aspen, CO
B&P Code §§141(a), 2234, 2305. Stipulated Decision. Disciplined by Florida for inappropriate behavior in dealing with a 16-year-old emergency room patient who had been involved in an automobile accident. Public Letter of Reprimand. March 4, 2004

SCHWIED, ELLIS MICHAEL, M.D. (A39245)
Laguna Niguel, CA
B&P Code §2234(c). Stipulated Decision. Committed acts of repeated negligence by prescribing drugs to a patient who was not directly under his care. Revoked, stayed, placed on 5 years probation with terms and conditions, including, but not limited to, attend a prescribing course, participate in a professional boundaries program. April 22, 2004

SHEARER, LAWRENCE RICHARD, M.D.
(G37221) Mt. Shasta, CA
B&P Code §§2234(a)(e), 2236. Stipulated Decision. Convicted of conspiring to defraud the government and filing a false income tax return. Revoked, stayed, placed on 5 years probation with terms and conditions, including, but not limited to, attend an ethics course. April 22, 2004

SHELLCROFT, JOHN WESLEY, II, M.D.
(G44107) Vacaville, CA
B&P Code §2234(c). Stipulated Decision. Committed repeated negligence by failing to institute more aggressive monitoring of a patient and for failing to transfer the unstable, critically ill patient to an intensive care setting. Revoked, stayed, placed on 5 years probation with terms and conditions, including, but not limited to, attend a clinical training program, cannot engage in solo practice. February 17, 2004

STEVENS, MARK THOMAS, M.D. (G65360)
San Diego, CA
B&P Code §§822, 2234. Violated the terms and conditions of his board-ordered probation and has a condition affecting his ability to practice medicine safely. Revoked. April 28, 2004

TAMARIN, MARK WILFRED, M.D. (A38807)
Los Angeles, CA
B&P Code §§2234, 2266. Stipulated Decision. Failed to maintain adequate and accurate medical records in the care and treatment of 2 patients, and to prepare timely discharge summaries for a patient's hospitalizations. Physician must complete a medical record keeping course. Public Reprimand. April 28, 2004

TAN, KHEK-TECK, M.D. (A62270)
Marina Del Rey, CA
B&P Code §§2234(b)(c), 2266. Committed acts of gross negligence, repeated negligence, and failed to maintain adequate and accurate medical records in the care and treatment of several patients. Revoked, stayed, placed on 7 years probation with terms and conditions, including, but not limited to, 30 days actual suspension, complete a medical record keeping course, obtain a practice monitor. April 28, 2004

TANG, JANNIE, M.D. (G40209) Sacramento, CA
B&P Code §§2234(b), 2262, 2266. Stipulated Decision. Failed to attend to a patient while the patient was undergoing anesthesia, engaged in an extended personal telephone call during that time, failed to properly monitor the patient during the procedure, improperly and/or inaccurately recorded data pertaining to the patient, and represented mechanically recorded data as data obtained through personal monitoring. Physician completed an ethics course. Public Reprimand. February 11, 2004

THOMPSON, GERSHOM J., JR., M.D. (C23268)
Healdsburg, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence, incompetence, failure to maintain adequate and accurate records, and excessive treatment or prescribing in the care and treatment of 5 patients. Revoked, stayed, placed on 5 years probation with terms and conditions, including, but not limited to, attend a clinical training program, attend a prescribing practices course and a medical record keeping course, attend educational courses in addition to required CME, attend an ethics course, obtain a practice monitor. March 25, 2004

TING, ARTHUR JOSEPH, M.D. (G45101)
Fremont, CA
B&P Code §2234. Stipulated Decision. Failed to properly supervise subordinates in his employ at a medical clinic. Revoked, stayed, placed on 5 years probation with terms and conditions, including, but not limited to, attend medical record keeping course, attend an ethics course. April 5, 2004

TISON, DENNIS JAY, M.D. (G79603)
Sacramento, CA
B&P Code §§2234(e), 2236(a), 2239. Convicted of voluntary manslaughter and willful cruelty of a child in the death of his 14-month-old daughter. Revoked. March 29, 2004

TRINDLE, MICHAEL RYAN, M.D. (G63287)
Millbrae, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with self-use of controlled substances and alcohol, affecting his ability to practice medicine safely. Revoked, stayed, placed on 5 years probation with terms and conditions, including, but not limited to, 6 months actual suspension, restriction on prescribing or dispensing controlled substances, surrender his DEA permit, abstain from use of controlled substances and alcohol, submit to biological fluid testing. March 29, 2004

WHITE, LLOYD GEORGE, M.D. (G37804)

Diamond Bar, CA

B&P Code §§2234(b)(c)(d), 2266. Stipulated Decision. Committed acts of gross negligence, repeated negligence, incompetence, and failed to maintain adequate and accurate medical records in the care and treatment of a patient. Revoked, stayed, placed on 2 years probation with terms and conditions, including, but not limited to, obtain a surgery proctor, attend a medical record keeping course. April 12, 2004

WILCOX, DENNIS DREWE, M.D. (A44471)

San Diego, CA

B&P Code §2234(c). Stipulated Decision. Committed acts of repeated negligence in the care and treatment of a patient. Revoked, stayed, placed on 3 years probation with terms and conditions, including, but not limited to, attend educational courses in addition to required CME, attend a clinical training program. March 18, 2004

WONG, DEREK JERRY, M.D. (G60329)

Sacramento, CA

B&P Code §2234(b). Stipulated Decision. Committed acts of gross negligence for failing to return immediately to an obstetrics patient when informed that the patient's fetus exhibited serious, ongoing heart rate deterioration, failing to seek assistance from another obstetrician to assess the situation, and failing to perform appropriate tests and expeditiously order a Cesarean-section delivery. Revoked, stayed, placed on 5 years probation with terms and conditions, including, but not limited to, attend a clinical training program. April 12, 2004

WYATT, ARTHUR JACOB, JR., M.D. (C16450)

Sacramento, CA

B&P Code §2234. Stipulated Decision. Failed to perform an adequate examination for the amount of medications prescribed to a patient with depression and recurrent pain, and failed to properly document the medical care and treatment provided. Physician completed a prescribing practices course, a medical record keeping course and an ethics course. Public Letter of Reprimand. February 25, 2004

DOCTORS OF PODIATRIC MEDICINE

AUSTIN, GERALD DAVID, JR., D.P.M. (E4373)

San Jose, CA

B&P Code §§2234, 2236(a), 2238. Convicted of obtaining controlled substances by using falsified prescriptions and for possessing a controlled substance without a prescription. Revoked, stayed, placed on 5 years probation with terms and conditions, including, but not limited to, obtain a practice monitor, attend an ethics course. April 16, 2004

SALZ, JOSEPH ALAN, D.P.M. (EFE1606)

Huntington Beach, CA

B&P Code §§490, 493, 2234(a)(e), 2236(a), 2273.

Convicted of violating the Medi-Cal Act by paying people to recruit and transport Medi-Cal beneficiaries to a clinic to provide podiatric services and merchandise which were billed to Medi-Cal, and by furnishing merchandise or gratuitous considerations to patients. Revoked, stayed, placed on 3 years probation with terms and conditions, including, but not limited to, 30 days actual suspension, attend a billing practices course. February 17, 2004

TSENG, HENRY RICK, D.P.M. (E4127)

Hacienda Heights, CA

B&P Code §§2234(a), 2472. Stipulated Decision. Engaged in medical practices beyond the scope of his license in the care and treatment of 5 patients. Revoked, stayed, placed on 3 years probation with terms and conditions, including, but not limited to, obtain a practice monitor, attend a billing practices course, attend an ethics course. April 5, 2004

PHYSICIAN ASSISTANTS

CHOI, RANDY KONG, P.A. (PA15088)

Pasadena, CA

B&P Code §§2234(e), 2236(a), 2305, 3531. Stipulated Decision. Convicted on 1 count for embezzlement by the U.S. Marine Corps. Revoked, stayed, 5 years probation with terms and conditions, including 15 days actual suspension. March 29, 2004

Looking for an Opportunity to Make a Difference?

The Medical Board's Physician's Diversion Program is looking for physicians, psychologists, therapists, chemical dependency counselors, and former diversion program participants to serve as Diversion Evaluation Committee (DEC) members.

DEC members provide key clinical recommendations regarding physicians participating in the program and make a difference for participants, their patients, and California as a whole. For further information please call the program at (916) 263-2600.

DAVIS, BRETT LYNSAY, P.A. (PA13662)
Big Bear Lake, CA
B&P Code §§2238, 2239. Stipulated Decision. Self-administered a controlled substance, Vicodin, by misappropriating a patient's prescription. Revoked, stayed, 7 years probation with terms and conditions. April 15, 2004

EVANS, WILLIAM ROBERT, P.A. (PA17395)
Saugus, CA
B&P Code §480(a)(1)(2)(c). Stipulated Decision. Disclosed on his application for licensure with the Physician Assistant Committee previous misdemeanor convictions. Five-year probationary license issued with terms and conditions. April 21, 2004

HICKMAN, JAMES M., P.A. (PA12960)
Mt. Gilead, OH
B&P Code §§141(a), 2305. Disciplined by Alaska for practicing medicine without a valid and approved collaborative plan. Revoked. March 29, 2004

PHAM, LEON G., P.A. (PA11963) San Marino, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with acts of gross negligence, repeated negligence, incompetence, unlawful prescribing, and exceeding his authority as a physician assistant in the care and treatment of 4 patients. Revoked, stayed, 5 years probation with terms and conditions, including 14 days actual suspension. March 11, 2004

SURRENDER OF LICENSE WHILE CHARGES PENDING

PHYSICIANS AND SURGEONS

BAYERS, JON H., M.D. (C29498)
Redding, CA
March 11, 2004

BELL, WALLAS NEWTON, M.D. (G32181)
Henderson, KY
March 4, 2004

COLLINS, JOAN MARIANNE, M.D. (G75316)
La Jolla, CA
March 3, 2004

FEAGIN, CLARENCE ANDREW, JR., M.D.
(G56398) Richmond, CA
April 5, 2004

FREER, EVERETT CHARLES, JR., M.D. (G32220)
Pahrump, NV
April 23, 2004

KROSNOFF, JOHN A. JR., M.D. (CFE30238)
La Canada, CA
March 24, 2004

MCKINNEY, KAREN FAY, M.D. (G44077)
Tacoma, WA
April 28, 2004

MOTT, JOSEPH ABRAHAM, M.D. (G78419)
San Francisco, CA
April 28, 2004

PLETZ, JOHN FRANCIS, M.D. (C35417)
San Francisco, CA
March 15, 2004

SHEEN, JACK HENRY, M.D. (A16577)
Santa Barbara, CA
February 4, 2004

VINCENT, ROBERT ALLEN, M.D. (C35853)
Fitchburg, WI
February 4, 2004

DOCTOR OF PODIATRIC MEDICINE

CARVER, ANDREW LEWIS, D.P.M. (E2188)
Kamuela, HI
April 8, 2004

Drug or Alcohol Problem?

If you are concerned about a fellow physician who may be abusing alcohol or other drugs or suffering from a mental illness, you can get assistance by contacting the Medical Board's confidential Diversion Program.

Your call may save a physician's life and can help ensure that the public is being protected.

ALL CALLS ARE CONFIDENTIAL

www.caldocinfo.ca.gov

(916) 263-2600

Medical Board of California
Physician Diversion Program
1420 Howe Avenue, Suite 14
Sacramento, CA 95825

**Business and Professions
Code Section 2021(b) &
(c) require physicians to
inform the Medical
Board in writing of any
name or address change.**



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ACTION REPORT — JULY 2004

Candis Cohen, Editor (916) 263-2389