



## Legislative Update

### Board sponsored seven bills — all were signed

**AB 1796 (Bermudez, Chapter 843)** Authorizes the board to establish advisory committees consisting of physicians and public members who are not required to be members of the board. Requires an applicant to obtain a passing score on the USMLE, Step 3, within four attempts. No applicant will be eligible to reapply until three years after the date the application for the physician’s certificate was denied, except under certain conditions. Allows the Division of Licensing to obtain probation monitoring costs. The fee for a physician’s and surgeon’s voluntary service license status is waived only for practitioners who reside in California. The Governor issued a signing message expressing concern that failing to provide exceptions to the requirement that physicians pass the USMLE, Step 3, within four attempts may result in unintended consequences and directed the board to address this issue.

**AB 2198 (Houston, Chapter 350)** Incorporates the recommendations of the board’s Pain Management Task Force and makes changes to the pain management laws to facilitate the treatment of pain. Changes “good faith prior examination” to “appropriate prior examination.” (See p. 12.)

**AB 2260 (Negrete McLeod, Chapter 565)** Revises the special fellow and faculty programs. Adds initial and renewal provisions and specifies the action to be taken if a complaint is received. Expands the current “special faculty permit” program. Prohibits a physician from including, or permitting to be included, a provision within a civil settlement that prohibits another party to the dispute from contacting, cooperating, filing a complaint, or requiring the withdrawal of the complaint with the board. (See p. 9.)

**SB 1232 (Runner, Chapter 133)** Adds criteria to current requirements for evaluation of applicants for licensure under B&P Code section 2135.5, a reciprocity provision. It requires that an applicant be licensed by the state of origin for at least four years and requires the applicant to satisfy other criteria before the Division of Licensing can determine his or her

compliance with the curriculum, clinical instruction, and examination requirements.

**SB 1438 (Figueroa, Chapter 223)** Requires physicians to report all misdemeanor convictions, and the board to post on its Web site misdemeanor convictions for physicians that result in disciplinary actions or an accusation that is not subsequently withdrawn or dismissed. States the legislative intent to have the JLAC/BSA review the board’s operations prior to sunset review. Revises the due dates of various reports. Recasts the 800 reporting sections to clarify the reporting requirements for physicians.

**SB 1638 (Figueroa, Chapter 536)** Requires the board to create and appoint a Midwifery Advisory Council. Requires licensed midwives to make annual reports containing specified information regarding birth outcomes to the Office of Statewide Health Planning and Development (OSHPD), with the first report due in March 2008. The data will be consolidated by OSHPD and reported back to the board for inclusion in its annual report.

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### 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

It was 9:30 Sunday evening. My phone rang. A little late for a client call. It was a public affairs client, apologizing for reaching me so late and on a matter unrelated to work. His wife was undergoing surgery that week at a local hospital. They checked the surgeon's background online and became concerned about a disciplinary case against her New York license. A malpractice judgment. This was a serious surgery and they weren't sure how to proceed. They knew I was serving as the president of the Medical Board and wanted some counsel.

I entered the doctor's name on the Medical Board of California's Web site at [www.mbc.ca.gov](http://www.mbc.ca.gov) and found a California discipline, a Public Letter of Reprimand, not uncommon when one of our California-licensed physicians is disciplined in another state where he or she is licensed. With a little more detail (but not much — even our Web site is often unfortunately limited in what consumers can find due to years of battles in the Legislature with lobbyist-opponents who insist consumers are not capable of understanding this information and may make ill-informed decisions about their doctors), I was able to discern that the surgeon had a hospital-based malpractice award affecting her New York license. The board disciplined the license based on an action by New York's medical board.

Understanding their concern, I recommended that they call the surgeon, share the information they learned, and ask for an in-person interview. Medical malpractice issues can be a hazard of doing business and they should certainly provide the doctor with an opportunity to discuss the details and make their decision based upon that interview. They were focused, calm and prepared,



Steve Alexander  
President of the Board

as informed healthcare consumers, to confidently and intelligently make that call.

A day later, at a public, city council meeting, a staffer approached me and said her dad had recently passed away while under a doctor's care. She was concerned about his treatment and wanted to know how to obtain information about the physician. After leaving that hearing, I was stopped by a citizen who had recognized me from a recent article in the local press on

the Medical Board. He had cataract surgery, and when completed, he asked the surgeon how it went. The doctor indicated there were some complications and a mistake was made. When he attempted to pursue this, he was rebuffed, and was angry at the way he was handled. All he wanted were some answers but was "shut out," as he characterized it.

All of these events occurred in a 24-hour period prior to my speech to the medical students at the University of California, San Diego. The events had a profound impact on my message to them. And it goes back to my first article as president of the board.

***"Every day, a doctor defines the practice of medicine to healthcare consumers. Every interaction with a patient determines the perspective that patient comes away with, and that moment, that perspective has the potential to endure for a lifetime."***

Every day, a doctor defines the practice of medicine to healthcare consumers. Every interaction with a patient determines the perspective that patient comes away with, and that moment, that perspective has the potential to endure for a lifetime.

We recently met with the California Hospital Association's leaders who look at quality-of-care in hospital settings. One of their biggest challenges is the physician's behavior toward others, how they treat people, and interact with their peers, fellow healthcare

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# Preventive medicine and the seven deadly sins: avoiding discipline against your medical license

by Laura Sweet, Supervising Investigator II  
Los Angeles Metropolitan Area

## ***Envy n. 1. A feeling of discontent and resentment aroused by another's desirable possessions or qualities, accompanied by a strong desire to have them for oneself.***

*This is the third of seven articles in the series "Preventive Medicine and the Seven Deadly Sins: Avoiding Discipline Against your Medical License."*

I am jealous of those who possess sufficient insight to envision the difficulty in demonstrating a meaningful correlation between envy, the "3rd Deadly Sin," and the practice of medicine. The question is: to what level of aberrance will the proverbial "green-eyed monster" take me? Will I try to discredit and smear my competitors? Will I lash out violently and attack my computer in a fit of rage? Time will tell.

Everyone experiences envy at some point. Envy can actually be a motivator for success.

Envy can also be a remarkably destructive impetus to try to ruin or inflict psychic damage on a person. This article will explore two ways we Medical Board investigators often encounter envy: the physician in the business environment and the psychologically compromised complainant.

No one can dispute that we work in a competitive environment. In the medical field, competition in some specialties is profound. As advertising has gained acceptability (and legality) in the medical field, competition has become increasingly intense, especially in the arenas of plastic surgery, hair restoration, erectile dysfunction, ophthalmology (specifically, laser eye surgery) and most recently, bariatric surgery. Peruse any major newspaper and you will find numerous advertisements appealing to a variety of ailments to generate "business." In the spirit of competition, when physicians engage in behaviors that attempt to impede or sabotage their competitors' businesses, that is when envy is invoked. This also can be known as an "unfair business practice."

Business and Professions Code section 651 is captioned, "Dissemination of false or misleading information concerning professional services or products; permissible advertising." It is among the most long-winded sections

(five pages of actual text) we encounter, so I will take editorial liberties and focus on the most pervasive violations we see:

"It is unlawful for any person licensed under this division ... to disseminate or cause to be disseminated any form of public communication containing a false, fraudulent, misleading or deceptive statement, claim or image for the purpose of or likely to induce, directly or indirectly, the rendering of professional services or furnishing of products in connection with the professional practice or business for which he or she is licensed." This includes mail, television, radio, newspaper, list or directory, Internet or other electronic communication.

The bottom line is, does the advertisement contain a misrepresentation of fact? Is it intended or likely to create false or unjustified expectations of favorable results (this includes the use of any photograph or other image that does not accurately depict the results of the procedure being advertised or that has been altered in any manner from the image of the actual subject depicted)? Does it fail to fully and specifically disclose all variables and other material factors relating to fees? Does it make a claim either of professional superiority or of performing services in a superior manner, unless that claim is relevant to the service being performed and can be substantiated with objective scientific evidence?

It is also unlawful to use the term "board certified" unless you are certified by a board that is an American Board of Medical Specialties (ABMS) member board or a specialty board approved by the Medical Board of California as equivalent to an ABMS specialty board.

Advertising violations can result in discipline against your medical license. Ordinarily, first-time offenders are allowed an opportunity to correct the problem,

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## Governor Schwarzenegger names new Medical Board member

Governor Arnold Schwarzenegger recently announced the appointment of a new public member to the Medical Board of California.

Frank V. Zerunyan of Rolling Hills Estates has been appointed to the Division of Medical Quality. Since 2005, he has served as principal and general counsel for the real estate development firm, Public-Private Community Development. Mr. Zerunyan previously

was managing partner with the law firms SulfmeyerKupetz from 1995 to 2005, Yacoubian & Zerunyan from 1992 to 1995 and the Law Office of Frank V. Zerunyan from 1989 to 1992. Prior to that, he served as vice president of finance for International Marketing Alliance from 1985 to 1989. He serves on the Rolling Hills Estates City Council to which he was elected in 2003 and serves as chair of the city's Traffic and Safety Committee.

## Legislative Update *(Continued from page 1)*

**SB 1851 (Health Comm., Chapter 485)** Requires a physician who makes a breast cancer diagnosis to provide the patient with a written summary about breast cancer treatment options, and makes it *optional* whether the physician provides the information to the patient at the time of biopsy. (See p. 16.)

### Chaptered legislation

The following legislation, which may impact physicians licensed in California, has been chaptered into law and took effect on January 1, 2007 (bills with an urgency clause take effect upon enactment). For additional information on these bills, please see the Web site maintained by the Legislative Counsel of California at [www.leginfo.ca.gov](http://www.leginfo.ca.gov) (click on "Bill Information").

**AB 1994 (Leslie, Chapter 100)** Relates to existing law which exempts healthcare providers from liability for making the decision as to whether a minor's records are available for inspection. Specifies that the exemption from liability also would apply with respect to a healthcare provider's decision whether to make the minor patient's records available for copying.

**AB 2120 (Liu, Chapter 116)** Expands the healthcare professionals authorized to sign the certificate substantiating a disabled person's or disabled veteran's disability to include nurse practitioners, certified nurse midwives, and physician assistants. Makes conforming and technical changes.

**AB 2156 (Niello, Chapter 319)** Requires a laboratory director or a licensed authorized designee appointed by the laboratory director to establish, validate, and document explicit criteria by which clinical laboratory tests or examination results are autoverified. Requires the laboratory director or designee to revalidate the criteria annually. Authorizes specified pathologist professionals

to prepare human surgical specimens for gross description and dissection under the direct supervision of a qualified pathologist.

**AB 2280 (Leno, Chapter 771)** Current law authorizes chlamydia treatment for a patient's partner without a good faith prior examination. This law expands that authorization to treatment for gonorrhea and other sexually transmitted diseases (to be determined by the Department of Health Services through the regulatory process) where that treatment could be prescribed for the partner without a good faith prior examination.

**AB 2283 (Oropeza, Chapter 612)** Requires that information collected by the board, upon renewal, regarding cultural background and foreign language proficiency be posted annually on the board's Web site on or before October 1 of each year.

**AB 2651 (Jones, Chapter 335)** Requires that a hearing screening be administered to every newborn by every general acute care hospital with licensed perinatal services. This law becomes operative on January 1, 2008.

**AB 2805 (Blakeslee, Chapter 579)** Provides that an electronic advance healthcare directive is legally sufficient if the existing requirements for directives are satisfied. This took effect on September 28, 2006 as an urgency statute.

**AB 2986 (Mullin, Chapter 286)** Harmonizes California's current Controlled Substances Utilization Review and Evaluation System (CURES) program with the newly enacted "National All Schedules Prescription Electronic Reporting (NASPER) Act of 2005," which permits California to qualify for federal grant funding. Provides that the CURES program will monitor and report on the prescribing and dispensing of Schedule IV controlled substances.

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## President's Report *(Continued from page 2)*

providers and patients. This comes as no surprise. We can train people on skills, but rarely can we train personality. And it is how we treat others that has such a significant impact on how they experience medical care.

I had the occasion recently to recommend a primary care physician to a client and friend. I've known this person for decades. He is articulate, educated and knows what he wants. There was a clear match for whom he needed and after his first meeting with this physician, he called to rave about how inviting the doctor was, how open to communication and input from the patient. They'll share a lifelong professional relationship, I'm certain. That initial office visit shaped an enduring moment.

Half way through this term as president, I continue to see this theme play out, and continue to commit this board to communicating to its public, physicians and

consumers alike, so that we can meet our mission of consumer protection through dialogue, listening and learning how to improve our work on behalf of the physicians and surgeons we regulate and the consumers we serve.

By the way, the couple at the beginning of this article contacted their surgeon. She was forthright, open, and freely discussed the New York case that resulted in the discipline. She invited them in for a face-to-face consultation and to answer their questions. They were relieved by what they learned, and more important, by how the surgeon handled their concerns. They went through with the surgery and called to thank me for the encouragement, and the board for the information on our Web site.

An enduring moment in their healthcare experience.

## Board member profile: Janet K. Salomonson, M.D.



Janet K. Salomonson, M.D., F.A.C.S., was appointed to the Division of Medical Quality by Governor Arnold Schwarzenegger on August 11, 2006. She is a plastic surgeon in private practice and medical director of the Cleft Palate Center at Saint John's Health Center in Santa

Monica. She is a diplomate of the American Board of Plastic Surgery and a clinical assistant professor of surgery, Division of Plastic Surgery at U.S.C. She is a member of the American Society of Plastic Surgeons, California Society of Plastic Surgeons and the American Cleft Palate–Craniofacial Association. She is the CSPS representative to the California Access to Specialty Care Coalition and the Saint John's representative to the Coalition of California Cleft and Craniofacial Teams. She has published articles on cleft reconstruction and is an invited reviewer for the Cleft Palate Journal. She volunteers on international missions providing cleft team care.

Dr. Salomonson earned her medical degree from the University of Minnesota, Minneapolis. Her post-graduate education in general and plastic surgery was at UCLA.

## Medical Board of California ranks at top of U.S. medical board Web sites

### California earns "Top 10" spot in public protection search group picks

In a newly released report, the physician profiles on the Medical Board of California's Web site ranked seventh out of 65 state medical boards' Web sites rated by Public Citizen's Health Research Group. Public Citizen is a national, non-profit, consumer advocacy organization. Its Health Research Group promotes safer drugs and public health issues.

Sites were ranked for content and usability, taking into account eight categories: types of physician-identifying information, board disciplinary action information, disciplinary actions taken by hospitals, disciplinary actions taken by the federal government (Medicare, the Drug Enforcement Administration, and the Food and Drug Administration), malpractice information, criminal conviction information, Web site search capabilities and other information.

The report is available at: [www.citizen.org/publications/release.cfm?ID=7478](http://www.citizen.org/publications/release.cfm?ID=7478).

California physicians are encouraged to review their profiles on the Medical Board's Web site at [www.mbc.ca.gov](http://www.mbc.ca.gov). Please report any inaccuracies to: [Webmaster@mbc.ca.gov](mailto:Webmaster@mbc.ca.gov), or call the Consumer Information Line at (916) 263-2382.

## Legislative Update *(Continued from page 4)*

**SB 438 (Migden, Chapter 909)** Authorizes dentists who are trained as oral and maxillofacial surgeons, licensed by the Dental Board of California (DBC), to perform elective facial cosmetic surgical procedures. Requires the DBC to appoint a credentialing committee, made up of physicians and oral maxillofacial surgeons, to make recommendations to the DBC on the issuance of permits to those who apply.

**SB 699 (Soto, Chapter 20)** Requires healthcare providers and laboratories to report cases of HIV infection to the local health officer using patient names and for the local health officers to report unduplicated HIV cases by name to the Department of Health Services. This law also makes changes related to HIV case disclosures of personally identifiable information in a public health record. Certain disclosures of personally identifiable information are authorized.

**SB 1260 (Ortiz, Chapter 483)** Requires a physician to provide a patient with a standardized written summary of health and consumer issues regarding assisted oocyte production prior to obtaining the patient's written and oral informed consent for the procedure.

**SB 1285 (Aanestad, Chapter 153)** Clarifies that the scope of practice for speech-language pathologists (SLP) includes the ability to perform suctioning, after compliance with a medical facility's training protocols. It expands the settings for SLPs to use flexible fiberoptic nasendoscopy for functional assessment of swallowing and voice. SLPs still are required to refer abnormalities to a physician.

**SB 1301 (Alquist, Chapter 647)** Requires that general acute care hospitals, acute psychiatric hospitals, and special hospitals report to the Department of Health Services (DHS) any adverse event within five days of its discovery. If the adverse event is an ongoing urgent or emergent threat to the welfare, safety, or health of patients, personnel, or visitors, the event must be reported to the department within 24 hours of its discovery. Authorizes DHS to assess specified civil penalties against a licensee for failure to report an adverse event. DHS is required to conduct an onsite inspection or investigation within 48 hours, or two business days, of a complaint that indicates an ongoing threat of imminent danger of death or serious bodily harm. The outcome of any investigations or inspections of substantiated adverse

events reported must be posted on the DHS Web site and available in written form by January 1, 2015, but DHS is required to make this information readily accessible to consumers between January 1, 2009, and January 1, 2015, when this becomes available on its Web site.

**SB 1423 (Figueroa, Chapter 873)** Requires the board, in conjunction with the Board of Registered Nursing, to evaluate and study issues related to the use of laser or intense light pulse devices for elective cosmetic procedures. The board also must adopt regulations relating to that practice on or before January 1, 2009.

**SB 1438 (Figueroa, Chapter 873)** Requires physicians to report all misdemeanor convictions to the Medical Board, and the board to post on its Web site misdemeanor convictions for physicians and surgeons that result in disciplinary actions or an accusation that is not subsequently withdrawn or dismissed. States the legislative intent to have the JLAC/BSA review the board's operations prior to sunset review. Revises the due dates of various reports. Recasts the 800 reporting sections to clarify the reporting requirements for physicians.

**SB 1475 (B&P Comm., Chapter 659)** Extends by one year, the provisions that authorize a physician to obtain a permit, issued by the Dental Board, to provide anesthesia in a dental office. This provision sunsets January 1, 2008.

**SB 1476 (Figueroa, Chapter 658)** Changes existing law to require a licensee to provide the federal employer identification number, if the licensee is a partnership, or his or her social security number only when a license is issued and not at time of renewal.

**SB 1555 (Speier, Chapter 484)** Authorizes a primary prenatal care provider to provide to a pregnant woman, on her first prenatal visit, information regarding her options with respect to umbilical cord blood banking. This information, required to be developed by the Department of Health Services (DHS), must be available in Cantonese, English, Spanish, and Vietnamese and also must be available on the Web sites of the licensing boards or agencies that oversee primary prenatal care providers. Licensees will be notified when information is available for distribution. Requires DHS to conduct the Umbilical Blood Community Awareness Campaign and to provide awareness, assistance, and information regarding umbilical cord blood banking options. This campaign will begin only if sufficient private funds are raised.

## Legislator Profile

# Senator George Runner



**George Runner**  
(R-Antelope Valley)  
was first elected to the California State Senate in 2004. Runner's priorities in the Legislature are to focus on improving economic prosperity, business growth, education excellence, and family preservation for all Californians.

In 2006 Senator Runner authored legislation that will have a major impact on the board's licensing policies. SB 1232 adds criteria to current requirements for evaluation of applicants for licensure under Business and Professions Code section 2135.5, a reciprocity provision. It requires that an applicant be licensed by the state of origin for at least four years and

requires the applicant to satisfy other criteria before the Division of Licensing can determine his or her compliance with the curriculum, clinical instruction and examination requirements.

Currently, he is Senate Republican caucus chair. He serves as the vice chair of the Senate Health Committee and the vice chair of the Senate Environmental Quality Committee. Runner also is a member of the Senate Transportation and Housing Committee, Senate Revenue and Taxation Committee, and the Select Committee on Defense and Aerospace Industries.

Prior to his election to the State Senate, he served in the State Assembly for three terms, from 1996–2002. During this time, Senator Runner was involved in developing and implementing real solutions to the challenges facing Californians.

## Completing physician survey is mandatory by law

(Business and Professions Code sections 2425.1 and 2425.3)

For the past two years, the Medical Board has been collecting valuable physician practice information from the survey provided on the reverse side of the physician and surgeon license renewal application.

Sometime next year, the required information will be posted on each physician's profile on the board's Web site at [www.mbc.ca.gov](http://www.mbc.ca.gov).

This is a reminder that per Business and Professions Code sections 2425.1 and 2425.3, physicians are required to complete sections 1 through 4 of the survey. Question 1 concerns activities in medicine—how many hours per week are spent in: patient care, research, training, administration, and "other." Question 2 concerns whether a physician provides patient care, and if so, requires the zip code of the primary practice location. Question 3 asks for current training status, i.e., resident, fellow or not in training. Question 4 will

provide some of the most valuable information to the board, healthcare organizations and consumers on shared concerns regarding access to healthcare in California; it asks physicians to mark, if applicable, one or more board certifications, and primary and secondary practice areas.

Responding to questions 5 through 9 is optional but equally important in our efforts to understand language and cultural diversity in the healthcare delivery system. Whether completing your license renewal on hardcopy or online, please ensure that you complete the survey and that your responses are readable and accurate. Your assistance in providing this valuable information will be of great importance to the growing diversity of Californians seeking healthcare.

## Seven deadly sins *(Continued from page 3)*

but continuous offenders may become the object of a citation and fine or, ultimately, the filing of an accusation.

An interesting counterpoint is that a substantial number of complaints alleging false advertising come anonymously. Frequently, we are able to determine that the complainant is a physician who is in competition with the alleged false advertiser. Caveat emptor, or should I say caveat doctor: If your advertising is not legally sound, when the Medical Board is not watching, your competitors may be!

Which leads me to segue not so subtly to the topic of disgruntled complainants. I want to emphasize that in no way are these next few paragraphs intended to dissuade someone from filing a complaint. In fact, Business and Professions Code section 2318 affords immunity from civil liability to those who provide information to the board indicating that a licensee may be guilty of unprofessional conduct. If you are ever in doubt, I always recommend erring on the side of filing the complaint.

There are, however, a small number of complaints, often memorable, that are generated from envy. Some of these complaints are petty. Some are reality-challenged. Some are veracity-challenged. On first glance, it appears there may be a violation of law, but upon further scrutiny and investigation, complaints such as these just reaffirm the adage: "hell hath no fury like a \_\_\_\_\_ scorned."

Recently, we received a complaint from an envious ex-husband of a physician. The complaint alleged scurrilous behavior and included videotapes of his wife engaged in extremely intimate activity with someone who was obviously not this ex-husband. The complainant in the divorce matter wished to portray his ex-wife as mentally unstable and a drug user. The brief investigation of this matter did not yield facts to bear out this allegation. What it really established is to what deplorable depths a person will go to hurt another, whether it is prompted by envy, fear, anger, or any other emotion. It was an unfortunate use of our resources and could have detracted from a more serious matter.

Custody disputes are another common source of complaints. These can be particularly bothersome because some appear to be merely an individual's opportunity to "vent" on paper. Occasionally, however, one of these complaints will reveal a practitioner who did depart from the standard of care. The departure, invariably, is failing to perform a fair, objective and unbiased examination and render a fair, objective and unbiased opinion. Is this envy transference? The professional is assuming the envious component of the dysfunctional parent? Levity aside, there is an extremely severe consequence to this breach in the standard of care. This conduct can deprive a parent of his or her child.

Finally, there was the "two brothers investigation." These two physicians had been in practice together and had a falling out. One of the brothers began filing complaints against the other. Some of the issues raised in the complaint were valid but one of the aspects that hurt the case was the motivation for the brother filing the complaint, especially since he had been privy to the offending brother's conduct long before the complaint was filed. If I'm working for someone, and I'm observing unethical and illegal behavior but looking the other way until I become jealous, or mad, that will reflect poorly on my credibility in the legal arena (among other places). It can generally be overcome, but it is yet another fascinating component of human nature to contemplate how we sometimes tolerate unacceptable behavior in others until that time the unacceptable behavior personally impacts us.

How do you, as a physician, deal with being the subject of a frivolous or a false complaint? Being licensed means that someone may file a complaint against you. I can assure you that we are trained to prove and disprove allegations. I can assure you we will not pursue a meritless case. Although we recognize this can be extremely frustrating for you, your task in these situations is to resist the inclination to become angry, and instead exhibit as much patience as you can muster. Patience, after all, is a virtue!

***Coming up next: Anger***



## AB 2260: Physician settlement agreements: gag orders

Legislation passed in 2006 (AB 2260, Negrete McLeod), which adds section 2220.7 to the Business and Professions Code, became effective January 1, 2007. The new law bars physicians from including, or permitting to be included, a provision within a civil settlement that prohibits another party to the dispute from contacting, cooperating, filing a complaint with, or requiring the withdrawal of a complaint from the Medical Board. Consumers will no longer be compelled to settle a civil suit by agreeing not to contact the board. The board already receives settlement information from malpractice insurance companies, but often without the details necessary for the board to investigate properly. This new law, dubbed the “gag clause” legislation, allows consumers to provide information to the Medical Board that is necessary to investigate a complaint.

Wendy Conner, from the San Diego area, is credited with the success of this bill finally becoming law. She had assisted in previous introductions of similar “gag clause” bills over the past several years but none were passed. In Ms. Conner’s case, what should have been a

simple medical procedure treating a scar on her forehead ended badly and her physician’s negligence left her irreversibly and totally blind in one eye. During her ordeal, she asked her physician whether he ever had been sued and he told her no. She later discovered that her physician had settled a number of malpractice and negligence lawsuits, that his license had been suspended for 90 days and he served five years probation as ordered by the Medical Board during the 1990s. Ms. Conner sued her physician and was told that in her settlement agreement she would have to sign a gag clause provision. Only later did she learn that there is no such law. Since that time, Ms. Conner has been a champion for patient rights and knows well that by not reporting physician errors, incompetence and negligence to the Medical Board, patients will continue to suffer from these types of tragedies.

Physicians and attorneys should know about Business and Professions Code section 2220.7, and how it affects physicians and patients, prohibits efforts to prevent cooperation with the board, and allows for improved communication between complainants and the board.

### Statute of limitations on filing accusations

#### **B&P Code section 2230.5**

Business and Professions Code section 2230.5, which became law in 1998 and has been amended twice, sets a statute of limitations on the filing of accusations against physicians. Specifically, the law provides that, except for allegations involving minors, sexual misconduct, or procuring a license by fraud, any accusation filed against a physician must be filed within three years after the board discovers the act or omission alleged as the ground for disciplinary action, or within seven years after the act or omission alleged as the ground for disciplinary action occurs, whichever is first.

### Free online CME course on domestic violence

Blue Shield Foundation of California recently launched a new Web site offering free online CME and training for California doctors treating domestic violence victims. The program provides specific information regarding California reporting laws and provides doctors the tools and information needed to help patients who may be victims of domestic violence.

**Up to 16 Category 1 credits**  
**[www.RespondtoDV.org](http://www.RespondtoDV.org)**

## Consumer Corner: Medical spas — what you need to know

**Medical spa.** It sounds so soothing. It evokes images of candles, beautiful music, warmth and pampering. Spahhhh! The words alone can make one relax.

Medical spas are marketing vehicles for medical procedures. If they are offering medical procedures, they must be owned by physicians. The use of the term “medical spa” is for advertising purposes to make the procedures seem more appealing. In reality, however, it is the practice of medicine.

There is no harm in seeking pampering or in wanting to look better. A visit to a spa may provide a needed respite from our stressful lives, and treatments that make us look better often make us feel better. The Medical Board, however, is concerned when medicine is being marketed like a pedicure, and consumers are led to believe that being injected, lasered, and resurfaced requires no more thought than changing hair color.

Medical treatments should be performed by medical professionals only. There is risk to any procedure, however minor, and consumers should be aware of those risks. While it is illegal for unlicensed personnel to provide these types of treatments, consumers should be aware that some persons and firms are operating illegally. Cosmetologists, while licensed professionals and highly qualified in superficial treatments such as facials and microdermabrasion, may never inject the skin, use lasers, or perform medical-level dermabrasion or skin peels. Those types of treatments must be performed by qualified medical personnel. In California, that means a physician, or a registered nurse or physician assistant under the supervision of a physician.

Patients must know the qualifications of persons to whom they are entrusting their health. Those seeking cosmetic procedures should know that the person performing them is medically qualified and experienced. Specifically, patients should:

- 1) Know who will perform the procedure and his or her licensing status: If a physician is performing the treatment, you should ask about his or her qualifications. Is the doctor a specialist in these procedures? Is he or she board certified in an appropriate specialty? Licensing status may be verified at the board’s Web site at [www.mbc.ca.gov](http://www.mbc.ca.gov), “Check Your Doctor Online.” Board certification status may be verified at [www.abms.org](http://www.abms.org).

If a registered nurse or physician assistant will be doing the procedure, what are his or her qualifications? Where is the doctor who is supervising them? Are they really being supervised, or are they acting alone with a paper-only supervisor? (Although the physician does not have to be onsite, he or she must be immediately reachable.) Again, you should check the supervising doctor’s credentials, as well as the nurse or physician assistant. Those Web sites are [www.rn.ca.gov](http://www.rn.ca.gov) and [www.physicianassistant.ca.gov](http://www.physicianassistant.ca.gov).

- 2) Be fully informed about the risks: All procedures carry risks, and conscientious practitioners will fully disclose them. Medical professionals have an ethical responsibility to be realistic with their patients and tell them what they need to know. Use caution if procedures are being heavily marketed with high-pressure sales techniques promising unrealistic results.
- 3) Observe the facility and its personnel: Medical procedures should be done in a clean environment. While one cannot see germs, one can see if the facility looks clean and personnel wash their hands, use gloves, and use sound hygienic practices.
- 4) Ask about complications, and who is available to handle them: If you should have an adverse reaction, you want to know who will be there to help. Who should you call, and what hospital or facility is available where the physician can see you? Qualified physicians have facilities or privileges at a hospital where they can handle emergencies.
- 5) Don’t be swayed by advertisements and promises of low prices: There are a host of medical professionals offering competent, safe cosmetic procedures. If they are being offered at extremely low prices, there is a good possibility that what they are advertising is not what will be delivered. Genuine Botox, Collagen, Restalyne, and other injections are expensive. If someone is offering an injection for \$50, when the going rate at a physician’s office is \$500, then you can be sure it’s not the real McCoy. There have been tragic cases of unscrupulous practitioners injecting industrial silicone and toxic counterfeit drugs that have made patients critically ill, caused disfigurement, or resulted in death.

Know that there is a substantial financial cost to obtaining qualified treatments, as well as some risk. If you want the best results, do your homework and only trust those who demonstrate competence and caution.

## MBC enforcement staff profile: Robert E. Peterson, Jr.

*This is the first in a series of profiles on Medical Board staff. We would like to acquaint you with the employees of the board who work diligently to fulfill our mission of public protection.*

Robert E. Peterson, Jr. is a senior investigator, probation investigator, range master and training officer for the board's Los Angeles Metropolitan Area Probation Unit. Robert has an extensive background in law enforcement spanning over 18 years with the State of California.

Currently, Robert is assigned to the Los Angeles Metropolitan Probation Unit. He monitors physicians and podiatrists who have been placed on probation by the board and must comply with various terms and conditions. He currently maintains 40 such cases and also conducts investigations for petitions to modify conditions, applications for early termination of probation and instances in which violations of the terms and conditions of probation are suspected.

Robert has been with the Medical Board since 2001 when he was assigned to the Operation Safe Medicine (OSM) team. (The OSM was a special unit composed of trained investigators who sought to protect a significant portion of the population by reducing access to individuals who are incompetent and unlicensed to provide medical care.) In that unit, he provided tactical expertise in the areas of criminal investigations, surveillance and search warrant activities. Criminal investigations under the OSM format consisted of interviewing persons suspected of selling controlled substances and dangerous drugs purchased in Mexico, transported into the United States and sold over the counter without prescriptions. OSM investigations also required working effectively with federal and local law enforcement agencies such as the FBI and the Los Angeles Health Authority Enforcement Task Force. During the three years that OSM was in existence, more than 150 individuals and entities were investigated for performing procedures that require a medical license.

Prior to his employment with the Medical Board, Robert was employed by the California Department of Insurance, Fraud Division, as a criminal investigator and

training officer. He conducted criminal investigations of groups and unlicensed individuals suspected of committing insurance fraud by staging collisions, committing workers compensation fraud, or other schemes in which insurance proceeds were demanded or received. He also worked for the Department of Alcoholic Beverage Control conducting criminal and administrative investigations, and the Department of Motor Vehicles, Bureau of Investigations, as a special investigator.

Robert attended the California Youth Authority Academy, the California Specialized Investigator's Academy (Golden West College), and Los Angeles City College. He enlisted in the U.S. Navy, earning the rank of Radioman Petty Officer 3rd Class and was honorably discharged in 1981.

### **Misdemeanor convictions: new reporting and disclosure requirements**

Physicians are required per California Business and Professions Code section 802.1 to report to the board if they have been charged or convicted of a felony. Recent legislation amended this statute to include the requirement that physicians also must report any misdemeanor conviction. As is required for reporting felony convictions, the law specifies that the report be made to the board in writing within 30 days. Failure to file a report may result in a fine not to exceed \$5,000.

Section 2027 of the Business and Professions Code also was amended to allow the board to disclose to the public any misdemeanor conviction that results in a disciplinary action or an accusation that is not subsequently withdrawn or dismissed.

A form has been created to facilitate reporting convictions to the Medical Board. The form is on the board's Web site at [www.mbc.ca.gov](http://www.mbc.ca.gov), under Forms, Mandatory Reporting Forms, and is entitled, "Physician Reporting-Criminal Actions."

## Important pain management guideline updates

Following criticism of several California laws regarding pain management, the Medical Board of California convened a task force to review pertinent sections of the Business and Professions and the Health and Safety codes to determine whether the laws should be changed. The goal was to review the laws to improve pain management in California by clarifying them, bringing them current with the standard of care, and improving patient care, while still allowing the Medical Board to meet its legislative mandate of public protection. As a result of the task force's work, the Medical Board recommended several changes be made to the pain management laws and Assemblyman Guy Houston sponsored Assembly Bill 2198, which was signed into law by the Governor on August 23, 2006. The new laws took effect on January 1, 2007.

Under existing law, Business and Professions Code section 725 made it unprofessional conduct for a practitioner to excessively prescribe, furnish, dispense, or administer medication or therapy. While the new law does not define the term "excessive," it does state that "a practitioner who has a medical basis for prescribing, furnishing, dispensing, or administering dangerous drugs or prescription controlled substances shall not be subject to disciplinary action or prosecution under this section."

Under existing law, both Business and Professions Code section 2241 and Health and Safety Code section 11156 made it unprofessional conduct for a practitioner to prescribe to an addict. However, the standard of care has evolved over the past several years such that a practitioner may, under certain circumstances, appropriately prescribe to an addict. Thus, the law was contrary to the current standard of care. The new laws seek to align existing law with the current standard of care. Accordingly, a physician and surgeon is permitted to prescribe, dispense, or administer prescription drugs, including prescription controlled substances, to an addict under his or her treatment for a purpose other than maintenance on, or detoxification from, prescription drugs or controlled substances. The laws also set forth the conditions under which such prescribing may occur.

Business and Professions Code section 2241.5, the Intractable Pain Treatment Act, was initially created to, among other things, prevent the prosecution of practitioners based solely on the amount of pills prescribed, also known as "pill counting." However, this section, too, is now at odds with the current standard of care, is written in a confusing manner, and does not reflect the present state of how cases against pain practitioners are investigated and prosecuted. The law also narrowly limited itself to "intractable pain patients." Under the new law, this section is repealed in its entirety and a new section 2241.5 created. The new section applies to all pain patients, including those with intractable pain. The new law also clarifies for practitioners that, while they may prescribe for pain, they are not otherwise exempt from the requirements of the Medical Practice Act.

The current wording of Business and Professions Code sections 2242 and 2242.1 require a "good faith prior examination" before treatment may be rendered. However, that phrase is not defined and it has permitted practitioners to introduce evidence about their "intentions," which is not a proper subject for determining compliance with the standard of care. The new law deletes the term "good faith" and replaces it with the term "appropriate." This removes the issue of the practitioner's intent from the determination of the standard of care. As a result, these cases will be simpler to investigate and prosecute because the issue of what the practitioner intended will be limited, as it should be, to a determination of mitigation or aggravation for penalty purposes only.

# Supervision of physician assistants

With the physician assistant (PA) population increasing from approximately 3,000 licensees to over 6,000 licensees in the past five years, it is important to periodically review some of the requirements pertaining to supervision of PAs by supervising physicians.

## Supervisory requirements

Listed below are some of the PA supervisory requirements.

- According to California law, all care provided to a patient by a PA is the ultimate responsibility of the supervising physician.
- Current law limits a physician to supervising no more than two PAs at any moment in time. (Physicians who work in designated medically underserved areas may supervise up to four PAs. Please call the Physician Assistant Committee (PAC) office at (916) 263-2670 for information concerning this program.)
- According to regulations, the physician must be in the same facility with the PA or be immediately available by electronic communications.
- Before authorizing a PA to perform any medical procedure, the physician is responsible for evaluating the PA's education, experience, knowledge, and ability to perform the procedure safely and competently. In addition, the physician should verify that a PA has a current California license issued by the PAC. (This information is available on the PAC Web site at [www.physicianassistant.ca.gov](http://www.physicianassistant.ca.gov).)
- PAs may not own a medical practice. (See sections 2052 and 2400 of the Business and Professions Code and section 13400 and following of the Corporations Code.)
- PAs may not hire their supervisors. PAs are dependent practitioners who act as agents on behalf of a supervising physician.

Physicians who plan to supervise PAs should carefully review section 1399.545 of Title 16 of the California Code of Regulations for a complete listing of supervision requirements. This information is available on the Web site at [www.physicianassistant.ca.gov](http://www.physicianassistant.ca.gov).

There are four methods for providing the supervision required by section 1399.545 of the Physician Assistant Regulations:

1. The physician sees the patients the same day that they are treated by the PA, or;
2. The physician reviews, signs and dates the medical record of every patient treated by the PA within 30 days of the treatment, or;
3. The physician adopts written protocols which specifically guide the actions of the PA. The physician must select, review, sign and date at least 10 percent of the medical records of patients treated by the PA according to those protocols within 30 days, or;
4. In special circumstances, the physician provides supervision through additional methods which must be approved in advance by the PAC.

To fulfill the required supervisor obligation, the physician must use one or a combination of the four authorized supervision methods.

## Delegation of services agreement

For the mutual benefit and protection of patients, physicians and their PAs, the PA regulations require the physician to delegate in writing, for each supervised physician assistant, those medical services which the PA may provide. That document is often referred to as a Delegation of Services Agreement (available on the PAC Web site). Medical tasks that are delegated by a supervising physician only may be those that are usual and customary to the physician's personal practice. *For example: a primary care physician who does not practice dermatology cannot hire a PA, experienced in dermatology, to conduct these services to expand the physician's practice.*

## Drug orders

- Pharmacy Law (Business and Professions Code section 4000 et seq.) authorizes pharmacists to dispense drugs or devices based on a PA's "drug order." Current law also allows PAs to obtain their own DEA numbers for use when writing prescription drug orders for controlled substances.
- Current law permits PAs to write and sign prescription drug orders when authorized to do so by their supervising physicians for Schedule II–V controlled substances.
- A PA only may administer, provide, or transmit a drug order for Schedule II–V controlled substances with the advance approval of a supervising physician for a specific patient.

*(Continued on page 18)*

# News from the U.S. Food and Drug Administration

## FDA/ISMP national campaign to help eliminate ambiguous medical abbreviations

The FDA and the Institute for Safe Medication Practices (ISMP) have launched a national education campaign that focuses on eliminating the use of potentially harmful abbreviations by healthcare professionals, medical students, medical writers, and the pharmaceutical industry. The campaign addresses the use of error-prone abbreviations in all forms of medical communication, including written medication orders, computer-generated labels, medication administration records, pharmacy or

prescriber computer order entry screens, and commercial medication labeling, packaging, and advertising.

Ambiguous medical notations are one of the most common and preventable causes of medication errors. Drug names, dosage units, and directions for use should be written clearly to minimize confusion. Misinterpretation may lead to mistakes that result in patient harm or delay the start of therapy due to time spent for clarification.

### The following notations NEVER should be used.

NOTATION	REASON	INSTEAD USE
U	Mistaken for 0, 4, cc	"unit"
IU	Mistaken for IV or 10	"unit"
QD	Mistaken for QID	"daily"
QOD	Mistaken for QID, QD	"every other day"
Trailing zero (X.0 mg)	Decimal point missed	"X mg"
Naked decimal point (.X mg)	Decimal point missed	"0.X mg"
MS	Can mean morphine sulfate or magnesium sulfate	"morphine sulfate"
MSO4 or MgSO4	Can be confused with each other	"morphine sulfate" or "magnesium sulfate"
cc	Mistaken for U	"mL"
Drug name abbreviations	Mistaken for other drugs or notations	complete drug name
> or <	Mistaken as opposite of intended	"greater than" or "less than"
μ	Mistaken for mg	"mcg"
@	Mistaken for 2	"at"
&	Mistaken for 2	"and"
/	Mistaken for 1 rather than a slash mark	"per"
+	Mistaken for 4	"and"
AD, AS, AU	Mistaken for OD, OS, OU	"right ear," "left ear," or "each ear"
OD, OS, OU	Mistaken for AD, AS, AU	"right eye," "left eye," or "each eye"
D/C, dc, d/c	Misinterpreted as "discontinued" when followed by list of medications	"discharge" or "discontinued"

In addition, drug name abbreviations can easily be confused. Always write out the complete drug name. Apothecary units are unfamiliar to many practitioners. Always use metric units. (If you are interested in either a poster or brochures concerning this issue, please call the

FDA's San Francisco District Public Affairs line: 510-337-6736.) For more information see: [www.ismp.org/tools/abbreviations](http://www.ismp.org/tools/abbreviations) or [www.fda.gov/cder/drug/MedErrors](http://www.fda.gov/cder/drug/MedErrors). (Also, see "Medical Mistakes" article on p. 15.)

# Physician Alert

## Unapproved intrauterine contraceptive devices

by Mark B. Horton, M.D., M.S.P.H., State Public Health Officer  
California Department of Health Services

A recent investigation by the California Department of Health Services (CDHS) identified several physicians who were illegally obtaining and using unapproved contraceptive intrauterine devices (IUDs) and improperly billing the Medi-Cal and Family PACT programs for those IUDs. These physicians are currently under investigation by the Medical Board.

In addition to the illegal nature of the activities, patients are being exposed to IUDs whose safety and effectiveness are unknown. Physicians have an important role in ensuring that IUDs are obtained from licensed suppliers and ensuring the IUDs they use are approved by the U.S. Food and Drug Administration (FDA). Further, providers must bill Medi-Cal and Family PACT only for IUDs that have been legally obtained and approved by the FDA.

IUDs must be obtained only from an appropriately registered, permitted, or licensed manufacturer, wholesaler, or distributor. A registration, permit, or license number can be obtained from the manufacturer, wholesaler, or distributor and verified with the appropriate regulatory agency. For example, the California Board of Pharmacy must license California wholesalers and distributors of IUDs. All manufacturers of IUDs must be registered with the FDA. The CDHS Food and Drug Branch must license California manufacturers of IUDs.

### Medical mistakes

The following is an excerpt from a November 2006 article published in *The San Diego Union-Tribune* entitled, "A cure for medication mistakes." To read the entire article regarding the widespread problem of medication mistakes, go to: [www.signonsandiego.com/news/health/20061113-9999-1n13errors.html](http://www.signonsandiego.com/news/health/20061113-9999-1n13errors.html).

"When patients go to a hospital, the last thing they expect is that doctors, nurses or pharmacists there may make them sicker. But that's what occurs every year to thousands of people in the United States—including about 7,000 who die—because of medication mistakes."

Subject to limited exceptions, it is against the law to purchase, obtain, sell, dispense, or give away any IUD that is not approved by the FDA. Additionally, providers are statutorily required to keep specific dispensing records. There are many specific state and federal requirements pertaining to the manufacture, sale, and distribution of IUDs, which can be obtained from regulatory agencies (see list of agencies below), or from professional societies.

Because IUDs not approved by the FDA may be difficult to distinguish from approved IUDs, the following may assist providers in identifying FDA-approved IUDs:

- Approved IUD insertion kits must be labeled in English. An IUD insertion kit with only foreign labeling, e.g., Spanish or Russian, is not approved by the FDA.
- IUD insertion kits must have complete labeling. For example, the FDA does not approve an IUD without appropriate insertion labeling or other adequate directions for use. Patient information also must be included.
- Approval documentation can be obtained from the manufacturers or their representatives, or the FDA.

The following concerns may affect the safety and effectiveness of IUDs:

- The packaging of the IUD must remain intact before insertion to preserve product sterility; and,
- IUD insertion kits should be securely stored to minimize the risk of diversion and to preserve packaging integrity.

If you have any questions or would like to report instances of providers illegally obtaining or using IUDs, please contact the appropriate Department of Consumer Affairs licensing board, California State Board of Pharmacy at (916) 574-7900, the U.S. Food and Drug Administration at (301) 827-4570 and (301) 827-3990, or CDHS Food and Drug Branch at (800) 495-3232.

# Are you considering waived blood-lead testing?

## California Department of Health Services, Childhood Lead Poisoning Prevention Branch

The federal Food and Drug Administration recently granted CLIA (Clinical Laboratory Improvement Amendments) waived status for a point-of-care device for blood-lead testing that is expected to facilitate screening for childhood and occupational lead poisoning. Previously all blood-lead testing was characterized as of moderate or high complexity and required a state clinical laboratory license and a CLIA certificate for non-waived testing.

Because the product, the LeadCare II Blood Lead Test System, is of significant interest to physicians, the California Department of Health Services (CDHS) wants to keep you up to date with current reporting requirements. Physicians need to know that users of any waived testing device are considered “laboratories” by several state and federal agencies (including California) and must comply with specific requirements including reporting of all blood lead results. The following contacts may be helpful to physicians considering using the lead-testing device.

- **CLIA and state waiver testing requirements:**  
For information on registering with the State of California and obtaining a certificate of CLIA waiver under the laws governing clinical laboratory practice,

go to: [www.dhs.ca.gov/lfs](http://www.dhs.ca.gov/lfs). Select “Laboratory Facility Licensing” and “Instructions for applying for initial laboratory registration.”

- **Requirements for Child Health and Disability Prevention (CHDP) reimbursement:**  
The Environmental Health Laboratory (Ray Fornes, (510) 620-2876, [rfornes@dhs.ca.gov](mailto:rfornes@dhs.ca.gov)) for requirements (including proficiency testing) to qualify for reimbursement of blood-lead testing under the CHDP program.
- **Mandatory reporting of all blood-lead results:**  
The Childhood Lead Poisoning Prevention Branch (Anna Malinis, (510) 620-5652, [amalinis@dhs.ca.gov](mailto:amalinis@dhs.ca.gov)) for mandatory reporting of all blood-lead results, regardless of level or patient age, to the State of California.
- **If you are testing working adults:**  
The Occupational Lead Poisoning Prevention Program (Susan Payne, (510) 620-5733, [spayne@dhs.ca.gov](mailto:spayne@dhs.ca.gov)) or federal Occupational Safety and Health Administration (OSHA) (John Germ, (801) 524-7925, [www.osha.gov/SLTC/bloodlead/program.html](http://www.osha.gov/SLTC/bloodlead/program.html)) for information on complying with OSHA regulations.

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## Change in law for physicians providing state-mandated breast cancer treatment information to patients

The law that requires physicians to provide patients a written summary about breast cancer treatment options upon diagnosis and prior to screening or a needle biopsy has been changed (Health and Safety Code section 109275). The new law, effective January 1, 2007, requires a physician who makes a breast cancer diagnosis to provide such information, and makes it *optional* whether the physician provides the information to the patient at the time of screening or a needle biopsy.

SB 1851 was sponsored by the Medical Board of California, which heard from various consumers and physicians that providing the written summary prior

to screening or a needle biopsy caused many women a considerable amount of unnecessary anxiety, particularly when the biopsy result was negative.

The Department of Health Services’ booklet, “A Woman’s Guide to Breast Cancer Diagnosis and Treatment,” is available on the board’s Web site at: [www.mbc.ca.gov/Pubs\\_Breastcancer.htm](http://www.mbc.ca.gov/Pubs_Breastcancer.htm), and fulfills the requirements of the law. It also is available by faxing your request to the board at (916) 263-2479. This booklet is available in English, Spanish, Chinese, Korean, Russian, and Thai.



# Meeting the “AB 487” CME requirement

The deadline has passed but online courses still are available.

The deadline for physicians to complete the mandatory 12 Category 1 credits in pain management and end-of-life care was December 31, 2006. For those physicians who were unable to meet that deadline, a few online options still are available. Following is a list of online courses that the Medical Board is aware of that meet the appropriate criteria.

**Cedars-Sinai Medical Center**  
**Pain Management and End-of-Life Care**  
**CD-ROM course**  
[www.ab487.net](http://www.ab487.net)

**University of California, Davis**  
**The War on Pain Management**  
**& Palliative Care Medicine**  
**Self-study course**  
[cme.ucdavis.edu](http://cme.ucdavis.edu) or call (866) 263-4338

**Thomson American Health Consultants**  
**Managing Pain and End-of-Life Issues**  
**Self-study course**  
[www.ahcpub.com](http://www.ahcpub.com) or call (800) 688-2421

**Medical College of Wisconsin**  
**Palliative Care**  
**Self-study course**  
[www.mcw.edu](http://www.mcw.edu)

**University of California, San Francisco**  
**Pain Management and End-of-Life Care**  
[www.cmeinfo.com](http://www.cmeinfo.com) or call (800) 284-8433

**University of California, Los Angeles**  
**Biopsychosocial Approaches to Pain**  
**Online course**  
[www.PainCMEonline.com](http://www.PainCMEonline.com)

**CME Resource, Pain Management**  
**Palliative Care and Treatment of the Terminally Ill,**  
**Self study course**  
[www.netce.com](http://www.netce.com) or call (800) 232-4238

**California Society of Anesthesiologists**  
**Pain Management and End-of-Life Care**  
[www.csahq.org](http://www.csahq.org)

**University of California, San Diego**  
**Pain Management and Appropriate Care of**  
**the Terminally Ill**  
**DVD program**  
[www.AB487.com](http://www.AB487.com)

**University of California**  
**Irvine College of Medicine,**  
**Pain Management Symposium**  
**Online course or CD-ROM set**  
[www.cmeed.com/pain/painmanagement.asp](http://www.cmeed.com/pain/painmanagement.asp) or  
call (949) 724-1454.

## Medicinal marijuana: a reminder

Physicians who wish to recommend medicinal marijuana to their patients are reminded to make that decision in accordance with accepted standards of medical practice. These accepted standards are the same as any reasonable and prudent physician would follow when recommending or approving any other medication, and include the following:

1. History and appropriate prior 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.

For more information, please see the board's article on this subject on our Web site at:

[www.mbc.ca.gov/Medical\\_Marijuana.htm](http://www.mbc.ca.gov/Medical_Marijuana.htm)

## Call for expert reviewers

The Medical Board of California established its Expert Reviewer Program in July 1994 as an impartial and professional means to support the investigative and enforcement functions of the board. Specifically, medical experts assist the board by providing expert reviews and opinions on board cases and conducting professional competency exams.

The rate of payment for expert review services is \$100/hour for conducting case reviews and \$200/hour for providing expert testimony. Experts also are reimbursed for travel expenses within the limits imposed by the state.

The program needs additional qualified physicians to participate in the vital function of expert review. With new review requirements in the board's Central Complaint Unit, expert reviewers are being called upon to provide additional services. The board will accept applications from all qualified physicians but needs experts in the following areas: anesthesia/pain management, addiction medicine, cardiovascular surgery, cardiology, family practice, general surgery, internal medicine, neurosurgery, obstetrics/gynecology, ophthalmology (especially with a background in LASIK or laser surgery), orthopaedic surgery, neurology, otolaryngology, plastic surgery, psychiatry, radiology (especially with a background in mammogram interpretation), spinal surgery, thoracic surgery and vascular surgery and any specialty with a complementary or alternative medicine background.

The requirements for participating in the Expert Reviewer Program are: a current California medical license in good standing; no prior discipline, no Accusation pending and no complaints closed due to "insufficient evidence;" board-certified in one of the 24 ABMS boards or equivalent, as defined in 16 C.C.R. section 1363.5 (the board also recognizes certificates from the American Board of Facial Plastic & Reconstructive Surgery, the American Board of Pain Medicine, the American Board of Sleep Medicine and the American Board of Spine Surgery); a minimum of three years' active practice in the area of specialty or subspecialty; and have an active practice (defined as at least 80 hours a month in direct patient care, clinical activity, or teaching, at least 40 hours of which is in direct patient care) or have been non-active for no more than two years prior to appointment. Peer review experience is recommended but not required.

If you are interested in providing expert review services to the Medical Board and would like more information regarding the program, please contact:

Susan Goetzinger, Program Analyst  
Expert Reviewer Program  
Medical Board of California  
320 Arden Avenue, Suite 250, Glendale, CA 91203  
Phone: (818) 551-2117  
E-mail: sgoetzinger@mbc.ca.gov

You also may access the Medical Board's Web site at [www.mbc.ca.gov](http://www.mbc.ca.gov), click on "Services for Licensees," then click on "Expert Reviewer Program" to obtain information and a program application.

## Physician assistants *(Continued from page 13)*

- To ensure that a PA's actions involving the prescribing, administering, or dispensing of drugs are in strict accordance with the directions of the physician, every time a PA administers or dispenses a drug or transmits a Schedule II drug order, the physician supervisor must sign and date the patient's medical record or drug chart within seven days.

For physicians who are interested in using PAs and would like to know more about the benefits and requirements, several publications are available from the PAC, including:

- *Physician Assistant Laws and Regulations*
- *Sample Delegation of Services Agreement*
- *Drug Orders by Physician Assistants* (information bulletin)
- *What is a PA?* (patient information brochure—English and Spanish)

To request publications or to verify PA licensing information, contact:

Physician Assistant Committee  
1424 Howe Avenue, Suite 35  
Sacramento, CA 95825-3217  
Telephone: (916) 561-8780  
Fax: (916) 263-2671  
Web site: [www.physicianassistant.ca.gov](http://www.physicianassistant.ca.gov)

*This article has highlighted many of the key responsibilities a physician assumes when supervising physician assistants. It does not cover all the requirements of law. This is not a declaratory opinion of the Physician Assistant Committee or the Medical Board of California.*

## Administrative actions: August 1, 2006 – October 31, 2006

### Physicians and surgeons

#### AGUILUZ, AMABLE DE LOS REYES, JR., M.D. (A33886) Norwalk, CA

Stipulated Decision. Convicted of a misdemeanor for receiving rebates for patient referrals. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, completing an ethics course and obtaining a billing monitor. August 28, 2006

#### ANWAR, HABIB, M.D. (A36305) San Diego, CA

Stipulated Decision. Committed acts of unprofessional conduct and failed to maintain adequate and accurate medical records in the care and treatment of one patient. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, completing a medical record keeping course, an ethics course, and a professional boundaries program; and prohibited from consulting, examining, or treating female patients without a third-party chaperone. August 14, 2006

#### BALKISSOON, JAIKRISHNA, M.D. (G71363) Berkeley, CA

Stipulated Decision. No admissions but charged with repeated negligent acts, gross negligence, and incompetence in the care and treatment of 5 patients. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, completing a clinical training program. August 31, 2006

#### BASILIERE, EUGENE J., M.D. (A42602) Chula Vista, CA

Stipulated Decision. Committed acts of repeated negligence, gross negligence, and failure to maintain adequate and accurate medical records in the care and treatment of one patient; and committed unprofessional conduct by being convicted of misdemeanor DUI. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, completing a substance abuse evaluation and, if indicated, the board's Diversion Program, a clinical training program, an ethics course, and a medical record keeping course. October 9, 2006

Copies of public documents from 2004 to the present are available at [www.mbc.ca.gov](http://www.mbc.ca.gov). Click on "Enforcement Public Document Search," or call the Medical Board's Central File Room at (916) 263-2525.

### Explanation of disciplinary language and actions

**"Effective date of decision"** — Example: "September 8, 2006" 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 pending"** — The disciplinary decision is being challenged through the court system, i.e., Superior Court, Court of Appeal, or 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.

**"Public Letter of Reprimand"** — A lesser form of discipline that can be negotiated for minor violations, usually 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, five years probation on terms and conditions, including 60 days suspension"** — "Stayed" means the revocation is postponed.

Professional practice may continue so long as the licensee complies with specified probationary terms and conditions, which, in this example, includes 60 days of 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 formally negotiated and settled prior to trial.

**"Surrender"** — To resolve a disciplinary action, the licensee has given up his or her license — subject to acceptance by the board.

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

**BAYLINK, TIMOTHY MCNIECE, M.D. (AFE71202)**  
**Redlands, CA**

Stipulated Decision. Committed acts of unprofessional conduct for conviction of misdemeanors for being drunk in public and DUI, and self-abusing alcohol and controlled substances. Surrender of license. September 27, 2006

**BERMAN, CRAIG JEROME, M.D. (G86475)**  
**Mill Valley, CA**

Disciplined by Colorado for having a condition affecting his ability to practice medicine safely. Physician was placed on 5 years probation with terms and conditions including, but not limited to, restricted from participating in any open or laparoscopic surgical procedure as the primary surgeon. August 23, 2006

**BICHER, JAMES HAIM ISIDORO, M.D. (A37798)**  
**Los Angeles, CA**

Stipulated Decision. No admissions but charged with repeated negligent acts, gross negligence, failure to maintain adequate and accurate medical records, and dishonesty in the care and treatment of multiple patients. Revoked, stayed, current probation is extended 2 additional years with terms and conditions including, but not limited to, completing a clinical training program and required to seek and obtain IRB approval and informed patient consent prior to performing certain procedures. August 23, 2006

**BICKMAN, SCOTT COLEMAN, M.D. (G76532)**  
**Los Angeles, CA**

Stipulated Decision. No admissions but charged with repeated negligent acts, gross negligence, incompetence, unprofessional conduct, and failure to maintain adequate and accurate medical records in the care and treatment of one patient. Revoked, stayed, placed on 35 months probation with terms and conditions including, but not limited to, completing a clinical training program, a medical record keeping course, an educational course in addition to required CME, and obtaining a practice monitor. September 18, 2006

**BISHARAT, KATHERINE BAYARD, M.D. (A48709)**  
**Carmichael, CA**

Stipulated Decision. Failed to report an elderly patient's episode of altered consciousness as required in the Health and Safety Code. Public Letter of Reprimand. August 24, 2006

**BLEE, JAMES ALICANTE, JR., M.D. (A23208)**  
**Highland, CA**

Stipulated Decision. Physician has a condition affecting his ability to practice medicine safely. Surrender of license. August 1, 2006

**BONAKDAR, MONICA MOMACK, M.D. (G76534)**  
**Corona Del Mar, CA**

Stipulated Decision. Failed to maintain adequate and accurate medical records in the care and treatment of one patient. Physician must complete a clinical training program and a medical record keeping course. Public Reprimand. August 31, 2006

**BOSKA, DAVID A., M.D. (A20088)**  
**Los Angeles, CA**

Stipulated Decision. Committed acts of repeated negligence, gross negligence, incompetence, unprofessional conduct, and failed to maintain adequate and accurate medical records in the care and treatment of 2 patients. Revoked, stayed, placed on 4 years probation with terms and conditions including, but not limited to, completing a clinical training program, a medical record keeping course, and obtaining a practice monitor. August 23, 2006

**BRADLEY, BRUCE E., M.D. (GFE12062)**  
**San Marino, CA**

Stipulated Decision. No admissions but charged with failure to comply with a board order compelling an examination and convicted of a misdemeanor for battery on a peace officer. Surrender of license. September 15, 2006

**BURRES, KENNETH PAUL, M.D. (G22673)**  
**Montclair, CA**

Stipulated Decision. Violated the terms and conditions of his board-ordered probation by committing acts of dishonesty, corruption, and creating false documents. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, 45 days actual suspension and completing an ethics course. October 13, 2006

**CHANG, JEN, M.D. (A97208)**  
**San Francisco, CA**

Stipulated Decision. Failed to disclose a previous misdemeanor conviction for DUI on her application for medical licensure. Probationary license issued,

placed on 3 years probation with terms and conditions including, but not limited to, completing an ethics course and performing 120 hours of free community service. Decision effective August 8, 2006, probationary license issued. September 8, 2006

**CHONG, BYRON MING, M.D. (A23615)**  
**Salinas, CA**

Stipulated Decision. Physician has a condition affecting his ability to practice medicine safely. Surrender of license. September 18, 2006

**COOPER, EMILY LYNN, M.D. (A49582)**  
**Seattle, WA**

Stipulated Decision. Disciplined by Washington for engaging in sexual contact with a patient. Surrender of license. August 28, 2006

**COX, CHRISTOPHER M., M.D. (G58545)**  
**Hawthorne, CA**

Stipulated Decision. No admissions but charged with repeated negligent acts and failure to maintain adequate and accurate medical records in the care and treatment of 3 patients. Surrender of license. September 28, 2006

**CURTIN, WILLIAM JAMES, M.D. (A24102)**  
**Turkey Creek, KY**

Stipulated Decision. Violated the terms and conditions of his board-ordered probation by being disciplined by Kentucky and West Virginia for self-prescribing of Xanax and filing deceptive reports. Surrender of license. October 3, 2006

**DEAN, PATRICK JOSEPH, M.D. (G87759)**  
**Memphis, TN**

Stipulated Decision. Disciplined by North Carolina for the repeated and continual diagnosing of specimens of North Carolina patients without a license to practice medicine in North Carolina. Public Letter of Reprimand. October 25, 2006

**ENGERS, JOHN ALBERT III, M.D. (C42499)**  
**Fremont, CA**

Stipulated Decision. Committed acts of repeated negligence, gross negligence, incompetence, dishonest or corrupt acts, excessive prescribing, and failed to maintain adequate and accurate medical records in the care and treatment of multiple patients. Revoked, stayed, placed

on 7 years probation with terms and conditions including, but not limited to, restricted from prescribing controlled substances until completion of a prescribing practices course; completing a clinical training program and an ethics course; prohibited from prescribing, dispensing, administering or possessing any controlled substances except those in Schedules IV or V; maintaining a record of all controlled substances, ordered, prescribed, dispensed, administered or possessed; and obtaining a practice monitor. August 9, 2006

**FRANCIS, ANITA MARIE, M.D. (A65967)**  
**Houston, TX**

Stipulated Decision. Committed acts of repeated negligence, gross negligence, and incompetence in the care and treatment of one patient. Physician must complete a clinical training program and a medical record keeping course. Public Reprimand. August 14, 2006

**GLADEN, HERBERT ELLIS, M.D. (G59520)**  
**Fresno, CA**

Stipulated Decision. No admissions but charged with repeated negligent acts and gross negligence in the care and treatment of 3 patients and incompetence in the care and treatment of one patient. Physician agreed to immediately terminate his surgical practice to the extent he no longer performs any procedure involving or pertaining to gastric bypass surgery or any similar procedure. Public Reprimand. August 14, 2006

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**GLATT, ANDREW HOWARD, M.D. (G87831)**

**Los Banos, CA**

Stipulated Decision. Physician had a condition which affected his ability to practice medicine safely. Probationary license issued, placed on 7 years probation with terms and conditions including, but not limited to, abstaining from the personal use or possession of controlled substances and alcohol, submitting to biological fluid testing, and completing the Diversion Program. Decision effective August 1, 2006, probationary license issued September 13, 2006.

**GORDON, CHRISTOPHER JON, M.D. (A83390)**

**Colorado Springs, CO**

Stipulated Decision. Disciplined by Nebraska for the use of methamphetamines and failing to notify the Nebraska Board of his resignation from a residency program. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, abstaining from the personal use or possession of controlled substances and alcohol, submitting to biological fluid testing, and completing the Diversion Program. August 14, 2006

**GROBOVSKY, LAURA VANINI, M.D. (G83628)**

**Johnson City, TN**

Disciplined by Oregon for failing to comply with an order requiring a multi-disciplinary evaluation due to possible substance abuse. Revoked. September 25, 2006

**HARARI, DAVID, M.D. (G50027)**

**La Mesa, CA**

Stipulated Decision. Failed to adequately and accurately document obtaining informed consent and justification for the operative method of delivery in the care and treatment of one patient. Physician must complete a medical record keeping course. Public Reprimand. October 2, 2006

**HARDING, ALWIN W.G., M.D. (C50410)**

**Washington, DC**

Stipulated Decision. Disciplined by the District of Columbia for aiding and abetting the unauthorized practice of medicine by failing to adequately supervise and sign the medical orders and notes of a physician assistant. Surrender of license. August 22, 2006

**HENDLER, JOEL A., M.D. (G12552)**

**Los Angeles, CA**

Stipulated Decision. Committed acts of repeated negligence, gross negligence, incompetence, failing to maintain adequate and accurate medical records, dishonesty or corruption, prescribing without a good faith examination, excessive prescribing, and violating federal or state drug statutes by prescribing controlled substances over the Internet to multiple patients. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, maintaining a record of all controlled substances ordered, prescribed, dispensed, administered or possessed and any recommendation or approval for marijuana; prohibited from prescribing over the Internet; completing an educational course in prescribing practices in addition to required CME, a prescribing practices course, a medical record keeping course, and an ethics course; obtaining a practice monitor; and ordered to pay a citation fine of \$4,500. September 14, 2006

**KHAN, FAISAL A., M.D. (G45343)**

**Los Angeles, CA**

Stipulated Decision. No admissions but charged with repeated negligent acts in the care and treatment of one patient. Physician completed a mini-fellowship in advanced laparoscopic surgery, courses on avoidance and/or management of laparoscopic surgical complications, and a medical record keeping course. Public Reprimand. September 7, 2006

**KIM, HYUNG J., M.D. (A97288)**

**New York, NY**

Stipulated Decision. Failed to disclose a previous misdemeanor conviction for DUI on his application for medical licensure. Probationary license issued, placed on 5 years probation with terms and conditions including, but not limited to, abstaining from the personal use or possession of controlled substances and alcohol, submitting to biological fluid testing, completing an ethics course and the Diversion Program. Decision effective July 13, 2006, probationary license issued September 13, 2006.

**KIM, IL YOUNG, M.D. (A33707)**  
**Los Angeles, CA**

Stipulated Decision. No admissions but charged with repeated negligent acts, gross negligence, failure to maintain adequate and accurate medical records, and making false statements or records in the care and treatment of 2 patients. Revoked, stayed, placed on 2 years probation with terms and conditions including, but not limited to, completing a clinical training program and a medical record keeping course. September 14, 2006

**KOHUT, JAMES JOEL, M.D. (G84723)**  
**Santa Cruz, CA**

Stipulated Decision. Committed acts of repeated negligence in the care and treatment of 2 patients. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, completing a clinical training program. September 11, 2006

**KOROSTOFF, LESLIE JOANA, M.D. (A96824)**  
**Glendale, CA**

Stipulated Decision. Failed to disclose a misdemeanor conviction for theft of personal property on her application for medical licensure. Probationary license issued, placed on 3 years probation with terms and conditions including, but not limited to, performing 120 hours of free, non-medical community service and completing an ethics course. Decision effective August 1, 2006, probationary license issued August 11, 2006.

**LEE, ANTHONY TUN, M.D. (A26677)**  
**Anaheim, CA**

Stipulated Decision. No admissions but charged with unprofessional conduct and sexual misconduct and abuse of 2 patients. Surrender of license. October 12, 2006

**LEE, ROBERT, M.D. (G59662)**  
**Rochester, MN**

Stipulated Decision. No admissions but charged with repeated negligent acts, gross negligence, unprofessional conduct, sexual misconduct with a patient, sexual exploitation, prescribing without a good faith prior examination or medical indication, and violation of federal or state drug statutes in the care and treatment of 2 patients. Revoked, stayed, one year actual suspension followed by 6 years probation with terms and conditions including, but not limited to, prohibited from practicing psychiatry or psychotherapy and completing a professional boundaries program and an ethics course. October 2, 2006

**LEMIRE, JACQUES MAURICE, M.D. (A42266)**  
**San Diego, CA**

Committed acts of unprofessional conduct and corruption by being convicted of the interstate transportation and possession of child pornography. Revoked. September 15, 2006

**MASKOWITZ, MARC, M.D. (A97386)**  
**Hermosa Beach, CA**

Stipulated Decision. No admissions but charged with having a condition that affects his ability to practice medicine safely, and unprofessional conduct and dishonesty by failing to provide accurate information on his application for medical licensure. Probationary license issued, placed on 5 years probation with terms and conditions including, but not limited to, abstaining from the personal use or possession of controlled substances and alcohol, submitting to biological fluid testing, obtaining a practice monitor, and prohibited from engaging in solo practice. Decision effective August 8, 2006, probationary license issued September 20, 2006.

## Drug or Alcohol Problem? Mental Illness?

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

**MATSUDA, KAZUKO TRACI, M.D. (A50639)**

**Santa Monica, CA**

Stipulated Decision. No admissions but charged with repeated negligent acts, gross negligence, incompetence, failure to maintain adequate and accurate medical records, unprofessional conduct, excessive prescribing, violation of federal or state drug statutes, falsification of documents relating to the practice of medicine, sexual misconduct with a patient, and sexual exploitation in the care and treatment of multiple patients. Surrender of license. September 1, 2006

**MCCANN, GERALD J., M.D. (A21167)**

**La Spezia, Italy**

Violated the terms and conditions of his board-ordered probation. Revoked. September 5, 2006

**MCCOLGAN, STEPHEN JOSEPH, M.D. (G50724)**

**Bellflower, CA**

Stipulated Decision. Failed to maintain adequate and accurate medical records in the care and treatment of 2 patients. Physician must complete a prescribing practices course. Public Reprimand. August 21, 2006

**MILLIGAN, MICHAEL PAUL, M.D. (G46979)**

**Rancho Mirage, CA**

Stipulated Decision. Committed acts of repeated negligence and failed to maintain adequate and accurate medical records when he failed to accurately diagnose a melanoma and inadequately documented the slide he reviewed. Physician must complete a medical record keeping course and an educational course in dermatological pathology. Public Reprimand. September 15, 2006

**MILNE, PETER L., M.D. (A22289)**

**Chino, CA**

Stipulated Decision. Physician has a condition affecting his ability to practice medicine safely. Surrender of license. October 17, 2006

**MITCHELL, JOHN FRANCIS, M.D. (G51589)**

**Emmaus, PA**

Stipulated Decision. Disciplined by Pennsylvania for writing prescriptions for a patient without maintaining medical records and entering into a personal and romantic relationship with the patient. Surrender of license. October 10, 2006

**MUSTOE, THOMAS ALLEN, M.D. (A43634)**

**Salinas, CA**

Stipulated Decision. Committed acts of gross negligence in the care and treatment of one patient. Physician completed a coronary complications course, an ethics course, and paid cost recovery of \$5,000. Public Letter of Reprimand. October 24, 2006

**NEWMAN, DOUGLAS BERNARD, M.D. (A79784)**

**Santa Monica, CA**

Committed acts of unprofessional conduct and dishonesty by being convicted of a misdemeanor for issuance of a fictitious check; violated drug statutes; and self-abused dangerous drugs and controlled substances. Revoked. October 20, 2006

**OLIVA, JOSE GAVINO QUINTO, III, M.D. (A62505)**

**Martinez, CA**

Stipulated Decision. Committed acts of repeated negligence, gross negligence, and incompetence in the care and treatment of 2 patients. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, completing a clinical training program and obtaining a practice monitor. October 6, 2006

**OPPENHEIM, PETER ISAAC, M.D. (G80115)**

**Salinas, CA**

Stipulated Decision. Committed acts of gross negligence by failing to complete a full-body assessment of an elderly patient, who was later diagnosed with fractured ribs. Public Letter of Reprimand. August 18, 2006

**OSOVA, SUSAN LILLIAN, M.D. (G74655)**

**Pacifica, CA**

Stipulated Decision. Physician has a condition affecting her ability to practice medicine safely. Surrender of license. October 13, 2006

**PERRAULT, MARK D., M.D. (A43550)**

**Culver City, CA**

Stipulated Decision. Convicted of a misdemeanor for accessory to felony Medi-Cal fraud. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, completing a medical record keeping course and an ethics course and obtaining a billing monitor. October 13, 2006



**PURSWANI, POORNIMA MAHESH, M.D. (A78450)  
Union City, CA**

Stipulated Decision. No admissions but charged with repeated acts of negligence, gross negligence, and failure to maintain adequate and accurate medical records in the care and treatment of multiple patients. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, completing a clinical training program, an educational course in addition to required CME, a prescribing practices course and a medical record keeping course; and obtaining a practice monitor. October 18, 2006

**RAYYIS, SUAD SALIM, M.D. (A30760)  
Glendale, CA**

Stipulated Decision. Convicted of a felony for failing to file tax returns. Surrender of license. September 13, 2006

**REECE, ANDREA MALLET, M.D. (G46476)  
Hacienda Heights, CA**

Stipulated Decision. Committed acts of unprofessional conduct and dishonesty by making false statements on an application for a duplicate medical license indicating she was board certified when she was not. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, 15 days actual suspension and completing an ethics course. October 13, 2006

**ROGERS, ANTHONY GLENN, M.D. (G67133)  
Lake Worth, FL**

Disciplined by Florida for repeatedly prescribing controlled substances without medical examination or indication, without taking appropriate diagnostic steps, and without maintaining adequate medical records. Physician completed a medical record keeping course. Public Reprimand. October 10, 2006. Judicial review pending.

**RUNDELL, MICHAEL HOWARD, M.D. (A96890)  
Bakersfield, CA**

Stipulated Decision. Physician has a condition affecting his ability to practice medicine safely. Probationary license issued, placed on 5 years probation with terms and conditions including, but not limited to, completing a professional boundaries program. Decision effective February 17, 2006, probationary license issued August 16, 2006.

**SANDERS, ALAN, M.D. (G39184)  
Encino, CA**

Stipulated Decision. Committed acts of unprofessional conduct by making rude, abusive, and impolite comments to multiple persons being evaluated for Workers Compensation Insurance benefits. Physician completed an anger management program and paid cost recovery of \$10,000. Public Reprimand. August 16, 2006

**SANTOMAURO, ANTHONY GERARD, M.D.  
(GFE23783) Bridgeport, CT**

Stipulated Decision. Disciplined by Connecticut for inseminating a female patient with the wrong man's semen. Public Letter of Reprimand. September 21, 2006

**STANLEY, WILLIAM DAVID, M.D. (G39758)  
Bakersfield, CA**

Committed acts of repeated negligence and dishonesty in the care and treatment of one patient. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, completing a clinical training program, a medical record keeping course, an ethics course, and an educational course in addition to required CME; and obtaining a practice monitor. September 22, 2006

**SUTTON, FRANK MORRISON, JR., M.D. (A66546)  
Kinston, NC**

Stipulated Decision. Disciplined by North Carolina for improperly and inappropriately prescribing medications and controlled substances to relatives, friends, and acquaintances without maintaining patient charts or documenting medical histories, physical examinations, appropriate studies, working diagnoses, treatment plans, or indications for the prescriptions. Surrender of license. August 25, 2006

**TARAKCHYAN, VARTAN, M.D. (A73766)  
Studio City, CA**

Stipulated Decision. No admissions but charged with repeated negligent acts, gross negligence, incompetence, unprofessional conduct, and failure to maintain adequate and accurate medical records in the care and treatment of 4 patients. Revoked, stayed, placed on 35 months probation with terms and conditions including, but not limited to, completing a clinical training program and a medical record keeping course, and obtaining a practice monitor. September 1, 2006

**TOOCHINDA, CHARN, M.D. (A32789)**

**Laguna Niguel, CA**

Stipulated Decision. No admissions but charged with repeated negligent acts, gross negligence, and incompetence in the care and treatment of one patient. Physician completed a clinical training program. Public Reprimand. October 18, 2006

**TOOP, ROGER EARL, M.D. (G39864)**

**Phelan, CA**

Stipulated Decision. Committed acts of incompetence by failing to determine why a patient was not responding to therapy, recognize the patient's low blood pressure, and hospitalize the patient for evaluation. Physician must complete a clinical training program, a medical record keeping course, and an ethics course. Public Reprimand. September 5, 2006

**TRIBHUWAN, SHASHIKALA R., M.D. (A46690)**

**Loma Linda, CA**

Stipulated Decision. No admissions but charged with repeated negligent acts, gross negligence, incompetence, and failure to maintain adequate and accurate medical records in the care and treatment of one patient. Physician completed a clinical training program and paid cost recovery of \$2,000. Public Letter of Reprimand. September 7, 2006

**TROMPETER, TIMOTHY PATRICK, M.D. (G72063)**

**Redwood City, CA**

Committed acts of unprofessional conduct; convicted of a misdemeanor for possession of a controlled substance and possession of drug paraphernalia; self-abused controlled substances; and physician has a condition affecting his ability to practice medicine safely. Revoked. October 20, 2006

**TRUMBULL, ROBIN LEE, M.D. (G30670)**

**Merced, CA**

Stipulated Decision. Committed acts of unprofessional conduct by engaging in sexual misconduct with a patient and failing to maintain adequate and accurate medical records in the care and treatment of one patient. Revoked, stayed, placed on 7 years probation with terms and conditions including, but not limited to, 15 days actual suspension; completing a professional boundaries program; and prohibited from consulting, examining, or treating female patients without a third-party chaperone. September 11, 2006

**VAN DOREN, JOHN DERRICK, M.D. (G60750)**

**Murrieta, CA**

Stipulated Decision. Violated the terms and conditions of his board-ordered probation by illegally possessing and ingesting cocaine. Revoked, stayed, placed on 7 years probation with terms and conditions including, but not limited to, one year actual suspension; maintaining a record of all controlled substances ordered, prescribed, dispensed, administered or possessed and any recommendation or approval for marijuana; abstaining from the personal use or possession of controlled substances and alcohol; submitting to biological fluid testing; completing the Diversion Program, a professional boundaries program, and an ethics course; and prohibited from leaving the presence of an anesthetized patient unless another anesthetist or appropriately licensed healthcare practitioner is present and agrees to cover the patient. October 20, 2006

**VON POSERN, FABIAN ARTUR, M.D. (G77675)**

**Solana Beach, CA**

Stipulated Decision. Failed to document an assigned ASA (American Society of Anesthesiologists) status to a patient prior to beginning anesthesia and failed to record endtidal carbon dioxide and functional oxygen saturation during anesthesia. Physician must complete a medical record keeping course. Public Reprimand. October 18, 2006

**WEILAND, DAVID SAMUEL, M.D. (G60093)**

**San Pablo, CA**

Stipulated Decision. No admissions but charged with repeated negligent acts, gross negligence, and unprofessional conduct in the care and treatment of one patient. Revoked, stayed, placed on 2 years probation with terms and conditions including, but not limited to, completing a clinical training program. August 14, 2006

**WILKINSON, JACK E., M.D. (A10421)**

**Fresno, CA**

Stipulated Decision. No admissions but charged with gross negligence and incompetence in the care and treatment of one patient. Surrender of license. August 9, 2006

**WILSON, WOODROW PHILLIPS, M.D. (G33874)**  
**Dana Point, CA**

Stipulated Decision. Failed to obtain a cardiology consult and to admit a patient for possible cardiac ischemia or myocardial infarction with possible pericardial effusion. Physician must complete a clinical training program. Public Reprimand. October 19, 2006

## **Doctor of Podiatric Medicine**

**LARSEN, ROBERT WAYNE, D.P.M. (E2687)**  
**Folsom, CA**

Stipulated Decision. No admissions but charged with gross negligence and failure to maintain adequate and accurate medical records in the care and treatment of one patient. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, completing a clinical training program and a medical record keeping course. September 29, 2006

## **Physician Assistants**

**CANCILLA, MICHAEL ANTHONY, JR., P.A. (PA15366)**  
**Kelseyville, CA**

Violated the terms and conditions of his board-ordered probation by being convicted of a misdemeanor DUI. Revoked. August 14, 2006

**EVANS, WILLIAM ROBERT, P.A. (PA17395)**  
**Newhall, CA**

Stipulated Decision. Violated the terms and conditions of a board-ordered probation by committing acts of unprofessional conduct and corruption by committing lewd and lascivious acts on 2 minors, misrepresenting himself as a physician and surgeon, and furnishing dangerous drugs without an examination. Surrender of license. August 1, 2006

**GORUMBA, JEFFRY RAYMOND, P.A. (PA16995)**  
**Bellevue, WA**

Stipulated Decision. Disciplined by Washington for abusing controlled substances that were prescribed for a patient's pain and placing his own interests above the welfare of patients. Surrender of license. August 1, 2006

**HERNANDEZ, MARTIN ADAM, P.A. (PA15170)**  
**Rancho Cucamonga, CA**

Stipulated Decision. No admissions but charged with repeated negligent acts, incompetence, and failure to maintain adequate and accurate medical records in the care and treatment of multiple patients. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, 30 days actual suspension, completing a clinical training program and an ethics course, obtaining an onsite practice monitor, having a supervising physician review all medical records, and ordered to pay cost recovery of \$6,167. October 25, 2006

**MCCARTNEY, STANLEY MICHAEL, P.A. (PA11928)**  
**Laguna Niguel, CA**

Committed acts of repeated negligence, gross negligence, and incompetence in the care and treatment of one patient; and failed to obtain advanced approval before ordering Schedules II and III controlled substances. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, completing a clinical training program; maintaining a record of all controlled substances administered orally or in writing or handed to the patient; obtaining an onsite supervising physician; and ordered to pay cost recovery of \$5,173. October 5, 2006. Judicial review pending.

**RODDICK, JASON L., P.A. (PA18638)**  
**Sacramento, CA**

Stipulated Decision. Convicted of theft and forgery. Probationary license issued, placed on 3 years probation with terms and conditions including, but not limited to, completing an ethics course. Decision effective October 11, 2006, probationary license issued October 11, 2006.

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## Medical Board of California Meetings 2007

### 2007

**February 1-2:** Los Angeles

**April 26-27:** Sacramento

**July 26-27:** Oakland

**November 1-2:** San Diego

*All meetings are open to the public.*

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