



No. 13 January 1980

THE IMPAIRED PHYSICIAN PROGRAM OF THE BMQA

The need for a voluntary program to deal with the impaired physician has been recognized for some time by the medical board and its staff. Therefore, the Board of Medical Quality Assurance and the California Medical Association presented a program proposal to its respective organizations after a joint effort which was worked on for more than a year. Both organizations accepted the proposal and enabling legislation has completed its journey through the legislative process.

The voluntary, noncoercive program will deal with alcoholism, drug addiction, and certain mental or physical impairments as illnesses, with the emphasis placed on rehabilitation.

The new program seeks ways and means to identify impairment at an early stage without the threat of revocation or suspension of the physician's license. The early identification of impairment is expected to increase the likelihood of successful rehabilitation and the early return of affected physicians to productive medical practice.

The program allows for the bypass of the Board's formal investigation/accusation/hearing process. Diversion Evaluation Committees will be appointed by the Division of Medical Quality consisting of persons who have experience and knowledge in evaluating and managing impairment. Designated evaluating physicians will examine and evaluate the physician seeking diversion. The physician's case file will be privileged and will be purged when the physician has completed the program. The Division may only receive information from the Diversion Evaluation Committee that the physician has not adhered to the recommended program—nothing else. The files and proceedings of the Diversion Evaluation Committee will not be subject to discovery or subpoena.

Since the Diversion Evaluation Committee will determine whether, and under what conditions, the physician can safely continue or resume the practice of medicine, safeguards for public safety are adequately covered.

The legislation is effective January 1, 1980. An ad hoc advisory committee to the program has been appointed. This advisory committee will help to plan the overall implementation of the program.

CALIFORNIA MARIJUANA MEDICAL RESEARCH PROGRAM

Effective January 1, 1980, approved oncologists can participate as investigators in a cooperative statewide study of the effectiveness of marijuana (delta-9-tetrahydrocannabinol) in relieving the nausea and vomiting associated with cancer chemotherapy or radiation treatment. The State of California Research Advisory Panel will act as the IND sponsor. The pilot project will be limited to qualified oncologists in diverse geographic locations within the State. Patient selection will be the responsibility of the participating oncologist under the guidelines of the research protocol. As far as individual patients are concerned, it will probably be about a year before the program becomes operational because it will take this amount of time to work out details which include seeking FDA approval. Approved physicians will be responsible for the distribution of the drug to their patients, and marijuana and its derivatives will generally not be available at drug stores. Interested oncologists should write to the Research Advisory Panel, 6000 State Building, San Francisco, CA 94102 (415-552-1325) and request that they be placed on the mailing list to receive information about the marijuana therapeutic research project. Cancer patients, their friends, or relatives, should be told to contact their physicians rather than the Research Advisory Panel. The primary focus of this project is on cancer chemotherapy. However, a pilot project on the effectiveness of marijuana in glaucoma may be initiated if medically appropriate after the cancer program is under way.

MEDICAL QUALITY REVIEW COMMITTEES

At present, only the Division of Medical Quality has the authority to hear petitions for reinstatement of a physician's license or modification or termination of a physician's probation. However, new legislation permits the Division of Medical Quality to assign petitions to Medical Quality Review Committees. Medical Quality Review Committees will hear physicians who are petitioning to seek reinstatement of license and modification or termination of probation.

There are 14 Medical Quality Review Committees statewide, established on a geographical basis according to Health Systems Agency area designations. The committees

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range in size from 10 to 40 members, dependent upon the physician density of the district. Panels made up of five committee members may be assigned petitioner hearings at the discretion of the Division of Medical Quality. An administrative law judge will sit with the panel during the hearing in order to clarify points of law.

The Medical Quality Review Committees are extremely interested in assuming this additional responsibility and feel that decisions regarding the fitness of a physician to resume practice, modify or terminate probation, are appropriate for MQRC panels. This legislation (authored by Assemblywoman Moorhead—AB 1114) will free additional

PHYSICIAN'S ASSISTANTS . . . EXTENDING QUALITY CARE

They have been around in California since 1972, and even longer elsewhere. Most health professionals know about them. Articles in recent issues of the American Journal of Public Health, and other medical publications indicate that patients are enthusiastic about the care they get from physician's assistants (PA's), as are the doctors and other professionals with whom they work. As a group, PA's are well-trained, competent professionals, whose training prepares them to recognize and respect their limitations. The Board's experience is that the doctors who work with PA's use their skills appropriately, and supervise them effectively. They have come to play a major, and growing role in the provision of quality medical care in this state.

The Board receives many inquiries about PA's, and following are some of the questions which are asked most often.

Q: What is a physician's assistant, and what kind of training do they have?

A: A PA is a person certified by the Physician's Assistant Examining Committee (PAEC) of the Board of Medical Quality Assurance, after passing a comprehensive written and practical examination. In order to take the exam, the PA must complete a training program in a school approved by the PAEC. The programs include thorough training in general and medical sciences, physical assessment, and clinical medicine. Included in the training is a clinical rotation of at least one year, and a preceptorship. Because of the demand for admission to training programs, most candidates have several years of training and experience in another health field before beginning PA training. PA's may be trained in primary care, or may specialize in orthopedics, emergency care, allergy, or women's health care. The training requirements for specialty PA's differ from those of primary care PA's. For additional information, contact the PAEC at the address below.

Q: What things can PA's legally do?

A: The scope of practice for physician's assistants is quite broad, and includes history, physical examination, diagnosis and treatment of common conditions, debridement and suturing of superficial lacerations, minor surgical procedures, routine laboratory and screening procedures, necessary emergency intervention, patient education, referral to secondary sources of care, assisting in making arrangements for admission and discharge, inpatient monitoring, and many other routine medical tasks.

In addition, a PA who has additional training and experience may apply to the Board for approval to perform tasks beyond the standard scope of practice. In this way,

time for the Division of Medical Quality to consider important policy issues and long-range quality of care topics.

PESTICIDE POISONING

In Action Report No. 11 dated July, 1979, a booklet on pesticide poisoning titled "Recognition and Management of Pesticide Poisonings" was advertised as being available from the U.S. Environmental Protection Agency. We have been advised that this booklet is now available from the Superintendent of Documents, U.S. Government Printing Office, Washington D.C. 20402, for \$2.20 per copy or 25% off for 100 copies or more. Include the booklet's stock number, 055-004-00013-7 when ordering.

highly skilled PA's have gained approval to perform normal deliveries, to insert IUD's, and to assist the attending physician in a variety of more complex medical procedures.

PA's legally may perform their entire scope of practice in either inpatient or outpatient settings, including long-term care facilities. They may be employed by a facility, clinic, group practice or individual practitioner. At present, Medicare reimburses for very few PA activities, but Medi-Cal will pay for a broad range of primary care services, at 100% of the rate paid to physicians for the same procedure. Medi-Cal claims must be submitted by the supervising physician.

Q: What can't a PA do?

A: First and foremost, a physician's assistant may *not* work without supervision. They are specifically prohibited from performing endoscopic procedures except otoscopy, nasoscopy, and anoscopy. At present they may not administer digital blocks, but this restriction may be modified in the future. Except in a small number of State-sponsored pilot projects, PA's may not prescribe medicines. And, they may not do eye refractions, or fit eyeglasses or contact lenses, although routine visual screening is permitted.

Q: Who may employ a PA, and what about supervision?

A: Any licensed physician in California may apply to the Division of Allied Health Professions of the BMQA for approval to supervise a PA. Osteopathic physicians may apply to the Board of Osteopathic Examiners for approval. A physician may supervise no more than two PA's, but any number of physicians may supervise an individual PA (i.e. in a group practice).

Once a physician is approved, generally a very simple process, (s)he must develop a written supervision plan including practice protocols, which must be maintained in the office. The plan need not be submitted to the BMQA, but must be made available on request.

There are no hard and fast rules for how PA's are to be supervised. At a minimum, the PA must have prompt access through telephonic or electronic means, in order to permit consultation with the supervising physician. In addition, the supervision plan must include procedures for periodic timely review of the findings and tasks performed by the PA. Such review need not occur prior to performance of the procedure.

For additional information on physician's assistants, training programs, or supervision requirements, or to apply

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to supervise a PA, you may contact:

Physician's Assistant Examining Committee
1430 Howe Avenue
Sacramento, CA 95825 (916) 920-6373

The California Academy of Physician's Assistants has recently published an 11-page brochure on PA's which includes more detailed summaries of the law and regulations, and information on some of the ways PA's are being used in California. Copies are available by writing:

California Academy of Physician's Assistants
22075 Shoreline Highway
Marshall, CA 94940 (415) 663-8300

FIRST AID FOR EPILEPTIC SEIZURES

The Sacramento Chapter of the Epilepsy Foundation of America recommends the following instructions when administering first aid for an epileptic seizure. Printed first aid instruction sheets may be obtained at no cost by contacting either the CALIFORNIA EPILEPSY SOCIETY, 6117 RESEDA BOULEVARD, SUITE G, RESEDA, CA 91335 (213) 342-1709 or the SACRAMENTO CHAPTER OF THE EPILEPSY FOUNDATION OF AMERICA, 855 HOWE AVENUE, SACRAMENTO, CA 95825 (916) 927-2478.

A number of instances of inadequate instructions by physicians to epileptics or their families regarding first aid during or after a seizure have been reported to the Board of Medical Quality Assurance. Some physicians fail to properly instruct their patients and patients' families on

precautions regarding bathing versus showering, swimming alone and turning the patient on his side to prevent aspiration of saliva and possible regurgitated material. In addition, some physicians still advise the insertion of hard objects such as spoons in the mouth of a person during a seizure which may result in severe damage to the patient's teeth and gums.

The California Epilepsy Society recommends the following first aid for an epileptic seizure:

1. Keep calm. The person is usually not suffering or in danger.
2. Help him to a safe place but DO NOT restrain his movements. Loosen tight clothing.
3. After jerking of seizure has subsided, and if he is still unconscious, turn person on his side with his face gently turned downward.
4. DO NOT PUT ANYTHING BETWEEN HIS TEETH.
5. DO NOT give him anything to drink.
6. Stand by until the person has fully recovered consciousness and from the confusion which sometimes follows a seizure.
7. Let him rest if he feels tired, then encourage him to go about his regular activities.
8. If the person is a child, notify parents or other persons responsible for him at the time of the seizure.
9. It is rarely necessary to call public authorities, a doctor, or an ambulance. However, in cases of prolonged seizures or if a person injures himself by falling, it may be wise to secure professional help.

DISCIPLINARY ACTIONS JULY 1-SEPTEMBER 30, 1979

Carline, Claude T., M.D. (C-12039)—Los Angeles
2361(f), 2411, 2399.5, 4211, 2391.5 B&P, 11190 H&S Codes
Filed many fraudulent claims with Medi-Cal. Issued many indiscriminate prescriptions for dangerous drugs without prior examination and medical indication. Failed to make records showing pathology and purpose for controlled drugs prescribed.
Revoked.
July 6, 1979

Ching, Philip S. C., M.D. (AO-4696)—Fresno
Stipulated Decision. Voluntary retirement from practice due to age and health.
Accusation dismissed.
July 6, 1979

Diller, Howard A., M.D. (C-16945)—Walnut Creek
2399.5, 2391.5, 700 B&P, 11154, 11190, 11172 H&S Codes
Stipulated Decision. Clearly excessive prescribing of narcotic drugs to a relative, without prior examination, without medical indication, without the patient being under his treatment for pathology or condition. Failure to report habitual user (illegal postdating of prescriptions).
Revoked, stayed, 5 years probation with terms and conditions.
July 13, 1979

Engrahm, Robert B., M.D. (A-22340)—Stockton
2390, 490, 2361 B&P Code
Stipulated Decision. Excessive use of alcohol involving several convictions for driving under the influence of alcohol.
Revoked, stayed, 10 years probation with terms and conditions.
July 24, 1979

Jdwall, Franklin J., M.D. (A-22060)—Merced
2417 B&P Code
Mental impairment.
Revoked, stayed, 10 years probation with terms and conditions.
July 23, 1979

Hines, Thomas, M.D. (A-19509)—Carson City, NV
2363 B&P Code

Disciplined by the State of Nevada for writing prescriptions for controlled substances for patients without an appropriate examination confirming medical necessity for such controlled substances.
Revoked, stayed, placed on probation for 5 years with terms and conditions.
August 2, 1979

Katz, Ernest B., M.D. (A-17636)—Los Angeles
2361(b), B&P Code
Stipulated Decision. Injected 12 individuals on multiple occasions with the anesthetic agent Ketamine in a home experiment, without advising the persons of the risk and side effects of his experiment.
Revoked, stayed, 5 years probation with terms and conditions.
July 24, 1979

Lefkowitz, Martin, M.D. (G-12662)—Pleasantville, NY
2363, B&P Code
Stipulated Decision. License suspended by the State of New York for a period of 2 years, stayed. Suspended for 1 year, stayed, 1 year probation with terms and conditions.
August 23, 1979

Prendergast, Louis J., M.D. (C-16919)—Fresno
Violation of Probation
Stipulated Decision. Violated terms of his probation to Board by being intoxicated on alcohol and/or drugs, refusing to submit to biological fluid testing, and failing to submit to psychiatric treatment.
Revoked, stayed, 10 years probation, suspended 1 year, other terms and conditions.
August 1, 1979

Roby, Russell R., M.D. (C-35880)—Salinas
2416, 2417, B&P Code
Stipulated Decision. Self-administration of demerol.
Revoked, stayed, 10 years probation with terms and conditions.
August 2, 1979

Sanderson, Herbert Carlyle, M.D. (AO-9490)—Sacramento
2411, 4190, 2361(a), (c), B&P, 11157, 11173, H&S Codes

Issued numerous false prescriptions over a period of time to a female in exchange for sex favors.
Revoked, stayed, 10 years probation with terms and conditions.
August 17, 1979

Sharkish, M. Adnan, M.D. (A-20439)—Redwood City
2361(b), (e), 2411, B&P Code
Gross negligence in treating patient with Pseudomonas Meningitis, followed by dishonest alteration of hospital records for deceptive purposes.
Revoked, stayed, 5 years probation, suspended 5 months, other terms and conditions.
September 21, 1979

Spelman, Leslie P., M.D. (G-7675)—National City
2361(b), (c), B&P Code
Gross negligence and incompetence in performing neurosurgical procedures.
Revoked, stayed, 5 years probation with terms and conditions.
September 10, 1979

Stewart, Robert B., M.D. (C-23480)—San Rafael
2417 B&P Code
Mental impairment affecting ability to practice safely.
Revoked.
August 2, 1979

Wu, William L. S., M.D. (A-11732)—Menlo Park
2417 B&P Code
Mental impairment affecting ability to practice safely.
Revoked.
August 2, 1979

NEW APPOINTMENTS AND REAPPOINTMENTS

BOARD

Miller Medearis (Los Angeles)—Board of Medical Quality Assurance

MQRC

Delward Anderson, R.Ph. (reappointment) (Eureka) MQRC District 1

Jeans Clemens (reappointment) (Redding) MQRC District 1

Charles Lobel, M.D. (Redwood City) MQRC District 4

Michael Bunim, M.D. (San Francisco) MQRC District 4

Anna Webster, M.D. (reappointment) (Belvedere) MQRC District 4

Mr. Heriberto V. Thomas (Berkeley) MQRC District 5

Virginia Pistelli, R.N. (reappointment) (Hayward) MQRC District 5

John Norton, III, M.D. (reappointment) (Berkeley) MQRC District 5

Chauncey G. Behrens, M.D. (Modesto) MQRC District 6

Yolanda Peredia-Estrenera, R.N. (San Jose) MQRC District 7

Frances Conley, M.D. (reappointment) (Stanford) MQRC District 7

Philomena Laurel (reappointment) (Morgan Hill) MQRC District 7

Robert Keet, M.D. (Aptos) MQRC District 8

Willare Osibin, M.D. (reappointment) (Templeton) MQRC District 8

Iris Frank, R.N. (reappointment) (Santa Cruz) MQRC District 8

Theodore Rose, Jr., M.D. (reappointment) (Salinas) MQRC District 8

Donald Giusti (Fresno) MQRC District 9

Mortimer Iger, M.D. (reappointment) (Bakersfield) MQRC District 9

Donald Brayton, M.D. (reappointment) (Bakersfield) MQRC District 9

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

Allied Health Professions (916) 920-6347
Applications and Examinations (916) 920-6411
Continuing Education (916) 920-6353
Disciplinary Information (916) 920-6363
Fictitious Names and Corporations (916) 920-6353
Verifications of Licenses (916) 920-6343

Donald Rowe (reappointment) (Fresno) MQRC District 9
Bruce Howard, M.D. (Santa Maria) MQRC District 10
Gregory Firman, M.D. (Los Angeles) MQRC District 11
Verne Brechner, M.D. (Los Angeles) MQRC District 11
William Coffey, M.D. (reappointment) (Los Angeles, MQRC District 11

David Hohag, M.D. (Bishop) MQRC District 12

Milton Legome, M.D. (Orange) MQRC District 13

1979 LEGISLATIVE WRAP-UP

With the close of the first half of the 1979-80 legislative session came the enactment of several statutes of importance to the medical profession. Summarized below are some of those that went into effect January 1, 1980.

AB 210 (Goggin)—Extensively revises existing law that regulates advertising by professionals and enacts the Right to Compete Act of 1979. The Board will be adopting regulations to implement this act and prohibit advertising that is false or misleading, that promotes excessive use of services, or that makes any claim as to quality or efficacy of services provided.

AB 352 (Knox)—Increases the reporting level of settlement and arbitration awards in malpractice actions against physicians to be reported to BMQA from \$3,000 to \$30,000.

AB 410 (Knox)—Requires health facilities, prior to granting or renewing staff privileges, to request copies of reports made to BMQA by other health facilities imposing their denial, removal, or restriction of the applicant's privileges.

AB 1072 (Rosenthal)—Provides that sexual relations with a patient when related to the functions of a licensee is unprofessional conduct.

AB 1114 (Moorhead)—Provides for the Division of Medical Quality to assign petitions for reinstatement or modification of penalty to Medical Quality Review Committee panels for hearing.

AB 1391 (Torres)—Repeals existing law prohibiting the performance of acupuncture without a prior diagnosis or referral.