Elder Abuse — Child Abuse

Something Doesn’t Seem Quite Right Here!

A formerly self-sufficient 74 year-old woman appears in your office, confused, timid, undernourished, and dishevelled. Her 50 year-old son repeatedly interrupts and finishes her answers to your questions. He attributes two large bruises to a fall during the night.

A comatose 3 year-old is brought to the ER by his 19 year-old mother. She says he fell off a playground slide and hit his head. Examination shows fading bruises and what appears to be a burn mark. An x-ray discloses a partially healed fracture of the upper arm. The mother says he is a “roughneck” who frequently runs into things or falls.

As a health professional, you have both legal and moral duties to report incidents which you have reason to suspect may be either elder or child abuse. Unless you knowingly or maliciously report false information, you cannot be held liable for reporting abuse.

What constitutes abuse?

• Physical abuse, including bruises, broken bones, burns, sexual abuse and other visible or detectable signs
• Neglect, including emotional neglect; psychological abuse including verbal abuse, threats or insults
• Misuse or misappropriation of money or other assets
• Deprivation of food or water
• “Imprisonment” such as being locked in a room for long periods; inappropriate physical restraints
• Failure to assure personal hygiene
• Unsafe or hazardous living conditions

(Cont. on page 4)

Review of Laws Prohibiting Illegal Referral of Patients to Clinical Labs

Do you receive money or other compensation for referring patients to a clinical laboratory? Are you aware that this is a criminal offense which is being looked into by local agencies and which can lead to your medical license being disciplined, up to and including revocation?

Recently, the Los Angeles and San Diego District Attorney’s offices successfully prosecuted physicians for illegally overbilling patients for outside laboratory tests. Settlements involving many physicians resulted from joint investigations, and other prosecutions are foreseen.

Specifically, Business and Professions Code section 650 makes it a criminal offense to offer or receive compensation for the referral of a patient. This section prohibits all fees for patient referral; any arrangement between a physician and any other person that involves compensation to or from the physician for referral of a patient constitutes a violation of this section.

For example, a physician who refers his patients to a specific clinical lab and receives a $20 fee from the lab for that referral is subject, upon conviction, to imprisonment in the county jail for not more than one year, or by imprisonment in the state prison, or by a fine not exceeding $10,000, or by both imprisonment and fine. The physician’s license also is subject to discipline, ranging from reprimand to revocation. Other penalties may apply, such as the filing of a civil action and the imposition of a fine of up to $2,500 per violation. Likewise, a physician who offers a $20 fee to a clinical lab for a patient referral would also be in violation of section 650.

B&P Code section 655.5 has similar criminal, administrative, and civil remedies. An example of a violation of section 655.5 is where a physician is billed for a specific amount by a lab and then bills the patient for that amount plus an additional charge, without informing the patient of the physician’s additional charge.

For further information, please consult your legal counsel.

The Mission of the Medical Board of California

The mission of the Medical Board of California is to protect consumers through proper licensing of physicians and surgeons and certain allied health professions and through the vigorous, objective enforcement of the Medical Practice Act.
Shared Issues: Federation of State Medical Boards

Some of my colleagues from the Medical Board of California and I recently participated in the Annual Meeting of the Federation of State Medical Boards. This is the national association of all California’s counterpart boards. I am interested in the commonality of issues which we face, but also struck by the different direction and speed with which we are addressing these issues. I want to share some items which are being discussed at the national level, and also express pride in the fact that California continues to be a leader in the important issues which face consumers in the medical profession today.

Among the topics of discussion were the following.

• Managed Care—As managed care spreads across the country, many states are beginning to encounter the changing health care delivery environment that California has been experiencing for some time. And those states are recognizing that along with the benefits, there are some considerable problems arising for patients and physician licensees. Again, California, by virtue of its long experience with managed care, had much to share with other states’ medical boards and will continue to work with national groups to share ideas which can serve to ameliorate the more negative impacts of managed care.

• Sexual Boundary Issues—Most other state representatives expressed the view that this has surfaced as an item of professional concern in their states and that they were beginning to address it. I am pleased that the MBC has for years regarded sexual misconduct with patients as among the more serious violations of the Medical Practice Act, and recently published its Policy Statement on Medical Practitioners and Sexual Misconduct (Action Report, April 1996). This statement clearly outlines the Board’s position that sexual activity with current patients is unacceptable and that a physician who engages in such conduct is guilty of unprofessional conduct.

• Americans with Disabilities Act—One area that the MBC has not broadly addressed is the impact of the ADA on its programs. The ADA specifies certain protections for those with recognized disabilities which extend to both the licensure and the enforcement programs of the Board. The MBC programs and legal staff will be addressing the impact of the ADA on medical licensure in California in the near future and reporting to the Board any program changes which may be necessary.

• Fraud—We learned that the Federal Trade Commission’s Division of Service Industry Practices has been examining the marketing and advertising of health care-related services by hospitals, clinics, physicians, and other health care providers. The FTC’s goal is to reduce to use of deceptive or fraudulent advertising and marketing tactics used to mislead consumers. Many states—along with California—are concerned about such fraudulent practices. We will continue to study these and other fraudulent health care practices through a new Board committee.

Through its representation on the Board of Directors and on various committees, California will be well represented in the Federation’s policy councils and will continue to play a strong role on a national level.

In Remembrance

Members and staff of the Medical Board were saddened to learn of the May 2 death of Sam W. Smith, M.D., our medical consultant in San Diego since September 1993. Dr. Smith, who died of cancer at 63, was a family practitioner with a distinguished career.

He received his medical degree from the University of Kansas in 1959, and interned at what today is UCSD Medical Center, where he later became an associate clinical professor. He served for five years as the president of the California Academy of Family Physicians, and was chief of staff of Grossmont Hospital from 1977 to 1978. He was the team physician for Mount Miguel High School for 20 years, and a volunteer career counselor in the Grossmont Union High School District.

Dr. Smith was a fellow of the American Academy of Family Physicians, and served from 1975-1978 as president of the Doctors’ Service Bureau of San Diego, Inc. He was a past president of the San Diego County Medical Society, and for many years chaired that county’s delegation to the California Medical Association (CMA). He was a member of the board of directors of Blue Shield of California, and served in several executive positions with the CMA.

Dr. Smith also had a lifelong love of jazz and Dixieland music, and played the clarinet and the sax with several Dixieland bands. Knowing he had a very aggressive cancer, he planned a memorial service to celebrate his life, his family, and his friends. The Dixieland bands he loved played in a classy and loving tribute. Dr. Smith was respected, loved and will be missed by the countless people whose lives were enriched by his presence.
Update: Cite-and-Fine Program Effective and Well-Received

In June 1994, the Board began issuing citations-and-fines, pursuant to statutory authority (Business and Professions Code section 125.9), and after passage of regulations, which included public testimony. The cite-and-fine program is an alternative to the lengthy, formal disciplinary process, and is designed for correction of minor violations of the Medical Practice Act. Because it is not considered “discipline,” it is not reported to either the Federation of State Medical Boards or the National Practitioner Data Bank. However, the issuance of a citation-and-fine is a matter of public record and a copy of the citation is made available to the public upon request.

Examples of violations for which the cite-and-fine remedy has been used include: minor cases of false and/or misleading advertising, practicing under a false or fictitious name without a fictitious name permit, failure to provide patients access to their medical records, and failure to file death certificates in a timely manner. Since the program’s inception, 157 citations have been issued. In fiscal year 1995-96, over $30,000 in fines has been collected.

Fines range from $100 to $2,500, with the average being between $500 and $1,000. An example of an offense for which the Board has fined $100 is failure to notify the Board of a change of address. A $2,500 fine has been levied for making a false statement on an insurance document. The Board also issues citations with no fine where it determines that a fiscal remedy is not appropriate.

The process begins after enforcement staff has investigated a complaint, and established that the violation is minor. The citation is issued by the Board’s chief of enforcement, after he reviews the matter and concludes that the elements of the violation have been met and that a citation is the appropriate remedy. A form is sent to the physician with the alleged violation(s), a description of the circumstances leading to the issuance of the citation, the amount of the fine, and, on occasion, an order of abatement. An abatement order usually requires some action on the physician’s part, e.g., provide patient records, cease misleading advertising.

A physician then has 30 days to respond—either to pay the fine and comply with any order of abatement, or ask for an informal conference with the chief of enforcement. Approximately 20% of physicians to date have elected to meet with the chief to discuss the charges and come to a resolution. If after such a meeting the physician is still dissatisfied, he/she is entitled to a hearing before an administrative law judge (ALJ). So far, seven physicians have had a hearing; two have had their cases dismissed and the rest were either upheld or are pending. The ALJ issues a Proposed Decision which goes to the Board’s Division of Medical Quality (DMQ) for a final decision.

If a physician wishes to appeal the decision of the DMQ, the next step is Superior Court. So far, two physicians have appealed their DMQ decisions, and their cases are still pending.

The Board is currently modifying its regulations to allow a record of the issuance of a citation-and-fine to be removed from a physician’s file after five years. A public hearing on this matter is scheduled during the Board’s next meeting in San Francisco in July. For further information about the citation-and-fine program, please contact John Lancara, chief of enforcement, at (916) 263-2194.

Medical Board Receives Two New Public Members

The Medical Board of California is pleased to announce the appointment of two new members. Daniel Livingston, 38, of Newport Beach, was appointed to the Division of Medical Quality by Assembly Speaker Curt Pringle. Michael I. Sidley, 35, of Venice, was appointed to the Medical Board’s Division of Licensing by the Senate Rules Committee. Following are brief biographical sketches of Messrs. Livingston and Sidley.

Daniel Livingston

- Attorney specializing in business, real estate, and construction litigation
- Member, Business Litigation Section of the Orange County Bar Association
- Earned his juris doctor degree from Brigham Young University in 1982
- Memberships: Board of Directors, Newport Beach Public Library Foundation; Lincoln Club of Orange County

Michael I. Sidley

- Attorney in private civil and criminal practice
- Member, Environmental Crime Sentencing Task Force
- Earned his juris doctor degree with distinction from McGeorge School of Law in 1988
- Memberships: Big “C” Society, University of California, Berkeley; “Who’s Who in the West”; Heal The Bay
Elder Abuse — Child Abuse

What are some signs to watch for?

• Obvious physical injuries with suspicious explanations; scars or healed fractures may reflect prior incidents of abuse
• Unusual fearfulness, especially when caretaker is present; caretaker consistently speaks for a victim who is capable of responding
• Anxiety, confusion, withdrawal, depression, changes in sleep habits
• Unusual withdrawals from bank accounts; accounts closed by caretaker or relative; caretaker takes personal possessions belonging to victim
• Signs that victim has been physically restrained or left in bed for long periods
• Victim is dirty, unkempt, clothing in poor condition, urine or fecal smells or stains
• Signs that caretaker is abusing alcohol or drugs

What does “elder” mean in this context?

• Any California resident over 65 years of age; or a dependent adult who is:
  • Any person aged 18-64 who has physical or mental limitations which preclude normal functioning, including the ability to assert or protect his or her rights, or
  • An inpatient in an acute care hospital

Child abuse applies to any victim under 18 years old.

How does child abuse differ from elder abuse?

• Many of the signs of abuse are quite similar, including emotional, psychological, sexual and physical abuse
• There may be a pattern of urgent care or emergency room visits for injuries which are poorly explained

Medical Board Approves Outpatient Surgery Setting Accreditation Agency

AB 595 (Speier—1994) delegates the responsibility for accreditation of outpatient surgery settings to those agencies approved by the Medical Board of California. The Board’s Division of Licensing reviewed and approved The Medical Quality Commission as an Outpatient Surgery Setting Accreditation Agency at its May 10, 1996 Division Meeting. This is the fourth agency that the Division has approved since the passage of the bill. The other three are: Accreditation Association for Ambulatory Health Care; American Association for Accreditation of Ambulatory Surgery Facilities; and Joint Commission On Accreditation of Hospitals and Health Systems.

For additional information on The Medical Quality Commission, please contact Jeanette Johnson, director of accreditation, at (310) 936-1100, ext. 262.

For additional information on AB 595, please contact Grisel Bybee, manager, at (916) 263-2496.

Physicians Must Now Report Criminal Charges and Convictions

Under a new law (Business and Professions Code section 802.1) effective January 1, 1996, physicians must report to the Medical Board of California within 30 days any felony criminal charges filed against them, and the conviction of any felony. The failure to make such a report constitutes another criminal offense punishable by a $5,000 fine.

The purpose of this new reporting requirement is to inform the Board of circumstances that involve physicians who may be a danger to their patients.
Evolution of Physician and Surgeon Written Licensing Exams

Over the past 30 years, the national physician licensing examination scheme has evolved from pencil and paper tests to the latest technologies in computer-based testing, which will alleviate long score report waiting periods and promote security of test books.

The Medical Board of California administered its State Board Exam to physicians applying for licensure in California until 1969. This exam was replaced by the Federation Licensing Examination (FLEX), which was introduced by the Federation of State Medical Boards (FSMB) in 1968. FLEX was offered to licensing jurisdictions as a high-quality, nationally standardized examination to replace individual state board examinations. The last administration of the FLEX was conducted in December 1993, as the last phase-in transition to the new United States Medical Licensing Examination (USMLE), which was implemented in 1994.

The FSMB and the National Board of Medical Examiners (NBME) established the USMLE, a single examination for assessment of U.S. and international medical school students or graduates seeking initial licensure by U.S. licensing jurisdictions. The USMLE replaced the two examination sequences previously used in the medical licensing process—FLEX and the certifying examination of the NBME.

The USMLE is a single examination with three Steps. Each Step is complementary to the others. Each USMLE Step is composed of multiple-choice questions, requires two days of testing, and is administered twice annually. Step 1 is constructed according to an integrated content outline that organizes basic science material along two dimensions—system and process. Step 2 is constructed according to an integrated content outline that organizes clinical science material along two dimensions—physician task and disease process. Step 3 is organized along two principal dimensions—physician tasks and clinical encounter frames. Steps 1 and 2 are administered to students and graduates of U.S. and Canadian medical schools at test centers established by NBME. ECFMG administers Steps 1 and 2 to graduates of international medical schools. Step 3 is administered by each licensing jurisdiction’s state medical board.

The FSMB has recently advised Medical Board staff of its plan to implement computerized testing for USMLE as early as August 1998, similar to the manner in which the FSMB’s Special Purpose Licensing Examination (SPEX) is administered. It is anticipated that testing will be available daily throughout the year once the computerized testing process is implemented. This makes the examination process much more convenient and accessible to candidates, thus allowing them to satisfy the licensing exam requirements with much less hardship and complication.

The SPEX exam, a derivative of the FLEX exam, originated in the mid-1980s. In late 1985, the Medical Board of California contacted the FSMB for assistance in expanding its reexamination process for endorsement applicants. Other jurisdictions expressed similar interest in an examination for assessment of physicians seeking license reinstatement after a period of professional inactivity. In response, the FSMB, through its Examination Board and working with the NBME, developed the SPEX exam.

The SPEX is a one-day examination consisting of approximately 450 multiple-choice questions that focus on a core of clinical knowledge and relevant, underlying basic science principles necessary to form a reasonable foundation for the safe and effective practice of medicine. SPEX questions are specially selected to assess the requisite knowledge base of physicians who are five years or more beyond medical school graduation. In January 1996, the FSMB implemented C-SPEX, which is a computer-based exam testing process administered throughout the U.S. on a daily basis.

As we endeavor to keep pace with and take advantage of the achievements of the national medical testing organizations and the rapid technological advances in licensing examination processes, California will continue with the exam progression into the 21st century.
Welby Meets Website

Board’s Telem medicine Registration Legislation Advances

With the passage through the state Senate of SB 2098 (Kopp), the Medical Board is a step closer to fleshing out a telem medicine registration program. Why is this important? Telemedicine, or the practice of medicine from a site remote from the patient, is one of the major foreseeable regulatory challenges facing all medical boards. Over a year ago, the Medical Board of California became interested in the implications of telemedicine. After a thorough review, a Board committee drafted legislation, which was approved by the full Medical Board and introduced as SB 2098.

SB 2098 addresses the issue of licensure of telem medical practitioners. Telemedicine technology is an emerging element in the practice of medicine and can provide increased access to quality medical care. However, telem edical practice can be conducted outside the scope of existing peer review mechanisms and, under present California law, the practice of medicine across state lines can create risks to efficient quality control and enforcement by the Board.

Under current California law, an out-of-state telem edical practitioner would need to possess a full medical license in California. While this guarantees that the practitioner meets our state’s rigorous educational and training qualifications, it limits our state’s ability to enforce any adverse actions against the out-of-state licensee. In addition, some requirements for licensure in California may not be applicable to telem edical practice, since it lacks hands-on and invasive procedures and access to narcotic and dangerous drugs.

The California Telepractitioner Registration Program would allow the Board to require that any physician practicing medicine into our state from outside California’s borders have a valid registration issued by the Board. The registrant would have to meet minimum qualifications, as determined by the Board and set forth in regulations. This would set a minimum threshold and, thus, addresses the Board’s concerns for consumer protection.

SB 2098 also resolves the difficulties of enforcement in the interstate telem edical setting. It would amend the California Medical Practice Act to make it unprofessional conduct for a physician in California to practice telem edicine into another state without meeting the legal requirements of that state. Reciprocally, it requires that a physician registered to practice telem edicine into California be licensed in and practice in a state with a similar prohibition in that state’s law. With this provision, out-of-state registrants would subject their home-state medical license to discipline if they continued to practice telem edicine into California after their registration was revoked.

Payment of License Renewal Fee by Credit Card
Determined to be Cost Prohibitive

Assembly Bill 1374 (Chapter 926, Statutes of 1995), the State Payment Card Act, authorized state agencies to negotiate and enter into a contract to implement the acceptance of credit cards and payment devices by state agencies. If applied by the Medical Board of California, this would allow physicians and surgeons to pay their biennial renewal fees by credit card.

Board staff conducted an analysis to determine the costs of extending this service to physicians and surgeons as weighed against the benefits to the licensees and the returns which would be recognized by improved cash management available in such a system. This analysis concluded that there would be a potential revenue loss to the Medical Board of approximately $310,000 annually. This results primarily from the handling changes required by such a system.

Those who have followed the Board’s recent history are aware that these are very difficult times financially. Current operations require budgeted resources in excess of current year revenues, and there remains a need for increased resources in the enforcement program to reduce the time that it takes to investigate and close complaints. When the Board attempted to consider raising the cap on renewal fees last year, there was a nearly universal demand that the MBC staff first assure that current operations were operated in the most efficient, cost-conservative manner possible.

Consistent with the current state of fiscal affairs and the desire of licensees that all cost efficiencies be realized, the MBC has concluded that accepting credit card payments is not appropriate at this time. To forego $310,000 in revenues, which would constitute a selective benefit, is not consistent with responsible resource management at this point in MBC’s history. MBC staff will continue to review this option for future application, but will continue to require payment by check for the foreseeable future.

Respiratory Care Board (RCB) Requests all E-Mail Addresses and Fax Numbers

The RCB is requesting your e-mail address and/or fax number so you may receive vital information. Due to financial constraints, the RCB is unable to disseminate disciplinary information via regular mail. To receive a list of current disciplinary actions, rescinded work permits and a history of probationers, revoked licenses, and denied applicants, please submit your e-mail address and/or fax number to: 1426 Howe Ave., Suite 48, Sacramento, CA 95825. Tel. (916) 263-2626 Fax (916) 263-2630
DISCIPLINARY ACTIONS: FEBRUARY 1, 1996 TO APRIL 30, 1996
Physicians and Surgeons

AKPULONU, LAWSON ALOZIE, M.D. (A-31917)
Los Angeles, CA
B&P Code §§726, 2234(b)(c). Sexual misconduct with abortion patients, also constituting gross negligence and repeated negligent acts. Revoked. Default. February 27, 1996

ALONSO, KENNETH BRAULIO, M.D. (G-73252) Atlanta, GA

ASHLEY, SHARON A., M.D. (A-32906) Manhattan Beach, CA
B&P Code §§2233, 2264. Stipulated Decision. Aided and abetted unlicensed practice by supervising physician assistants, not validly licensed, at several clinics in Los Angeles area owned by lay people. Suspended 1 year, stayed, 2 years' probation on terms and conditions. April 3, 1996

BABCOCK, BRUCE D., M.D. (C-15907) Concord, CA

BAILEY, RONALD OAKLEY, M.D. (G-60762) Riverside, CA
B&P Code §§2238, 2239, 2242. A weight lifter physician and marine corp officer self-administered anabolic steroids without proper medical indication and legitimate medical purpose. Also failed to maintain required drug records for steroid supply. Revoked, stayed, 3 years' probation on terms and conditions. April 1, 1996

BALOGH, LASZLO, M.D. (A-46588) San Diego, CA
B&P Code §§820, 822. Ability to practice medicine safely impaired by mental disorder. Revoked, stayed, 3 years' probation on terms and conditions. April 1, 1996

BERKMAN, RICHARD MAYER, M.D. (A-35120)
Lake Isabella, CA
B&P Code §2234(d). Stipulated Decision. Incompetence due to failing a professional competency exam in anesthesiology ordered by the Board. Revoked, stayed, 5 years' probation on terms and conditions. April 15, 1996

BLESDELL, ROBERT J., M.D. (G-10795) El Macero, CA
B&P Code §2286. Stipulated Decision. Aided and abetted the unlicensed corporate practice of medicine operated by a lay entrepreneur who owned several clinics. Public reproval and reprimand. Agrees to cooperate truthfully in the civil case against the lay entrepreneur. February 23, 1996

BRESSMAN, PAUL CHARLES, M.D. (G-22968)
Rancho Cucamonga, CA
B&P Code §2234(b)(c)(d). Stipulated Decision. Gross negligence, repeated acts of negligence and incompetence in surgical mismanagement in 4 general surgeries. 90 days' suspension, stayed, 3 years' probation on terms and conditions. March 15, 1996

BROXMEYER, LAWRENCE, M.D. (A-37485) Bayside, NY

CAMACHO-PARRILA, LUIS, M.D. (A-25151)
Cochabamba, Bolivia, S.A.
B&P Code §2234(e). Dishonesty in failing to timely refund money incorrectly collected from Medicare patient. 30 days' suspension, stayed, 1 year probation on terms and conditions. April 17, 1996

CANTWELL, JOHN R., M.D. (A-13417) San Jose, CA
B&P Code §2234(b). Stipulated Decision. Gross negligence in failing to recognize, diagnose and treat a geriatric patient for deep vein thrombophlebitis. Revoked, stayed, 3 years' probation on terms and conditions. May 22, 1996

CARTY, ROYAL D., M.D. (A-27539) Chowchilla, CA
B&P Code §2233. Prescribed Nubain and Stadol nasal spray to daughter-in-law living in Washington, who was not a patient and had no physical exam performed. Public Letter of Reprimand. March 26, 1996

CONCHA, PANO, M.D. (A-19518) Mission Hills, CA
B&P Code §2234(c). Stipulated Decision. Repeated negligent acts in failing to properly diagnose and treat a large abdominal aortic aneurysm that ruptured. Revoked, stayed, 4 years' probation on terms and conditions. February 8, 1996

Explanation of Disciplinary Language

1. “Revoked” — The license is canceled, voided, annulled, rescinded. The right to practice is ended.
2. “Revoked - Default” — After valid service of the Accusation (formal charges), the licensee fails to file the required response or fails to appear at the hearing. The license is forfeited through inaction.
3. “Revoked, stayed, 5 years’ probation on terms and conditions, including 60 days’ suspension” — “Stayed” means the revocation is postponed, put off. Professional practice may continue so long as the licensee complies with specified probationary terms and conditions, which, in this example, includes 60 days’ actual suspension from practice. Violation of probation may result in the revocation that was postponed.
4. “Suspension from practice” — The licensee is benched and prohibited from practicing for a specific period of time.
5. “Temporary Restraining Order” — A TRO is issued by a Superior Court Judge to halt practice immediately. When issued by an Administrative Law Judge, it is called an ISO (Interim Suspension Order).
7. “Gross negligence” — An extreme deviation from the standard of practice.
8. “Incompetence” — Lack of knowledge or skills in discharging professional obligations.
9. “Stipulated Decision” — A form of plea bargain. The case is negotiated and settled prior to trial.
10. “Surrender” — Resignation under a cloud. Charges are pending, the license-subject to acceptance by the relevant Board.
11. “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.
12. “Effective date of Decision” — Example: "February 8, 1996" at the bottom of the summary means the date the disciplinary decision goes into operation.
13. “Judicial Review recently completed” — The disciplinary decision was challenged through the court system—Superior Court, maybe Court of Appeal, maybe State Supreme Court—and the discipline was upheld. This notation explains, for example, why a case effective “February 10, 1992” is finally being reported for the first time four years later in 1996.
14. “Public Letter of Reprimand” — A lesser form of discipline that can be negotiated for minor violations before the filing of formal charges (accusations). The license is chasissed in the form of a letter.
DOWNING, TERRY ALAN, M.D. (G-26727) Denver, CO
B&P Code §2305. Stipulated Decision. Discipline by Colorado Board for 2 unspecified “acts or omissions which fail to meet generally accepted standards of medical practice.” Revoked, stayed, 5 years’ probation on terms and conditions. February 13, 1996
EDISON, RICHARD BRUCE, M.D. (G-39624) Fort Lauderdale, FL
FALKENSTEIN, SHERON J., M.D. (G-16075) Chula Vista, CA
B&P Code §2239. Stipulated Decision. Use of Valium in such a manner as to be dangerous to himself and to such an extent it impaired his ability to practice medicine safely. Revoked, stayed, 5 years’ probation on terms and conditions. February 15, 1996
FIELD, STEVEN ALLEN, M.D. (G-23165) Brandon, FL
FRIEND, R. CLAIRE, M.D. (G-16596) Oak View, CA
B&P Code §2236. Stipulated Decision. Filed false declaration that she completed medical community services as required by prior discipline. Later, convicted of perjury for the false declaration. Prior probation extended from 5 years to 7 years with additional terms, including 30 days’ actual suspension. March 25, 1996
FROELICH, JAMES GUSTAV, M.D. (G-24901) Blythe, CA
B&P Code §2234(d). Stipulated Decision. Incompetency in failing the professional competency exam in OB-GYN, as ordered by the Board. Revoked, stayed, 5 years’ probation on terms and conditions. February 28, 1996
GERSHMAN, RONALD ALAN, M.D. (G-34195) Los Angeles, CA
HAMMER, TERRENCE, M.D. (G-27210) Torrance, CA
HASKELL ROBERT, M.D. (A-29045) San Rafael, CA
HAYTER, GEORGE, M.D. (G-30849) Orange, CA
HILL, ROBERT DIXON, M.D. (G-13809) Crewell, OR
HODA, ALI, M.D. (C-39763) Gilroy, CA
B&P Code §2234. Stipulated Decision. Accepts responsibility for any negligence caused by his office staff in failing to immediately communicate his physician’s positive cytology report (Pap smear) and in failing to act upon the cytology report for immediate diagnosis and treatment. Public Letter of Reprimand. April 19, 1996
INGRAHAM, BETTE A., M.D. (C-39047) Tehachapi, CA
JEANES, LINCOLN DOUGLAS, M.D. (G-24186) Jacksonville, FL
JORDAN, ROBERT, M.D. (G-57518) Camarillo, CA
KHAN, HAMEED A., M.D. (A-31453) Torrance, CA
KIRKLAND, PURNELL, M.D. (G-29834) Hawthorne, CA
B&P Code §§850, 810, 490, 2236, 2234(e). Stipulated Decision. Conspired with Sumac Company to defraud Medi-Cal and Medicare by submitting false claims for unnecessary medical devices and supplemental supplies for the devices. Received unlawful payments from Sumac, resulting in criminal conviction for receiving kickbacks for patient referrals. Revoked, stayed, 2 years’ probation on terms and conditions. April 8, 1996
KROZNER, WILLIAM WAGNER, M.D. (C-34128) Minocqua, WI
B&P Code §§2233, 2205. Discipline by Wisconsin Board for permitting a pharmacist-family member to use this physician’s name to furnish drugs for other family members. Public Letter of Reprimand. March 13, 1996
KUTZNER, ROBERT RUSSELL, M.D. (G-52483) Santa Maria, CA
KWON, YOUNG HO, M.D. (A-36423) Woodcliff Lake, NJ
B&P Code §2305. Discipline by New York Board for gross

Help Your Colleague
By Making A Confidential Referral
If you are concerned about a fellow physician whom you feel is abusing alcohol or other drugs or is mentally ill, you can get assistance by asking the Medical Board’s Diversion Program to intervene.

The intervention will be made by staff trained in chemical dependency counseling or by physicians who are recovering from alcohol and drug addiction. As part of the intervention, the physician will be encouraged to seek treatment and be given the option of entering the Diversion Program. Participation in Diversion does not affect the physician’s license.

Physicians are not required by law to report a colleague to the Medical Board. However, the Physicians Code of Ethics requires physicians to report a peer who is impaired or has a behavioral problem that may adversely affect his or her patients or practice of medicine to a hospital well-being committee or hospital administrator, or to an external impaired physicians program such as the Diversion Program.

Your referral may save a physician’s life and can help ensure that the public is being protected. All calls are confidential. Call (916) 263-2600.

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

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disclose discipline by Kentucky Board for failure to complete AIDS course in timely manner. Public Letter of Reprimand. February 22, 1996

LASKER, HAROLD, M.D. (G-17259) Amityville, NY

LOUI, WALLACE W., M.D. (G-7443) Honolulu, HI
B&P Code §2305. Discipline by Hawaii Board for forcing himself upon his female medical assistant resulting in convictions for (1) kidnapping and (2) attempted sexual abuse. On appeal, (1) was upheld and (2) was reversed. California: After contested hearing, revoked, stayed, 5 years' probation on terms and conditions. March 18, 1996

MILAM, ROBERT W., M.D. (GFE-5383) Corpus Christi, TX

MYUNG, CHARLES G., M.D. (A-26581) Newport Beach, CA
B&P Code §2231(b)(c)(d). Stipulated Decision. Admits patients to the emergency room practice: failed to intubate and start a second IV in a patient; treated atrial fibrillation with lidocaine and failed to document complete history and physical exam in a second patient; failed to document a physical and history in a third patient. Revoked, stayed, 3 years' probation on terms and conditions. March 22, 1996

PARYANI, SHYAM BHORAI, M.D. (G-43091) Jacksonville, FL
B&P Code §2105. Discipline by Florida medical board involving inadequate radiotherapy by use of the vaginal cesium implant providing a lesser dose of radiation to the vaginal apex. Public Reprimand, after hearing. March 29, 1996

PATEL, ANILKUMAR R., M.D. (A-49142) Dade City, FL
B&P Code §2305. Florida Board issued a reprimand for his failure to report that New Jersey Board denied him a license based on dishonesty, fraud, and deception. Public Letter of Reprimand. February 6, 1996

PATEL, SHARAD CHHOTABHAI, M.D. (A-35788) Elizabethtown, KY

PAUL, GERALD MANLEY, M.D. (G-13064) Northridge, CA

POPE, FREDERICK E., M.D. (C-37319) Las Vegas, NV

POWELL, SCOTT EVAN, M.D. (G-73757) Los Angeles, CA

REIMAN, JOHN KARL, M.D. (G-10817) Columbia, CA
B&P Code §§2234(a), 2234(b). Disciplined by California Board for failing to supervise prescribed therapy and x-rays. Improper use of uncertified x-ray technicians. Repeated negligent acts for failing to supervise prescribed therapy. Revoked, stayed, 5 years' probation on terms and conditions. April 29, 1996

ROSOLIA, ORAZIO G., M.D. (A-20463) Belvedere, CA

SAJNI, PRITAM SINGH, M.D. (A-29587) Mount Vernon, IL

SATTLER, RAYMOND LOUIS, M.D. (C-38208) Wilmington, NC
B&P Code §2305. Discipline by North Carolina Medical Board for failing to maintain an accurate dispensing log in the manner and form required by the Controlled Substance Act of North Carolina. Public Reprimand. April 15, 1996

SEET, RAY POON-PHANG, M.D. (G-20523) Novato, CA

SMITH, FORREST O., M.D. (C-35811) Pleasanton, CA

SMITH, MICHAEL, M.D. (G-30305) Pebble Beach, CA

REITMAN, TONI JEAN, M.D. (A-36976) San Luis Obispo, CA
Nothing in the patient records substantiates a diagnosis calling for repeated massage therapy treatment. Revoked, stayed, 4 years’ probation on terms and conditions. April 4, 1996

WEISS, BARRY R., M.D. (G-14111) Mountain View, CA

WHITE, MARVIN EUGENE, M.D. (G-44607) Modesto, CA
B&P Code §§2239, 2280, 2234(e), 2238. Self-abuse of Demerol, Versed, Valium. Was under the influence of drugs while assigned to Labor and Delivery as an anesthesiologist. When asked to urinate a specimen for testing, dishonestly tried to substitute a urine sample he had in his possession. Revoked. Default. April 19, 1996

WICKS, ANTHONY ERIC, M.D. (C-37886) Tampa, FL

WISSINGER, RICHARD B., M.D. (A-12300) Eureka, CA
B&P Code §2234(c). Stipulated Decision. Repeated negligent acts—improper prescribing of Ampicillin on a diagnosis of otitis media (inflamed middle ear), failed to order intravenous fluids to treat dehydration, and failed to order renal function tests. Revoked, stayed, 5 years’ probation on terms and conditions. March 25, 1996

HEARING AID DISPENSER

CHICKOS, PATRICK (HA-3140) Santa Cruz, CA
B&P Code §§3427.5, 3401(l). Failed to make prompt refund in violation of Civil Code §1793.02 providing that the customer may request full refund within 30 days. Revoked. Default. April 10, 1996

PHYSICIAN ASSISTANTS

ANTHONY, JERRY B. (PA-10445) Yuma, AZ

ROBLES, RAMON (PA-12500) Fresno, CA
B&P Code §§3527(a), 2305. Stipulated Decision. Department of Army disciplined his P.A. privileges at Noble Army Community Hospital. Is also the basis of subsequent discipline by the Florida Board. Revoked, stayed, 5 years’ probation on terms and conditions. March 20, 1996

VASSAR, HUNTER R. (PA-3066) Los Angeles, CA
B&P Code §§490, 3527(a), 2236. Stipulated Decision. Conviction for dispensing a prescription drug in an incorrectly labeled container (B&P §4228), and failing to maintain records of purchase or disposition of prescription drugs (B&P §4232). Revoked, stayed, 3 years’ probation on terms and conditions. February 22, 1996

PHYSICAL THERAPISTS

AHUJA, SURESH KUMAR AKA SEAN KING (PT-15596) Marina del Rey, CA
B&P Code §§490, 2660, 726. Stipulated Decision. Conviction for sexual battery. Improper use of the name “Sean King” in PT practice. Sexual misconduct with female patients. Failed to maintain sufficient records regarding his patients. Revoked, stayed, 7 years’ probation on
terms and conditions, including 90 days’ actual suspension. March 31, 1996

**FIELDMAN, SUSAN I. (PT-19095) Leucadia, CA**
B&P Code §2660. Stipulated Decision. Conviction for reckless driving in substitution for a charge of driving under the influence of alcohol. Violation of probation. Placed on probation for 1 year on terms and conditions. February 1, 1996

**PHYSICAL THERAPIST ASSISTANT**

**ORCINO, FRANK EUGENE (AT-3141) San Rafael, CA**
B&P Code §2660(d). Stipulated Decision. Conviction of 1 count of forging and cashing a check with the intent to defraud. Revoked, stayed, 5 years’ probation on terms and conditions. April 3, 1996

**PSYCHOLOGISTS**

**DICKINSON, RICHARD W., Ph.D. (PSY-6420)**
Huntington Beach, CA
B&P Code §2960(j). Gross negligence in the supervision of 1 MFCC intern and the treatment of 1 patient. Revoked, stayed, 5 years’ probation with 6 months’ actual suspension. April 25, 1996

**EDSON, WINFIELD DOYLE, Ph.D. (PSY-3350)**
Bakersfield, CA
B&P Code §2960(t). Stipulated Decision. To settle appeal case—60 days’ suspension, stayed, 2 years’ probation (admits to unprofessional conduct). Judicial review complete. April 27, 1996

**RODRIGUEZ, PAUL, Ph.D. (PSY-5867)**
Los Osos, CA

**RESPIRATORY CARE PRACTITIONERS**

**BROUNELL, HERBERT (RCP-8999)**
Oroville, CA
B&P Code §§2239(a), 3750(g), 3750.5. Convicted in Shasta Court for fourth time of driving under the influence of alcohol, and sentenced to prison for 2 years, serving 13 months. Revoked, after evidentiary hearing and review. February 9, 1996

**DORSEY, LARRY ALLEN (RCP-14698)**
Van Nuys, CA
B&P Code §§3755, 3750(f). Stipulated Decision. Left his hospital shift early without obtaining alternate coverage prior to leaving. Revoked, stayed, 5 years’ probation on terms and conditions, including 5 days’ actual suspension. March 8, 1996

**GOMEZ, WILLIAM (RCP-12776)**
Costa Mesa, CA
Failed to comply with probation of prior discipline. Revoked, stayed, 3 years’ probation on terms and conditions. April 12, 1996

**HAMPSON, WILLIAM H. (RCP-6265)**
Truckee, CA

**HUFF, MICHAEL DAVID (RCP-18501)**
Cypress, CA
Stipulated Decision. Failed to comply with terms and conditions of license issued on probation. Revoked. April 3, 1996

**HULTEN, DAVID A. (RCP-15762)**
San Bernardino, CA

**JOHNSON, TYRONE (RCP-14752)**
Chula Vista, CA
B&P Code §3750(d). Stipulated Decision. Conviction for hit and run, injuring a CalTrans worker; and driving on a suspended license. Sentenced to 3 years in state prison. Revoked, stayed, 3 years’ probation on terms and conditions. March 8, 1996

**PINKSTON, CHARLES (RCP-3587)**
Buena Park, CA

**QUARY, WENDLA (RCP-4255)**
Taft, CA

**RAMIREZ, MITCHELL (RCP-9695)**
Sylmar, CA
Failed to comply with terms and conditions of probation under a prior discipline. Revoked. Default. March 27, 1996

**RICHARD, GARY S. (RCP-12423)**
Pomona, CA

**WILLS, CHARLES ANTHONY (RCP-4582)**
Moreno Valley, CA
B&P Code §§3750(d), 3752.5. Conviction for battery. Revoked, after evidentiary hearing and Board review. April 24, 1996

**YAPLE, CARYN A. (RCP-13232)**
Placerville, CA
Failed to comply with terms and conditions of probation under a prior discipline. Revoked. Default. March 27, 1996

**SURRENDER OF LICENSE WHILE CHARGES PENDING**

**PHYSICIANS AND SURGEONS**

**BROOKSHIER, RUSSELL, M.D. (C-18684)**
Hanford, CA
March 8, 1996

**JOHNSTON, JAMES CHRISTOPHER, M.D. (A-44527)**
Nacogdoches, TX
December 30, 1995

**KELLEY, WILLIAM T., M.D. (G-18728)**
San Gabriel, CA
April 18, 1996

**KING, PHILIP, M.D. (C-25072)**
Los Gatos, CA
April 22, 1996

**LI, DANIEL KIEN-YEE, M.D. (A-25066)**
Riverview, MI
February 25, 1996

**MILTON, ROBERT E., M.D. (A-19222)**
Redding, CA
February 9, 1996

**NEEDLER, JAY H., M.D. (C-26989)**
Norco, CA
April 3, 1996

**PETRERSON, MARION, M.D. (A-13817)**
Mesa, AZ
February 13, 1996

**SCONTAS, GEORGE J., M.D. (A-34988)**
Kinston, NC
February 9, 1996

**THEOFRASTOUS, JAMES PAUL, M.D. (G-64686)**
San Diego, CA
February 21, 1996

**PSYCHOLOGIST**

**FIRESTONE, RICHARD W., Ph.D. (PSY-2356)**
New York, NY
April 26, 1996

**DOCTOR OF PODIATRIC MEDICINE**

**NEW, O. THEODORE, D.P.M. (E-2860)**
Dallas, TX
February 23, 1996

**HEARING AID DISPENSERS**

**MANLEY, DWIGHT J. (HA-3226)**
Yreka, CA
April 10, 1996

**ROSSI, DOMINICK F. (HA-1680)**
Los Angeles, CA
February 22, 1996
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ACTION REPORT-JULY 1996
For information or comments about the Action Report, please contact:
Candis Cohen, Editor, (916) 263-2389.

For additional copies of this report, please fax your company name, address, telephone number, and contact person to: Yolanda Gonsolis, Medical Board Executive Office, at (916) 263-2387, or mail your request to her at 1426 Howe Avenue, Suite 54, Sacramento, CA 95825.