

CHANGING TRENDS IN THE PRESCRIBING OF PSYCHOACTIVE DRUGS IN CALIFORNIA

Responding to the 1970s permissive societal attitude concerning drugs, a very small number of California physicians began prescribing psychoactive substances without medical indications to patients on request. The Board of Medical Quality Assurance (BMQA) reacted to these "scriptwriting" physicians in 1978 by initiating a drug strike force intent upon prosecuting doctors who excessively misprescribed drugs of abuse. BMQA data for the past five years reflects the result. One of every four disciplinary actions taken against physicians involved excessive prescribing of abuseable drugs. (Table 1)

Even so, the total number of physicians disciplined by the BMQA for excessive prescribing constitutes an infinitesimally small number of California physicians when one considers that in 1977 there were approximately 50,000 physicians practicing in the state, and by 1983 there were 60,000. However, the

analysis of various available data on physician drug prescribing presents findings that suggest changing trends in the present prescribing of psychoactive drugs in California.

The data for evaluating the extent and type of psychoactive drugs prescribed by physicians in California comes from four sources:

1. The BMQA,
2. the California Bureau of Narcotic Enforcement (BNE),
3. the Federal Drug Enforcement Agency (DEA), and
4. the Board of Pharmacy.

BMQA DISCIPLINARY ACTIONS

Disciplinary actions by the BMQA in the years 1977 through 1983 (Table 1) show a steady yearly increase in the percentage of physicians who had their medical licenses restricted for excessive prescribing of psychoactive drugs. A high point was reached in 1982 when 28 percent of disciplined physicians were found to be excessively prescribing. However, for the first time in seven years, 1983 showed a significant drop to 23 percent.

Numerous factors explain the 1983 downward trend. Beginning in 1979, the California Medical Association (CMA) and the California Society for the Treatment of Alcoholism and Other Drug Dependencies offered educational courses to update physicians on how to avoid patient drug abuse. In 1981 the BMQA and CMA mailed every California physician guidelines for prescribing Schedule II nonnarcotics. Also in 1981, legislation sponsored by the BMQA and the BNE led to the requiring of triplicate prescriptions for Schedule II nonnarcotics. By further legislation, in 1983, California doctors could obtain no more than 100 triplicate prescription blanks per month from the BNE. (Exceptions are permitted, but require justification.)

EFFECTS ON THE PRESCRIBING OF PSYCHOACTIVE DRUGS

The effects of educative efforts and state legislation can be noted by an analysis of data on the most frequently misprescribed psychoactive drugs leading to BMQA discipline (Table 2); and data

from BNE on the most frequently filled triplicate prescriptions by all California physicians. (Table 3)

In 1981, among BMQA disciplined physicians, the most commonly misprescribed drugs were amphetamines, Quaaludes, the codeine compounds, and Schedule II barbiturates. In that same year, California physicians wrote almost 300,000 prescriptions for amphetamines, 38,000 for Quaalude, and 137,000 for Nembutal, Seconal, and Tuinal.

Since 1981 the percentage of doctors disciplined for misprescribing Quaaludes and Schedule II barbiturates has decreased. The BNE triplicate data during the same period similarly shows that all California physicians have reduced significantly their prescribing of these depressant drugs.

AMPHETAMINES STILL MISPREScribed

Although the BNE data shows that California physicians have reduced their prescribing of amphetamines, there has been no reduction in the percentage of BMQA disciplined physicians for misprescribing amphetamines. In fact, for 1981, 1982 and 1983 amphetamines remain the number one drug most misprescribed by disciplined doctors. This finding, together with the appearance in the data of physicians misprescribing Plegine, Didrex, and Ionomin, suggests that a few physicians are still inappropriately prescribing all schedules of stimulant drugs.

CODEINE COMPOUNDS MOST MISPREScribed NARCOTIC

Among the BMQA disciplined doctors, the codeine compounds were the most misprescribed of the narcotic drugs. Moreover, by 1983 the codeine compounds had risen to the second most frequently misprescribed drug overall among BMQA disciplined doctors.

No direct comparison can be made among all California physicians because the codeine compounds are Schedule III drugs, not on BNE triplicates. However, it is possible to review the DEA Drug Abuse Warning Network (DAWN) data for 1981 and 1982 (Table 4). These reports from emergency rooms

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in Los Angeles and the San Francisco Bay Area confirm that the codeine compounds are among the top three prescription drugs most frequently found in the overdosed patient. This data, coupled with the BMQA findings that 40 percent of disciplined physicians in 1981, and 50 percent in 1982 misprescribed codeine compounds, suggests that many more physicians do not recognize the abuse potential of these drugs.

DILAUID MISPRESCRIBING INCREASING

Another narcotic that bears watching is Dilaudid. Among BMQA disciplined doctors, this drug was misprescribed by 12 percent of those doctors in 1981, and by 20 percent in 1982. By 1983, Dilaudid hit a new high of 26 percent, second only to the codeine compounds.

The BNE triplicate data shows a similar increase in the prescribing of Dilaudid by all California physicians. These findings confirm current observations by BMQA, BNE, and Board of Pharmacy investigators that Dilaudid prescriptions have reached a new and higher level of "popularity."

PERCODAN PRESCRIPTIONS INCREASED YEARLY

Although the percentage of BMQA physicians disciplined for misprescribing Percodan in 1981, 1982, and 1983 has remained constant at about 15 percent, BNE triplicate data for the same period shows a noticeable yearly increase in the prescribing of this narcotic by California physicians. Of the approximate one million triplicate prescriptions written in California, in 1983 about one-half of them were for Percodan.

BMQA disciplinary actions against physicians for misprescribing Valium peaked in 1982 and may be waning. However, the DAWN data for 1981 and 1982 (1983 data not available) continues to show that Valium, followed by Dalmane, are the most frequent prescription drugs found in the overdosed patient arriving at emergency rooms in Los Angeles and the San Francisco Bay Area.

SUMMARY

BMQA disciplinary actions against physicians for misprescribing psychoactive drugs gradually increased from 1977 to peak in 1982. Data for 1983 shows a significant drop for the first time in eight years. This downward trend is particularly evident in the decrease of physicians misprescribing Quaaludes and Schedule II barbiturates. However, amphetamines, followed by the codeine compounds, continue to lead the list of drugs most frequently, and still misprescribed. BMQA discipline for misprescribing Dilaudid has increased during the past three years, as has the number of prescriptions filled by patients. For the same years the numbers of prescriptions filled for Schedule II nonnarcotics have decreased, while Schedule II narcotic prescriptions have increased.

Table 1
BMQA DISCIPLINARY ACTIONS

	1977	1978	1979	1980	1981	1982	1983
Disciplinary Actions	134	135	127	160	125	144	134
Excessive Prescribing	23	25	27	40	34	40	31
Percentage	18%	19%	21%	25%	27%	28%	23%

Table 2
MOST FREQUENTLY MISPRESCRIBED CONTROLLED DRUGS

	1981	1982	1983
BMQA Disciplinary Actions	123	144	134
For Excessive Prescribing	34 (27%)	40 (28%)	31 (23%)
Depressants			
Quaalude	41%	35%	26%
Nembutal, Seconal, Tuinal	32%	40%	20%
Valium	18%	28%	20%
Doriden	6%	13%	10%
Stimulants			
Amphetamines	53%	63%	60%
Ritalin	30%	25%	13%
Plegin, Didrex, Ionomine	15%	35%	23%
Narcotics—Analgesics			
Demerol	20%	20%	10%
Percodan	15%	15%	16%
Dilaudid	12%	20%	26%
Codeine Compounds	40%	50%	45%

Table 3
MOST FREQUENTLY FILLED TRIPLICATE PRESCRIPTIONS

	1981	1982	1983
Depressants			
Quaalude	38,483	26,387	10,000
Nembutal, Seconal, Tuinal	137,318	109,509	90,000
Stimulants			
Amphetamines	298,944	142,498	125,600
Ritalin	107,823	109,683	109,834
Narcotics—Analgesics			
Demerol	77,796	78,402	74,076
Percodan	450,953	469,381	520,318
Dilaudid	53,724	57,614	61,600

Table 4
MOST FREQUENTLY ABUSED PRESCRIPTION DRUGS

	1981 (June-November)		1982 (June-November)	
Los Angeles	Valium	290	Valium	334
44 Emergency Rooms	Dalmane	145	Dalmane	180
	Codeine Compounds	128	Codeine Compounds	165
	Barbiturates	83	Barbiturates	146
	Elavil	65	Haldol	88
San Francisco	Valium	26	Valium	70
Oakland	Dilantin	22	Codeine Compounds	37
7 Emergency Rooms	Codeine Compounds	19	Dalmane	31
	Dalmane	14	Barbiturates	28
	Elavil	13	Dilantin	21

MAY A PHYSICIAN DISPENSE SCHEDULE II CONTROLLED SUBSTANCES TO A PATIENT?

According to a California Attorney General's Opinion (No. CR 78/27), a physician may not dispense Schedule II controlled drugs to a patient except as specified under a 1981 change of the law (see below, Section 11158(b) Health and Safety Code).

"Dispense" generally means the giving of drugs to a patient to take home or to be used off the physician's premises.

"Administer" generally means to instill a drug into the body of the patient.

"Prescribe" generally means to issue a prescription for the patient.

This Attorney General's Opinion was an interpretation of various sections of the California Uniform Controlled Substances Act, including the following statute:

Section 11158 (Health and Safety Code)

(a) *Except as provided in Section 11159 or in subdivision (b) of this section, no controlled substance classified in Schedule II shall be dispensed without a prescription meeting the requirements of this chapter. Except as provided in Section 11159 or when dispensed directly to an ultimate user by a practitioner, other than a pharmacist or pharmacy, no controlled substance classified in Schedule III, IV, or V may be dispensed without a prescription meeting the requirements of this chapter.*

(b) *A practitioner specified in Section 11150 may dispense directly to an ultimate user a controlled substance classified in Schedule II in an amount not to exceed a 72-hour supply for the patient in accordance with directions for use given by the dispensing practitioner only where the patient is not expected to require any additional amount of*

the controlled substance beyond the 72 hours. Practitioners dispensing drugs pursuant to this subdivision shall meet the requirements of subdivision (f) of Section 11164.

(c) *Except as otherwise prohibited or limited by law, a practitioner specified in Section 11150, may administer controlled substances in the regular practice of his or her profession.*

Section 11159 mentioned in the above statute provides for a hospital exception. It states that when controlled substances are ordered for use by a patient in a county or licensed hospital, no prescription is necessary but a hospital record of each use shall be made and kept.

Section 11164 (f) mentioned above states that in addition to the prescriber's record being required,

... any practitioner dispensing a controlled substance classified in Schedule II in accordance with subdivision (b) of Section 11158 shall prepare a written record thereof on the official forms (triplicate prescription blanks) issued by the Department of Justice ... and shall transmit a copy (retain the original and the duplicate and send the third copy) to the Department of Justice.

The Attorney General's Opinion makes the following conclusions:

A physician may not dispense a Schedule II controlled substance directly to an ultimate user except as provided in subdivision (b) above. However, a physician may administer such a substance directly to his patient or issue a prescription for the same which

may only be filled by a pharmacist.

A physician may dispense without a prescription (but in compliance with Pharmacy Laws) any Schedule III, IV or V controlled substance directly to an ultimate user, if the user is his patient, in such quantity and for such time as is reasonably necessary to treat a disease, ailment, injury or infirmity attendant upon old age.

SCHEDULE II SUBSTANCES

The drugs in this schedule have a high abuse potential with severe psychic or physical dependence liability. Schedule II substances include certain narcotic drugs and certain nonnarcotic drugs.

Examples of *narcotic* drugs under Schedule II are: Opium, Morphine, Codeine, Hydromorphone (Dilaudid), Methadone (Dolophine), Pantopon, Meperidine (Demerol), Cocaine, Oxycodone (Percodan), Anileridine (Leritine), and Oxymorphone (Numorphan).

Examples of *nonnarcotic* drugs under Schedule II are: Phenmetrazine (Precludin), Methylphenidate (Ritalin), Amphetamines and Methamphetamines, Amobarbital, Pentobarbital, and Secobarbital.

To find out which schedule a brand name drug might be classified under, a busy physician may wish to refer to an up-to-date copy of the Physicians' Desk Reference (PDR).

SPECIAL NOTE

Effective January 1, 1984, Methaqualone is classified as Schedule I in California.

For further information concerning controlled substance laws, contact the Bureau of Narcotic Enforcement, Sacramento, CA. (916) 739-5445.

ANKLE SURGERY CERTIFICATION BY THE PODIATRY EXAMINING COMMITTEE

A new law, AB563, was passed in 1983 requiring that podiatrists who wish to perform ankle surgery be certified by the Podiatry Examining Committee. Though the law was effective January 1, 1984, regulations to implement this legislation are not yet in place. The earliest possible date the Committee will be able to consider applications is May 15, 1984.

Podiatrists desiring certification are required to demonstrate sufficient

knowledge of surgical treatment of the ankle by passing a special oral and clinical examination, or by passing the certification examination of the American Board of Podiatric Surgery and provide evidence of staff privileges at a licensed general acute care facility. For further information, contact Carol Sigmann, Executive Officer for the Podiatry Examining Committee, at (916) 920-6347.

BMQA LEGISLATIVE APPOINTMENTS

Two new public members have been appointed to the Board of Medical Quality Assurance by the State Legislature. These legislative appointments were made pursuant to SB 1911 (1982). The Senate Rules Committee appointee is Mr. Neal Maslan of Encino; the Speaker of the Assembly has appointed Mr. Andy Camacho, also of Encino. Both appointees will serve four year terms, to expire June 1, 1987. Mr. Maslan replaces Roslyn Lindheim, on the Division of Medical Quality. Mr. Camacho replaces Joyce Kelly, R.N., on the Division of Allied Health Professions.



ANDY CAMACHO received his B.A. from California State University, Los Angeles, and his law degree from Southwestern University School of Law in Los Angeles. In addition to membership in the American Bar Association and the State Bar of California, Mr. Camacho is a member of the Mexican-American Lawyer's Club and the Barrio Ghetto Committee of the Los Angeles County Heart Association. Under President Carter, Mr. Camacho also served as Special Ambassador to South America.



NEAL MASLAN is Senior Vice President and Western Division Director for American Medical International, Inc., a major hospital management and ownership firm. Mr. Maslan's background includes 19 years of health care management experience in hospital administration. He holds a Master's Degree from Yale University and Undergraduate Degree from University of Virginia. He serves on the Statewide Health Care Cost Committee of the California Chamber of Commerce and on the Provider Task Force of the Legislative Coalition on Health Care Costs.

MALLEL NEW BMQA PRESIDENT



Raymond H. Mallel (right), a public member from the Los Angeles area, has replaced Jeffrey B. Gordon, M.D. (left) as President of the Board.

BMQA'S MEMBERS

DIVISION OF LICENSING

Raymond H. Mallel, Board President, Los Angeles (vice-president of an apparel manufacturing and importing firm)

Maire McAuliffe, M.D., Division President, San Francisco
William J. Coffey, Jr., M.D., M.S., Los Angeles

Galal S. Gough, M.D., Division Vice-President, Montebello

Lindy F. Kumagai, M.D., Board Vice-President, Sacramento

James Magnall, M.D., Division Secretary, Long Beach

Florence Stroud, San Francisco (Deputy Director, Department of Health, San Francisco)

DIVISION OF ALLIED HEALTH PROFESSIONS

Charles Aronberg, M.D., Division President, Beverly Hills

Andy M. Camacho, Encino (attorney)

Jeffrey B. Gordon, M.D., San Diego
Warren Mills, M.D., Division Vice-President, Sunnyvale

Anne E. Salsbury, San Francisco (health consultant)

DIVISION OF MEDICAL QUALITY

Barry Warshaw, M.D., Division President, Lynwood

Eugene J. Ellis, M.D., Division Vice-President, Los Angeles

Rendel Levonian, M.D., Pico Rivera

James Lockhart, M.D., Menlo Park
Neal Maslan, Brea (hospital administrator)

Miller Medearis, Division Secretary, Los Angeles (attorney)

Ben Winters, Los Angeles (businessman/consultant)

Executive Director:
Kenneth J. Wagstaff

Assistant Executive Director:
Stephen R. Wilford

HOW THE BMQA EVALUATES A COMPLAINT AGAINST A PHYSICIAN FOR ALLEGED GROSS NEGLIGENCE AND/OR INCOMPETENCE

WHO REVIEWS A COMPLAINT AGAINST A PHYSICIAN?

Following the receipt of a complaint, the Board investigator seeks out all pertinent information and obtains the patient records. This material is brought to the Board's regional medical consultant who makes a preliminary determination as to whether or not the physician's diagnosis and treatment of the patient was appropriate and standard. The Board's consultant might invite the physician to a conference in order to clarify the matter.

If the Board's consultant concludes that the physician's care constituted an extreme departure from the standards of medical care (gross negligence), or showed a lack of knowledge or ability in carrying out medical responsibilities (incompetence), the consultant will ask one or more expert peer consultants to review the case.

HOW DOES BMQA SELECT EXPERT PEER CONSULTANTS?

The regional medical consultants solicit expert peer reviewers from the

ranks of medical practitioners who belong to specialty groups, medical societies, hospital medical staffs, or teaching institutions.

Expert peer review consultants for the BMQA must fulfill the following criteria:

- 1) The expert has no economic or social ties to the physician under review.
- 2) The expert must be in active clinical practice.
- 3) The expert peer must not be under BMQA restrictions.
- 4) No members of the Board of Medical Quality Assurance or Medical Quality Review Committees may serve as experts.
- 5) The expert must be a peer physician who is board qualified or board certified.
- 6) Only those specialties listed in the Directory of Medical Specialists will be recognized for purposes of determining a peer. The names of the selected experts together with their curriculum vitae are forwarded to the chief medical consultant for final approval.

- 7) The expert must be willing to present his opinions at a formal Board hearing, if necessary.

WHAT IS THE ROLE OF THE EXPERT REVIEWER?

The experts are asked to render an opinion to the Board's consultant as to whether or not the physician's treatment constituted any or several of the following:

- 1) Standard practice (case closed),
- 2) a departure from the standard of practice (negligence),
- 3) an extreme departure from the standards of practice (gross negligence), or
- 4) a lack of knowledge or ability in carrying out medical responsibility (incompetence).

If the experts conclude that the physician was repeatedly negligent, or grossly negligent, or incompetent, the case will be sent to the Attorney General for filing an Accusation against the physician. At the time of the administrative hearing before an Administrative Law Judge and a Medical Quality Review Committee panel, the experts would testify to their conclusions.

DISCIPLINARY ACTIONS

Physicians and Surgeons

July 1, 1983-December 1983

- ALLEN, David R., M.D. (G-25028)**—Buena Park
2234(a),(b) B&P Code
Stipulated decision. Ignored the consultation of psychiatrists in his grossly negligent and incompetent treatment of a suicidal patient with a severe psychiatric illness.
Revoked, stayed, 5 years probation on terms and conditions.
September 12, 1983
- ANDERSON, Robert L., M.D. (C-12166)**—Woodland
725, 2234(e), 2242(a), 2261, 4390 B&P Code; 11157, 11173 H&S Code
Knew he had an expired DEA permit, yet issued false prescriptions for 2,400 valium tablets in his father's name, kept 1,700 tablets for himself of which 1,400 were sold on the streets. Dishonesty, excessive prescribing, prescribing without a prior examination and medical indication, and obtaining a controlled drug by misrepresentation.
Revoked.
September 21, 1983
- ATKINSON, Russell E., M.D. (AO-7289)**—Crestline
725, 2234 B&P Code
Excessive prescribing of controlled drugs without a good faith prior examination and medical indication.
Revoked, stayed, 5 years probation on terms and conditions.
December 21, 1983
- BELK, Donald Sidney, M.D. (G-7799)**—Poway
2234(e), 2261 B&P Code
Stipulated decision. Dishonesty in filing false Medi-Cal claims.
Revoked, stayed, 5 years probation on terms and conditions.
August 8, 1983
- BENNETT, William H., M.D. (G-23147)**—San Luis Obispo
2236(a) B&P Code
Convictions for assault to commit murder, assault with a deadly weapon on peace officer, and for other assault counts. Sentenced to state prison for 11 years.
Revoked.
October 26, 1983
- BERNEY, Daniel T., M.D. (C-16134)**—Laguna Niguel
2234(b),(c),(d) B&P Code
Stipulated decision. Gross negligence, incompetence, and repeated similar negligent acts in anesthesiology practice.
Revoked, stayed, 5 years probation on terms and conditions.
December 21, 1983
- BLACK, James Rutherford, M.D. (C-24939)**—Birmingham, AL
2305 B&P Code
Disciplined by Alabama for gross malpractice or repeated malpractice in performing unnecessary diagnostic tests or medical or surgical services on patients, resulting in one death and the endangerment of two other patients. Also, disciplined by the Pennsylvania and Minnesota medical boards. No appearance by respondent.
Revoked.
December 5, 1983
- BLANTON, Frederick M., M.D. (C-27304)**—Fort Lauderdale, FL
2238, 2305 B&P Code
Disciplined by Florida for violating a statute regulating the practice of medicine. Disciplined by Maryland for professional incompetency. Violated statute regulating controlled substances. No appearance by respondent.
Revoked.
August 8, 1983
- BRAEMER, Nicholas G., M.D. (A-21927)**—Torrance
2236(a) B&P Code
Stipulated decision. Federal conviction for receipt of remuneration for referring Medi-Cal patients for treatment.
Revoked, stayed, 5 years probation on terms and conditions, including 60 days actual suspension.
November 17, 1983
- BRENDER, Elliott, M.D. (G-23902)**—San Francisco
2236 B&P Code
Federal conviction for obtaining controlled substances by misrepresentation.
Revoked, stayed, 5 years probation on terms and conditions, including suspension until specified conditions have been satisfied.
August 22, 1983
- COBB, James R., M.D. (C-38269)**—Oxnard
2234(b),(d) B&P Code
Stipulated decision. Gross negligence and incompetence in performing an abortion, and in treating a sick baby.
Revoked, stayed, 5 years probation on terms and conditions.
October 3, 1983
- CUMMINGS, Arthur L., M.D. (A-9454)**—Rackerby
2234(a),(e), 2242(a), 2306, 2238 B&P Code; 4573.5 Penal Code
Violated probation under prior discipline. Smuggled Elavil into Yuba County jail for a female inmate. Violated statutes regulating drugs. Practicing while suspended. Two prior disciplines.
Revoked.
December 21, 1983
- DENMARK, Milton E., M.D. (A-10898)**—Loma Linda
Stipulated decision. Failed to comply with several probationary conditions under a prior decision.
Revoked, stayed, 10 years probation on terms and conditions.
Practice is prohibited during his current illness, and after recovery he is suspended for 6 months.
December 19, 1983
- DENNEY, Lawrence, M.D. (C-14739)**—San Gabriel
2234(c),(d), B&P Code
Incompetence and repeated similar negligent acts in the care and treatment of three hospitalized elderly patients, two of whom died.
Revoked.
September 8, 1983
- DICKIE, E. Gordon, M.D. (G-5624)**—Pebble Beach
2237 B&P Code
Stipulated decision. Conviction for unlawfully distributing drugs to various drug users without a good faith examination and medical indication. It was agreed that if the conviction was upheld on appeal, the license would be revoked. It was upheld.
Revoked.
September 29, 1983
- DUNN, Abraham George, Jr., M.D. (A-19590)**—Fresno
Failure to comply with a probationary condition under a prior decision.
Revoked, stayed, 6 years probation on terms and conditions, including 90 days actual suspension.
July 8, 1983
- EDWARDS, John Parman, M.D. (C-19849)**—Sacramento
2237, 4232 B&P Code
Stipulated decision. Conviction for violating statute regulating drugs.
Revoked, stayed, 5 years probation on terms and conditions.
July 27, 1983
- FARLEY, Hal Dee, M.D. (A-19961)**—Huron
2234(c),(d) B&P Code
Stipulated decision. Incompetence and repeated similar negligent acts in medical therapeutics and diagnostic testing.
Revoked, stayed, 5 years probation on terms and conditions.
October 12, 1983
- FLOWERS, John Alonso, M.D. (C-37121)**—Torrance
2234(d) B&P Code
Incompetence in the diagnosis and treatment of sick infants and children.
Revoked, stayed, 7 years probation on terms and conditions.
Judicial review recently ended.
August 22, 1983
- FORD, Edwin H., M.D. (A-18557)**—Newport Beach
2234(b),(d) B&P Code
Stipulated decision. Gross negligence and incompetence in his management of a planned home delivery, and of the newborn, who died.
Revoked, stayed, 10 years probation on terms and conditions.
December 15, 1983
- GAYRON, Lionel, M.D. (G-6069)**—Orange
2234(b),(d) B&P Code
Stipulated decision. Sexual transgressions with female patients during therapy, constituting unprofessional conduct, gross negligence and incompetence.
Revoked, stayed, 10 years probation on terms and conditions, including one year actual suspension.
September 12, 1983
- GOLDMAN, Milton, M.D. (AO-6627)**—Palm Springs
2234(b) B&P Code
Stipulated decision. Gross negligence in diagnosis, treatment and management of cancer cases.
Revoked, stayed, 5 years probation on terms and conditions.
July 18, 1983
- GOTTSCHALK, Lionel John, M.D. (C-35476)**—Davis
490, 2234(e), 2236 B&P Code
Stipulated decision. Conviction for filing false Medi-Cal claims.
Revoked, stayed, 5 years probation on terms and conditions, including 75 days actual suspension.
July 18, 1983
- GREENFIELD, Stanley, M.D. (A-18575)**—Glendora
2236, 2238, 725, 2242 B&P Code; 11154, 11158(b) H&S Code
Conviction for prescribing a controlled substance to a person not under his treatment for a pathology or condition. Excessive prescribing and prescribing without a good faith prior examination and medical indication.
Revoked, stayed, 5 years probation on terms and conditions.
December 30, 1983
- HARRIS, John Francis, M.D. (C-26526)**—Orinda
725, 2234(b), 2242 B&P Code
Prolific pattern of clearly excessive prescribing of narcotics and other controlled substances without a good faith prior examination and medical indication, and in a grossly negligent manner.
Revoked.
July 14, 1983
- JACKSON, Sidney C., M.D. (G-2323)**—Union City
2236, 2409 B&P Code; 13401(d), 13408 Corp. Code
Conviction for filing false Medi-Cal claims. A different conviction for theft. While suspended from practice, violated law by sharing income of medical corporation. Violated probation under prior discipline. No appearance by respondent.
Revoked.
October 26, 1983
- JETTON, James A., M.D. (AO-6709)**—Long Beach
2234(b),(d) B&P Code
Stipulated decision. Gross negligence and incompetence in surgical management of patient with gastrointestinal and gallbladder problems.
Revoked, stayed, 3 years probation on terms and conditions.
September 28, 1983
- KAROW, William F., M.D. (C-27138)**—Cucamonga
2234(e), 2236 B&P Code
Sexual misconduct with teenagers, resulting in a conviction.
Revoked, stayed, 5 years probation on terms and conditions, including 6 months actual suspension.
November 14, 1983
- KATANO, Sam, M.D. (A-28545)**—Visalia
725, 2234(c), 2242 B&P Code
Stipulated decision. Repeated acts of clearly excessive prescribing of drugs and treatment to numerous patients; prescribed dangerous drugs without a good faith prior examination and medical indication.
Revoked, stayed, 5 years probation on terms and conditions.
September 12, 1983

LA SCOLA, Raymond L., M.D. (C-7555)—Los Angeles

490, 2238, 2237, 2242 (2399.5) B&P Code
Stipulated decision. Conviction for issuing a fictitious prescription for Dilaudid. Also, prescribed Biphedamine without a good faith prior examination and medical indication.
Revoked, stayed, 7 years probation on terms and conditions.
November 14, 1983

LEE, Vivian F., M.D. (A-21866)—Carson City, NV
2234(b),(c),(d) B&P Code

Gross negligence, incompetence, and repeated similar negligent acts in obstetrics and neonatal pediatric care.
Revoked, stayed, 7 years probation on terms and conditions.
October 12, 1983

LEWIS, Robert Harris, M.D. (C-30822)—San Diego
725, 2234(a), 2242 B&P Code

Clearly excessive prescribing of amphetamines without a good faith prior examination and medical indication.
Revoked, stayed, 5 years probation on terms and conditions.
August 22, 1983

LOCHAUSEN, Wesley, M.D. (G-1658)—Long Beach
Stipulated surrender of license. Accusation is withdrawn.

November 21, 1983

LOCKETZ, Alan M., M.D. (G-22400)—Tucson, AZ
2305, 2296 B&P Code

Stipulated decision. Arizona license restricted because of mental impairment.
Revoked, stayed, 5 years probation on terms and conditions.
July 14, 1983

MAC DONALD, Jeffrey R., M.D. (G-19922)—Huntington Beach
2236 B&P Code

Conviction for murder.
Revoked.
July 28, 1983

MANDEL, Meyer M., M.D. (C-26556)—Covina

2234(a), 2238 B&P Code
Stipulated decision. Despite prior warning, continued to allow his wife, a vocational nurse, to issue and sign his name to triplicate prescription forms for Demerol.
Revoked, stayed, 45 days actual suspension, 5 years probation on terms and conditions.
November 4, 1983

MARQUEZ, Emilio H., M.D. (A-22361)—Los Angeles

2234(d) B&P Code
Inappropriate administration of antibiotics, constituting incompetence. Violated probation of prior discipline.
Revoked, stayed, 5 years probation on terms and conditions.
November 18, 1983

MOGAVERO, Anthony Joseph, M.D. (C-10868)—San Diego

725, 2234(b), 2242 B&P Code; 11154, 11210 H&S Code
Excessive prescribing without a good faith prior examination and medical indication. Also, prescribing controlled substances in excessive quantities and for time periods not reasonably necessary, constituting incompetence and gross negligence. No appearance by respondent.
Revoked.
December 23, 1983

MUHICH, Donald F., M.D. (C-21845)—Springfield, Missouri

2239, 2234 B&P Code
Excessive use of alcohol. Driving convictions involving the use of alcohol. Violated probation of prior discipline. No appearance by respondent.
Revoked.
November 4, 1983

MURDOCH, Daryl E., M.D. (C-30489)—San Pablo

725, 2234(c) B&P Code
Stipulated decision. Repeated acts of clearly excessive prescribing.
Repeated similar negligent acts in obstetrical practice.
Revoked, stayed, 5 years probation on terms and conditions.
December 28, 1983

ORLIN, Irving, M.D. (G-22065)—Pasadena

725, 2234(e), 2236, 2237, 2238, 2242 B&P Code
Stipulated decision. Prescribed Preludin and Quaalude to various individuals outside the usual course of professional practice and not for a legitimate medical purpose, resulting in a federal conviction.
Revoked, stayed, 7 years probation on terms and conditions, including 120 days actual suspension.
December 23, 1983

PRIES, Mitchell P., M.D. (A-27687)—Palm Springs

2234(b),(d) B&P Code
Stipulated decision. Gross negligence and incompetence in the diagnosing, prescribing and treatment of a patient with a history of chronic obstructive pulmonary disease which included bronchial asthma.
Revoked, stayed, 5 years probation on terms and conditions.
October 13, 1983

RICHARDSON, Darwin L., M.D. (C-26735)—Needles

Stipulated surrender of license in consideration for dismissal of accusation.
September 13, 1983

RICKMOND, Charles A., M.D. (C-20133)—Hayward

490, 2236 B&P Code
Conviction for indecent exposure. Violated probation under prior disciplines.
Revoked, stayed, 10 years probation on terms and conditions.
Actual suspension for 90 days.
November 18, 1983

RIVERO, Evelyn C., M.D. (A-37002)—Sun Valley

2234(e), 2236, 2242, 2238 B&P Code; 11154 H&S Code
Stipulated decision. Conviction for prescribing a controlled substance without any medical necessity. Also, prescribing controlled substances without a good faith prior examination and medical indication and to persons not under treatment for a pathology or condition.
Revoked, stayed, 5 years probation on terms and conditions, including 45 days actual suspension.
September 16, 1983

ROBERTS, Edward, M.D. (C-36923)—Crescent City

2234(b) B&P Code
Gross negligence in ophthalmological practice.
No appearance by respondent.
Revoked.
August 25, 1983

SANTELLA, Robert, M.D. (G-23945)—El Cajon

2234(b),(d) B&P Code
Stipulated decision. Gross negligence and incompetence in the care and treatment of OB-GYN patients.
Revoked, stayed, 5 years probation on terms and conditions, including 60 days actual suspension.
December 10, 1983

SETON, Perry M., M.D. (G-1289)—Huntington Beach

2234(d) B&P Code
Stipulated decision. Incompetence in prescribing certain controlled drugs to a drug and alcohol abuser and in failing to refer the patient to alternative pain therapies.
Revoked, stayed, 5 years probation on terms and conditions.
December 23, 1983

SHEPARD, Richard, M.D. (G-24198)—Mesa, Arizona

2238, 2234(c)(e) B&P Code
Stipulated decision. Violated statutes regulating drugs by obtaining cocaine from his employer without authorization and by failing to record purported administration of cocaine in patient records on three occasions.
Revoked, stayed, 5 years probation on terms and conditions.
December 23, 1983

SIMPSON, Gary Lavern, M.D. (G-36677)—Albuquerque, New Mexico

2305 B&P Code
Discipline of his New Mexico license by that state for habitual use of drugs, prescribing violations, incapacity to practice, and gross negligence. No appearance by respondent at the California hearing.
Revoked.
November 4, 1983

TREWIN, Merle L., M.D. (A-19997)—Vallejo

2234, 2238 B&P Code; 11173 H&S Code
Stipulated decision. Issued 35 triplicate prescriptions for Demerol and Percodan in the names of patients or friends, but diverted the drugs to family use. After the surrender of his DEA narcotic privileges, unlawfully ordered narcotics for his wife at the hospital.
Revoked, stayed, 5 years probation on terms and conditions.
August 22, 1983

WEBER, William Neils, M.D. (G-12532)—San Francisco

2021(b) B&P Code
Failed to cooperate or comply with the terms of probation under a prior discipline.
Revoked, stayed, 5 years probation on terms and conditions, including 90 days actual suspension.
October 12, 1983

WREN, David, Jr., M.D. (G-22810)—Richmond

725 B&P Code
Stipulated decision. Repeated acts of clearly excessive treatment in orthopedic surgery.
Revoked, stayed, 5 years probation on terms and conditions.
July 6, 1983

CORRECTION

We wish to correct a statement made in the last Action Report, summarizing the Board's action concerning Lloyd G. Sciaroni, M.D., respondent. The correction is that respondent suffers from a *medical* condition and not a mental condition. We sincerely regret and apologize for this typographical error.

Podiatrists 1983

DIANA, James L., D.P.M. (E-2212)—Torrance

480, 2235, 2236, 2234, 2261, 2296, 2297 B&P Code
Stipulated decision. Several convictions for indecent exposure. Concealed conviction in license application. Mental illness.
Revoked, stayed, 5 years probation on terms and conditions.
December 16, 1983

JAYE, Steven M., D.P.M. (E-1593)—Los Angeles

Violated numerous probationary conditions of prior discipline. Drove while under the influence of drugs. Wilfully inflicted corporal injury on wife. Prescribed a barred controlled drug. Failed to continue with psychotherapy, as ordered. No appearance by respondent.
Revoked.
June 22, 1983

LISNEK, Leslie E., D.P.M. (E-831)—Arcadia

2234(d) B&P Code
Stipulated decision. Incompetence in foot surgery. (Osteotomy was not performed at the base of the proximal phalanx and the treatment failed to correct the patient's condition.)
Revoked, stayed, 5 years probation on terms and conditions.
November 23, 1983

MILLANG, Richard B., D.P.M. (E-1623)—Santa Cruz

2234(b), (d) B&P Code
Stipulated decision. Gross negligence and incompetence in performing matricectomies of the toes of 80 year old patient, and in failing to provide adequate post-operative care, resulting in amputation of the right great toe.
Revoked, stayed, 3 years probation on terms and conditions.
January 20, 1983

SCHOLL, Siegmur E., D.P.M. (E-1732)—Novato

725, 2234, 2234(b), (d), 2261, 2264, 17200, 17500 B&P Code; 25671, 25671.1 H&S Code.
Numerous cases of gross negligence and incompetence. Excessive surgeries and excessive treatments. Falsified medical records. Made false and misleading statements to patients. Failed to obtain "informed consent" from patients. Unlawful use of fictitious name without a permit. Aided and abetted unqualified assistants to take x-rays of patients.
Revoked, plus a \$500 fine.
March 18, 1983

HOW THE BOARD HANDLES CONSUMER COMPLAINTS

The Board's Regional Offices are staffed with Consumer Service Representatives (CSRs) whose job is to assist the public with complaints against physicians (and allied health practitioners: acupuncturists, audiologists, hearing aid dispensers, physical therapists, physicians' assistants, podiatrists, psychologists, speech pathologists, registered dispensing opticians).

Many times the patient can resolve the problem by discussing it with the physician first. The CSR will encourage complainants to do this.

If the patient is unable to resolve his or her complaint in this way, they can obtain a complaint form from the nearest Regional Office.

The CSR will review the complaint and make every effort to assist the patient. The patient will be advised by letter or telephone if the representative determines that the problem can best be handled by another state or local agency or organization.

If a formal investigation is initiated, the patient may be contacted by one of the Board's investigators. **ALL FACTS, NAMES, OR INFORMATION OBTAINED ARE CONFIDENTIAL DURING THE INVESTIGATION.**

If warranted at the conclusion of the investigation, and upon the advise of the Regional Medical Consultant, the case may be submitted to the Attorney General's Office for review. If sufficient evidence exists that a physician is in violation of the Medical Practice Act, an accusation may be filed. A BMQA accusation is a matter of public record.

In the event that insufficient evidence exists to support a violation of the Medical Practice Act, the complainant will be notified. By law, the contents of the investigation cannot be revealed.

Complaints which deal with fee disputes or ethical matters are not within the jurisdiction of the Board. The CSR will suggest that persons who have these types of complaints contact their local County Medical Society.

Medi-Cal complaints should be referred to the State Department of Health, Surveillance and Utilization Review, 714 P Street, Sacramento, CA 95814.

Medicare complaints should be referred to a local Federal Social Security Office.

BMQA's CONSUMER SERVICES REPRESENTATIVES

COUNTIES

REPRESENTATIVE

(See return address on last page for phone numbers)

Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Fresno, Glenn, Inyo, Kern, Kings, Lassen, Madera, Mariposa, Merced, Modoc, Mono, Nevada, Placer, Plumas, Sacramento, San Joaquin, San Luis Obispo, Shasta, Sierra, Siskiyou, Stanislaus, Sutter, Tehama, Tulare, Tuolumne, Trinity, Yolo, and Yuba.

Tom O'Connor
Sacramento Regional Office

Alameda, Contra Costa, Del Norte, Humboldt, Lake, Marin, Mendocino, Monterey, Napa, San Benito, San Francisco, San Mateo, Santa Clara, Santa Cruz, Solano, and Sonoma.

Maggie Reetz
San Mateo Regional Office

Los Angeles, Santa Barbara, and Ventura.

Joane Kinnard or Alicemary Hoffman
Los Angeles Regional Office

Imperial, Orange, Riverside, San Bernardino, and San Diego.

Bertha Ruiz
Santa Ana Regional Office

ALLIED HEALTH PROFESSIONS:

Statewide

Mildred Harris
Headquarters Office

PHYSICIAN ASSISTANTS— SCOPE OF PRACTICE AND SUPERVISION

Major changes have recently been adopted in the regulations which govern both the supervision and scope of practice of California's physician assistants. The changes simplify and clarify previous regulations and are the direct result of a two year review of all Practice Act regulations required by AB 1111 (1981). The regulations are contained in the California Administrative Code (CAC), Title 16, Chapter 13.7, and took effect on October 20, 1983.

One major effect of the new regulations will allow the Physician's Assistant Examining Committee (PAEC) to provide only one category of license to physician assistants rather than the five categories which previously existed. Under new Section 1399.540, CAC, "A physician assistant may provide only those medical services which he or she is competent to perform and which are consistent with their education, training and experience. The Committee may require proof and demonstration of competence from any physician assistant for any practice, procedure or therapy he or she is performing."

The existence of this new regulation thus eliminates the requirement for "additional task approvals" which formerly existed in regulations. Both the PAEC and the Board of Medical Quality Assurance/Division of Allied Health Professions (BMQA/DAHP) felt that the former requirement had become, with the maturing of the PA profession, an unnecessary intrusion into the authority of the PAs approved supervising physicians. The administrative approval process which had developed to handle additional task approvals was characterized by witness at public hearings as unnecessarily complex, cumbersome, slow and costly. The Committee and the Division agreed. They also saw the approval process as no longer necessary in light of the BMQA and PAEC's proactive enforcement programs and felt the process was hindering physicians from delegating appropriate health care tasks to qualified physician assistants.

Section 1399.542 now reads, "The delegation of any medical services to a physician assistant under Section 1399.541 shall not relieve the supervising physician of primary continued responsibility for the welfare of the patient." As in the past, ongoing and substantive supervision of the activities of the physician assistant by the approved supervising physician continues to be required. New Section 1399.545 now reads as follows:

"1399.545. *Supervision Required.* (a) Except as provided, the supervising physician shall review with the physician

assistant either in person or by electronic means the findings of the patient's history and physical examination and the performance by the physician assistant of the services specified in Section 1399.541 on a continuing and timely basis depending on the significance of the findings and the status of the patient. Supervision and review of such procedures or tasks need not be done prior to treatment. (b) The supervising physician and the physician assistant shall establish in writing guidelines for timely supervision of the services referred to in Section 1399.541, subsections (b) and (c). These guidelines may be general or specific and may include standing orders or protocols, individual patient orders, immediate consultation guidelines, and/or chart review mechanisms. (c) Except in a life-threatening situation, a physician assistant shall perform surgery requiring other than a local anesthesia only under the direct and immediate supervision of an approved physician. (d) The supervising physician has continuing responsibility to follow the progress of the patient and to make sure that the physician assistant does not function autonomously."

Single copies of the recently adopted regulations and single copies of the newly revised booklet entitled, "What is a Physician Assistant" may be obtained free of charge by contacting: Physician's Assistant Examining Committee, 1430 Howe Avenue, Suite 95, Sacramento, CA 95825 or by calling (916) 924-2626.

SPECIAL FEE NOTICE

As of January 1, 1984 the fee for the following services will be \$10.00:

Letters of Good Standing
Endorsements
Letters of Certification
Duplicate Wallet Certificates
Duplicate or Name Change
Wall Certificates (Additional
\$5.00 for Calligraphy)

To help us save time, your written request for one of the above services should include your license number, your reference number and your check for \$10.00.

BMQA OFFICES

HEADQUARTERS OFFICE

1430 Howe Avenue
Sacramento, CA 95825
(See return address on last page for
appropriate phone number)

SACRAMENTO REGIONAL OFFICE

1430 Howe Avenue, Suite 85A
Sacramento, CA 95825
Phone: (916) 920-6013

REDDING DISTRICT OFFICE

P.O. Box 468
Cottonwood, CA 96022
Phone: (916) 246-6287

FRESNO REGIONAL OFFICE

3374 East Shields, Room E-7
Fresno, CA 93726
Phone: (209) 445-5664

SAN MATEO REGIONAL OFFICE

155 Bovet Road, Suite 660
San Mateo, CA 94402
Phone: (415) 573-3888

LOS ANGELES REGIONAL OFFICE

Airport Office Building
8939 South Sepulveda Blvd., Suite 520
Los Angeles, CA 90045
Phone: (213) 412-6363

SANTA ANA REGIONAL OFFICE

343 Brookhollow Drive
Santa Ana, CA 92705
Phone: (714) 558-4452

SAN BERNARDINO REGIONAL OFFICE

606 East Mill Street, Room 1022-B
San Bernardino, CA 92408
Phone: (714) 383-4755

SAN DIEGO DISTRICT OFFICE

110 West "C" Street, Suite 811
San Diego, CA 92101
Phone: (619) 237-7163

"I PAID IN OCTOBER. WHERE'S MY LICENSE?"

It's hard to admit it, but for several months now physicians have been facing sometimes lengthy delays getting their licenses renewed. Over the past year the BMQA developed a renewal backlog of more than two month's work. The causes of the backlog were complex, including staffing shortages and growing numbers of licensees.

BMQA is working hard to catch up. In recent weeks, a new supervisor has been transferred into the renewal unit and there have been other staffing changes. Employees have been working nights, weekends and holidays for over three months to process renewals (over 5,000 are received each month). Further, the Board is locating automated cashiering equipment to replace the existing hand-processing methods.

The workload has been brought up to about a four-week lag, and should be current soon. However, if your license is going to be expiring in the next few months, you can help avoid a delay by sending in your renewal card (and check) as soon as you get it. Be sure to read and sign the CME and CPR certifications on the back of the card.

**BOARD OF MEDICAL QUALITY ASSURANCE
1430 HOWE AVENUE
SACRAMENTO, CA 95825**

Physicians and Surgeons:

Applications & Examinations (916) 920-6411
Chief Medical Consultant (916) 920-6393
Complaints—Call nearest Regional Office:
Los Angeles (213) 412-6363
Sacramento (916) 920-6013
San Mateo (415) 573-3888
Santa Ana (714) 558-4452
Continuing Education (916) 920-6943
Disciplinary Information (916) 920-6343
Fictitious Names (916) 920-6943
Verification of Licenses (916) 920-6343

Allied Health Professions:

Complaints (916) 920-6341
Licensing:
Acupuncture (916) 924-2642
Hearing Aid Dispensers (916) 920-6377
Physical Therapy (916) 920-6373
Physician's Assistant (916) 924-2626
Podiatry (916) 920-6347
Psychology (916) 920-6383
Registered Dispensing Opticians (916) 924-2612
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