

ACTION

Medical Board of California

REPORT

California Department of Consumer Affairs

Vol.44, October 1991

PHYSICIANS' LICENSE FEES INCREASE

by Debbie Titus

The fee for renewing a California medical license has increased to \$400 and the Board has voted to raise the fee again to \$500 next year. The increases are necessary to meet the greater demand for enforcement staff and Attorney General support.

The new license fee took effect on August 1, 1991 and the next increase will be effective April, 1992. The money is predominately needed to fund an increase in the Attorney General's Health Quality Enforcement Section staff, as well as an increase in the Board's enforcement staff.

The most dramatic need for funds comes from the demand for more legal support from the Attorney General. As the Board has increased its enforcement staff and processed more investigations, more and more cases have been referred to the Attorney General for legal action.

When the decision was made early this year to increase the fee to \$400, projections made by the Attorney General did not predict the significant increase in cases that are now being completed. The AG now estimates it must have an additional 31 staff members, raising their unit from 29 to 60.

To illustrate the urgent need for more legal staff, presently the Attorney General has over 800 Medical Board cases, with approximately 500 actually worked and 300 awaiting action. Because the MBC is better staffed and more efficient, a backlog crisis at the Attorney General's office is being created. If no action is taken quickly to increase their staffing, the problem will only get worse and become totally unmanageable.

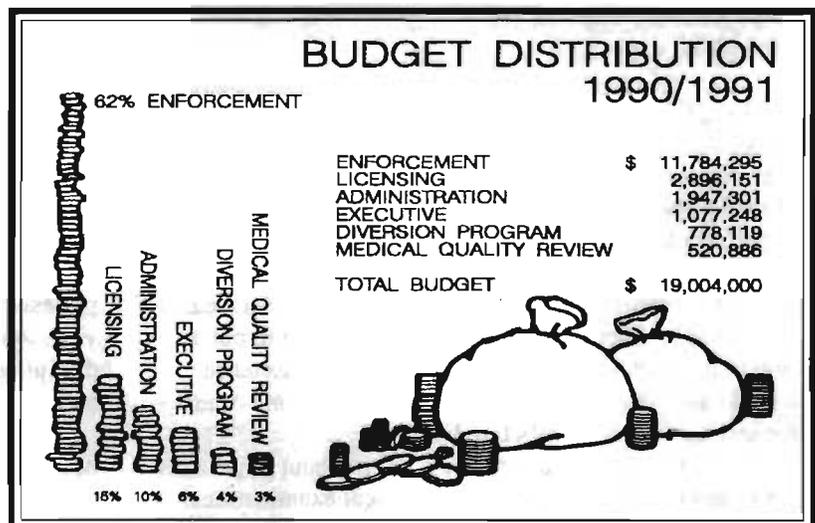
Board staff requirements have also risen due to the implementation of Senate Bill 2375 (Presley). The bill, which went into effect on January 1, 1991, mandated numerous reforms in the current disciplinary system including the goal that investigations be completed in an average of 180 days. To

comply with this objective, an effort to reduce individual investigator caseloads is underway.

The Board also has an increased workload due to more consumer complaints. This can be attributed to greater numbers of physician and allied health licentiates in California. Effective July 1, 1991, a total of 24 new positions were added to the enforcement program in order to meet the increased workload.

In order to keep fees to a minimum, the Board, with the support of the California Medical Association through AB 1553 (Filante), reduced the mandatory reserve requirement of four months of operating costs to two months. Reducing the reserve requirement will keep fees lower than would be required to maintain a four month reserve. In addition, steps are being taken to assure that the allied health boards and committees will be contributing their fair share and physicians fees will not be diverted to pay for anything outside of physician and surgeon proceedings.

Debbie Titus is an Analyst for the Medical Board.





PRESIDENT'S COLUMN

By John Tsao, M.D.

 Most physicians don't think about the Medical Board very often. They pay their license fees every other year and perhaps check the *Action Report* for familiar names. Most physicians are good doctors who are busy enough treating their own patients and managing their own practices. They don't have time to concern themselves with the politics of medicine, other physicians' practices or what discipline is being meted out by the Board.

So who are the doctors the Board disciplines? What did they do and what caused them to be singled out for Board action? Looking at our disciplinary actions and accusations filed since the beginning of the year, and relating these to apparent causes, it would appear that bad judgement and greed are at the top of the list.

The breakdown of the Board's major disciplinary actions in 1991 are:

- 26% - Negligence and incompetence
- 19% - Fraud, grand theft, and other crimes
- 18% - Sexual abuse and misconduct
- 16% - Overprescribing drugs
- 10% - Substance abuse
- 11% - Other, including mental illness, aiding unlicensed practice, and quackery

These numbers show a disturbing tilt.

It's one thing to make mistakes and it's quite another to premeditate them. The trend in violations show that a great many could have been completely prevented by physicians exercising sound judgement, self-control, and placing the patient's interests first.

Lest you think that most of the violations categorized as "Gross Negligence and Incompetence" are cases where a physician made a single poor judgement call - they're not. Many cases involve physicians who are not properly trained or experienced in a procedure and choose to perform it anyway, usually for financial gain.

In many cases, a physician performs a procedure badly, has repeated incidents of terrible results, and ceases doing it only when the Board takes legal action to put a stop to it. Sound judgement and a sense of conscience would cause most physicians to get better training or ask for assistance before inflicting harm.

There is growing public concern about physicians who knowingly falsify insurance physical examinations.

We've all read about workers' compensation fraud and the role of bad doctors who make it possible. This breach of ethics stains the profession and robs society of money for needed care.

Those physicians who participate in criminal behavior have little excuse. All physicians are capable of earning an honest living and these violations are 100% preventable.

Those cases where physicians are disciplined for sexual misconduct range from having sex with a patient to child molestations. At best, the transgressions are a result of poor judgement. At worst they constitute criminal behavior.

Physicians must understand that the MBC medical practice laws clearly and absolutely prohibit sex with patients. Better judgement and exercising self-control can prevent the lesser violations. Rape, molestation and battery are manifestations of much more serious problems within the individual and society.

There are some doctors who have been disciplined for overprescribing that would have you believe that they were punished because they prescribed opiates to patients suffering from chronic pain. Unfortunately, this is simply not true.

The vast majority of those formally disciplined for overprescribing are running clinics or "mills" that are operating solely for the purpose of making money selling prescriptions. These individuals represent a criminal element in medicine - an element that I have trouble understanding and for whom I can muster no sympathy.

A small percentage of doctors are disciplined in connection with the prescribing of opiates to individual patients. They are disciplined because they prescribe unlimited quantities with inadequate monitoring, follow up, or even proper medical indication. In addition, often the violations are made worse or are indefensible because of poor or absent recordkeeping. In these cases, better judgement could have prevented the disciplinary action.

Unfortunately, substance abuse is a problem in all professions and medicine is no exception. This is a violation that sometimes can be prevented not only by the disciplined doctor, but by the unimpaired medical community as well.

The Board has an active diversion program that helps impaired physicians into recovery and back into full

(Continued, page 14)

COMBATting BREAST CANCER

by Robert Zeff, M.D.



Last year 150,000 women in the United States were diagnosed with Breast Cancer....44,000 died. The present lifetime risk of malignancy is 1 out of 9, an increase from 1 in 10 in 1987 and from 1 in 13 in 1970. That's the bad news. The good news is that with present therapies of surgery, irradiation, hormonal and chemo-therapies, a "cure" rate of at least 90% is achievable if treatment begins in its early stages. It is for that reason our clinical priority for reducing the awesome mortality rate of this disease must be EARLY DETECTION.

The key to early detection is mammography and breast examination. Guidelines for these have been published by organizations such as the American Cancer Society, the American College of Obstetrics and Gynecology, and the American College of Radiology. These recommendations should be part of the knowledge and practice of all who provide primary care for women.

MAMMOGRAPHY:

Mammography's significant achievement is the early detection of malignancy in the asymptomatic patient. It enables tissue diagnosis and therapy probably 18-24 months before the detection of a palpable mass. To achieve this goal, mammography screening must become a habit for physicians and patients.

For the asymptomatic patients the screening schedule presently recommended includes:

- 1) A base-line study at age 35-39
- 2) Every two years for ages 40-49
- 3) Annually beginning at age 50

High-risk patients (1st degree relative with breast cancer; prior biopsy with possible pre-malignant diagnoses, such as severe dysplasia, multiple intra-ductal papillomatosis) should have mammograms annually. Because breast cancer is age-related, annual screenings should not stop at age 65.

It is important to allay patients' fears of X-ray exposure. The radiation in low-dose mammography is in the range of 0.05-0.25 rads which, oncogenically, is insignificant compared to the natural incidence of cancer.

The habit of screening is emphasized by some recent statistics:

- In 1987 over 60% of U.S. Women had never had a mammogram.
- Although in 1990 a national sample showed that 66% did have a mammogram, less than 1/3 were following screening guidelines.
- Mammography has detected malignant, but non-palpable lesions from 3 mm. to 5 cm. in size.

BREAST EXAMINATION:

The other key to early detection is through breast examination. Certainly by age 20, all women should be taught and urged to perform self-examination. The monthly self examination to detect a mass or discharge is best done at the early postmenstrual part of the cycle, and patients should be encouraged to promptly report any abnormality. A thorough examination by the clinician includes inspection and palpation of the breast, nipple and regional nodes for skin changes, palpable masses and discharge. The clinical breast exam should be done at least every 3 years and preferably annually for the asymptomatic patient.

For the symptomatic patient (pain, tenderness, mass, discharge, etc.), a thorough clinical exam must be followed by the judicious employment of a number of diagnostic modalities. These include mammography, ultrasound for cystic lesions, aspiration of cystic lesions, fine needle aspirations for cytology, and most definitely open biopsy. Any dominant mass must be ascertained to be negative or positive for malignancy.

In order to be successful in combatting this dreadful disease, medical providers must be mindful of the necessity for routine screening of asymptomatic patients and prompt diagnosis of symptomatic patients. Only through early detection will we succeed in effecting a significant decrease in breast cancer's toll of suffering and death.

Dr. Zeff is the Medical Consultant to the Sacramento Regional Office of the Medical Board.



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of the
Action
Report
call
(916)
920-6336.

UN-HOSPITALS

PROBLEMS OF QUALITY ASSURANCE

by Kenneth J. Wagstaff

ongressman Ron Wyden contacted me last April. He was concerned about a case of outpatient surgery that involved one of his constituents. He was so concerned that he had scheduled hearings in Washington to discuss outpatient clinics and the surgery that is performed in these free-standing un-hospitals. He invited me to testify, so, with case histories in hand, I went.

I arrived in Washington knowing that lawmakers (not to mention the press) prefer obvious "good-guy versus bad-guy" scenarios. They prefer witnesses that point the finger at one group, have a simple solution, and issues that can be cleanly ended with a legislative remedy. I knew I would not deliver such a message. The best I could do is shed some light on some of the problems that do exist in California. As in most of our modern day problems, there is no simple solution.

So it is with outpatient surgery. During the past ten years, economic pressures and improvements in technology have contributed to the moving of many surgical services routinely being performed in hospitals to a variety of outpatient settings. Some surgeries requiring general anesthesia are now being performed in ambulatory settings.

For patients, outpatient surgery often represents a lower bill, less time off work, no time spent in a hospital, and recovery in a familiar setting. Insurance companies pay less to providers, and surgeons have less overhead and administrative costs. In the perfect setting performed by highly qualified surgeons, outpatient surgery is a win-win proposition.

Outpatient surgery, however, is not always performed in the perfect setting by highly qualified surgeons.

When surgery is performed in hospitals, consumers have certain assurances that the surgeon and members of the surgical team are trained and competent in the procedure. In addition to the general protection afforded by licensure, the team members are subject to a variety of controls.

Hospitals review a surgeon's credentials, monitor his or her competence, and require peer review on an appropriate percentage of surgeries. These oversight measures ensure that only surgeons with complete training and demonstrated competence may obtain and retain hospital privileges. Furthermore, the facility itself must maintain certain standards. If a complication or problem develops in surgery, there is properly functioning equip-

ment and other hospital personnel that may be able to intervene.

None of these protections are ensured in free-standing clinics.

First, there is no assurance that physicians performing the surgery in these clinics have had the necessary education and training. If a surgeon is not qualified and has no hospital privileges anywhere, who will "tell"?

Secondly, there are no mandatory licensing requirements for these clinics. There are no inspections of equipment, and no assurances of the quality or effectiveness, or that those operating the equipment are qualified.

It is true, however, that many outpatient facilities have become accredited by Medicare, or accredited by one of several private accreditation organizations. Some facilities also have voluntarily established organized medical staffs and peer review mechanisms.

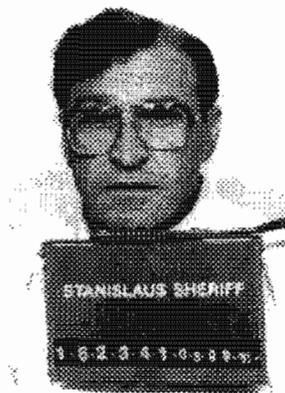
These are the good clinics. For the bad, or substandard clinics, however, there is currently no legal requirement for licensure, peer review or accreditation. Consequently, if a clinic is run by an incompetent or unethical physician, the medical care provided will lack the same controls that protect the patient in hospital settings.

The cost of medical care, particularly for the underinsured, has made having a primary care physician a luxury for many people. Having no personal physician, when they become ill and need medical care, they may either go to an emergency room at a tremendous cost, or go to one of these clinics. This is particularly true if the clinic advertises and will take major credit cards. Many of these facilities give quality care, but in the absence of a primary care physician, unnecessary or badly performed procedures may go undetected and therefore unreported.

For those operations which generally are not covered by insurance, such as elective surgery, there is no third party review. There is no claim review or preauthorization of the procedure to check the adequacy of the services provided, their necessity, or medical indication.

Although the majority of outpatient surgeries performed are performed adequately and without event, our files do show a disturbing pattern in those clinics run by physicians of marginal skill and moral fibre. The pattern discloses:

(Continued, page 8)



IMPOSTER ALERT!

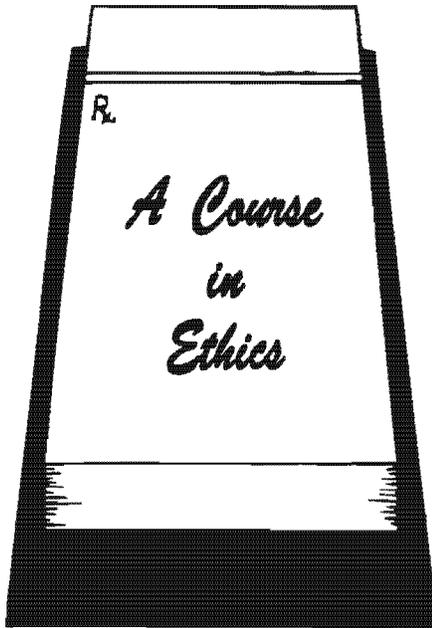
by
Dan Goldsmith

Dan Goldsmith is a Senior Special Investigator for the Medical Board

Health care professionals should be aware of an imposter that has been working and impersonating health care professionals throughout southern and central California. His current "legal" name is Alan Michael Meyers, but he has been known to go by Carmi Bar-Ilan, Dr. Peter Polantin, M.D., Dr. Simcha Goldman, Ph.D., and Michael Franklyn. It is unknown what name Meyers' was given at birth. The following is a chronological history of Meyers' activities:

- 1969 - 1971** Meyers, using the name of Carmi Bar-Ilan, claimed to have obtained a Ph.D. in Psychology and two masters degrees from the University of Michigan. University of Michigan records confirm that Carmi Bar-Ilan did obtain those degrees from the school, but there is no conclusive evidence that this Carmi Bar-Ilan is the same person as the imposter Meyers. Also, there would have been no need for Meyers to impersonate a licensed psychologist in the mid-1980s.
- 1974** Meyers, using the name Carmi Bar-Ilan, worked at the Kedren Clinic in the Watts area of Los Angeles. There he interviewed an intern by the name of Dr. Peter Polantin for employment and apparently obtained copies of the doctor's credentials.
- 1974-1976** Meyers, using Carmi Bar-Ilan, worked as a manager for the San Bernardino County Mental Health Department and was reportedly fired.
- Aug.-Sept., 1976** Meyers, using Carmi Bar-Ilan, attended the University of Irvine Medical School. School records indicate that Bar-Ilan withdrew without completing any course work.
- Dec. 1976-Feb. 1978** Carmi Bar-Ilan (Meyers), while impersonating Peter Polantin, M.D., worked as a Staff Psychiatrist at Patton State Hospital. There he testified in court on issues of criminal sanity and prescribed medications to psychiatric patients. (He later admitted during an interview with law enforcement that he prescribed medications based on his looking through the Physicians Desk Reference.)
- Feb. 1978** Carmi Bar-Ilan (Meyers) attempted to murder the real Dr. Peter Polantin in Washington D.C., apparently after realizing that the real Dr. Polantin would soon be sending in paperwork for renewal of his California medical license. He attacked Dr. Polantin and tried choking him. Dr. Polantin managed to escape and call authorities. Bar-Ilan (Meyers) fled and returned to California. His impersonation was discovered when he billed a fraudulent Medi-Cal claim that he had submitted for his son and the payment was sent to the real Dr. Polantin in Washington, D.C.
- August 1978** Carmi Bar-Ilan (Meyers) plead guilty to armed robbery and was sentenced to five years in federal prison. He was released from prison after serving 15 months.

(Continued, page 13)



by Guy Hartman, M.D.

“Within 60 days of the effective date of this decision, respondent shall submit to the Division for its prior approval a course in Ethics, which respondent shall successfully complete during the first year of probation.” So reads Model Disciplinary Order Number 18 (a). The order, however, does not indicate where a probationer might find such a course, particularly one that deals with practice issues rather than traditional Bioethics.

It is for that reason the Medical Board, through the Medical Quality Review Committee (MQRC) Council, appointed a committee, comprised of Guy Hartman, M.D., Charles Queary, M.D., and chaired by Maclyn Wade, M.D., to address these concerns. The Committee has explored the many related avenues and has accepted the curriculum devised by Dr. William May, Associate Professor of Ethics at USC. The one day course will consist of a lecture and workshop, together with handout materials related to the Medical Practice Act violations most commonly encountered by the Medical Board’s Enforcement Division. Registration and fees total \$225 and will be managed by the co-sponsor, California Medical Association, who will also award seven hours of category one continuing medical education for course attendance.

The first session will be held at the Medical Board Regional Office in Torrance. Subsequent courses will alternate between Northern and Southern California.

For further information, you may contact Karen Williams, Department of Physician Education, California Medical Association, at (415) 882-5183.

Dr. Hartman is the Chairman of the MQRC Council and frequently serves as a medical consultant to the Medical Board.

LICENSING PROGRAM IS ON-LINE!

Licensing is now offering an on-line pilot program that allows hospitals, health maintenance organizations, and other government agencies to access physicians’ license information through personal computer.

In order to participate in the program you will need the following equipment:

- ✓IBM compatible personal computer
- ✓Modem connected to a telephone line
- ✓Communication Program (Procomm, Crosstalk, etc.)

In addition, to ensure that the information accessed is only disclosed to authorized personnel and that the information will remain confidential, participants will be required to enter into a security agreement.

If you are interested in becoming an on-line participant, please contact Liz Salinas in the Medical Board Licensing Verification Section at (916) 920-6353.

*Medical
Board
meetings
are open
to the
public.....*

*The last meeting of the year
will be held in San Diego on
November 21st and 22nd.
Call (916) 920-6393 for
complete information.*

GOVERNOR APPOINTS NEW MEMBERS

Governor Pete Wilson has made his first appointments to the Medical Board. Due to the expiration of three Board Members' terms, the Governor has made one appointment to the Division of Licensing and two appointments to the Division of Medical Quality.

Former California Medical Association President Dr. Clarence S. Avery, and Medical Quality Review Committee member Dr. Michael H. Weisman will serve on the Division of Medical Quality. Dr. Robert del Junco, son of past Board President Tirso del Junco, will serve on the Division of Licensing.

Clarence Avery, a general surgeon, is currently on the staff of Holderman Hospital at the Veteran's Home of California in Yountville. Avery's medical service has been extensive. In addition to serving as president of CMA, he has been a trustee member of the California Hospital Association, chief of surgery at San Leandro Memorial Hospital, and served on the White House Council on Aging.

Avery, 65, of Oakland, received his Bachelor of Science from Xavier University in 1945 and his Medical Degree from Meharry Medical College in Nashville in 1949.

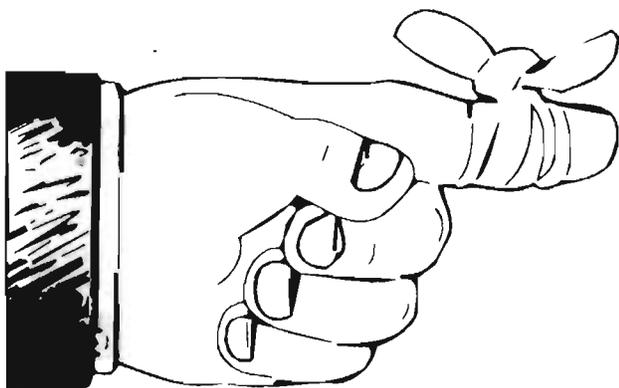
Michael Weisman is currently a professor of medicine at the University of California, San Diego, School of Medicine. Prior to his appointment at UCSD in 1975, Weisman was on staff at the Veteran's Administration Medical Center in San Diego while serving in the Marine Corps.

Weisman, 51, of Del Mar, has served as a medical expert for the Medical Board and chaired the Chairperson's Council for the Division of Medical Quality. He received his Bachelor of Arts Degree in history from the University of California, Berkeley in 1964 and his Medical Degree from the University of Chicago in 1968.

Dr. Robert del Junco is a head and neck surgeon in private practice in the City of Orange and is an assistant clinical professor of surgery at the University of California Irvine Medical Center. His hospital affiliations include St. Joseph's Hospital and Children's Hospital in Orange and Western Medical Center in Anaheim.

Del Junco, 34, received his bachelor's degree from the University of Southern California in 1977 and his medical degree from the School of Medicine at the University Autonoma de Guadalajara in 1980.

The new appointments replace Board members Dr. Eugene Ellis, Dr. Rendel Levonian, and Dr. Galal S. Gough whose terms expired. The new appointments will expire June 1, 1995, and all require Senate confirmation.



Just a reminder.....

Physicians Must Register Labs with DHS!!!

Physicians who own and operate laboratories as a part of their office practice must register with the Department of Health Services (DHS) by January 1, 1992. Those that fail to register by that date will be required to cease testing.

For questions regarding regulations or to request registration forms contact:

Laboratory Field Services
 Division of Laboratories
 2151 Berkeley Way, Room 602
 Berkeley, CA 94704
 (415) 540-2488

UNHOSPITALS *(Continued from page 4)*

Doctors who are working beyond their experience, training and skill.

A Los Angeles doctor advertised as a "board certified" specialist in "plastic reconstruction." He actually had little advanced training in plastic reconstructive surgery. He disfigured several people and killed at least one patient.

Manipulations to increase the number of procedures for more money.

A physician in Los Angeles performs cataract surgery that results in astigmatism. After several stitches to correct the problem - a procedure that is part of the routine follow-up of the surgery - he charges for it as if it were a second surgery.

Isolated, out-of-touch practitioners.

We have had a number of cases in which an individual with a solo practice with no staff privileges at any hospital, delivered potentially high-risk babies at home or in an office. Infants have died or been brain damaged. Problems were not reported in many of these cases, as the hospital personnel treating the victims (often not English-speaking) in the emergency rooms were led to believe that they were home births with no physician involvement.

Unnecessary surgery.

We recently filed charges against a walk-in hemorrhoid specialty clinic. The doctor is charged with performing unnecessary surgery, performing it badly, and charging exorbitant fees. Many of these fees were paid by insurers.

Unlicensed personnel.

Lay people in white coats give the appearance of legitimacy and are often presumed to be physicians. There was an instance in Fountain Valley where a man "stole" a physician's credentials and had been practicing as if he were a licensed physician. He practiced for over a year before being discovered!

Doctors' offices which operate like clinics, spreading supervision too thin or losing it altogether.

There have been repeated instances in "birthing clinics" where little or no physician supervision was

available, and births were attended by totally unqualified personnel.

Last year there was legislative interest in enhancing quality assurance in unregulated outpatient settings. One bill would have required either that the facility itself be accredited by a recognized accreditation body, or that physicians who used the facility have staff privileges at one or more acute care hospital. This would have assured that at least some assessment would be made of a physician's skill and competence to perform a given procedure. This legislation was not successful, and there has not been a new bill introduced.

There are procedures for private accreditation of unregulated outpatient surgery settings. Because of its voluntary nature, however, this approach could leave a significant number of outpatient settings without any quality assurance mechanism.

In the absence of any law regulating providers of outpatient surgical services there are several steps that could serve to greatly improve public protection.

Those who pay for such services may need to consider a variety of ways of assuring quality. Organizations, particularly insurers, involved in the financing and delivery of health care services should create certification requirements for doctors that must be met before payment for outpatient surgery is made.

In addition, there should also be a prohibition of public payment for outpatient surgery unless the surgeon meets certain credentialing requirements. The surgeon should be required to have staff privileges at a nearby hospital to do such procedures, or be part of a peer review process by a recognized outpatient care organization.

The public can be further protected by education. Consumers should know to ask questions, have a primary care physician when possible, and be more informed about the credentialing process. The Medical Board has become more pro-active in public outreach through the press and other information networks, and is in the process of developing more educational materials. One of the best defenses against poor medical care is an informed patient.

I doubt that my testimony was of any surprise to medical professionals. I also doubt that any law will be passed as a result of my testimony or any others' at the hearing. The problems versus the benefits of outpatient services are too complex. In any case, it will take more than an act of Congress to fully protect the public from the unscrupulous physician. In the meantime, we should all do what we can to ensure that when poor care is discovered, it is promptly reported and proper discipline is rendered.

Kenneth Wagstaff is Executive Director to the Medical Board of California and a member of the Federation of State Medical Boards' Board of Directors.

DISCIPLINARY ACTIONS

MARCH 1, 1991 - MAY 15, 1991

PHYSICIANS AND SURGEONS DISCIPLINARY ACTIONS

BOONSURMSUWONGSEE, BUNGORN, M.D.

(A-037720) - Taft CA

2234(b),(c),(d) B&P Code

Stipulated decision. Gross negligence, incompetence and repeated negligence in obstetrical practice.

Revoked, stayed, 5 years probation on terms and conditions, including 60 days suspension.

March 9, 1991

BRESLAW, LEONARD, M.D.

(C-017229) - Woodland Hills, CA

2236, 2237 B&P Code

Criminal conviction for unlawful distribution of controlled substances.

Revoked, stayed, 10 years probation on terms and conditions.

May 11, 1991

CARIN, SANTIAGO O., M.D.

(C-041005) - Benicia, CA

2236, 2305 B&P Code

Disciplined by Oklahoma Board. Criminal conviction for retention of check from Blue Cross that should have been deposited with the U.S. Government.

Revoked, stayed, 5 years probation on terms and conditions, including 30 days suspension.

April 3, 1991

DOLBEC, RICHARD E., M.D.

(C-028992) - San Francisco, CA

2239 B&P Code

Stipulated decision. Excessive use of alcohol.

Revoked, stayed, 5 years probation on terms and conditions.

April 4, 1991

FRANK, KENNETH A., M.D.

(G-038038) - Bakersfield, CA

2234(b),(d) B&P Code

Gross negligence and incompetence in the case of an asthma patient in distress who died.

Revoked. Default.

April 5, 1991

GROSS, SAMUEL L., M.D.

(A-016326) - Martinez, CA

2234(b) B&P Code

Stipulated decision. Gross negligence in failure to detect colon cancer.

One year suspension, stayed, 5 years probation on terms and conditions.

April 3, 1991

HOLDEN, EDWARD M., M.D.

(G-026289) - Malibu, CA

490, 725, 2242, 2238, 4047.5, 2234(b),(c),(d), 2237 B&P Code

Gross negligence, repeated negligence, incompetence in prescribing and dispensing controlled substances excessively without prior exam and medical indication, to addicts, without proper labelling; incomplete triplicate forms; selling drugs. Criminal conviction for illegal distribution of a controlled substance.

Revoked. Default.

March 6, 1991

JACKSON, GREGORY BERNARD, M.D.

(G-047576) - Los Angeles, CA

2239, 2305, 2238 B&P Code; 11170, 11350 H&S Code

Disciplined by Wisconsin Board for self-use of Cocaine. Unlawful possession of Cocaine. Convictions for drunk driving.

California: Revoked. Default

April 5, 1991

LAWRENCE, WILLIAM, M.D.

(A-040021) - Redlands, CA

2234(b) B&P Code

Stipulated decision. Gross negligence in the management and treatment of a patient with severe gastrointestinal bleeding.

Revoked, stayed, 3 years probation on terms and conditions.

May 11, 1991

MAJD-POUR, EZZAT ELAH, M.D.

(A-039558) - Columbus, OH

2305 B&P Code

Disciplined by the medical boards of Mississippi, Florida, Indiana and Ohio.

California: Revoked. Default.

March 27, 1991

MC BRIDE, DENNIS EUGENE, M.D.

(A-041765) - Rohnert Park, CA
2234(e), 2238, 2239 B&P Code

Stipulated decision. False prescriptions to obtain drugs for self- use, in violation of probation. A relapse after successful completion of drug rehabilitation program.

Revoked, stayed, 5 years probation on terms and conditions.

March 18, 1991

LEON, MARGARITA M., M.D.

(A-031567) - Roseville, CA
2236, 2239 B&P Code

Conviction for driving under the influence of alcohol on the wrong side of the freeway resulting in head-on collision and severe injuries.

Revoked, stayed, 5 years probation on terms and conditions.

March 16, 1991

MINSKY, FRANCES M., M.D. (G-050322) - Truckee, CA

2305, 2239, 2236 B&P Code

Disciplined by Oregon board for drug abuse and mental illness. Criminal conviction in California for obtaining controlled substances by fraud.

Revoked, stayed, 10 years probation on terms and conditions.

April 25, 1991

MITTS, GORDON M., M.D.

(G-039560) - Laguna Niguel, CA
2234(b),(c),(d) B&P Code

Stipulated decision. Gross negligence, repeated negligence and incompetence in plastic surgery practice.

Revoked, stayed, 5 years probation on terms and conditions.

May 1, 1991

PFISTERER, WILLIAM, M.D.

(G-027764) - Fullerton, CA
2236 B&P Code

Stipulated decision. Criminal conviction for lewd act with child under 14.

Revoked, stayed, 5 years probation on terms and conditions, including 120 days suspension.

April 19, 1991

SCHOTTSTAEDT, EDWIN, M.D.

(A-021740) - Sacramento
2242, 2238 B&P Code; 11153 H&S Code

Prescribed controlled substances without prior good faith examination and medical indication.

Revoked, stayed, 5 years probation on terms and conditions. April 18, 1991

SILVA, ENRIQUETA, M.D.

(A-036275) - Santa Ana, CA
2264, 2234(b),(c),(e), 2261 B&P Code

Stipulated decision. Aided and abetted an unlicensed person to practice medicine and control respondent's medical clinic. Made false medical document.

Revoked, stayed, 7 years probation on terms and conditions, including 90 days suspension.

April 22, 1991

SOSSONG, NORMAN, M.D.

(G-039936) - Lakeport, CA
726, 2234 B&P Code

Stipulated decision. Sexual misconduct with female patients.

Revoked, stayed, 7 years probation on terms and conditions, including 90 days suspension.

March 18, 1991

TOUR, ROBERT L., M.D.

(C-013632) - Phoenix, AZ
2305 B&P Code

Stipulated decision. Disciplined by Arizona board for excessive use of alcohol.

California: Revoked, stayed, 5 years probation on terms and conditions.

May 10, 1991

TRUJILLO, MARTIN, M.D.

(G-032674) - Santa Barbara, CA
490, 2236 B&P Code

Stipulated decision. Criminal conviction for unlawful possession of a controlled substance.

Revoked, stayed, 5 years probation on terms and conditions, including 60 days suspension.

April 10, 1991

TURNER, CHARLES W., JR., M.D.

(C-015097) - Santa Ana, CA
2234(b),(c),(d), 2264 B&P Code

Gross negligence, repeated negligent acts and incompetence in obstetrical practice at his "Covenant Birthing Center" after losing his hospital privileges. Used unlicensed person for treatment which required a license.

Prior discipline.
Revoked.

April 24, 1991

TURNER, DOROTHY M., M.D.

(A-017589) - Fall River Mills, CA
2234(e), 2236, 2237, 2238, 2261 B&P Code

Criminal conviction for prescribing controlled substance without a legitimate purpose, and for filing false Medi-Cal claim. Self-use of amphetamines as a "pick-me-up."

Revoked, stayed, 7 years probation on terms and conditions.

April 11, 1991

VIDRICKSEN, KARL, M.D.

(G-035324) - Tulalake, CA

2236, 2237, 2242, 2238 B&P Code

Stipulated decision. Criminal conviction for unlawful prescribing of controlled substances. Prescribed controlled substances without medical indication. Prior discipline.

Revoked, stayed, 5 years probation on terms and conditions, including 120 days suspension.

March 18, 1991

WHITE, JAMES HARRISON, M.D.

(C-030449) - Newport Beach, CA

2234(e), 2236 B&P Code

Criminal conviction for oral copulation on an unconscious victim, and for failure to appear while on bail.

Revoked. Default.

May 6, 1991

YAUSSY, LOREN, M.D.

(A-012085) - Bakersfield, CA

2234(c),(d) B&P Code

Stipulated decision. Incompetence and repeated negligence in the management of an 83 year-old patient with cardiac and respiratory arrest.

Revoked, stayed, 5 years probation on terms and conditions.

April 22, 1991

ZAHN, ALBERT C., M.D.

(A-011800) - Fall River Mills, CA

725, 2242, 2234(b), 2238, 3527(c) B&P Code

Furnished controlled substances without good faith prior examination and medical indication, excessively, and constituting gross negligence.

Revoked, stayed, 5 years probation on terms and conditions.

April 17, 1991

**VOLUNTARY SURRENDER OF LICENSE
ACCEPTED WHILE CHARGES PENDING**

PHYSICIANS AND SURGEONS

BRANTZ, EMANUEL E., M.D.

(A-028342) - San Diego, CA

April 30, 1991

DESAI, RAJENDRA, M.D.

(A-018466) - Santa Ana, CA

April 26, 1991

FISH, DEANE, M.D.

(A-019690) - San Diego, CA

April 1, 1991

JACKS, TOBIN EUGENE, M.D.

(A-040481) - Oskaloosa, IA

April 5, 1991

KERN, EUGENE B., M.D.

(G-014683) - Rochester, MN

March 30, 1991

MALASHOCK, MARK HOWARD, M.D.

(G-045858) - Boulder, CO

March 11, 1991

VOLUNTARY SURRENDER

PSYCHOLOGISTS

DRISCOLL, ROBERT E., Ph.D.

(PSY-10079) - San Diego, CA

April 30, 1991

SHOSTROM, EVERETT L., Ph.D.

(PSY-1079) - Laguna Beach, CA

April 30, 1991

ACUPUNCTURISTS

BRODY, LAUREL A., C.A.

(AC-2676) - Sebastopol, CA

475(a)(2),(b), 490, 4955, 4955(d) B&P Code

Stipulated decision. Criminal conviction for possession of concentrated cannabis.

Revoked, stayed, 3 years probation on terms and conditions.

March 31, 1991

KIM, JAE HOON, C.A.

(AC-576) - Long Beach, CA

490, 4955(d) B&P Code

Criminal convictions for dishonesty involving checks, and for taking a vehicle without owner's consent.

Revoked. Default.

May 10, 1991

YOU, IN SANG, C.A.
(AC-2614) - Los Angeles, CA
490, 4955(d) B&P Code
Criminal conviction for bribery.
Revoked.
May 10, 1991

HEARING AID DISPENSERS

MOWERS, MICHAEL A., H.A.D.
(HA-595) - South Lake Tahoe, CA
3401(a),(e),(f),(i),(j), 3364, 3367 B&P Code
In selling and fitting hearing aids, gross incompetence, fraud, misrepresentation, warranty violations, unauthorized assistant, misleading advertising, abandoned business office.
Revoked. Default.
March 11, 1991

ROBINSON, RANAE D., H.A.D.
(HA-1167) - South Lake Tahoe, CA
3401(a),(e),(f),(i),(j), 3364, 3367 B&P Code
In selling and fitting hearing aids, gross incompetence, fraud, misrepresentation, warranty violations, unauthorized assistant, misleading advertising, abandoned business office.
Revoked. Default.
March 11, 1991

PSYCHOLOGISTS

LERNER, ALBERT, Ph.D.
(PSY-5426) - Santa Rosa, CA
2960(a),(n) B&P Code
Stipulated decision. Criminal conviction for presenting false Medi-Cal claims. Prior discipline.
Revoked, stayed, 5 years probation on terms and conditions, including 30 days suspension.
April 4, 1991

PHYSICIAN ASSISTANTS

AUSTIN, KIRK J., P.A.
(PA-10387) - Hollister, CA
475(a)(2),(b), 490, 3527(a), 3531 B&P Code
Stipulated decision. Criminal conviction for grand theft (pawned video equipment he stored for a friend).
Revoked, stayed, 3 years probation on terms and conditions.
March 30, 1991

BERRY, ALFRED D., P.A.
(PA-12211) - San Jose, CA
3527 B&P Code; 1399.521, 1399.540, 1399.541(h), 1399.545(a),(b),(d),(e) Title 16, CCR
Stipulated decision. No written protocols, instructions, delegation, guidelines or writings from supervising physician. Prescribed medication without pre-authorization from supervisor.
Revoked, stayed, 3 years probation on terms and conditions.
March 6, 1991

PODIATRISTS

STERN, ELI, D.P.M.
(E-1068) - Chico, CA
822, 2234 B&P Code
Mental impairment affecting safe practice.
Revoked.
March 29, 1991

SMALL, MICHAEL STUART, D.P.M.
(E-1629) - Oxnard, CA
2239 B&P Code
Stipulated decision. Overdosed on Phendimetrazine Tartrate for a non-medical reason.
Revoked, stayed, 5 years probation on terms and conditions, including 6 months suspension.
April 8, 1991

RESPIRATORY CARE PRACTITIONER

WILSON, KEVIN JAMES, R.C.P.
(RCP-8546) - Lancaster, CA
3719 B&P Code
When audited, failed to provide documentation of the continuing education requirements for renewal of license, or to take steps to cure deficiency.
Revoked. Default.
April 19, 1991

To request copies of complete disciplinary Decisions and Accusations (Statements of Charges) write to:

MBC Enforcement
1426 Howe Avenue
Sacramento, CA 95825-3236

For quick, orderly processing, enclose a check based on \$2.00 for each copy of a decision or an accusation along with your request. Please give complete name and license number of doctor or health practitioner. Sorry, but we are unable to service phone requests.

IMPOSTER (Continued from page 5)

- 1977-1978** Doris Bar-Ilan (Meyers' wife) falsely represented that she had an M.S.W. degree from the University of Michigan and obtained employment at two State Hospitals. In obtaining employment, she used "Dr. Polantin" as a reference. Upon discovery, Doris was allowed to resign.
- April 1980-1982** Carmi Bar-Ilan (Meyers) worked for the Los Angeles County Childrens' Services, Mental Health Department.
- Aug. 16, 1981** Carmi Bar-Ilan (Meyers) and Doris Steinman were married or re-married in Orange County.
- 1982** Carmi Bar-Ilan (Meyers), worked at the Chabad Residential Treatment Center in Los Angeles with Psychologist, Simcha Goldman, Ph.D.
- 1982** Carmi Bar-Ilan (Meyers), while impersonating Simcha Goldman, Ph.D., obtained an Arizona State Psychologists License.
- 1983** Doris Bar-Ilan using the name Debra Franklyn obtained a California Real Estate License
- 1985** Carmi Bar-Ilan, wife Doris, and son David, petition the Superior Court in Orange County, California to change their name from Bar-Ilan to Meyers. Doris appears to be going by the first name of Debra.
- 1985** Meyers, while impersonating Dr. Goldman, filed a request with the Arizona State Board to officially change his name from Simcha Goldman to Alan Michael Meyers. Upon verifying the name change documents provided by Meyers with Orange County, California officials, it was determined that the documents were forged.
- 1986** Meyers fails to appear for an Administrative Hearing before the Arizona State Board of Psychology examiners so the license was revoked by default.
- 1986** Meyers was hired as a Psychologist with the Special Treatment, Education and Prevention Services in Bakersfield, California, and apparently left the area after someone recognized him.
- Nov.1986-Oct.1988** Meyers worked as a Supervisor of the Adult Protective Services Unit with the Riverside County Department of Social Services. In October 1988, the Riverside County Sheriff's Department investigated Meyers and found he was Carmi Bar-Ilan. Meyers denied that he was Carmi Bar-Ilan but failed to submit for fingerprints and instead fled the area. He was subsequently fired for failing to return to work.
- Dec. 1988-Jan. 1989** Meyers became Administrator of the Cottonwood Youth Ranch and submitted a fingerprint card to the Department of Social Services containing the fingerprints of an Edward Frederick Fischer. The California Department of Justice did a criminal records check but apparently did not catch this since Fischer had no criminal record. Fischer had worked for the State of California as a licensed Psychologist. It was later discovered that Meyers had run an advertisement in the Los Angeles Times for the position of Psychologist to work in his bogus "Franklyn's Child Guidance Center" and Meyers somehow obtained a copy of Dr. Fischer's fingerprints, allegedly for employment purposes.
- Jul.1989-Jan.1990** Meyers obtained two group home licenses in Oakdale, California, dba: Meyers Childrens Home Society.
- Jan. 1990** Meyers married Marilyn Piffirini in Reno, Nevada, apparently committing bigamy in the process
- Jan. 1990** Meyers allegedly kicked and punched a 10-year-old boy from his group home. Oakdale Police arrested Meyers and a staff member for felony child endangerment. All charges were subsequently dropped by the Stanislaus County District Attorney's Office.
- Feb. 1990** Meyers, along with Debra Meyers, appeared before the California Department of Social Services for an interview and stated that they are husband and wife and have been married for 25 years. Real estate records reflected that Debra was married to Alan Meyers before, during and after January 1990.
- Feb. 1990** California Department of Social Services issued a Temporary Suspension Order and Accusation after Meyers' criminal records were discovered.
- March 1990** Meyers withdrew his Notice of Defense to avoid an Administrative Hearing. DSS took a default action in revoking licenses for both group homes.

(Continued, page 14)

IMPOSTER (Continued from page 13)

- March 1990** Piffirini began annulment proceedings.
- March 1990** Debra Meyers applied for a license with the California Department of Social Services through the Sacramento District Office. The application was denied.
- April 1990** Debra Meyers, using the name Debra Franklyn, applied for a license to operate Max's Childrens Home Society through a different DSS District Office.
- August 1990** Alan Meyers obtained employment with Kings County as coordinator of their Alcohol and Drug program. Meyers was forced to resign after the County learned of his true identity.
- August 1990** Max's Childrens Home Society license was granted.
- October 1990** Max's Children Home Society applied for membership with the California Association of Children's Homes. Alan Meyers signed the check and a member of the association recognized Meyers' name and filed a complaint with the Department of Social Services northern investigations.
- Nov. 1990** The counties removed their clients out of the group homes and both homes were closed.
- Dec. 6, 1990** Department of Social Services issued a Temporary Suspension Order and Accusation against Max's Childrens Home Society.
- Dec. 1990** Two former employees of Max's Childrens Home Society filed complaints with the State Labor Commission over back wages. Alan Meyers appeared at the Labor commission's pre-hearing representing himself as Michael Franklyn.
- June 2, 1991** Meyers pleaded guilty to one (1) felony count of Section 281 of the Penal Code (Bigamy) in Stanislaus County and was fined and placed on probation.

Alan Meyers is not legally licensed in the State of California to practice any type of medicine or Psychological services. If you see Alan Michael Meyers either through employment or as a colleague, please inform Investigator Dan Goldsmith at (714) 383-4755, of Meyers situation and whereabouts. He was last residing in the city of Tulare, California. ♦

COLUMN (Continued from page 2)

and successful practices. Most of the physicians in the diversion program entered it voluntarily before any disciplinary action or patient harm took place. Colleagues can help those with substance abuse problems by convincing them to seek help before the problem endangers their patients and before they get into trouble with the Board.

The majority of good physicians don't think much about the Board's disciplinary actions or the doctors that commit the violations.

Perhaps they should.

Although these violators represent a small minority of our profession, they often have a greater impact on our practice than the many good members. How many laws have been passed because physicians are more effectively and honestly treating patients? How many of us have received notices from our insurance carriers informing us that because the profession as a whole is doing such a great job, our malpractice premiums will be reduced? What's the ratio of "good medicine" to "bad medicine" stories you have seen in the media lately?

It's unfortunate, but the perception of our profession is often held hostage by the few violators. It is for that reason good doctors need to be aware of our Board's actions, assist us in identifying bad practice, and come to our defense when criticized for doing our job.

In addition to serving as President of the Medical Board of California, Dr. Tsao is an Endocrinologist in private practice in Torrance, California.



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The Medical Board has many phone numbers. To avoid transfers, please refer to this list before calling the Board.

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1-800-MED-BD-CA (1-800-633-2322)
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Physicians and Surgeons:

- Applications and Examinations (916) 920-6411
- Complaints (800) 633-2322
- Continuing Education (916) 920-6917
- Disciplinary Information (916) 920-6343
- Health Facility Discipline Reports (916) 924-2338
- Fictitious Name Permits (916) 920-6074
- License Renewals (916) 920-6656
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- Registered Dispensing Opticians (916) 924-2612
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- Speech Pathology (916) 920-6388

ACTION REPORT
 October 1991, Vol. No. 44

The **Action Report** is a quarterly publication of the Medical Board of California. For information or comments about its contents, please contact:

Janie Cordray, Editor
 (916) 920-6393

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