

Action Report

Medical Board of California

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Medical Board of California Meeting Dates & Locations

1999

May 6 - 8	Sacramento
July 29 - 31	Burlingame
Nov. 4 - 6	San Diego

All meetings are open
to the public.

Physician Licensing Exam To Become Computerized

The Medical Board of California (MBC) will conduct the last paper-and-pencil administration of Step 3 of the United States Medical Licensing Examination (USMLE) on May 11-12, 1999. After May 1999, MBC no longer will be involved in the administration of USMLE Step 3. The Federation of State Medical Boards (FSMB) is converting the examination to computer-based testing, and MBC is finalizing a contract that will enable the transition to the newer, more convenient examination process for candidates taking the Step 3 exam. This will include distribution, receipt, review and processing of applications and resulting examination scores—which will now be linked directly to the FSMB. The advantages of computer-based testing include enhanced examination security and increased year-round scheduling flexibility for candidates seeking to take the examination.

According to FSMB, once computer-based testing (CBT) is implemented in October 1999, the examination, at a minimum, will be offered approximately every other week. During periods of peak demand the Step 3 examinations may be offered even more frequently. This is a significant improvement over the previous twice-yearly paper-and-pencil administration. Also, there will be 25 CBT testing centers in California, as opposed to the current limited number of locations overseen by Medical Board staff. Candidates may reschedule at their choice of location within days or weeks in the event of missed appointments or prior failures. The Board is pleased that such an expeditious and efficient process will soon be available for USMLE candidates.

The Medical Board's involvement in administering written examinations for medical licensure in California started with the development of the California state board examination, which was administered to applicants seeking licensure beginning in 1914. MBC administered this exam until June 1969. With the FSMB's development of the FLEX examination, California made the transition from administering the state board examination and

began administering the FLEX exam. MBC used the FLEX exam from 1969 through 1993. Candidates for the FLEX were primarily international school graduates, while most U.S. graduates sat for the National Board of Medical Examiners (NBME) examination.

In 1994 the NBME and FSMB undertook a joint effort to develop the USMLE. The USMLE was created to replace both the NBME and the FLEX examinations and incorporated elements of both exams. It was designed to be administered in three steps, and was to be taken by both domestic and international medical school graduates to allow for one comprehensive, standardized examination for all candidates for medical licensure in the United States.

Since full implementation of the USMLE in June 1994, MBC Licensing Program staff have processed an average of 2,500 USMLE Step 3 applications and administered the exam to this same number of candidates each year. The examination application process is completely independent of the review of applications for physician and surgeon initial licensure, and required staff resources to be redirected to the exam process during peak examination workload periods. After the May 1999 examination and subsequent score reporting processes are completed, Licensing Program staff will be able to consistently devote all resources to the processing of applications for medical licensure. Staff will focus on improving the time frames for initial review and ongoing processing of license applications to improve the level and quality of service to our clients.

The 1999 transition to computerized testing ends approximately 85 years of the Medical Board's hands-on involvement with the administration of written examinations for the licensure of physicians and surgeons in California. As we close this chapter of the Medical Board's history, we look forward to the new issues and exciting challenges that the new millennium will bring to our role as the regulatory agency for the licensure of physicians in California.

THE MISSION OF THE MEDICAL BOARD OF CALIFORNIA

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

President's Report

It is a time of change at the Medical Board of California. With the change in the state's political landscape, four Board members recently lost their positions on the Board, and another six terms expire in June, raising the prospect for a dramatically new Board in the near future. It is in this environment that I write my last President's Column.

During my five-year tenure, the Board's commitment to its consumer protection mandate has remained steadfast. The Board has become increasingly pro-active in a number of areas, ranging from enforcement, to managed care, to information disclosure, to the corporate practice of medicine, to cosmetic surgery, and more.

I would like to highlight two bills sponsored by the Medical Board this year that underscore the Board's continuing commitment to patient safety.

1. **AB 271** (Gallegos) This bill is a product of the work of the Board's Plastic-Cosmetic Surgery Committee. AB 271 would:

- (1) Require physicians who perform plastic surgery outside of a hospital to carry malpractice insurance.
- (2) Mandate that two staff persons, one of whom is a trained health professional, remain on the premises until the patient is discharged from supervised care. It also would require written discharge criteria, posting of the certificate of accreditation, and a complaint telephone number.
- (3) Provide that whenever an unforeseen hospital transfer and admission occur, or death occurs, it must be reported to the Medical Board.

Because of the intense public and media interest regarding the safety of cosmetic surgery, other legislators, including some in other states, have introduced related bills. In the California Legislature, to date the following bills have been proposed.

- SB 450 (Speier) would require physicians who are certified or eligible for certification by a board or an association and who so state in advertising to include in that advertising the full name of the certifying board.
- SB 595 (Speier) would redefine the anesthesia threshold for outpatient surgery settings.
- SB 835 (Figueroa) would require physicians who perform cosmetic surgery to meet education, training, and experience requirements for performing cosmetic surgery established by the Medical Board of California.



*Thomas A. Joas, M.D.
President of the Board*

- SB 836 (Figueroa) would prohibit physicians who advertise cosmetic surgery services by using photographs from enhancing or modifying them and from depicting misleading "before and after" images.
- SB 837 (Figueroa) would require a physician who performs cosmetic surgery to perform that surgery in a licensed health care facility or in an accredited outpatient facility.

2. **AB 58** (Davis) This bill would require medical directors of HMOs to be California-licensed physicians.

In previous years, similar bills sponsored by the Medical Board or the California Medical Association defined the practice of medicine to reach the decision-making process at managed care plans. This approach mired us in endless debates regarding the utilization review process and who had the authority to make decisions. This year the Board has taken a different approach to achieve the same goal—to clearly state in the law that an HMO director who is responsible for the system of utilization review must be a California-licensed physician.

Recent information has been brought to the attention of the Board regarding on-line prescribing of dangerous drugs. As physicians should be aware, Business and Professions Code Section 2242 (a) states: "Prescribing, dispensing, or furnishing dangerous drugs as defined in Section 4022 without a good faith prior examination and medical indication therefore, constitutes unprofessional conduct." Remember that physicians failing to meet *both* criteria in this code section are subject to discipline for unprofessional conduct.

It has been my intention throughout my presidency to keep licensees informed of issues germane to public protection as well as physician practice information. If you as a licensee have information or suggestions as to how we might better perform our mission of consumer protection, better convey this information to you, the physician, as well as the public, or if you have concerns about the Board in general, please do not hesitate to write either to me or to the incoming president.

Congratulations to former Medical Board President and current Board member Alan E. Shumacher, M.D. for his election to President of the Federation of State Medical Boards, effective April 1. His leadership will promote public protection as the first priority for medical boards nationwide, as well as ensure a strong input of the perspective of California's board and physicians.

Considering Retired Status?

Exemptions from Payment of Renewal Fees and Continuing Education Waivers

A licensee may be exempt from the payment of the renewal fee if he or she has practiced medicine in California for 20 years or more, has reached the age of retirement under the Social Security Act and customarily provides his or her services free of charge to any person, organization or agency. In the event that charges are made, such charges shall not be in an amount which would result in his or her income being an amount to make the practitioner ineligible for full social security benefits.

If you are considering retired exempt status, please submit your application request 60 days prior to your license renewal date. This will allow staff sufficient time to process your request for retirement status and exempt you from payment of your next scheduled renewal.

Additionally, any retired licensee may be eligible for a waiver of the continuing medical education (CME) requirements. A licensee who does not routinely engage in the practice of

medicine (examining, treating and prescribing is limited to 20 patient visits annually), and has income derived from the practice of medicine that does not exceed the net annual income allowed for recipients of full social security benefits, may request an exemption from the CME requirement. If a CME exemption is approved, the physician's prescribing capabilities will be restricted and he or she may not prescribe Schedule II or III Controlled Substances.

Further information and applications for these exemptions may be obtained by contacting the Licensing Operations Section of the Medical Board.

Retired Status: (916) 263-2653 for last names beginning with the letter A through L, or
(916) 263-2462 for last names beginning with the letter M through Z.

CME Waivers: (916) 263-2645

Physicians May Not Practice Through Limited Liability Corporations

Over the past several months, physicians have inquired as to whether it is legal to practice the profession and render services as a limited liability company (LLC). In short, the answer is no. Under California law, the only form of corporation that a physician may practice as and render services through (other than those otherwise exempt by law such as HMOs and clinics) is a professional corporation formed pursuant to the Moscone-Knox Professional Corporation Act.

Confusion developed concerning whether professional services could be rendered as LLCs after the enactment of the Beverly-Killea Limited Liability Company Act ("ACT") in 1994. As part of the Act, Corporations Code (CC) section 17002 authorizes an LLC to engage in any lawful business activity *subject* to compliance with any other laws.

LLCs have been used in other states for several years. An LLC is an attractive entity because of certain liability protections. For instance, a member of an LLC may be personally liable for any obligation of the LLC only to the same extent as the shareholder of a corporation may be liable for the obligations of the corporation. At the same time, an LLC may benefit from the pass-through tax treatment otherwise restricted to limited partnerships. Accordingly, many physicians desire to take advantage of these benefits and form an LLC to render professional services.

The Act that authorizes the formation of LLCs in California, however, contains language that restricts LLCs from rendering

professional services unless expressly authorized under the Business and Professions Code. In 1996, the Legislature amended the Act, and language in that bill imposed an even tighter restriction by flatly prohibiting LLCs from rendering professional services. As defined in CC 13401(a), professional services means any type of professional services which may be lawfully rendered only pursuant to a license, certificate or registration authorized by the Business and Professions Code or the Chiropractic Act. Consequently, until the Legislature amends the Act, LLCs may not be formed to provide professional services, including the practice of medicine by a physician and surgeon.

Fictitious Name Permits

If you are a licensed physician and surgeon or a podiatrist, and are advertising under a name other than your own, you must have a Fictitious Name Permit issued by the Medical Board. Section 2272 of the Business and Professions Code states: "Any advertising of the practice of medicine in which the licensee fails to use his or her own name or approved fictitious name constitutes unprofessional conduct." If you would like a Fictitious Name Permit application, along with an instructional pamphlet or would like additional information, please call (916) 263-2384.

Hepatitis C Epidemiology, Detection, Diagnosis, and Treatment New Information for Physicians

by Jon Rosenberg, M.D.

Division of Communicable Disease Control, California Department of Health Services
April 1999

Chapter 867, Statutes of 1998, SB 694 (Polanco) requires the Department of Health Services to make available to physicians the most recent scientific and medical information on hepatitis C detection, diagnosis, treatment and therapeutic decision making. The following article is intended to aid in this education process.

Approximately 600,000 Californians are estimated to be infected with the hepatitis C virus (HCV). An additional 5,000 are estimated to be newly infected each year. Over half of all new infections are related to injecting drug use, while a large percentage of those infected in the past had blood transfusions before an effective screening test became available in 1992. Most of those infected are not aware of their status because only 15% of infections are symptomatic. Unfortunately, over 75% of all those infected develop chronic infection; 20% will develop advanced liver disease, and 1-5% will die from liver cancer. Alcohol consumption is an important risk factor for accelerated development of cirrhosis and liver cancer. Hepatitis C is already the leading reason for liver transplantation in the United States and adds more than \$84 million to health-care costs per year in California. The current estimated death count from hepatitis C of about 1,000 Californians per year is expected to triple over the next 20 years unless more effective interventions are developed.

The prevalence of chronic hepatitis C virus infection varies among segments of our population. In the United States, this ranges from 60%-90% in persons with hemophilia, 50%-90% in injection drug users, 10%-20% in hemodialysis patients, 4%-15% in persons with a history of sexually-transmitted diseases (STDs), 9% in persons with more than 50 lifetime sex partners, 6% in persons transfused before 1990, 1.8% in the general population, to 0.3% in volunteer blood donors. The risk of HCV transmission from perinatal, sexual, and non-sexual household exposure is low, while blood transfusions no longer pose a significant risk. Illegal (primarily injection) drug use currently accounts for 60% of HCV transmission in the U.S. Many persons with chronic HCV infection may have acquired their infection 20 to 30 years ago as a result of occasional illegal drug injection.

Laboratory testing for hepatitis C has improved over the past 10 years but is still far from optimal. The finding of anti-HCV by enzyme immunoassay (EIA) in a patient with serum aminotransferase elevation and a risk factor usually indicates a

true infection. However, in a population with a low prevalence of infection (<10%) positive tests are likely to be false. Recombinant immunoblot tests (RIBA) can be used as supplemental antibody testing. Testing for HCV RNA in serum by polymerase chain reaction (PCR) may be more sensitive and specific than antibody tests, but is not standardized and is not widely available.

The management of patients with chronic hepatitis C includes counseling regarding infectivity, abstention from alcohol consumption, vaccination against hepatitis A and B, evaluation for treatment, and screening for hepatocellular carcinoma. Recent trials of ribavirin added to alpha interferon have demonstrated sustained virological response rates in approximately 50% of patients. However, patients must be carefully selected for treatment with these agents because of potential side effects.

On October 16, 1998, the Centers for Disease Control and Prevention (CDC) published "Recommendations for Prevention and Control of Hepatitis C Virus (HCV) Infection and HCV-Related Chronic Disease" (Morbidity and Mortality Weekly Report, Vol. 47, No. RR-19). A strategy for the identification and testing of persons at risk for HCV infection is included. Copies can be obtained from the CDC National Prevention Information Network, P.O. Box 6003, Rockville, MD 20850, (800) 458-5231. It can be viewed on the internet at <http://ftp.cdc.gov/pub/Publications/mmwr/rr/rr4719.pdf>. This and other information on hepatitis from CDC's Hepatitis Branch can be viewed at <http://www.cdc.gov/ncidod/diseases/hepatitis/>.

Hepatitis C is vastly underreported in California. Reasons for this include lack of testing, uncertainty over the interpretation of laboratory tests, and confusion over reporting requirements. Health care providers are legally required to report to the local health department all cases of hepatitis C, whether they are deemed acute or chronic. Most cases will be chronic, and should be reported as such unless they meet the following criteria for acute hepatitis C: an acute illness with discrete onset of symptoms, serum aminotransferase levels >2.5 times the upper limit of normal, antibody to hepatitis C, and negative tests for acute hepatitis A (IgM anti-HAV) and B (IgM anti-HBc or HBsAg). For additional information contact Jon Rosenberg, M.D. Public Health Medical Officer, Division of Communicable Disease Control, at (510) 540-2566.

Lead Exposure: Physicians are the Key to Family Diagnosis and Cure

by Candi L. Zizek, MPH, REHS

Lead Hazard Reduction Program, California Department of Community Services and Development

April 1999

As the State of California's only agency actually contracting for lead abatement in privately owned homes, the California Department of Community Services and Development's (CSD) Lead Hazard Reduction Program and its statewide network of Community Service Agencies identifies sources of possible lead contamination that may be remedied by removal or stabilization. CSD provides training to certify lead workers and project supervisors. CSD teaches bilingual Community Outreach Workers to educate tenants in lead poisoning hazards from lead paint in the home, from soils where children play, from occupations where working parents bring the lead dust to their children, or from hobbies, lead-glazed pottery and folk remedies. CSD refers high risk, low-income households to their medical care provider for definitive blood testing. For further information regarding California's Lead Hazard Control efforts contact Susan Levenson-Palmer at CSD (916) 324-4358.

Lead is a neurotoxin that can be especially harmful to the developing brains and nervous systems of infants and young children. Early in the 1990s, the U.S. Center for Disease Control (CDC) called lead poisoning "one of the most common pediatric health problems in the US today," and added that the problem was "entirely preventable." Prevention is enhanced when physicians are familiar with the pathways between children and environmental reservoirs of lead. Blood lead testing provides the only definitive diagnosis. Yet, a mere fraction of California's 2.9 million children under six, the age where lead creates the most damage, have been screened for blood lead.

By applying National Health and Nutrition Examination Surveys III, Phase II national prevalence rates to 1997 state population estimates, California's Department of Health Services (DHS) extrapolates that there are 125,744 children in California over two months of age with blood levels above 10 µg/dL, 37,152 with levels above 15 µg/dL, and 11,431 with levels above 20 µg/dL.

Private physicians still remain the crucial component in the effort to protect California's families. Physicians can provide screening for blood lead as part of their regularly scheduled well-child visits. Health providers benefit from knowing how and where children and families encounter lead dust or soil with tiny particles of lead.

Fifty-seven years of gasoline lead emitted from automobile exhaust pipes has created tons of fine lead dust accumulation on buildings and in the soil near high traffic areas.

Deteriorated or sanded and scraped paint contributes to the lead dust accumulation both inside and in the soil around the home. The mere act of living in or the remodeling of housing built before 1978, and most certainly before 1950, creates lead dust that is ingested, inhaled or transported by construction workers and by families and pets living in the home.

While recent laws restrict the percentage of lead in new domestic paints, considerable lead-painted surfaces remain in public buildings and homes today. Any removal, sanding, or drilling, and particularly the continued use of friction surfaces such as painted doors, drawers, windows, and floors provides a constant lead dust source.

Public buildings where children congregate may also provide a source of lead poisoning. Lead-painted playground equipment at parks or schools may be the culprit. Lead particles from autos or paints remain in soils for a long time when weakly bound by clays and organic matter. Urban highways can be considered to be lead dispersal systems in densely populated areas of city centers.

Occupations providing lead dust contamination that travels to the home environment, often unknowingly, are painting, demolition, renovation, plumbing, welding, smelting or metal salvaging; repairing radiators, auto bodies, ships, or jewelry; working at a firing range, making explosives or ammunition; splicing cable wire or working in a chemical plant or a glass or oil refinery.

Home-based crafts using oil paints with lead, solder, lead stained glass windows, homemade bullets, fishing weights & sinkers, child necklaces sold in discount stores, and toy metal soldiers all bring lead into the family arena. Many plastics and vinyl products contain lead as a stabilizer or coloring agent, and become a hazard as they deteriorate into fine dust particles and reach unsuspecting mouths. Examples found and tested lead-positive have been jacket zippers and vinyl venetian blinds.

Lead acetate, or "sugar of lead," is water-soluble. It is one of the most bioavailable forms of lead, and is an ingredient in some hair-coloring cosmetic products. The Food and Drug Administration allows cosmetics to have up to 6,000 parts per million of lead acetate. Slow acting hair coloring for gray hair may be used by daily application with bare hands. Hands may then contaminate faucets and combs with this solution, which is indistinguishable from water. Cultural make-up, medications, inks on candy wrappers, and fingernail polishes have all been identified as sources of lead. Home inspections consistently reveal other lead sources.

An integral part of the effort to reduce the lead hazard to our children's wellness, California's physicians can be critical partners by screening our children at well child visits.

Comprehensive Attack on Chlamydia Launched

California HealthCare Foundation Unveils Recommendations to Reduce Chlamydia Infections

The Chlamydia Action Agenda, a five-year plan to reduce chlamydia infection rates in California, is the outcome of the Chlamydia Action Forum—a diverse group of health care stakeholders who have proposed a step-by-step strategy for significantly reducing and preventing chlamydia, California's number one reported communicable disease and its leading cause of preventable infertility, by the year 2004. The Medical Board is proud to have participated in this Forum. This article, the first in a series, is intended to solicit your involvement in the eradication of this disease.

The Hidden Epidemic

Described by the Institute of Medicine as a "hidden epidemic," chlamydia is a frequently debilitating bacterial infection spread through sexual contact. In 1997 alone, more than 68,700 cases of chlamydia were reported in California. Due to underreporting and undiagnosed infections in men and women, experts estimate the figure to be closer to 600,000. Many Californians are not even aware that they have the disease as it shows no symptoms in 70-80% of infected females and more than 50% of infected males.

Women account for 78% (55,557) of reported chlamydia cases in the state. Young women and adolescents have by far the highest incidence: 38% of infections were among 15-19 year-old girls and 32% occurred in 20-24 year-old women. Experts estimate that between 5 and 10% of all sexually active girls aged 15-19 may be infected. Women disproportionately suffer the reproductive health consequences of untreated chlamydia infections, such as pelvic inflammatory disease (PID), tubal pregnancy, infertility, and chronic pelvic pain. Infection markedly increases susceptibility to HIV infection; men and women infected with chlamydia have a three to five times higher risk of acquiring HIV if exposed to the virus.

New Diagnosis and Treatment Methods Play Key Role in Reducing Infection Rates

The old ways of screening individuals for chlamydia have been supplanted by simple, non-invasive tests that only require urine samples. The previous seven-day antibiotic regimen can now be replaced by a single-dose treatment, which makes treatment an easier process for both the provider and the person who is infected. "Inadequate diagnostic and treatment programs have allowed this disease to get a foothold in our state's female adolescent population, which accounts for roughly half of reported infections," notes Mark

Smith, CEO of the California HealthCare Foundation. "Given that new non-invasive measures allow us to easily identify and cure the illness, there is no reason why we can't reduce the long-term complications of this disease."

“

Chlamydia is a curable disease. By implementing the steps outlined in this agenda, we have the opportunity to control an epidemic that is quietly threatening the reproductive health of thousands of women and men statewide.

”

—Mark Smith, CEO
California HealthCare
Foundation

A New Call to Action

The California HealthCare Foundation and the California Department of Health Services, in a joint effort, solicited the input of state and national health care experts, health care providers, educators, and advocates to identify action steps for the following goals.

- Goal I:** Increase access to and use of high-quality screening and clinical services for chlamydia.
- Goal II:** Increase partner evaluation, treatment, and counseling.
- Goal III:** Promote awareness of the chlamydia epidemic; prevention strategies; and the social, medical, and economic costs of the disease.
- Goal IV:** Enhance health information systems to monitor and evaluate chlamydia screening and other intervention efforts.

The Coalition for Chlamydia Control in California will oversee the implementation of the Action Agenda by working with local health departments, managed care organizations, health care providers, and community-based organizations. In addition, the Coalition will work to develop new legislation and identify funding sources for combating chlamydia statewide.

For more information and/or a copy of the "Challenges and Opportunities: Action Agenda for Chlamydia Prevention and Control in California: A Five Year Plan," contact the California HealthCare Foundation at (510) 238-1040 or visit its website at www.chcf.org.

DISCIPLINARY ACTIONS: November 1, 1998 to January 31, 1999

Physicians and Surgeons

BAUER, CHARLES DONALD, M.D. (G34137) Salinas, CA
B&P Code §2234(b)(e). Committed acts of gross negligence and dishonesty by making final diagnoses of tissue samples submitted without conducting the required microscopic examination of those samples and by intentionally substituting tissue from 1 patient to cover up his having lost 2 tissue samples. Revoked. January 28, 1999

BHATT, KIRAN, M.D. (A34906) Anaheim, CA
B&P Code §§821, 822. Failed to comply with a Board-ordered mental examination, and mental illness affecting her ability to practice medicine safely. Revoked. January 14, 1999

BOYLE, THOMAS M., M.D. (G56911) Grass Valley, CA
B&P Code §§2234, 2234(c)(d). Stipulated Decision. Failed to conduct a complete history and physical evaluation of a patient and injured the patient's common bile duct during gallbladder removal surgery. Revoked, stayed, 3 years probation with terms and conditions. November 16, 1998

BURVANT, MICHAEL U., M.D. (C27859) Represa, CA
B&P Code §2238. Stipulated Decision. Entered into a business and/or employment contract as a physician with an unlicensed person who used his controlled substances permit for the acquisition and disposition of controlled substances in a weight control clinic and violated the terms and conditions of his Board probation. Revoked, stayed, 7 years probation with terms and conditions. December 31, 1998

CHASE, CONSTANCE ELISE, M.D. (CFE20608) Concord, CA
B&P Code §2234(d). Stipulated Decision. Failed a Board-ordered competency examination. Revoked, stayed, 5 years probation with terms and conditions. November 6, 1998

CHEN, CHIA-CHEN, M.D. (A36500) Fresno, CA
B&P Code §2266. Stipulated Decision. Failed to maintain adequate and accurate medical records. Revoked, stayed, 35 months probation with terms and conditions. January 22, 1999

CREE, IAN CAMPBELL, M.D. (A30307) Barrington Passage, Nova Scotia
B&P Code §141(a). Disciplined by New York for allegations involving a single count of gross negligence arising from a surgical repair of a ventral hernia of a patient not considered to be a good candidate for surgery. Suspended pending taking and passing an oral clinical examination within 6 months of the effective date of the Decision. If he passes the examination the suspension shall be vacated and no further discipline shall ensue. If he fails the examination he shall be placed on 5 years probation with terms and conditions. December 2, 1998

DEACON, WALTER ELLIS, II, M.D. (G39603) Arabian Gulf, Bahrain
B&P Code §§141(a), 2021, 2234(a), 2239, 2305, 2354. Disciplined by North Carolina for alcohol impairment and failure to complete a treatment program. Revoked. November 27, 1998

Explanation of Disciplinary Language and Actions

“Effective date of Decision”— Example: “December 10, 1998” at the bottom of the summary means the date the disciplinary decision goes into operation.

“Gross negligence”— An extreme deviation from the standard of practice.

“Incompetence”— Lack of knowledge or skills in discharging professional obligations.

“Judicial review being pursued”— The disciplinary decision is being challenged through the court system—Superior Court, maybe Court of Appeal, maybe State Supreme Court. The discipline is currently in effect.

“Probationary License”— A conditional license issued to an applicant on probationary terms and conditions. This is done when good cause exists for denial of the license application.

“Probationary Terms and Conditions”— Examples: Complete a clinical training program. Take educational courses in specified subjects. Take a course in Ethics. Pass an oral clinical exam. Abstain from alcohol and drugs. Undergo psychotherapy or medical treatment. Surrender your DEA drug permit. Provide free services to a community facility.

“Public Letter of Reprimand”—A lesser form of discipline that can be negotiated for minor violations before the filing of formal charges (accusations). The licensee is disciplined in the form of a public letter.

“Revoked”— The license is canceled, voided, annulled, rescinded. The right to practice is ended.

“Revoked, stayed, 5 years probation on terms and conditions, including 60 days suspension” — “Stayed” means the revocation is postponed, put off.

Professional practice may continue so long as the licensee complies with specified probationary terms and conditions, which, in this example, includes 60 days actual suspension from practice. Violation of probation may result in the revocation that was postponed.

“Stipulated Decision”— A form of plea bargaining. The case is negotiated and settled prior to trial.

“Surrender”— Resignation under a cloud. While charges are pending, the licensee turns in the license—subject to acceptance by the relevant board.

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

“Temporary Restraining Order”— A TRO is issued by a Superior Court Judge to halt practice immediately. When issued by an Administrative Law Judge, it is called an ISO (Interim Suspension Order).

DIDIO, VINCENT CATALDO, M.D. (A28881)

Thousand Oaks, CA

B&P Code §2234(c). Stipulated Decision. Committed acts of repeated negligence involving his care and treatment of 2 patients. If he successfully completes the Physician Assessment and Clinical Education Program administered by the University of California, San Diego, School of Medicine within 180 days of the effective date of the Decision, his license shall be suspended for 1 year, suspension stayed, 1 year probation with terms and conditions. December 24, 1998

DIXON, GUS, M.D. (G50775) Long Beach, CA

B&P Code §§2234, 2266. Stipulated Decision. Failed to maintain adequate and accurate medical records for 2 patients with psychiatric conditions. Public Letter of Reprimand issued December 22, 1998

DUVALL, WILLIAM ALBERT, Jr., M.D. (C29820)

Los Angeles, CA

B&P Code §§2234, 2242, 2264. Stipulated Decision. Aided and abetted 2 unlicensed persons in the practice of medicine, and signed off on charts and prescriptions prepared by the unlicensed persons without examining the patients involved. Revoked, stayed, 5 years probation with terms and conditions. January 25, 1999

ELLIS, ARNOLD, M.D. (A31480) Inglewood, CA

B&P Code §§2234, 2242. Stipulated Decision. Prescribed medication to 3 patients without performing a good faith examination. Suspension, stayed, 1 year probation with terms and conditions. November 12, 1998

FARAHMAND, DARYOUSH, M.D. (A43240)

Beverly Hills, CA

B&P Code §§726, 2234, 2234(c). Sexual misconduct with a patient and multiple charting omissions constituting acts of repeated negligence. Revoked, stayed, 7 years probation with terms and conditions. December 16, 1998

GAYNOR, ALAN LAWRENCE, M.D. (G33877)

San Francisco, CA

B&P Code §2234(b). Stipulated Decision. Failed to adequately monitor the administration of valium to a patient, was responsible for the patient's eye injury, even if caused by the cosmetologist working in his office as he contends, and failed to fully appreciate or assess the possible need to have a patient go to an emergency room sooner than actually occurred. Revoked, stayed, 5 years probation with terms and conditions. November 4, 1998

GHOZLAND, ASKIL S., M.D. (A40929) Montebello, CA

B&P Code §§2234(b)(c)(d)(e), 2262. Committed acts of gross negligence, repeated negligent acts, incompetency, dishonesty and created a false medical record in his care and treatment of 2 patients. Revoked, stayed, 7 years probation with terms and conditions including 120 days actual suspension. December 23, 1998

GOLDFINE, BRIAN DAVID, M.D. (A50067)

Palm Desert, CA

B&P Code §2234(c). Stipulated Decision. Committed acts of repeated negligence in his care and treatment of 6 patients. Revoked, stayed, 5 years probation with terms and conditions. January 7, 1999

GRAY, DOROTHY L., M.D. (A20878) San Francisco, CA

B&P Code §§141(a), 822, 2305. Disciplined by Minnesota for, among other things, impaired ability to practice medicine safely due to mental illness. Revoked. December 21, 1998

HALIKAS, JAMES ANASTASIO, M.D. (G79790)

North Oaks, MN

B&P Code §141(a). Stipulated Decision. Disciplined by Minnesota for failing to follow the proper protocols for research on humans in that he did not obtain signed informed consent from 8 patients prior to their entry into the program and their being dosed with the drug Gamma-Hydroxybutyrate. Public Reprimand. December 24, 1998

HECKMAN, TED ALAN, M.D. (G36530) Oroville, CA

B&P Code §§2238, 2239. Stipulated Decision. Misuse of dangerous drugs, Darvon, Vicodin, Fioricet, Ativan and Elavil, in a manner dangerous to himself and others. Revoked, stayed, 10 years probation with terms and conditions. January 21, 1999

JOHNSON, JOHN L., M.D. (A12856) Corona Del Mar, CA

B&P Code §§725, 2234(b)(c)(d), 2242(a). Stipulated Decision. Prescribed excessive amounts of controlled substances, Hydrocodone, Carisoprodol, and Diazepam, while treating a patient for back and shoulder pain without conducting or documenting a good faith examination and/or medical indication. Public Letter of Reprimand issued January 25, 1999

KIRBENS, DREW JOSEPH, M.D. (G33256) Laramie, WY

B&P Code §141(a). Disciplined by Wyoming for performing endoscopic sinus surgeries on 3 patients which were inappropriate and unnecessary. Revoked. December 24, 1998

KOMSHIAN, SHAHE VAHRAM, M.D. (A48567)

San Jose, CA

B&P Code §2234(b)(c)(d). Stipulated Decision. Failed to document and/or consider multiple cardiac risk factors in a patient's history and failed to aggressively rule out cardiac involvement in this patient with appropriate lab work and ECG. Revoked, stayed, 2 years probation with terms and conditions. December 2, 1998

KUCERA, STEPHEN ERIC, M.D. (C42407) Palo Alto, CA

B&P Code §2234. Stipulated Decision. Prescribed controlled substances to a patient without maintaining any documentation reflecting that he had conducted appropriate medical evaluations prior to treatment. Public Letter of Reprimand issued November 30, 1998

LAM, ANSELM ON-SANG, M.D. (G31127) Milwaukee, WI
B&P Code §141(a). Disciplined by Wisconsin for prematurely attempting to repair a rectovaginal fistula which developed following repair of a fourth-degree tear which occurred during a vaginal delivery. 90 days suspension. December 18, 1998

LEVETON, ALAN F., M.D. (A18284) San Francisco, CA
B&P Code §§2234, 2234(b). Stipulated Decision. Engaged in a sexual relationship with a patient too soon after terminating psychotherapy. Revoked, stayed, 4 years probation with terms and conditions. January 15, 1999

MARTIN, ROSCOE BERNARD, M.D. (A39017) Sacramento, CA
B&P Code §2234. Violated terms and conditions of Board probation. Revoked, however, revocation will be stayed and the current probation will be extended for 5 years if he complies with certain preconditions before March 1, 1999. November 2, 1998

MCALEER, IRENE MARY, M.D. (G53246) San Diego, CA
B&P Code §§141(a), 2234, 2234(b). Stipulated Decision. Disciplined by Florida for performance of an inappropriate right kidney pyeloplasty which was not authorized by the patient's legal representative, failed to justify in the patient's medical record the performance of the right kidney pyeloplasty and the discharge summary did not indicate the performance of surgery at the wrong site. Public Letter of Reprimand. January 29, 1999

MORGAN, ELWOOD E., M.D. (C24000) Davis, CA
B&P Code §141(a). Disciplined by Indiana for substance abuse which impairs his ability to practice medicine safely. Revoked. January 4, 1999

NARANJO, PERCY, M.D. (A35198) Huntington Park, CA
B&P Code §§725, 2234(b)(c)(d), 2242(a). Stipulated Decision. During the course of treating a patient for stress-related medical problems he prescribed numerous dangerous drugs in non-therapeutic amounts, combined contraindicated drugs, prescribed dangerous drugs without medical indication and failed to change his course of treatment in the face of continuing complaints of the same symptoms. Revoked, stayed, 2 years probation with terms and conditions. December 31, 1998

NERZ, PAUL MICHAEL, M.D. (G35504) White Sulphur Springs, WV
B&P Code §2239(a). Stipulated Decision. During the course of the Board's investigation tested positive for amphetamines, methamphetamines and marijuana. Revoked, stayed, 5 years probation with terms and conditions. November 2, 1998

NGUYEN, HAI VAN, M.D. (A44145) San Leandro, CA
B&P Code §§820, 821, 2234. Failed to comply with Board-ordered mental examination. Revoked. November 27, 1998

NORDLINGER, CHARLES D., M.D. (C26673) Burlingame, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with writing prescriptions for controlled substances, Phentermine HCL and Pondimin, for his wife and himself in both his wife's married and maiden name, and writing prescriptions for Prozac in his wife's maiden name. Revoked, stayed, 3 years probation with terms and conditions. November 30, 1998

PANCOAST, PAUL E., M.D. (G56935) Toledo, OH
B&P Code §§141(a), 2234(a)(b)(e), 2239(a), 2261, 2280, 2305. Disciplined by Ohio after his criminal conviction for 3 counts of drug abuse and violated terms and conditions of California Medical Board probationary order. Revoked. December 7, 1998

PATRICK, SCOTT BENSON, M.D. (A62379) Sacramento, CA
B&P Code §§2234, 2234(f). Engaged in sexual intercourse and other sexual acts with a minor. Revoked. November 23, 1998

PIKE, ALBERT DOUGLAS, M.D. (C41706) Boston, MA
B&P Code §141(a). Disciplined by Massachusetts based on his criminal conviction for filing false Medicaid claims and 29 counts of improper writing, dispensing and/or administration of controlled substances. Revoked. December 28, 1998

PINZON, FIDEL FOSTER, M.D. (A25429) Chino, CA
B&P Code §2234(b)(d). Stipulated Decision. Committed acts of gross negligence and incompetence for his failure to diagnose and properly treat cervical cancer. Revoked, stayed, 3 years probation with terms and conditions. January 7, 1999

SADIQ, YOUSUF, M.D. (A43898) Diamond Bar, CA
B&P Code §2234(a). Stipulated Decision. Involved in a sexual relationship with a woman who subsequently became his patient and the relationship continued after she became a patient. Revoked, stayed, 2 years probation with terms and conditions. December 18, 1998

SAWYER, JOHN DAVID, M.D. (CFE20503) Lompoc, CA
B&P Code §2234(b). Stipulated Decision. Committed an act of gross negligence in his care and treatment of a 69 year-old patient in that he failed to control the bleeding of a ruptured subcapsular hematoma following a laparoscopic cholecystectomy. Public Letter of Reprimand. September 16, 1998

SCHAUB, JOHN S., M.D. (G10963) Portland, OR
B&P Code §141(a). Disciplined by Washington for practicing medicine before being licensed in that state to do so. Revoked. January 19, 1999

SCHIEVE, DONALD R., M.D. (C21402) Bullhead City, AZ
B&P Code §141(a). Disciplined by Nevada for performing phenol face peels with an unlicensed individual. Revoked. December 16, 1998

SCHINDELHEIM, ROY HOWARD, M.D. (C37325)

King City, CA

B&P Code §2234. Stipulated Decision. Failed to correctly interpret an ultrasound examination, and in doing so, incorrectly diagnosed the patient as carrying twin fetuses when in fact she was carrying a single fetus, and failed to obtain a high-risk pregnancy consultation from an obstetrician for this patient. Public Reprimand. May 9, 1997

SCHWARTZ, ALAN, M.D. (G18347)

Moreno Valley, CA

B&P Code §§726, 2234, 2234(b), 2266. Committed acts of sexual abuse and misconduct with a 15 year-old male patient, failed to maintain adequate and accurate medical records for patients. Revoked, stayed, 10 years probation with terms and conditions including 60 days actual suspension. January 4, 1999

SCHWEITZER, RICHARD EDMUND, M.D. (C30465)

Topanga, CA

B&P Code §2234. Stipulated Decision. Failed to timely diagnose and treat a malignant melanoma on the ear of a patient. Public Letter of Reprimand. December 7, 1998

SCOON, MALCOLM EDGAR, M.D. (G78562)

Cambria Heights, NY

B&P Code §2236(a). Convicted of second degree manslaughter in New York for the shaking death of his infant daughter. Revoked. December 17, 1998

SMALL, RICHARD BALDWIN, M.D. (C32810)

Ventura, CA

B&P Code §§822, 2234, 2234(b)(c)(d). Stipulated Decision. Committed acts of gross negligence, incompetence and repeated negligence in his care and treatment of 2 patients, and is experiencing mental or physical illness which affects his competency. Revoked, stayed, 5 years probation with terms and conditions. January 15, 1999

STANGL, FRANK F., M.D. (C15312) San Francisco, CA

B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence, incompetence, repeated negligence, dishonesty, and creating a false or misleading medical record arising from his failure to inform his patient that he had removed her IUD and altering her medical records to mislead the patient and her attorney. Revoked, stayed, 3 years probation with terms and conditions. January 29, 1999

STONE, SERGIO CERECEDA, M.D. (A32484)

Villa Park, CA

B&P Code §§810, 2234(e), 2236, 2261. Criminal conviction for mail fraud arising from his participation in a scheme to defraud insurance companies by billing for assistant surgeon services when such services had not been provided or had been provided by a resident, by an unlicensed visiting research fellow or by a medical student. Revoked, stayed, 3 years probation with terms and conditions. January 4, 1999

SULLIVAN, KEVIN PAUL, M.D. (G35765) Chicago, IL

B&P Code §§141(a), 2234(b)(c). Stipulated Decision.

Disciplined by Colorado for gross negligence resulting from his failure to properly treat a leg injury resulting in the patient's death. Suspended for 1 year. If, within that 12-month period, the order of the Colorado Board of Medical Examiners is overturned, this order will be vacated. If the Colorado order is not overturned within 12 months, he shall immediately surrender his California medical license. November 2, 1998

TEICHGRAEBER, JOSEPH JAY, M.D. (C37518)

Yucaipa, CA

B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence, incompetence, repeated negligent acts, excessive prescribing and prescribing without medical indication related to his prescribing of Darvon and Motrin, often without an examination, to 1 patient for back treatment. Revoked, stayed, 3 years probation with terms and conditions. November 23, 1998

VESPE, JOHN ROBERT, M.D. (G72675) Phoenix, AZ

B&P Code §§2234, 2234(b)(c), 2239. Stipulated Decision.

Use of alcoholic beverages to the extent dangerous to the licensee or the public and 2 criminal convictions for driving under the influence of alcohol. Revoked, stayed, 5 years probation with terms and conditions. November 30, 1998

WEBER, ARMEEN WILLIAM, M.D. (C36976)

San Francisco, CA

B&P Code §2234. Stipulated Decision. No admissions but charged with gross boundary violations during his care and treatment of a patient for depression, including therapy sessions outside of the office setting such as a park or coffee shop, attending movies with the patient and accompanying the patient on trips. Revoked, stayed, 4 years probation with terms and conditions. January 8, 1999

WITTIG, JOHN HENRY, M.D. (A25896) San Diego, CA

B&P Code §§820, 821, 2234(c). Failed to comply with Board-ordered mental competency examination and mental illness affecting his ability to practice medicine safely. Revoked. November 16, 1998. Judicial review being pursued.

ZARAY-MIZRAHI, MORDEHAI, M.D. (A35870)

Sherman Oaks, CA

B&P Code §§490, 2234, 2236. Stipulated Decision. Criminal conviction for mail fraud related to his involvement in a scheme to defraud insurance companies. Revoked, stayed, 3 years probation with terms and conditions. January 8, 1999

DOCTORS OF PODIATRIC MEDICINE

AMBROSINO, JOHN ALBERT, D.P.M. (E2827)

Concord, CA

B&P Code §2234. Stipulated Decision. Violated terms and conditions of Board probation by failing to have a practice monitor. Probationary term extended for an additional 18 months. December 17, 1998

BULKIN, BRUCE MICHAEL, D.P.M. (E2939)
San Mateo, CA

B&P Code §2234. Stipulated Decision. No admissions but charged with deviating from the surgery that was planned and failure to obtain a proper informed consent. Revoked, stayed, 2 years probation with terms and conditions. December 31, 1998

LEVY, SHERWIN E., D.P.M. (EFE965) Santa Monica, CA

B&P Code §§490, 2052, 2234, 2234(e), 2236(a), 2238, 2239(a), 2241. Stipulated Decision. Criminal conviction for self-prescribing of controlled substances including Demerol, Vicodin, Dalmane, Xanax, and Halcion, issuing false prescriptions to obtain controlled substances, and practiced medicine without a license by diagnosing his daughter with irritable bowel and treating her for same by administering controlled substances. Revoked, stayed, 5 years probation with terms and conditions. December 31, 1998

PHYSICIAN ASSISTANTS

CONSIGLIO, RUSSELL ERNEST, P.A. (PA10894)
Sacramento, CA

B&P Code §3502.1(b)(2). Stipulated Decision. Failed to have an order from a supervising physician for a particular patient prior to transmitting an order for Vicodin, a Schedule III controlled substance. Public Repeal. July 8, 1998

HAGER, LESLIE WADE, P.A. (PA13552) West Covina, CA

B&P Code §§2234, 2238, 3502.1(b)(2), 3527. Stipulated Decision. Dispensed controlled substances without a patient-specific authorization from a supervising physician, dispensed improperly labeled controlled substances, failed to offer a written prescription prior to dispensing controlled substances, and practiced as a physician assistant without written delegation of authority. Revoked, stayed, 2 years probation with terms and conditions. December 23, 1998

TANNER, CURTIS W., P.A. (PA12626) Kerman, CA

B&P Code §§2052, 2234, 2238, 2239(a), 3502.1(a)(2). Stipulated Decision. Self-use of controlled substances, and providing medical services including controlled substances and/or dangerous drugs without proper supervision. Revoked, stayed, 5 years probation with terms and conditions including 10 days actual suspension. December 23, 1998

**SURRENDER OF LICENSE
WHILE CHARGES PENDING**

ALLISON, RALPH B., M.D. (G4211) Los Osos, CA
November 30, 1998

BETTS, RUDOLPHUS R., M.D. (AFE16594) Murrieta, CA
December 30, 1998

BHIMBRA, SUDARSHAN SINGH, M.D. (A50370)
West Orange, NJ
November 24, 1998

CLAPP, ROGER WELLS, M.D. (G21166)
Monte Sereno, CA
November 6, 1998

COMER, THOMAS P., M.D. (G10033) Encino, CA
November 10, 1998

DUGAS, JEAN E., M.D. (AFE27540) Sacramento, CA
January 11, 1999

GROSS, ISRAEL, M.D. (C37409) San Bernardino, CA
November 2, 1998

LUH, HSIU-KUANG, M.D. (A34977)
Fountain Valley, CA
November 9, 1998

MAGLIOZZI, JOSEPH R., M.D. (G34335) Placitas, NM
January 14, 1999

MCCAULEY, KEVIN THOMAS, M.D. (G80112)
Costa Mesa, CA
November 3, 1998

NOVAK, FREDDIE PATRICK, M.D. (GFE61059)
Portland, OR
January 27, 1999

ODALY, PATRICK WILLIAM, M.D. (G18799)
Garrison, NY
November 30, 1998

RILEY, VIRGIL THOMAS, M.D. (C31203) Waterloo, IA
December 22, 1998

ROBERTS, HARRY L., M.D. (GFE1980) San Diego, CA
November 24, 1998

SANDBERG, HARRY W., M.D. (A15284) Linden, CA
January 1, 1999

SHANKMAN, ANDREW STUART, M.D. (A40890)
Las Vegas, NV
December 18, 1998

STEVENS, MARK KENNETH, M.D. (C42931)
LaCrosse, WI
November 30, 1998

STREIB, HOMER F., M.D. (CFE12121) Bonita, CA
January 29, 1999

For further information...

Copies of the public record documents attendant to these cases are available at a minimal cost by calling the Medical Board's Central File Room at (916) 263-2525.

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ACTION REPORT - APRIL 1999

Candis Cohen, Editor, (916) 263-2389

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