



ACTION REPORT

BOARD OF MEDICAL QUALITY ASSURANCE

No. 11—July 1979

TRAFFIC ACCIDENT INVOLVEMENT OF MEDICALLY IMPAIRED DRIVERS

This is the second of three articles dealing with the licensing of medically impaired drivers in California.

In a study published in 1965, Dr. Julian Waller investigated the relationship of chronic medical conditions to traffic accident involvement for drivers in California. Comparing medically impaired drivers in various diagnostic categories with a sample of randomly selected California drivers, he found that drivers within each of six diagnostic groups (epilepsy, cardiovascular disease, diabetes, alcoholism, mental illness, and miscellaneous—e.g., endocrine disorders, Meniere's syndrome) had approximately twice as many accidents, adjusted for age and mileage, as did drivers in the comparison sample. The only medical impairment he studied which did not seem to lead to an inflated accident rate was impairment stemming from drug usage.

The California Department of Motor Vehicles (DMV) has a special control program relating to drivers with medical problems. Subsequent to Waller's study, two investigations of drivers in this program were made by the DMV research staff, one in 1976 and one in 1978. Both of these studies agreed in finding that medically impaired drivers are at substantially higher risk of accidents than are members of the general population, and this was true for drivers in all impairment categories studied, including drug abuse. Over a two-year period prior to intervention by the DMV (in the form of a hearing to consider probation or suspension of the driving privilege), impairment groups had accident rates ranging from over two times to almost five times the comparison rate.

This higher risk was determined not to be due to age or sex differences between impairment and comparison groups. The DMV studies did not control for mileage, but supplementary data indicated that medically impaired drivers drive less than does the average driver. This means that the obtained accident rates tended to underestimate the relative accident risk discrepancy between impaired drivers and those without known impairment.

In addition, the accidents of medically impaired drivers were found to be more likely to result in injury or death than those of the comparison sample, and also more likely to involve only one vehicle, that of the impaired driver. This latter finding may serve as circumstantial evidence for a causal linkage between impairment and increased accident rate.

The following table, taken from the 1978 study, shows two-year accident rates for the six impairment groups defined by the DMV, before and after their 1974-75 hearings. You will note that these groups do not correspond in any unambiguous way to diagnostic categories. For example, conditions causing lapses of consciousness are considered a separate category in themselves, and "lack of skill" defines a group consisting mainly of older drivers, who may or may not have an identified physical or mental impairment, but who are unable to pass a test of driving skill. The table shows that alcoholics have the most accidents prior to hearing and mental patients the fewest, among impairment groups. It also shows that the accident rates for all groups decreased, subsequent to intervention by the DMV.

TWO-YEAR ACCIDENT RATES *

Impairment group N = 20,464	Comparison group N = 12,436 1975-1977	Impaired Drivers		
		Accidents prior to hearing	Accidents subsequent hearing	N
Alcoholism	.113	.546	.227	1,854
Mental condition	.113	.256	.150	2,462
Physical condition	.113	.321	.131	4,180
Lapse of consc.	.113	.285	.201	8,058
Drug Abuse	.113	.370	.300	2,679
Lack of skill	.113	.525	.106	1,231
Combined means, impairment groups		.338	.190	

* Data from "Medically Impaired Drivers, An Evaluation of California Policy," Report No. 67. California Department of Motor Vehicles, 1978.

IMPAIRED DRIVERS

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In interpreting these figures, it must be borne in mind that the impaired drivers in this study, as in the Waller study, were all known to the DMV as having medical problems, many through physicians' reports. Most drivers with medical problems are not known to the DMV; those who are known tend to have more serious medical conditions and more traffic accidents on their records. In addition, all of these drivers had DMV hearings, and hearings are not given unless an action is contemplated by the DMV. This again tends to eliminate cases of lesser severity. Nevertheless, the evidence indicates that current procedures for regulating the driving of people with medical conditions, based on the presumption of a correlation between these conditions and traffic accidents, can be justified on grounds of both traffic safety and public health.

NURSING HOMES VERSUS RESIDENTIAL CARE FACILITIES

California Title 22 Regulations authorize the licensing of both Health and Community Care Facilities. Many health facilities are licensed to provide **skilled nursing** services to aged and the disabled persons, but many aged and disabled persons are also served in licensed community care facilities. In appearance, the community care facility may look like a nursing home. Some older nursing homes have even been relicensed as community care facilities.

Professional persons referring aged and/or disabled patients to licensed care facilities must be aware of the difference between the types of facilities. A residential (community care) facility is described in law as a place where personal care, supervision, and assistance with daily activities are provided but **not** medical care. The community care facility can provide incidental medical care which is limited to handling and storing medication that can be self-administered, assistance with medical appointments and the like. While a community care facility may occasionally employ a nurse, they are not authorized or generally qualified to accept persons that need nursing care.

As a general rule, if a patient is bedridden, requires observation, or administration and charting of medication or other medical care not usually provided by a relative in a home setting, the patient should not be in a community care facility. Conversely, if the patient needs help with dressing, eating, ambulating, bathing, or daily living activities and only incidental medical help, they may be better served in a non-medical community care facility.

If you have any doubts about how the facility is licensed, ask the licensee who the licensing agency is. **Health** facilities are licensed by the Department of Health Services. **Community Care** facilities are licensed by the Department of Social Services or the County Welfare Department.

INFORMATION REGARDING EXPOSURE TO ASBESTOS

- Asbestos exposure creates an especially high risk of lung cancer, asbestosis, mesothelioma, and certain gastrointestinal cancers.
- Workers in shipbuilding, construction, mining and parts of the auto industry involved in brake and clutch installation and repair are those most likely exposed to asbestos.
- When dealing with your patients that have been exposed to asbestos, the Surgeon General suggests that you consider the following:

- 1) **Occupational or Exposure History**—A detailed, lifetime history must be obtained. This is time-consuming, but important because significant exposures may have been brief (one month) and may have occurred many years ago (i.e., during World War II). Because the World War II work force was comprised of many women as well as men, the potential for female patient involvement should not be overlooked.
- 2) **Careful Management of Lung Disease**—A detailed history of symptoms such as shortness of breath or exertional dyspnea, physical examination, chest x-ray, and pulmonary function tests may be helpful in diagnosing the pneumoconioses associated with asbestos. Early x-ray changes are often subtle so x-rays **must be reviewed carefully by experienced readers**. Such reading should include a thorough search for pleural changes. Careful attention to and aggressive treatment of respiratory infections may be important in patients with asbestosis. The use of currently effective influenza and pneumococcal vaccines should be considered.
- 3) **Emphasis on Smoking Cessation**—Discontinuation of smoking is an important step in the control of the sequelae of asbestosis and will assist in the prevention of lung cancer. Individuals who smoke and who have been exposed to asbestos have 30 to 90 times the risk of getting lung cancer of individuals who neither smoke nor have been exposed to asbestos and 7½ to 30 times the risk of the non-smoking asbestos workers. Data are available which show that **cessation of smoking will significantly diminish the risk** of developing lung cancer among asbestos workers.
- 4) **Cancer Surveillance**—The usefulness of screening asymptomatic, exposed individuals, for lung, gastrointestinal and other cancers is now under study in clinical trials. Individuals, however, should be carefully questioned regarding possible symptoms which could be related to cancer: chest pain, hoarseness, hemoptysis, weight loss, melena, etc. If such symptoms are present, an appropriate diagnostic workup should be undertaken.

DISCIPLINARY ACTIONS

JANUARY 1, 1979-APRIL 1, 1979

Begley, Bernard C., M.D. (A09533)—San Francisco
2391.5, 2399.5 B&P Code, 11154 H&S
Prescribed Tuinal, Preludin, and Seconal to patients without a good faith examination or medical indication therefor.
Revoked, stayed, 5 years probation with terms and conditions.
March 14, 1979

Bernhardt, Herbert, M.D. (C-13210)—Floral Park, NY
2361 (a) and (f), 490, 2391.5 B&P Code, 11157, 11170, 11173(a) and (b), 11175 H&S
Wrote prescriptions for controlled drugs by signing the name of another physician.
Revoked, stayed, 5 years probation with terms and conditions.
February 1, 1979

Berwick, Robert C., M.D. (A-11546)—San Francisco
2384, 2399.5 B&P Code
Federal felony convictions for violating statutes regulating controlled drugs.
Revoked.
January 5, 1979

Brehm, Gil Wayne, M.D. (C-17923)—Tulomne (now, Texas)
Violated numerous terms of probation granted under prior disciplinary decision.
Probation revoked. License revoked.
March 2, 1979

Cane, Edward M., M.D. (A08067)—Los Angeles
2384, 490, 2391.5 B&P Code, 11154 H&S
Misdemeanor conviction for violating drug statute.
Prescribed controlled drug to persons not under his treatment for a pathology or condition.
Revoked, stayed 5 years probation with terms and conditions.
January 29, 1979

Corlew, Thomas Lyle, M.D. (C-28430)—Langley, Wash.
Violation of Probation
Stipulated voluntary surrender of license; petition to revoke probation dismissed.
February 15, 1979

DeHaven, Harry E., M.D. (C-17637)—Garden Grove
2399.5, 2361.5 B&P Code
Prescribing without good faith prior examination and medical indication therefor. Prescribing clearly excessive amounts of drugs.
Revoked, stayed on conditions, 5 years probation.
January 19, 1979

Enos, Herbert C. M.D. (A-11285)—Lafayette
Section 2417 impairment
Revoked.
March 14, 1979

Feldkamp, I. M., M.D. (A02565)—Loma Linda
Stipulated voluntary surrender of license; accusation dismissed.
March 2, 1979

Huthstainer, George W., M.D. (C-13819)—Northridge
2399.5, 2391.5, 2391 B&P Code, 11154, 11156 H&S
Stipulated Decision. Prescribed dangerous drugs and controlled substances to patients without a good faith prior examination and medical indication therefor; prescribed controlled drugs to known addicts; prescribed drugs to persons not under treatment for a pathology or condition.
Revoked, stayed, 5 years probation, 90 days actual suspension, other terms and conditions.
February 15, 1979

Jue, William P., M.D. (A07821)—Oakland
2399.5, 2391.5 B&P Code, 11154 H&S
Prescribed controlled substances to persons without a good faith examination or medical indication, and said persons were not under his treatment for a pathology or condition. Prior record of discipline.
Revoked.
January 29, 1979

Myers, Fred M., M.D. (A-15375)—Willits
Stipulated voluntary surrender of license; accusation and petition to revoke probation dismissed.
March 14, 1979

Nelson, Norman M., M.D. (A-11717)—Glendora
2390, 2361(b), 2411 B&P Code
Stipulated Decision. Gross negligence in the removal of patient's right testicle; made false cover-up entries in hospital records. Also, alcohol impairment.
Revoked, stayed, 5 years probation with terms and conditions.
March 26, 1979

Norgard, Milton C., M.D. (A-26876)—Huntington Park
2399.5, 2391.5, 2384 B&P Code, 11154 H&S
Criminal conviction for violating drug statute.
Prescribed controlled drugs without good faith examination and medical indication.
Revoked, conditional stay, 5 years probation on terms and conditions.
February 7, 1979

Paredes, Francisco E., M.D. (A-24482)—Huntington Park
2392 B&P Code
Stipulated Decision. Aiding and abetting unlicensed employees to administer physiotherapy treatment to patients.
Suspended 6 months, stayed, 3 years probation with terms and conditions.
January 29, 1979

Price, Gerald M., M.D. (G-15260)—Merrillville, Ind.
2416, 2417 B&P Code
Stipulated Decision. Section 2417 impairment.
Revoked, stayed, 10 years probation with terms and conditions.
March 12, 1979

Rosenzweig, Milton, M.D. (G-23204)—Hawaiian Gardens
2399.5, 4211 B&P Code
Prescribed extensively dangerous drugs and controlled substances at the direction of a lay person, and without good faith examination and medical indication. Also made false entries in medical records.
Revoked.
January 19, 1979

Scholm, Louis, M.D. (A-28614)—Lemon Grove
2392 B&P Code
Aiding and abetting unlicensed person in treating patients with orthopedic problems.
Suspended 30 days, stayed, 1 year probation with terms and conditions.
March 1, 1979

Seeman, Eugene F., M.D. (A-27901)—Folsom
2391, 2391.5, 2361.5, 700, 2361(b), (d), and (e), 11156 H&S
Stipulated Decision. Prescribed and furnished narcotic drugs and dangerous drugs to addicts. Gross negligence and incompetence in treating patients by prescribing excessive amounts of narcotic drugs and medication. Repeatedly ignored warnings from colleagues concerning his excessive prescribing of narcotics and dangerous drugs.
Revoked.
March 1, 1979

Sendin, Andres D., M.D. (A-22382)—San Francisco
2399.5, 2383, 2384 B&P Code
Federal felony conviction for drug violations.
Prescribing without good faith examination and medical indication.
Revoked, stayed, 5 years probation, actual 45 days suspension.
February 7, 1979

Smith, Thomas Wayne Diamond, M.D. (A-13514)—Gardena
2391.5, 2361.5, 700 B&P Code, 11190, 11172 H&S
Clearly excessive prescribing of Schedules II and III drugs detrimental to patients. Violated statute requiring proper record keeping of drug transactions.
Revoked, stayed, 5 years probation, actual 6 months suspension, other terms and conditions.
March 14, 1979

Tremblay, Richard E., M.D. (C-21308)—Bellevue, Wash.
2363 B&P Code
Stipulated Decision. Disciplined by the state of Washington for passing fraudulent prescriptions.
Revoked, stayed, 10 years probation, actual 60 days suspension.
March 9, 1979

Whitson, Leland, M.D. (A-22527)—Hermosa Beach
2390 B&P Code
Impairment due to alcohol.
Revoked, stayed, 10 years probation with terms and conditions.
January 1, 1979

Younger, Carl B., M.D. dba Younger Psychiatric Medical Group (A-18631)—Burbank
2361(e), 2411, 2392, 2399.5 B&P Code
Criminal conviction for Medi-Cal fraud. Filed numerous false claims with Medi-Cal for psychotherapy treatments. Used unlicensed persons to treat patients; prescribed dangerous drugs without good faith examination and medical indication.
Revoked, stayed, 5 years probation, restitution to Medi-Cal.
February 21, 1979

IMPORTANT INFORMATION ON THE REQUIREMENT OF PESTICIDE POISONING FROM THE DIVISION OF OCCUPATIONAL SAFETY AND HEALTH

Health and Safety Code Section 2950 provides that: "any physician who knows or has reasonable cause to believe that a patient is suffering from pesticide poisoning or any disease or condition caused by a pesticide, shall promptly report such fact to the local health officer by telephone within twenty-four (24) hours and by a copy of the report required pursuant to sub-division (a) of Section 6409 of the Labor Code (Doctor's First Reports of Occupational Injury) to the local health officer within seven (7) days. . ." The original of the pesticide illness form should be sent to the Department of Industrial Relations, Division of Labor Statistics and Research, P.O. Box 603, San Francisco, CA 94101.

The law requires that physicians report not only systemic pesticide poisoning, but also any "*disease or condition* cause by a pesticide." Dermatitis and chemical conjunctivitis are two common pesticide caused conditions, and as such, are reportable.

Depressed cholinesterase levels are reportable when associated with other symptoms of pesticide poisoning. Asymptomatic cholinesterase depression is only reportable when the condition requires the removal of the employee to another type of work without exposure to organophosphates.

Northern Calif.	DOSH *	(415) 557-1946
		(415) 843-7900 Ext. 391
Sacramento	DOSH	(916) 322-2097
Los Angeles	DOSH	(213) 620-4290
Department of Health Services		(415) 843-7900 Ext. 309

* Department of Occupational Safety and Health

Pesticides can also produce chronic disorders; sterility in Dibromochloropropane (DBCP) formulation workers is a recent example. Cancer, neurological, kidney and liver disorders may also be pesticide related. All such chronic conditions are reportable if diagnosed as related to pesticide exposure.

Physicians who work in emergency rooms of hospitals should inform the chief nurse or other responsible hospital personnel of the reporting requirements of Section 2950 of the Health and Safety Code in the event of a pesticide exposure.

A brief reference manual that may be useful is **Recognition and Management of Pesticide Poisonings**. It is available from the Human Effects Monitoring Branch, Environmental Protection Agency, 401 M St. S.W., Washington, D.C. 20460, for \$1.50. A supplemental publication entitled **Pesticide Protection: A Training Manual for Health Personnel** can be made available through the Department of Health Services.

There are physicians with the Division of Occupational Safety and Health who can answer questions on the law on pesticide poisoning.

MEDICAL ASSISTANTS: X-Rays

Medical assistants may *not* take X-rays unless they hold a Limited Permit X-Ray Technician certificate. Information pertaining to this certificate can be obtained through the State Department of Health Services, Radiologic Health Section:

2151 Berkeley Way, Berkeley, CA 94704	(415) 843-7900
1449 Temple Street, Los Angeles, CA	(213) 620-2891
744 P Street, Sacramento, CA	(916) 445-6695

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