

Action Report

Medical Board of California

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1997 Legislative Highlights

The Medical Board of California sponsored five legislative bills in 1997; three were signed into law by the Governor and two have become two-year bills to be heard in 1998.

MBC 1997 Legislation Signed into Law and Effective January 1, 1998

SB 563 (Prenter, Chapter 514, Statutes of 1997), sponsored by the MBC, is a major piece of consumer protection and enforcement legislation. It gives the Board authority to automatically suspend a medical license if the physician's license from another state was suspended or revoked. The suspension would be for the duration of the suspension/revocation or until an alternate ruling was rendered as a result of an administrative hearing action in California. Physicians who maintain their primary practice in California would not be affected but would be subject to independent investigation. This law will protect consumers by keeping those physicians who have caused public harm in another state from moving to California and setting up a practice.

AB 523 (Lempert, Chapter 332, Statutes of 1997), sponsored by the MBC, addresses a need expressed by the medical schools. It allows the Board to issue a special permit to specific physicians hired to teach at medical schools. This law permits medical schools to hire faculty members meeting the criteria of "academically eminent" as approved by the Division of Licensing, but who are not licensed to practice in California. These permit holders would pay the same fees as licensed physicians, but could only practice while holding a position with the medical school and could not practice outside of the institution.

AB 1555 (Gallegos, Chapter 654, Statutes of 1997), sponsored by the MBC, is the Board's omnibus bill, making various technical amendments to the law.

MBC Two-Year Bills Pending

SB 324 (Rosenthal) proposes to change the definition of the practice of medicine to include anyone who makes a decision regarding the medical necessity or appropriateness of any diagnosis, treatment, operation

or prescription. This change would require the licensure of medical directors of health care service plans. SB 324 will be heard next by the Assembly Appropriations Committee.

AB 1079 (Cardoza) proposes to increase the postgraduate education requirements from one year to two years for all applicants who graduated from medical school after January 1, 2003. This bill will be heard next by the Senate Business and Professions Committee.

Other Significant 1997 Legislation Signed into Law

AB 38 (Figueroa, Chapter 389, Statutes of 1997) is known as the "Newborns' and Mothers' Health Act of 1997." This bill prohibits health care service plans from restricting benefits for inpatient hospital care to a time period of less than 48 hours following a normal vaginal delivery and less than 96 hours following a delivery by caesarean section. Coverage may be for less time if certain conditions are met.

AB 103 (Figueroa, Chapter 359, Statutes of 1997) is a public information disclosure bill, requiring the following specified information to be placed on the Internet for consumer access: (1) status of the physician's license; (2) out-of-state discipline; (3) felony convictions reported after 1/3/91; (4) current Accusations; (5) malpractice judgments or arbitration awards reported after 1/1/93; (6) hospital disciplinary actions resulting in termination or revocation of a licensee's hospital privileges for medical disciplinary cause or reason reported after 1/1/98; (7) links to other websites that provide information on board certifications, health care service plans, health insurers, etc. The Board will be adding the information to its current website in early 1998.

AB 174 (Napolitano, Chapter 400, Statutes of 1997) prohibits a physician and surgeon from supervising the
(Cont. on p. 7)

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.

IN THIS
ISSUE

President's
Report 2

Views From
The
Incoming
President 3

Board Forms Plastic and
Cosmetic Surgery
Committee 4

The Use of Medical
Assistants by Physicians 5

Outpatient Surgery
Accreditation 6

Board Publications 8

Immunizations For
Adults 9-10

HIV "Warmline" 11

Disciplinary Actions
13-17

Medical Board of
California
Meeting Dates/Locations
1998

Please see page 12.
All meetings are open to the
public.

President's Report



Stewart Hsieh, J.D.
1997 President of the Board

As I look back over the ambitious agenda which was undertaken in the past year, I am particularly proud of the work of the Medical Board in several areas.

The Medical Board continued in 1997 to face the important issues confronting consumers and the medical profession. I think that those issues were managed with the integrity and effectiveness for which the Board has become known in recent years. I am proud of the work this Board does and to be associated with so many hard-working, consumer-minded members.

Continuing its policy position that HMOs should be held responsible for their influence over patient care, the Medical Board pursued its bill, SB 324 (Rosenthal), which would require the medical director of a health care service plan who makes decisions regarding the medical care rendered to plan enrollees to be licensed to practice in California. We are closely watching the Governor's Managed Health Care Improvement Task Force, and hope to move our bill after the Task Force completes its work this month. Members of the Medical Board testified at a meeting of the Task Force, proposing an alternative model of regulation for oversight of HMOs and the managed care industry, one based on the needs of the consumer and respect for the primacy of the physician-patient relationship.

This year witnessed the first-ever and nationally recognized Alternative Medicine Colloquium, sponsored by the Medical Board of California. We heard from licensed physicians of international renown who are using responsible, science-based research in pursuit of evaluating the efficacy of complementary modalities. These presentations provided a

foundation which helped Board members better understand the existence of scientifically sound research taking place in this controversial area.

The Board and its staff should be recognized for the tremendous efforts in preparing a 145-page report to the Sunset Review Committee of the Legislature. The report details the current and proposed efforts of the Board to meet its statutory mission. In particular, this report highlighted:

1. The Board's diligence in keeping abreast of emerging medical/regulatory issues, including managed care and telemedicine.
2. The Board's efforts to increase the quality of our investigative process and reduce the time it takes to process cases.
3. Strategic planning efforts in continuing its quality improvement focus.

Staff is now working to convert this document to a report on the status of the Medical Board in 1997 for general distribution.

Finally, I congratulate our new Board officers: President Thomas Joas, M.D., Vice President Karen

McElliott, and Secretary Bernard Alpert, M.D. I wish you a challenging and rewarding year, and pledge my ongoing efforts on behalf of California's health care consumers.

The Medical Board continued in 1997 to face the important issues confronting consumers and the medical profession.

Views From The Incoming President



*Thomas A. Joas, M.D.
1998 President of the Board*

I am very pleased and humbled that my colleagues on the Medical Board of California have chosen me as their President. Several issues are of particular interest to me as I begin my term.

Committee on Plastic-Cosmetic Surgery: This Committee was created because of the proliferation of practices in outside-of-hospital settings, and in response to recent tragedies involving patient harm. The Medical Board is committed to gathering data and interviewing a broad section of physicians who practice in these settings. That effort will guide us in the determination of whether additional statutory or regulatory requirements are necessary to assure that the highest standards of medicine are maintained as more procedures are performed outside of hospital settings, and that public protection is assured.

Two-year postgraduate training: As we are all aware, the process of medical education is changing as is the amount of clinical knowledge and the skills necessary to practice effectively in the modern medical environment. This has caused many leaders in medicine to advocate increased postgraduate education as a requirement for licensure. The Medical Board shares this view and has sponsored AB 1079 (Cardoza). At the present, staff is gathering information necessary to promote passage of this bill, which would require an additional postgraduate year of training for physicians and surgeons who graduated from medical school on or after January 1, 2003. With the additional year of postgraduate training, a total of two years' training after medical school graduation will be necessary, and will bring California up to the standards of most states.

Physician Requalifications Committee: I chair this Committee, which exists to determine the need for reexamination or alteration of the continuing education requirement at distinct career intervals to assure the public that physicians are still current with medical practice standards. Staff is working with Board members and other interested parties on various approaches to this concept, including review of the policies of other states.

Sunset review: A lot of interesting questions and commentary were raised by Sunset Review Committee members and the public during the recent sunset hearings involving the Medical Board. In 1998 the Board will continue the process of self-examination and then propose concepts for sunset legislation which will help continue the improvement of our operations.

Complementary medicine: As a longtime supporter of the scientific approach to good medical practice, I was interested in the degree of adherence to scientific research principles being practiced by the speakers at our colloquium last August. I will be watching the outcomes of attempts in using scientific research models to reach goals previously considered "alternative." In this regard, I highly recommend an article published in the July 1, 1997 issue of *Annals of Internal Medicine*, Volume 127, p. 61, entitled, "Advising Patients Who Seek Alternative Medical Therapies," by David M. Eisenberg, M.D. In sum, Dr. Eisenberg emphasizes the importance of shared decision making, and recommends a formal discussion of the patient's preferences and expectations, thorough record keeping, and careful monitoring. This approach promotes patients' safety above all else, while respecting patients' wishes and input.

Board Forms Plastic and Cosmetic Surgery Committee

Among the many changes taking place in the medical arena is the continuing dramatic increase in the practice of plastic and cosmetic surgery. With the advance of medical technology and the growth in discretionary income, the number and scope of out-of-hospital procedures have continued to escalate. Unfortunately, such expanding markets inevitably draw practitioners who are unprepared or ill-equipped to perform the procedures attempted or who proceed beyond acceptable limits.

Recent news reports have kept Medical Board staff busy investigating cases of physicians practicing elective medicine where serious patient harm has resulted. The range of some of these tragic events resulting in patient death is staggering, from an unlicensed "physician" attempting body sculpting in a patient's home, to a doctor with virtually no specialized training performing liposuction in his office, to a highly qualified surgeon performing multiple procedures in an accredited surgical center. As different as these events were, however, all had one thing in common—the willingness of the practitioner to do more than was prudent with little regard for patient safety.

To protect patients and to address these problems in a practical and systematic manner, the Medical Board formed a Committee on Plastic and Cosmetic Surgery to identify problem areas and propose solutions aimed at patient protection. The Committee held its first meeting on October 22, and will begin meeting regularly in the new year.

The Committee has extensive work to do. First, the extent of the problem is unknown, and forming opinions or proposing laws based on a few sensational news accounts does not make for good government or public safety policy. Secondly, once the extent of the problem is identified, the issues of training, specialty practice, outpatient surgery, peer review, among a host of other issues, are extremely complex.

Currently, the Board is looking to identify where there is the most risk to patients. The Committee is presently soliciting information from coroners, medical schools, residency programs, malpractice insurers, and the Board's own complaint and investigation data. In addition, when the Committee was first formed, the Board began receiving materials from concerned physicians, and the members are closely reviewing this information received from the profession.

Although the issues surrounding elective procedures are too complex for easy legislative or regulatory actions, there are a number of issues that have already been identified as problem areas. The two most obvious appear to be physician advertising and lack of compliance with the outpatient surgery law.

Many physicians have sent examples of advertisements for cosmetic surgery to the Committee, and although some ads are simply in bad taste, others are clearly in violation of the law. California law (Business & Professions Code Section

651) prohibits physicians from making fraudulent, misleading, or deceptive statements in their ads, strictly prohibits certain statements about board certification, and the use of phrases such as "as low as" relating to fees charged.

As an example, an advertisement showing *before* and *after* pictures of certain procedures that simply could not have been accomplished by one procedure are considered misleading, deceptive, or fraudulent. An ad making the statement that "full facelifts are available for as low as \$2,800" is absolutely prohibited. Making claims of board certification is allowed and appropriate, but the certifying specialty board must be a bonafide specialty board, which is defined by law as an American Board of Medical Specialty (ABMS) member board, a board with ACGME accredited training programs, or one approved by the Medical Board.¹

As the Board receives such examples of prohibited advertising, investigation files will be opened and appropriate disciplinary action will follow. Penalties can be severe, and range from citations and fines to administrative action against a licensee to criminal penalties.

In relation to compliance with the law governing outpatient surgery, it would appear that some physicians are either ignorant of the law, or deliberately violating it. After July 1, 1996, the law requires that many of the popular plastic and cosmetic surgeries, if not done in a hospital, be performed in either a licensed or accredited facility. It is important that you read the article on page 6 for more information. To further protect patients, the Committee will be reviewing current regulations to determine if further regulatory action is needed, identify possible "loopholes" or ambiguity in the law, and work with the licensing and accreditation agencies to refine existing standards.

Predictably, a small percentage of physicians cause the majority of problems. Conversely, however, the majority are conscientious professionals working to improve standards and care. Societies, specialty boards, training programs, to name only a few, are all working to improve standards of medical practice, and provide enhanced safeguards for patients. The Committee will be working with a number of groups, as well as with lawmakers, to bring about sensible reform to ensure that patients are protected.

Physicians wishing to contact the Committee, or wanting to be placed on the meeting mailing list, should write or call the Medical Board's Program Support & Research Office at (916) 263-2349. The members welcome comment, and are especially appreciative of any written materials that can be included in the official record of the Committee.

¹To date, two specialty boards have been approved by the Medical Board of California: 1) The American Board of Facial Plastic and Reconstructive Surgery, and 2) The American Board of Pain Medicine. The American Board of Sleep Medicine has applied for recognition, is presently undergoing review of its specialty training programs, and a decision is expected in early 1998.

The Use of Medical Assistants by Physicians

There is a popularly held myth that medical assistants may perform any procedure in a doctor's office if supervised by a physician. This is not true, as medical assistants are unlicensed, and can only legally perform certain duties allowed by law and technical supportive services enumerated in regulations. This does not include functions outside of the law and those covered by other practice acts.

Section 2069 of the Business & Professions Code defines a medical assistant as an unlicensed person who performs basic administrative, clerical, and technical supportive services under the supervision of a physician. A medical assistant may administer medication only by intradermal, subcutaneous, or intramuscular injections, perform skin tests, and other technical supportive services described in regulation. Some of those services included in the regulation are: applying and removing bandages and dressings, removing sutures or staples from superficial incisions or lacerations, removing ear wax, collecting urine and stool specimens, and shaving and disinfecting treatment sites. Under some circumstances, medical assistants may draw blood. The law specifically prohibits medical assistants from applying topical anesthetic agents, and they may not be employed for inpatient care in a licensed general acute care hospital.

Recently, the Medical Board's regulations relating to the technical supportive services of medical assistants were challenged in Superior Court in California Optometric Association vs. The Division of Licensing of the Medical Board of California. The COA sued the Division over its amendments to Section 1366 of Division 13 of Title 16 of the California Code of Regulations, which added simple ophthalmic testing to the list of activities that may be legally performed by medical assistants.

The primary issue of contention was the addition of Section 1366(b)(4), which stated: *Perform ophthalmic testing not requiring interpretation by the medical assistant in order to obtain test results*. After filing suit in April 1996, COA ultimately won. On June 12, 1997, Superior Court Judge Earl Warren, Jr. declared this regulation invalid and ineffective, and restrained the Medical Board from enforcing it. In compliance with the court's order, the Division is repealing the disputed language through the Office of Administrative Law.

Another issue that recently has come to the attention of the Medical Board is the use of lasers by non-physicians. It has been suggested that some doctors are employing unlicensed medical assistants to use lasers for tattoo removal, spider vein

treatments, or hair removal. This practice is not legal. The physician, of course, may use the laser in his or her office, but only a licensed nurse or physician assistant may use it under the physician's supervision, following protocols appropriate to their licenses. Similarly, it is not legal to employ electrologists to perform laser hair removal, as laser use is not permitted by the barbering and cosmetology license they possess.

In summary, medical assistants are not licensed, and it is not legal to use them to replace highly trained, licensed professionals. They are there to assist and perform support services in the physician's office appropriate with their training, which cannot be compared with licensed nurses or other health professionals

who must meet rigorous educational and examination requirements.

Physicians who would like additional information may fax requests to (916) 263-2387.

United States Medical Licensing Examination (USMLE) Step 3 Dates

Examination Date	Application Deadline
May 12-13, 1998	February 2, 1998
December 1-2, 1998	August 21, 1998

For additional information, contact:

Medical Board of California
Licensing Program
1426 Howe Avenue, Suite 54
Sacramento, CA 95825-3236
(916) 263-2499

Outpatient Surgery Accreditation

On July 1, 1996, some outpatient surgery became prohibited unless performed in a licensed or accredited setting. AB 595, authored by Assemblywoman Jackie Speier and passed in the 1994 legislative session, amended the Health & Safety and Business & Professions Codes to improve consumer protection in the growing arena of outpatient surgery.

The law intended to provide some safeguards for surgery performed in physician offices or freestanding unlicensed surgery facilities, and added Section 2216 of the Business & Professions Code, which states:

"On or after July 1, 1996, no physician and surgeon shall perform procedures in an outpatient setting using anesthesia, except local anesthesia or peripheral nerve blocks, or both, complying with the community standard of practice, in doses that, when administered, have the probability of placing the patient at risk for loss of the patient's life-preserving protective reflexes, unless the setting is specified in Section 1248.1. Outpatient settings where anxiolytics and analgesics are administered are excluded when administered in compliance with the community standard of practice, in doses that do not have the probability of placing the patient at risk for loss of the patient's life-preserving protective reflexes."

The line drawn in the sand is the level of anesthesia, not the procedures performed. For practical reasons, the Legislature chose not to enumerate the kinds of surgeries prohibited, and instead made the assumption that physicians would follow the community standard of interpreting the meaning of "loss of the patient's life-preserving protective reflexes."

As with other laws, a few physicians may be pushing the envelope. Speak with those choosing to become accredited, or shifting their surgery to a hospital or licensed facility in lieu of seeking accreditation, and they will state with certainty that the procedures they perform, such as face lifts and abortions, are done under a level of anesthesia requiring accreditation. Those physicians unable to obtain accreditation, and unwilling to take other required steps such as performing certain surgeries in an approved facility, however, will attempt a number of strategies to avoid the requirement. These can include interpreting the law to mean only patients who have ceased breathing on their own are at risk, or inappropriately performing procedures under local anesthesia.

If in question about the need to become accredited, physicians should consider how independent medical experts would view their actions. If there is a bad outcome and a patient or their surviving relative complains to the Board, would a qualified, independent expert agree that the level of anesthesia administered would not interfere with life protective reflexes? Unlike in the malpractice lawsuit arena, where experts are hired by plaintiff and defense attorneys to buttress the claims of each side's position, the Medical Board relies on independent experts. When complaints are investigated concerning the quality of medical care, the Board solicits the help of a qualified independent expert—a disinterested

party—and asks for an independent and honest opinion. What would be the opinion of such an expert? As in all medical quality of care cases, the community standard, established by the practicing medical community and not the government, will be used to determine if a violation has taken place.

While the Medical Board relies on the integrity of the medical community to achieve accreditation of outpatient surgery settings or physician offices where necessary, its enforcement staff will be checking for accreditation status when a complaint is made. Physicians found to be in violation will be vulnerable to the many sanctions contained in the law, including license revocation (violation is unprofessional conduct), superior court injunction preventing operation, imposition of fines of up to \$ 1,000 per day, and criminal prosecution.

The law permits procedures to be performed only in the setting listed in the law, such as ambulatory surgical centers certified to participate in the Medicare program under Title XVIII, health facilities licensed as general acute care hospitals, federally operated clinics, facilities on recognized tribal reservations, and facilities used by dentists or physicians in compliance with Article 2.7 or Article 2.8 of Chapter 4 of Division 2 of the B&P Code. If a facility falls under one of these exemptions, accreditation is not necessary.

For physicians and facilities seeking accreditation, the Division of Licensing has approved the following organizations which evaluate facilities and provide the actual accreditation.

Accreditation Association for Ambulatory Health Care
993 Lawler Avenue
Skokie, IL 60077-3708
(847) 676-9610
(847) 566-4580 (fax)

American Association for Accreditation of Ambulatory Surgery Facilities
Accreditation Office
1202 Allanson Road
Mundelein, IL 60060
(708) 949-6058
(708) 566-4580 (fax)

Institute for Medical Quality
P.O. Box 7690
San Francisco, CA 94120-7690
(415) 882-5151
(415) 882-5149 (fax)

(Cont. on p. 7)

Legislation (Cont. from p. 1)

performance of acupuncture by any health care professional other than a licensed acupuncturist. It states that any health care professional other than a physician who administers acupuncture and is not a licensed acupuncturist will be charged with unprofessional conduct.

AB 564 (McClintock, Chapter 139, Statutes of 1997) provides immunity from liability to medical consultants when they assist the Department of Corporations in its enforcement of the Knox-Keene Act.

AB 833 (Ortiz, Chapter 754, Statutes of 1997) requires the medical care provider, primarily responsible for providing an annual gynecological examination, to provide to that patient during the annual examination a standardized summary containing a description of the symptoms and appropriate methods of diagnoses for gynecological cancers. Use of existing publications developed by nationally recognized cancer organizations is acceptable. It also requires the Department of Health Services to develop a plan for the development and distribution of these materials.

SB 1 (Burton, Chapter 11, Statutes of 1997) is known as the "Grant H. Kenyon Prostate Cancer Detection Act." This bill requires a physician and surgeon, who examines a patient's prostate gland during a physical examination and where the patient meets specified conditions (age, manifests clinical

symptomatology, etc.), to provide information to the patient about the availability of appropriate diagnostic procedures, including the prostate specific antigen (PSA) test. The Medical Board makes "What You Need to Know About Prostate Cancer" booklets available to physicians upon request.

SB 3 (Leslie, Chapter 714, Statutes of 1997) adds gamma-hydroxybutyrate (GHB) to the list of Schedule II controlled substances.

SB 402 (Green, Chapter 839, Statutes of 1997) establishes the "Pain Patient's Bill of Rights" but does not change any provisions in the California Intractable Pain Treatment Act. Provides that physicians may refuse to prescribe opioid medication for patients who request the treatment for severe chronic intractable pain, however, they must inform the patient that other physicians specialize in the treatment of such pain with methods that include the use of opiates. Nothing in this law limits any reporting or disciplinary provisions applicable to physicians nor the applicability of federal statute or regulation.

SB 571 (Wright, Chapter 384, Statutes of 1997) allows a certified radiologic technologist with specified training to perform venipuncture in an upper extremity in order to administer contrast materials.

Outpatient Surgery (Cont. from p. 6)

Joint Commission on Accreditation of Hospitals & Health Systems

One Renaissance Blvd.
Oakbrook Terrace, IL 60181
(708) 916-5730
(708) 916-5644 (fax)

The Medical Quality Commission
3010 Old Ranch Parkway, Suite 205
Seal Beach, CA 90740-2750
(562) 936-1100 ext. 262
(562) 936-1104 (fax)

Physicians may obtain a copy of the law and regulations by fax: (916) 263-2487 or telephone: (916) 263-2344. For questions relating to accreditation standards or applications, the accreditation agencies should be contacted directly.

1998 OFFICERS OF THE MEDICAL BOARD OF CALIFORNIA

Thomas A. Joas, M.D., President
Karen McElliot, Vice President
Bernard Alpert, M.D., Secretary
Stewart Hsieh, J.D., Immediate Past President

Division of Licensing

Bruce H. Hasenkamp, J.D., President
Bernard S. Alpert, M.D., Vice President
Thomas A. Joas, M.D., Secretary

Division of Medical Quality

Ira Lubell, M.D., M.P.H., President
Carole Hurvitz, M.D., Vice President

Board Publications

There is no charge for a single copy of the following publications. For bulk orders, call (916) 263-2389 and ask for Yolanda Gonsolis for cost.

A Woman's Guide to Breast Cancer Diagnosis and Treatment—30-page booklet published by the Department of Health Services for consumers who need current information on breast cancer.

Manual of Disciplinary Guidelines and Model Disciplinary Orders—A technical reference for attorneys and administrative law judges who draft disciplinary decisions.

Physician and Allied Health Complaint Form—2-page form for submitting complaints against licensees of the Board or its committees.

Professional Therapy Never Includes Sex—16-page booklet for consumers who are concerned about possible inappropriate sexual behavior by a psychotherapist.

Services to Consumers from the Medical Board of California—16-page pamphlet explaining Board organization and how to use its services.

What You Need To Know About Prostate Cancer—33-page booklet reprinted from The National Cancer Institute of the United States Public Health Service.

There is a charge to cover the costs of printing and mailing the following publications. Enclose a check payable to the

Medical Board of California for the amount indicated with your order. Mail to:

Yolanda Gonsolis
Medical Board of California
1426 Howe Avenue, Suite 54
Sacramento, CA 95825-3236

From Quackery to Quality Assurance: The First Twelve Decades of the Medical Board of California—A summary of the Board's history from 1876 through 1994. \$10

Guidebook to the Laws Governing the Practice of Medicine by Physicians and Surgeons—64-page booklet summarizing many of the laws affecting physicians. Should not be used as a legal guide. For the exact laws, see the two following publications. \$5

Laws Relating to the Practice of Physicians and Surgeons, etc.—These are the actual laws contained in Business and Professions Code 2000 et seq. and other relevant California Codes. \$15.65

Regulations Relating to the Practice of Physicians and Surgeons, etc.—Administrative regulations adopted by the Board to implement or interpret the laws. \$17.70



Web Sites of Interest

Do you have access to the Internet? If so, here are a few web sites which provide physician information:

Address	Description
www.medbd.ca.gov	Medical Board of California homepage. Includes information on the Board, our functions, profiles of our licensees, and links to other web sites.
www.docboard.org	Administrators in Medicine homepage. Has links to other state medical board homepages and "docfinder," a listing of information on more than 300,000 physicians licensed in 10 states.
www.certifieddoctor.org	American Board of Medical Specialties (ABMS) web site which allows inquirers to search for ABMS-certified physicians in their locality and to confirm the certification status of a physician.
www.ama-assn.org	American Medical Association homepage allows users to browse for physicians by location and name as well as providing other information on the AMA.
www.cmanet.org	The California Medical Association homepage, which allows inquirers to search for California physicians and provides information on CMA and its programs.

Immunizations For Adults

Immunization Branch, California Department of Health Services, November 1997

The California Department of Health Services' Division of Communicable Disease Control has prepared the following immunization medical guidelines and information for your use and incorporation into your immunization management plans.

In 1994, the National Advisory Committee on Immunization (NVAC) adopted a report on the status of adult immunization in the U.S.¹ This report noted that:

- (a) vaccine-preventable diseases are a continuing cause of adult morbidity and mortality, with the greatest impact among older persons;
- (b) safe and effective vaccines against these diseases are available but are not fully utilized; and
- (c) one major reason for underutilization is that many health care providers do not take full advantage of outpatient visits and hospitalizations of adults, for whatever reason, to assess immunization status and to administer indicated vaccines when no valid contraindication exists.

Accompanying this article is a table, "California Adult Immunization Recommendations," which summarizes recommendations of the U.S. Public Health Service Advisory Committee on Immunization Practices (ACIP)² on indications for specific adult immunizations, schedules, and major contraindications. Specific comments on selected vaccines and other issues related to adult immunizations follow.

Influenza and Pneumococcal Vaccines

Surveys conducted by the California Department of Health Services (DHS) indicate that approximately 60 percent of senior citizens obtain influenza immunization in most years and that about 45 percent have received pneumococcal vaccine. The 1994 NVAC report noted that, even with the modest 60 percent and 70 percent estimated efficacies of pneumococcal and influenza vaccines, respectively, in preventing and/or ameliorating illnesses due to these two agents, an additional projected 8,000 influenza deaths and 19,000 pneumococcal disease deaths could be prevented each year by full and appropriate use of the existing vaccines.

A note on schedules: Influenza vaccine is recommended annually in the fall for persons in the risk groups indicated on the accompanying table. Pneumococcal immunization is usually needed only once by senior citizens; however, if the initial dose was received before age 65 years and five or more years have elapsed since that dose, one additional dose is indicated.

Rubella Vaccine

In 1990, California experienced a very large, multi-county rubella outbreak which was followed by births of over two dozen infants with major Congenital Rubella Syndrome birth defects. Investigation of the histories of the mothers of these infants revealed that nearly half had had a previous pregnancy in the United States but had either not been seroscreened for rubella immunity while pregnant or, if seroscreened and found to be susceptible, were not immunized post-partum. While nearly all women in California under age 25 years who grew up in this state have been immunized against rubella as a result of the legal school entry immunization requirement, many older women and women who moved to California in adulthood have not been immunized.

Thus, it is important that pregnant women be seroscreened for rubella immunity and susceptibles be immunized post-delivery or post-abortion. Surveys conducted by DHS indicate that less than half of delivery hospitals in the state have well-implemented post-delivery and post-pregnancy termination rubella immunization programs for susceptible women, so these efforts need to be strengthened. Indeed, child-bearing age women should be at least verbally screened for history of prior rubella immunization at routine OBGYN and other medical visits, with known or presumed susceptibles being immunized.

In the past, some physicians have been disinclined to immunize women against rubella because of suggestions that such immunization might occasionally result in significant chronic arthropathy. However, recent studies have failed to demonstrate a statistically significant increase in chronic arthropathy following rubella immunization. An editorial in the *Journal of the American Medical Association* reviewing these investigations concluded, "Taken together, these well-designed and well-executed studies should put an end to the fear of major permanent joint disability resulting from administration of rubella vaccine to women."³ Finally, it should be emphasized that combined measles-mumps-rubella vaccine (MMR) can be used to immunize persons known or presumed to be susceptible to one or more of the corresponding diseases.

(Cont. on p. 10)

Immunizations (Cont. from p. 9)

Hepatitis B Vaccine

Hepatitis B remains without effective, specific treatment and, as a result, kills approximately one in every 50 persons infected. The vast majority of these deaths result from chronic hepatitis B infection leading to liver failure or hepatocellular cancer. The 1994 NVAC report estimates that greater use of hepatitis B vaccine would prevent an additional 4,000 deaths annually. Recently enacted laws require hepatitis B immunization for school attendance in California, but it will be a decade before children subject to these new requirements reach adulthood. Thus, it is important that persons in the high-risk groups listed on the accompanying table be immunized with this safe and highly effective vaccine.

Hepatitis A Vaccine

As indicated on the accompanying table, hepatitis A immunization is recommended for specific groups of adults at increased risk—travelers to developing countries, homosexual and bisexual males, users of illicit drugs, persons with chronic liver disease, and persons who receive blood clotting factor concentrates. Note that, based on absence of demonstrably increased infection risk, hepatitis A immunization is not routinely recommended for several occupational groups—food handlers, health care workers, sewage workers, and child care center staff.

Use of Vaccine Information Statements

Federal law requires that all private and public health care staff administering certain vaccines to either children or adults must first give the vaccinee or his/her parent/guardian a federally designed Vaccine Information Statement, or "VIS," to read. The requirement for use of these statements (which describe vaccine benefits and risks) applies regardless of whether the vaccine used is purchased with public or private funds. Vaccines covered by this requirement are measles, mumps and rubella or combinations thereof (MMR), diphtheria, tetanus, and pertussis or combinations thereof (DTP, DTaP, DT, Td), oral and inactivated polio vaccine, Haemophilus influenzae type b (Hib) vaccine, and varicella and hepatitis B vaccines. While their use is not required by federal law, VIS's are also available for hepatitis A, influenza and pneumococcal vaccines.

Master copies of these VIS's, in English, Spanish and fourteen other languages, are available free from the Immunization Branch at DHS. To order call **1/800-PIK-VIPS**.

Availability of Public-Funded Immunizations for Adults

Medicare covers both influenza and pneumococcal immunization of persons aged 65 years and older with Medicare Part B coverage. Medi-Cal covers the immunizations for nearly all of the indications listed on the accompanying table for beneficiaries. Local health departments and nonprofit community clinics receiving vaccines supplied by DHS provide certain immunizations for adults: influenza and pneumococcal vaccines for persons aged 60 years and older and for younger adults with the indications listed on the accompanying table, first dose of MMR vaccine for known or presumed susceptible adults, and second dose of MMR vaccine for college and university entrants and health care workers born in 1957 or later.

Immunization Educational and Promotional Materials

DHS Immunization Branch supplies the following in bulk, free of charge: For senior citizens, a pamphlet titled "Vaccines for Mature Audiences," promoting pneumococcal and influenza vaccines and tetanus—diphtheria immunization—available in English and Spanish. For pregnant women who are HBsAg-positive, a pamphlet titled "What if You Are Pregnant and Your Hepatitis B Test is Positive?" This pamphlet, available in English, Spanish and several Asian languages, describes how the infected woman can protect her as yet unborn baby and her household contacts against infection, as well as take of herself. For copies, call your local health department and ask for the Immunization Program.

References

1. Fedson DS et al: Adult Immunization - Summary of the National Vaccine Advisory Committee Report. JAMA 1994; 272: 1133-37.
2. Advisory Committee on Immunization Practices: MMWR 1989; 38/ No. S-9. MMWR 1991; 40/No. RR-10. MMWR 1991; 40/ No. RR-12. MMWR 1991; 40/ No. RR-13. MMWR 1996; 45/No. RR-11. MMWR 1996; 45/No. RR-15. MMWR 1997; 46/ No. RR-3. MMWR 1997; 46/ No. RR-8. MMWR 1997; 46/ No. RR-9.
3. Slater PE: Chronic arthropathy after rubella vaccination in women. False alarm? JAMA 1997; 278: 594-5.



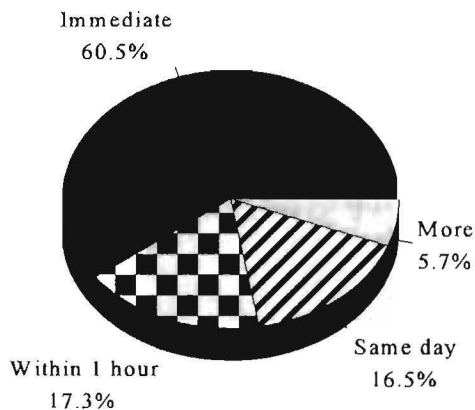
HIV "WARMLINE" HELPS YOU CARE FOR HIV-POSITIVE PATIENTS 1-800-933-3413



HIV CARE poses a unique challenge to physicians and other health care providers. New drugs and diagnostic techniques are available, but many clinicians don't have the time or the resources to keep up with cutting-edge information. And even the best technical information can be difficult to apply to specific patients with complex medical and social problems. The HRSA/AIDS ETC National HIV Telephone Consultation Service (Warmline) is available to assist you with these issues. Based in the UCSF Department of Family and Community Medicine at San Francisco General Hospital, the Warmline has answered more than 17,000 calls to date.

WHO SHOULD CALL? All health care providers, including physicians, nurses, pharmacists, and other health care professionals are invited to call with questions about HIV/AIDS care. **This service is free.**

Call response time

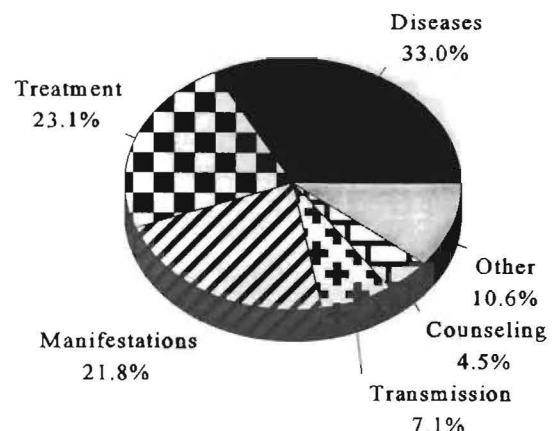


WHEN YOU CALL . . . The phone is answered by a physician, clinical pharmacist, or nurse practitioner who will provide case consultation, drug information, HIV prevention information and infection control recommendations. Clinical information (e.g., CD4+ count, viral load, medications) is helpful for specific case discussion; patients' names are never used.

The service is called the "Warmline" because the service is provided during the day from Monday through Friday. A voice mail system takes messages 24 hours/day, seven days a week. The majority of calls are answered immediately, with 95% answered the same day.

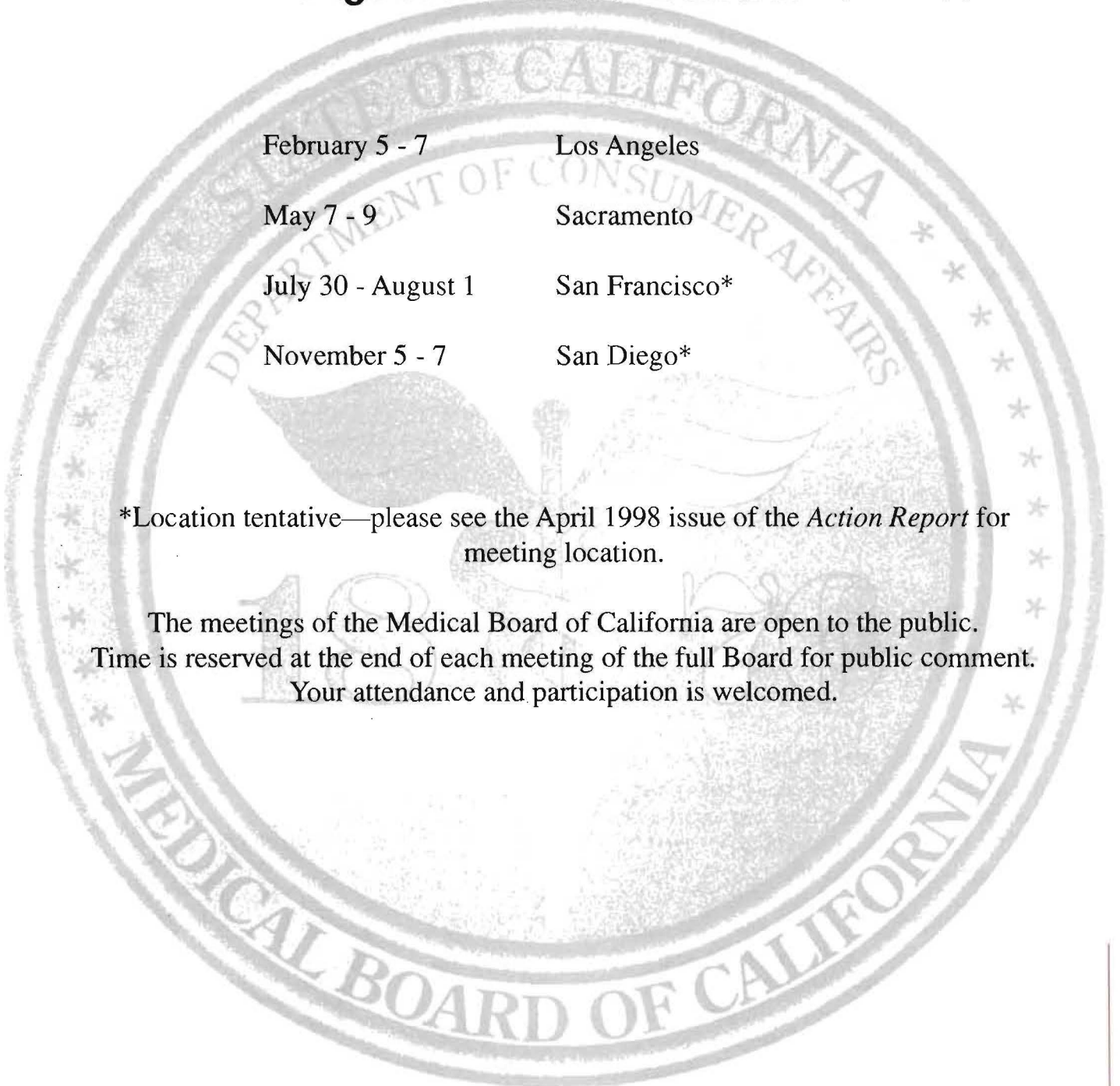
QUESTIONS ABOUT HIV CARE? The Warmline receives calls on a broad spectrum of clinical issues. Most callers request management options for clinical problems about specific diseases, clinical manifestations and treatment and prophylaxis. Some callers need basic information about HIV/AIDS, including infection control procedures, testing and counseling, and perinatal transmission. After discussion, articles and protocols from the medical literature and government-approved guidelines are mailed or faxed as needed. Referrals are also made to local, regional, and national information services.

Type of question



For general information, see <http://itsa.ucsf.edu/warmline>.

1998 Meetings of the Medical Board of California



February 5 - 7	Los Angeles
May 7 - 9	Sacramento
July 30 - August 1	San Francisco*
November 5 - 7	San Diego*

*Location tentative—please see the April 1998 issue of the *Action Report* for meeting location.

The meetings of the Medical Board of California are open to the public.
Time is reserved at the end of each meeting of the full Board for public comment.
Your attendance and participation is welcomed.

DISCIPLINARY ACTIONS: AUGUST 1, 1997 TO OCTOBER 31, 1997

Physicians and Surgeons

AHLES, PETER ALOYS, M.D. (C29552) Anaheim, CA
B&P Code §§2234, 2234(e), 2236. Stipulated Decision. Criminal conviction for petty theft. Revoked, stayed, 3 years probation with terms and conditions. August 22, 1997

ANGELL, WALTER FREDRICK, M.D. (A36475) Altamonte Springs, FL
B&P Code §§141(a), 2234(b)(c)(d), 2305. Disciplined by Florida for gross or repeated negligence and prescribing or dispensing a controlled substance other than in the course of the physician's professional practice. Revoked. September 18, 1997

BALDECK, EUGENE M., M.D. (A19921) Lewiston, ID
B&P Code §141(a). Stipulated Decision. Idaho imposed discipline on respondent's license in that state by entering into a Stipulation and Order with him that prohibits him from performing any surgical phacoemulsification procedures for 5 years. Revoked, stayed, 5 years probation with terms and conditions. August 8, 1997

BARKAL, PAUL K., M.D. (A44292) San Diego, CA
B&P Code §§2234, 2234(c). Stipulated Decision. Negligent treatment of 3 patients. Revoked, stayed, 5 years probation with terms and conditions. August 8, 1997

BEAUCHAMP, KIM, M.D. (A24496) Sun Valley, CA
B&P Code §§2234(b)(c)(d)(e), 2262, 2272. Falsified a patient's medical records by making entries of an examination that had not been performed; gross negligence and incompetence for failing to perform a needle biopsy on a patient with a lump in her right breast and his continued failure to offer any treatment therefor, despite repeated re-examination of the patient, and unauthorized use of fictitious names in newspaper advertisements. Revoked. September 19, 1997. Judicial review being pursued.

BEECH, RANDALL R., M.D. (G54983) Wichita, KS
B&P Code §141(a). Stipulated Decision. Disciplined by Kansas for actions related to the prescribing of controlled substances. Public Letter of Reprimand. October 22, 1997

BOWES, ROBERT ROYAL, M.D. (A25060) Santa Ana, CA
B&P Code §§2234, 2234(a)(f), H&S Code §123110. Failed to provide medical records to a patient after receiving a valid request, and failed to comply with an administrative citation and fine issued by the Board. Revoked. October 31, 1997

BREWER, EUGENE ALLAN, M.D. (G59832) Big Spring, TX
B&P Code §141(a). Stipulated Decision. Disciplined by Ohio for performing operations, in several instances, without sufficient interval to allow for healing, and selecting surgery as a treatment before ruling out other causes for the symptoms and without attempting conservative therapy. Revoked, stayed, 3 years probation with terms and conditions. August 11, 1997

BRINKENHOFF, MICHAEL C., M.D. (G34522) Ventura, CA
B&P Code §2234(c). Stipulated Decision. Ineffectual laser surgery on 4 patients with suspected retinal tears. Public Letter of Reprimand. April 24, 1997

BROWN, ALBERT R., M.D. (A30103) Los Angeles, CA
B&P Code §2234(b)(d). Stipulated Decision. On October 13, 1992, respondent performed an abortion and failed to remove all of the products of conception from the patient's uterus. Public Letter of Reprimand. September 17, 1997

BROWN, JOSEPH B. E., Jr., M.D. (G14360) Orange, CA
B&P Code §2234(b)(c)(d). Stipulated Decision. Gross negligence, incompetence and repeated negligent acts for inappropriate

Explanation of Disciplinary Language and Actions

"Effective date of Decision"— Example: "July 7, 1997" 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).

intervention with Simpson forceps 15 minutes into Stage II labor of a primigravida, and failure to properly align the forceps before attempting delivery. Revoked, stayed, 3 years probation with terms and conditions. September 12, 1997

CACIOPPO, DINO T., M.D. (A29198) Castro Valley, CA
B&P Code §§490, 493. Stipulated Decision. Misdemeanor criminal conviction for violation of Penal Code §243.4(a) in that on or about September 22, 1995, respondent, for the purpose of sexual arousal, gratification, and abuse, touched the sexual organs of a patient against her will and while she was restrained by him. Revoked, stayed, 7 years probation with terms and conditions including 180 days actual suspension. October 24, 1997

CHAKMAKIAN, VACHE, M.D. (G61948) Granada Hills, CA
B&P Code §§2234(b), 2241, 2242. Stipulated Decision. Prescribed and administered dangerous drugs, Soma and Cortisone, to 2 patients without properly documenting having performed the necessary good faith prior examination, prescribed pain medication to a drug dependent patient, and failed to attempt to lower a patient's elevated blood pressure. Public Letter of Reprimand. May 1, 1997

CHANG, SEUNG KOOK, M.D. (A35067) Walnut, CA
B&P Code §§2234, 2234(b)(d). Stipulated Decision. Committed acts or omissions constituting gross negligence in his record keeping and incompetence in his medical care of a patient. Revoked, stayed, 3 years probation with terms and conditions. September 29, 1997

CHUNG, CHUN KULL, M.D. (A32598) Monterey Park, CA
B&P Code §2234(b)(c)(d). Stipulated Decision. Failed to adequately ventilate and monitor an 88 year-old patient during hip surgery. Revoked, stayed, 3 years probation with terms and conditions. October 13, 1997

CORPUZ, SANTIAGO DAYOAN, Jr., M.D. (A38757) West Covina, CA
B&P Code §§2234, 2234(b)(c)(e), 2242, 2261, 2262. Stipulated Decision. During the course of treating 11 patients involved in the same accident, respondent billed for treatments that did not take place, allowed unlicensed individuals to perform physical therapy, and created medical records which did not accurately reflect the treatments rendered. Revoked, stayed, 5 years probation with terms and conditions including 30 days actual suspension. October 17, 1997

DOUGHERTY, ROBERT L., Jr., M.D. (A17785) Poway, CA
B&P Code §§725, 2234(b)(c)(d), 2238, 2242, H&S Code §§11153, 11190. Excessively prescribed dangerous drugs and controlled substances to 1 patient, who was an addict or habitual user, over a 22 year period. Revoked, stayed, 10 years probation with terms and conditions including 180 days actual suspension. September 1, 1997

DAVIDI, FARHAD, M.D. (A41397) Los Angeles, CA
B&P Code §§490, 2234, 2234(e), 2236. Stipulated Decision. Felony conviction for insurance fraud. Revoked, stayed, 5 years probation with terms and conditions including 60 days actual suspension. October 14, 1997

DOWNS, WILLIAM B., M.D. (G39617) Redlands, CA
B&P Code §2234(c)(d). Stipulated Decision. Incompetent and negligent treatment of 1 patient in the Emergency Room. Respondent failed to immediately intubate, and inappropriately administered Valium to this patient who was in extreme respiratory distress, unresponsive to verbal commands and gasping. Suspension, stayed, 2 years probation with terms and conditions. October 16, 1997

DULIN, FRANKLIN HINGO, M.D. (A41883) Escondido, CA
B&P Code §§2234(e), 2236. Stipulated Decision. Felony conviction for mail fraud and filing a false income tax return arising out of a scheme with attorneys and law offices to kick back one-third to one-half of the medical payment portion of any insurance settlement in exchange for the referral of clients to his medical office. Revoked, stayed, 5 years probation with terms and conditions including 30 days actual suspension. September 12, 1997

EVANS, GEORGE ALAN, M.D. (A45873) Columbia, MO
B&P Code §§141(a), 2234. Disciplined by Missouri based on a felony conviction for sodomy. Revoked. September 22, 1997

EZRA, JOSEPH, M.D. (A31354) Tarzana, CA
B&P Code §§810, 2234(e), 2236, 2261, 2262. Stipulated Decision. Convicted of 10 felony counts of mail fraud for submitting false claims to the Medicare program. Revoked, stayed, 4 years probation with terms and conditions. October 9, 1997

FISHER, ROBERT HOWARD, M.D. (G32973) Berkeley, CA
B&P Code §2234(c). Stipulated Decision. Repeated negligent acts regarding the inadequate documentation of treatment of 2 patients in and before 1989. Public Letter of Reprimand. August 1, 1997

FREDERICKS, PETER, M.D. (A43258) Irvine, CA
B&P Code §§2234(a)(e)(f), 2261. Stipulated Decision. Submitted an application for employment which falsely represented that he was a candidate for board re-certification, and created and submitted with the employment application a document purporting to be a certificate attesting that he had been certified by the American Board of Radiology. Revoked, stayed, 2 years probation with terms and conditions. September 12, 1997

GOEI, GORDON S., M.D. (A23054) Beverly Hills, CA
B&P Code §2234(c)(d). Negligence and incompetence in his care and treatment of several patients. Revoked, stayed, 7 years probation with terms and conditions. September 19, 1997

GRAY, NORMAN N., M.D. (A12227) San Francisco, CA
B&P Code §§2234, 2292(d). Failed to comply with Board-ordered professional competency examination. Revoked, stayed for 1 year during which time he is suspended from the practice of medicine and must take and pass the professional competency examination. If he passes then 3 years probation with terms and conditions. September 4, 1997

GROSS, MONROE ALFRED, M.D. (G19144) San Jose, CA
B&P Code §2234(b). Committed acts of gross negligence in his treatment of 3 children, under the age of 7 years, diagnosed with ADD. Revoked, stayed, 5 years probation with terms and conditions. August 1, 1997. Judicial review being pursued.

HAMMER, RAYMOND EUGENE, M.D. (G29528) Kingman, AZ
B&P Code §§141(a), 2234. Stipulated Decision. Disciplined by Arizona for inappropriate prescribing of Antivan and Dalmane to 1 patient. Public Letter of Reprimand. August 29, 1997

HASTINGS, JOHN ROBERT, M.D. (C36681) New Brighton, MN
B&P Code §§141(a), 2234. Stipulated Decision. Disciplined by Minnesota for forging prescriptions to obtain Prilosec and ZeBeta for his personal use. Revoked, stayed, 3 years probation with terms and conditions. September 11, 1997

HILLYARD, WILLIAM T., M.D. (A28981) Riverside, CA
B&P Code §2234(c). Stipulated Decision. Repeated negligence in care and treatment of 1 patient with significant chest x-ray abnormalities by his failure to act timely, thereby delaying treatment, failure to discuss further treatment with the patient, and failure to maintain adequate medical records for this patient. Revoked, stayed, 3 years probation with terms and conditions. September 22, 1997

KAMMERER, PETER ERIC, M.D. (G61542)
Imperial Beach, CA

B&P Code §§822, 2021(b), 2234. Ability to practice medicine safely is impaired due to mental illness. Revoked. October 20, 1997

KELCEY, GEORGE MILAN, M.D. (A37075) San Diego, CA
B&P Code §§820, 821, 822, 2234. Failed to comply with a Board-ordered mental competency examination. Revoked. October 31, 1997

LANDAU, ALLYN BETH, M.D. (G37756) San Francisco, CA
B&P Code §2234(b). Failed to adequately follow-up with notification to 2 patients of the inconclusive histopathological results of their suspicious lesion tissue. In both cases lesions proved to be malignant, and in 1 case fatal. Improperly allowed her medical assistant to evaluate, diagnose surgically remove, and decide to send to pathology suspicious lesion tissue. Revoked. April 1, 1996. Judicial review being pursued.

LEVINE, STEPHEN A., M.D. (A22570) San Anselmo, CA
B&P Code §2242(a). Stipulated Decision. No admissions but charged with prescribing controlled substances, Klonopin and Didrex, without a good faith examination and medical indication. Revoked, stayed, 4 years probation with terms and conditions including 30 days actual suspension. August 4, 1997

LEE, DAN TZUOH, M.D. (C41308) San Marino, CA
B&P Code §2234. Stipulated Decision. Negligence in his care and treatment of 3 obstetrical patients. Revoked, stayed, 3 years probation with terms and conditions. September 10, 1997

LEONE, NELSON F., M.D. (G24538) La Mesa, CA
B&P Code §§725, 2234(b)(e). Aided and abetted another person in the unlawful practice of psychology by having stationery prepared which reflected this person as a clinical psychologist. Engaged in treatment protocols for 4 patients which were antitherapeutic. Committed numerous breaches of the rules and ethical code of the medical profession. Revoked. September 11 1995. Judicial review being pursued.

LEVY, RONALD MELVYN, M.D. (G22600) Williamsville, NY
B&P Code §2305. Disciplined by New York for failure to maintain adequate medical records and for willfully filing a false report. Revoked. May 28, 1996. Judicial review being pursued.

MCKENNA, ROBERT J., Sr., M.D. (G4284)
Corona Del Mar, CA

B&P Code §2234(b). Stipulated Decision. Wrongfully removed a patient's relatively normal kidney and left a kidney that contained a malignancy. Revoked, stayed, 5 years probation with terms and conditions. October 22, 1997

MCRAE, JOHN ANDREW, M.D. (C24327) Los Angeles, CA
B&P Code §2234(c)(d). Negligent and incompetent treatment while performing a discectomy on a patient. Revoked, stayed, 3 years probation with terms and conditions. October 10, 1997

NGUYEN, THUONG VU, M.D. (A32991) San Jose, CA
B&P Code §§650, 725, 2234(a)(b)(c)(e), 2242. Submitted inflated and false bills to the Medi-Cal program, engaged in excess prescribing and prescribing without medical justification, and made illegal referrals to his wife's pharmacy to fill unnecessary and potentially harmful prescriptions. Revoked. August 8, 1997

ORSULAK, JOSEPH PETER, M.D. (A53498) Bossier City, LA
B&P Code §§2234, 2236, 2239, 2242, H&S Code §§11154, 11353. Felony criminal conviction for selling/furnishing controlled substances, Percodan, Xanax, Valium, to a minor, misdemeanor criminal conviction for petty theft, prescribed controlled substances, hydrocodone, alprazolam and diazepam, for himself using a false and fictitious name, misdemeanor criminal conviction for carrying a loaded .44 Magnum revolver in a motor vehicle, and has had 2 or more criminal convictions for driving under the influence of alcohol. Revoked. August 15, 1997

PENDI, ISH ABDEALLY, M.D. (A52225) Anaheim Hills, CA
B&P Code §§480, 2234(a)(e)(f), 2236, 2305. Criminal conviction for conspiracy to solicit and receive Medicaid kickbacks, and made a false statement on his application for licensure in California by answering no in response to a question regarding having been convicted of any offense, misdemeanor or felony of any state, the United States or a foreign country, when he had in fact been convicted. Revoked, stayed, 1 year probation with terms and conditions. September 11, 1997

PERKINS, CASSANDRA PAULA, M.D. (C41110)
Huntington Beach, CA

B&P Code §§725, 810, 2234(b)(c)(d)(e), 2261, 2262. Committed acts of negligence, incompetence, dishonesty, excessive testing and billing, fraudulent billing and alteration of medical records, all in the care and treatment of several patients. Revoked. August 14, 1997

RAND, JERRY NEIL, M.D. (G25749) San Diego, CA
B&P Code §§2234, 2238, H&S Code §11155. Stipulated Decision. During a time period when he had no Drug Enforcement Administration registration allowing him to prescribe controlled substances, he prescribed controlled substances to his patients using prescription blanks pre-signed by another physician. Revoked, stayed, 3 years probation with terms and conditions. August 14, 1997

RICKE, P. SCOTT, M.D. (C37788) Tucson, AZ
B&P Code §§141(a), 2234. Stipulated Decision. Disciplined by Arizona for dispensing drugs without first being registered with the Arizona Board as a dispensing physician, and for failure to keep records with regard to the dispensing of these drugs. Public Letter of Reprimand. September 5, 1997

ROSS, JAMES LOWELL, M.D. (G45470) Edina, MN
B&P Code §§141(a), 2234, 2234(a)(b)(c)(e), 2236, 2239(a), 2305. Disciplined by Massachusetts for having a sexual relationship with a patient that resulted in the patient's pregnancy; prescribed various controlled substances, including Ritalin, Percocet and Zoloft, to numerous persons and co-workers without an examination and medical reason; attempted to fill a fraudulently obtained prescription for librium; driving under the influence of alcohol, and various other offenses related to the theft of property. Revoked. October 10, 1997

ROTHMAN, LEONARD ARIE, M.D. (G23205) Annapolis, MD
B&P Code §141(a). Stipulated Decision. Disciplined by Maryland for failing to diagnose a patient's hypertensive and/or pre-eclampsia condition, leading ultimately to pre-eclampsia. Public Letter of Reprimand. September 10, 1997

SANDERS, EDWARD WAYNE, Jr., M.D. (C29998)
Sausalito, CA

B&P Code §2234(b). Stipulated Decision. Permitted patients to assist with clerical duties, with other patients' charts, and, at times, with drawing medication into syringes in preparation for injections. Revoked, stayed, 5 years probation with terms and conditions including 30 days actual suspension. September 22, 1997

SCHNEIDER, MARVIN C., M.D. (C28612) Phoenix, AZ

B&P Code §141(a), 2234. Stipulated Decision. Twice failed to limit a prescription order for a controlled substance to 1 drug order per prescription blank. Public Letter of Reprimand. September 29, 1997

SIGMAN, MELVIN MONROE, M.D. (G26507) Los Angeles, CA
B&P Code §§490, 810, 2234(a)(e), 2236, Penal Code §182.

Stipulated Decision. Criminal conviction for conspiracy to obstruct justice arising out of his involvement with other individuals to defraud insurance carriers by signing insurance claims for psychiatric services that had not been performed and for psychotherapy sessions that had not been conducted. Revoked, stayed, 5 years probation with terms and conditions. August 4, 1997

SMITH, BRENTON ROBERT, M.D. (A36249) Riverdale, CA

B&P Code §2234(b)(d). Stipulated Decision. Grossly negligent and incompetent in the treatment of a high-risk obstetrical patient. Revoked, stayed, 5 years probation with terms and conditions including 45 days actual suspension. Judicial review being completed. September 22, 1997

Help Your Colleague By Making A Confidential Referral

If you are concerned about a fellow physician who you feel is abusing alcohol or other drugs or is mentally ill, you can get assistance by asking the Medical Board's Diversion Program to intervene.

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

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

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

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

TRAN, DAVID PHONG, M.D. (A34301) Diamond Bar, CA
B&P Code §§125, 725, 810, 2234, 2234(a)(e), 2236, 2261, 2262. Felony criminal conviction for conspiracy to commit insurance fraud and grand theft; making or signing false documents; creation, alteration or modification of medical records with fraudulent intent; and conspiracy with a non-certified person to violate the Medical Practice Act. Revoked, stayed, 5 years probation with terms and conditions including 180 days actual suspension. October 10, 1997

TEMPLETON, FLOYD L., M.D. (A17001) Phoenix, AZ

B&P Code §141(a). Stipulated Decision. Disciplined by Arizona for signing a blank medical claim form which was submitted 2 times for payment of psychotherapy services, even though no services were provided on the date claimed. Public Letter of Reprimand. October 27, 1997

VERDUCCI, MONA ANNE, M.D. (A36379) Sonoma, CA

B&P Code §2234(b)(c). Negligent and grossly negligent in care and treatment of several obstetrical patients. Revoked, stayed, 5 years probation with terms and conditions. August 25, 1997

WASHINGTON, ERNEST LEE, M.D. (A22693)
Los Angeles, CA

B&P Code §§490, 2236. Stipulated Decision. Misdemeanor criminal conviction for loitering around public toilets for the purpose of engaging in and soliciting a lewd and lascivious act and an unlawful act. Revoked, stayed, 3 years probation with terms and conditions. August 1, 1997

WELLOCK, CLYDE E., M.D. (A20355) Willows, CA

B&P Code §125.9, H&S Code §1795. Failed to provide medical records to 2 patients after receiving a valid request and failed to comply with a Citation Order. Public Letter of Reprimand. July 18, 1997

WINSTEAD, ARTHUR, III, M.D. (C37563) Bakersfield, CA

B&P Code §2234. Failed to comply with the terms and conditions of his Board-ordered probation. Revoked, stayed, 2 years probation with terms and conditions including 90 days actual suspension. October 15, 1997

YI, YOUNG-SUN, M.D. (A32144) Los Angeles, CA

B&P Code §2234(c). Stipulated Decision. Committed acts of repeated negligence in his care of a patient in the course of a penile implant surgery. Revoked, stayed, 3 years probation with terms and conditions. October 10, 1997

DOCTOR OF PODIATRIC MEDICINE

FREEDLAND, JOSEF M., D.P.M. (E2961) Los Angeles, CA

B&P Code §§725, 2234(b)(c)(d)(e). Negligent in his care and treatment of 1 patient including false billing and excessive use of x-rays. Revoked. October 23, 1997

PHYSICIAN ASSISTANTS

REVILLE, REBECCA (PA12084) Sacramento, CA

B&P Code §§2239, 2262. Stipulated Decision. Self-use of drugs and altering medical records. Revoked, stayed, 7 years probation with terms and conditions including 1 year actual suspension. September 1, 1997

RICHARDSON, COREY JOHN (PA13590)
Grand Rapids, MI

B&P Code §§2234(a)(b)(c)(e), 2239, 2242, 3527(a). Practiced while under the influence of drugs/alcohol, forged prescriptions, furnished dangerous drugs without medical indication and without approval of the supervising physician, and injected diphenhydramine into a person who had consumed alcohol at a party causing his death. Revoked. October 29, 1997

VERON, HECTOR ANIBAL (PA10688) Fontana, CA

B&P Code §§2234, 2286, 2400, 2800. Stipulated Decision. Violated the Moscone-Knox Professional Corporation Act by owning all stock in a medical clinic, and by hiring and paying physicians to work at his medical clinic. Revoked, stayed, 3 years probation with terms and conditions. August 4, 1997

WILLIAMS, TOMMIE L., Jr. (PA11338) Los Angeles, CA

B&P Code §§2234, 2238, 2239, 3527(a). Self-use of drugs; termination from a drug rehabilitation program due to non-compliance. Revoked. September 4, 1997

**SURRENDER OF LICENSE
WHILE CHARGES PENDING**

PHYSICIANS AND SURGEONS

BONGIORNO, FRANK PAUL, M.D. (G39302)

Ann Arbor, MI

September 17, 1997

CESENA, REBECCA, M.D. (G41352) La Mesa, CA

August 26, 1997

CHAPMAN, THOMAS MORGAN, Jr., M.D. (C37060)

Murrieta, CA

August 1, 1997

DELGADO, CARLOS G., M.D. (A20383)

Cebu City, Philippines

September 26, 1997

DOW, JOSEPH E., M.D. (A28472) Pacoima CA

August 19, 1997

DUBE, MUFARO, M.D. (G69964) Gadsen, AL

October 10, 1997

GOLDBERG, IRWIN CHARLES, M.D. (G59374)

West Hollywood, CA

October 16, 1997

GOLDMAN, EUGENE, J., M.D. (GFE8640) Houston, TX

August 12, 1997

HERZIG, DAVID N., M.D. (AFE14453) Bend, OR

September 29, 1997

IMBER, WAYNE E., M.D. (G42323) Encino, CA

August 21, 1997

JOHNSON, GREGORY ALAN, M.D. (C39024) Everett, WA

September 15, 1997

LASSA, RALPH EDWARD II, M.D. (G25297) Santa Rosa, CA

August 12, 1997

PERNWORTH, PAUL H., M.D. (G1001) Newport Beach, CA

August 1, 1997

PRICE, LEONARD A., M.D. (C28527) Santa Barbara, CA
September 1, 1997

REVILLE, DONALD N., M.D. (A18293) Sacramento, CA
September 22, 1997

ROSEN, RAYMOND, M.D. (C32279) Long Beach, CA
August 1, 1997

SCHEIBNER, ADRIANNA, M.D. (A48204) Beverly Hills, CA
October 14, 1997

STEBBINS, ROBERT DEAN, M.D. (G18067) Palo Alto, CA
September 30, 1997

STUART, WALLACE, M.D. (C26105) Paradise Valley, MO
August 18, 1997

DOCTOR OF PODIATRIC MEDICINE

OTT, KENNETH J., D.P.M. (EFE835) Orangevale, CA
October 3, 1997

CORRECTION

A report of disciplinary action was included with regard to James Haim Isidoro Bicher, M.D., in the October 1997 *Action Report*. This report was included in error as there was no current discipline of Dr. Bicher and his license was unrestricted at the time of publication. No implications adverse to Dr. Bicher should be drawn from this error.

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Medical Board of California
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ACTION REPORT - JANUARY 1998

Candis Cohen, Editor, (916) 263-2389

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CALIFORNIA ADULT IMMUNIZATION RECOMMENDATIONS*

Vaccine*** or Toxoid***	Indications	Schedule	Major Contraindications**	Comments
Tetanus and Diphtheria Toxoids Combined (Td)	All Adults	Two doses 4-8 weeks apart, third dose 6-12 months after second. Dose: 0.5 ml intramuscular (IM) Booster: Every 10 years.	Neurologic or severe hypersensitivity reaction to prior dose.	WOUND MANAGEMENT: Patients with three or more previous tetanus toxoid doses: (a) give Td for clean, minor wounds if more than 10 years since last dose; (b) for other wounds, give Td if over 5 years since last dose. Patients with less than 3 or unknown number of prior tetanus toxoid doses: give Td for clean, minor wounds and Td and TIG (Tetanus Immune Globulin) for other wounds.
Influenza Vaccine (Flu)	a. Older adults, especially those age 65 years and over. b. Adults of any age with chronic cardiovascular or pulmonary disorders, incl. asthma. c. Residents of nursing homes or other facilities for patients with chronic medical conditions. d. Adults with chronic metabolic diseases (incl. diabetes), renal dysfunction, anemia, immunosuppressive or immunodeficiency disorders, which required regular medical follow-up or hospitalization in the past year. e. Care givers to persons in groups b. and c., above, including health care workers.	One dose Dose: 0.5 ml intramuscular (IM) Booster: Each fall.	Anaphylactic allergy to eggs.	
Pneumococcal Vaccine (Pneumo)	a. Older adults, especially those age 65 years and over. b. Adults of any age with significant chronic cardiovascular or pulmonary disorders, incl. asthma. c. Adults of any age with splenic dysfunction, asplenia, Hodgkin's Disease, multiple myeloma, cirrhosis, alcoholism, renal failure, CSF leaks, immunosuppressive conditions.	One dose Dose: 0.5 ml intramuscular (IM) or subcutaneous (SC) Booster: Immuno-suppressed or immuno-deficient persons: 5 years after 1st dose. Also, persons aged 65 years and older if 1st dose given before age 65 and 5 or more years have passed since 1st dose.		If elective splenectomy or immuno-suppressive therapy is planned, give vaccine 2 weeks ahead, if possible.
Measles and Mumps Vaccines (MMR)	a. Adults born after 1956 without written documentation of immunization on or after the first birthday. b. Health care personnel born since 1956 who are at risk of exposure to patients with measles should have documentation of two doses of vaccine on or after the first birthday or of measles seropositivity.	At least one dose on or after first birthday. (Two doses, both on or after the first birthday, if in health care profession, with second dose at least 1 month after the first.) Dose: 0.5 ml subcutaneous (SC)	a. Immunodeficiency or immunosuppressive therapy. b. Anaphylactic allergy to eggs or neomycin. c. Pregnancy. d. Recent receipt of immune globulin (IG) preparation or blood/blood product.	MMR is vaccine of choice, even if likely already immune to 1-2 of its components
Rubella Vaccine (MMR)	a. Adults born after 1956, especially women, without written documentation of immunization on or after the first birthday or of seropositivity. b. Male and female health care personnel born after 1956 who are at risk of exposure to patients with rubella and who may have contact with pregnant patients should have at least one dose of vaccine on or after the first birthday.	At least one dose on or after first birthday. Dose: 0.5 ml subcutaneous (SC)	Same as for measles and mumps vaccines, except anaphylactic egg allergy is not a contraindication.	Women should avoid pregnancy for three months after immunization, but as data shows <u>no</u> risk to fetus from the vaccine, accidental immunization of a pregnant woman should not normally require a therapeutic abortion. MMR is vaccine of choice, even if likely already immune to 1-2 of its components.
Hepatitis B	a. Homosexually active men.	Three doses, first two 1-2 months apart and the 3rd 2-5	Anaphylactic allergy to yeast.	a. Persons with serologic markers of prior or continuing

Vaccine (Hep B)	<ul style="list-style-type: none"> c. Household and sexual contacts of hepatitis B virus carriers. d. Health care workers frequently exposed to blood or blood products. e. Clients and staff of institutions for the mentally retarded. f. Hemodialysis patients. g. Recipients of clotting factor VIII or IX concentrates. h. Morticians, emergency medical technicians. i. Other persons whose occupation puts them at increased risk of exposure to human blood or other tissue fluids. j. Sexually active heterosexual persons with multiple sexual partners or recent episode of sexually transmitted disease. k. Certain international travelers. 	<p>Can start series with one manufacturer's vaccine and finish with another.</p> <p>Dose (Adult): 1.0 ml intramuscular (IM)</p> <p>Booster: Need unclear. None presently recommended.</p>		<ul style="list-style-type: none"> b. For hemodialysis patients and other immunodeficient or immunosuppressed patients vaccine dosage is doubled or special preparation is used. c. Pregnant women should be sero-screened for HBsAg and, if positive, their infants should be given post-exposure prophylaxis. d. Post-exposure prophylaxis: Consult USPHS (ACIP) recommendations, local health department, or the Immunization Branch.
Poliovirus Vaccine: IPV— Inactivated vaccine; OPV— Oral (live) vaccine.	<ul style="list-style-type: none"> a. Health care workers and laboratory workers who may be in close contact with patients excreting wild poliovirus or who handle specimens from such patients. b. Members of community with current disease caused by wild polioviruses. c. Travelers to developing countries outside the Americas. 	<p>Unimmunized adults:</p> <p>IPV. Two doses at 4–8 week intervals, third dose 6–12 months after second (can be as soon as 2 mo.) Dose: 0.5 ml subcutaneous (SC)</p> <p>Partially immunized adults:</p> <p>Complete primary series with either vaccine. IPV schedule shown above; OPV schedule is two doses 6–8 weeks apart and third dose 6–12 months after second (can be given as early as 6–8 weeks after second if need urgent). No need to repeat doses if schedule is interrupted.</p> <p>Booster: OPV: None. IPV: None.</p>	<p>IPV:</p> <ul style="list-style-type: none"> a. Pregnancy b. Anaphylactic allergy to neomycin or streptomycin. <p>OPV:</p> <ul style="list-style-type: none"> a. Vaccine recipient or household contact is immunodeficient or immunosuppressed (incl. HIV infection). b. Pregnancy is relative contraindication; OPV may be used if immediate protection is needed. c. Anaphylactic allergy to neomycin or streptomycin. 	In episode of potential exposure to wild poliovirus, adults who had only 3 doses of OPV or IPV previously may be given 1 more dose of either preparation.
Varicella Vaccine (Var)	<ul style="list-style-type: none"> a. Family contacts of immunocompromised persons. b. Health care workers who have contact with immunocompromised, pregnant or other high-risk patients. <p>NOTE: Immunization not necessary if person has reliable history of clinical varicella.</p>	<p>2 doses 4–8 weeks apart.</p> <p>Dose: 0.5 ml subcutaneous (SC)</p> <p>Booster: None recommended.</p>	Immunocompromised, anaphylactic reaction to vaccine component, recent receipt vaccine of immune globulin or blood/blood product.	If apparent vaccine-caused rash occurs within 26 days after either dose, avoid direct contact with immunocompromised, pregnant, or other high-risk persons for duration of rash.
Hepatitis Vaccine (Hep A)	<ul style="list-style-type: none"> a. Traveling to or working in developing countries. b. Homosexually or bisexually active males. c. Patients with chronic liver disease (incl. HBsAg+ or anti-HCV+ persons if they also have clinical or laboratory evidence of chronic liver disease). d. Users of illegal injecting and non-injecting drugs if local epidemiologic data suggest increased risk. e. Persons who receive blood clotting factor concentrates. f. Persons who work with hepatitis A infected non-human primates or with hepatitis A virus in research laboratory settings. 	<p>2 doses 6–12 months apart.</p> <p>Dose (Adult): 1.0 ml intramuscular (IM)</p> <p>Booster: None recommended.</p>	Anaphylactic allergy to vaccine component.	<ul style="list-style-type: none"> a. Can give immune globulin (IG) at same time in different extremity. b. Immunization not routinely recommended for food handlers, health care workers, sewage workers, or child care center workers.

* Foreign travel immunizations are not included. Nor are recommendations for much less commonly used vaccines, such as typhoid, rabies and meningococcal vaccines.

** Ordinarily, no immunizations are given to persons who are acutely ill.

*** For all these vaccines and toxoids, (a) delay between doses does not require re-starting series or repeating doses, and (b) immunization not necessary if person is seropositive.