Our History — Part 1

A MEDICAL SOCIETY HELPS US GET GOING

The year was 1876. Quacks and imposters were very much on the minds of qualified doctors practicing in California. Twenty years earlier, in 1856, the Medical Society of the State of California had been formed.

On April 3, 1876, the Legislature created by statute the Board of Examiners of the Medical Society of the State of California. The Society selected from its membership the first seven members to serve on the Board. They held their first meeting on June 1.

Six from North

Included were six doctors from northern California and one doctor from the southern part of the state. Members were James Simpson, M.D., San Francisco, President; Henry Gibbons, M.D., San Francisco; C. M. Bates, M.D., San Francisco; H. P. Babcock, M.D., Oakland; H. S. Orme, M.D., Los Angeles; J. F. Montgomery, M.D., Sacramento; and Luke Robinson, M.D., Colusa.

The Board was authorized “to grant licenses to practice medicine and surgery to anyone holding a valid diploma from a legally-chartered medical school in good standing.”

Directory Published

In 1878, the Board published a directory. It contained fee schedules, meteorological information and advertisements about subjects that ranged from drugs, tonics and artificial limbs to pianos, printers and health care institutions, like the San Francisco Female Hospital. There were 1,026 doctors listed throughout the state. During this same year, the law was changed to permit three separate licensing bodies to appoint medical examiners: the Board appointed by the Medical Society of California, the Homeopathic Medical Society and the Eclectic Medical Society. At that time, the only license granted was a physicians and surgeons certificate issued to qualified doctors.

Informed Consent Forms Approved

The State Board of Medical Examiners has approved new “informed consent” forms prepared by a joint committee of the California Medical Association and the California Hospital Association.

For many years, the Board has been concerned about the amount of information patients receive before any medical or surgical procedure is performed. The basic philosophy of the Board is that a patient should know “who is doing what to him”. Although there is no statutory provision of law covering informed consent, there are a number of decisions on the subject, and there is a case on the matter pending before the California Supreme Court.

President’s View

Dr. Tirso del Junco, Board President, said “over the years, it has come to the attention of the Board that there are abuses, particularly in lower socio-economic areas where patients are subjected to medical treatment without knowing the name of the physician who is going to do the procedure, or the possible risks involved. Unless immediate corrective measures are taken between the Board, physicians and hospitals, the situation could get worse.”

Requirements

The new form requires that the name of the physician who explains the nature and purpose of the operation or procedure, the risks involved and the possibility of complications be included, together with the name of the physician who will perform the operation or procedure. The form also provides that it is understood and agreed by the patient’s physician to designate another physician to perform the procedure.

The new forms have been translated into Spanish for hospitals and institutions with Spanish speaking patients.
BOARD BUSINESS

Disciplinary Actions (June-Dec., 1972)
Robert C. Lebow, M.D.
Bruce A. Colburn, M.D.
Richard Lee, M.D.
John R. Blodgett, M.D.
Dale Q. Furnell, M.D.
David L. Groshong, M.D.
David S. Kerwin, M.D.
Joshua Rettig, M.D.
Gordon L. Thurston, M.D.
George Chambers, M.D.
James D. Long, M.D.
Richard F. Brown, M.D.
Robert H. Finley, M.D.
Willis A. Smidder, M.D.
Marvin W. Simmons, M.D.
Norman Noordhoff, M.D.
Lee R. Lovelace, M.D.
John S. Gwynne, M.D.
 Bernard D. Brooks, M.D.
Robert K. Phillips, M.D.
Lee N. Clark, M.D.
Alden Hazen, M.D.
Daniel D. Lovelace, M.D.
James T. Quesenberry, M.D.
Elden Shields, M.D.
Joshua Rettig, M.D.
Joshua Rettig, M.D.

For more information about accusations, decisions and other aspects of disciplinary actions, consult official records of the Board at the Department of Consumer Affairs.

FOREIGN APPLICANT REGULATIONS LISTED

California law requires that non-citizen license applicants, who are graduates of foreign medical schools (except Canadian) first must have been licensed to practice in the countries where they took their medical education.

Applicants must also have completed a four-year resident course in a medical school with a total of 4,000 instructional hours. The medical course must be equivalent to the schooling required by graduates of California medical schools. Also, must intern for at least two years in an approved hospital (one year in a California hospital). Prior to internship, applicants must successfully complete the Board's written examination. They also must submit appropriate personal documents (diplomas, transcripts, licenses and the like with certified translations). They also must pay the application and license fee of $50.

CPhA SOUNDS FORGERY ALARM

Forged prescriptions are on the increase in California as a result of the crackdown by enforcement agencies on illicit drug traffic, the California Pharmaceutical Association reports.

The CPhA has asked for the full cooperation of physicians in helping to cut down on forgeries. The opportunity for forged prescriptions is easier, the Association says, when doctors leave prescription blanks in their offices where the pads can become readily accessible to the public.

Physicians are urged to keep prescription blanks under lock and key or concealed at all times.