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**BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DIVISION OF MEDICAL QUALITY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Accusation)
Against:)
)
RONALD REINER WEMPEN, M.D.)
Physician & Surgeon Cert. No. G-18070)
)
Respondent)
_____)

No. 04-1997-76214


DECISION

The attached Stipulated Settlement and Disciplinary Order in case number 04-1997-76214 is hereby adopted by the Division of Medical Quality of the Medical Board of California as its Decision in the above entitled matter.

This Decision shall become effective at 5:00 p.m. on November 26, 1999

It is so Ordered October 26, 1999

DIVISION OF MEDICAL QUALITY
MEDICAL BOARD OF CALIFORNIA

By 
IRA LUBELL, M.D.
Panel A

1 BILL LOCKYER, Attorney General
of the State of California
2 SAMUEL K. HAMMOND, State Bar No. 141135
Deputy Attorney General
3 California Department of Justice
110 West A Street, Suite 1100
4 Post Office Box 85266
San Diego, California 92816-5266
5 Telephone: (619) 645-2083

6 Attorneys for Complainant

7
8 **BEFORE THE**
DIVISION OF MEDICAL QUALITY
MEDICAL BOARD OF CALIFORNIA
9 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

10

11 In the Matter of the Accusation)	Case No. 04-97-76214
Against:)	
12)	OAH No. L-1998100275
13 RONALD REINER WEMPEN, M.D.)	
14 14795 Jeffrey Road, #101)	STIPULATED SETTLEMENT
Irvine, CA 92720)	AND
15 Physician's and Surgeon's)	DISCIPLINARY ORDER
Certificate No. G. 18070)	
16)	
Respondent.)	

17

18 **IT IS HEREBY STIPULATED AND AGREED** by and between the
19 parties to the above-entitled proceedings that the following
20 matters are true:

21 1. An Accusation in Case No. 04-97-76214 was filed with
22 the Division of Medical Quality, of the Medical Board of
23 California Department of Consumer Affairs (the "Division") on
24 September 23, 1998 and is currently pending against Ronald Reiner
25 Wempen, M.D. (the "respondent").

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1 2. The Accusation, together with all statutorily
2 required documents, was duly served on the respondent on or about
3 September 23, 1998, and respondent filed his Notice of Defense
4 contesting the Accusation on or about September 30, 1998. A copy
5 of the Accusation is attached as Exhibit "A" and hereby
6 incorporated by reference as if fully set forth.

7 3. Complainant, Ron Joseph, is the Executive Director
8 of the Medical Board of California and brought this action solely
9 in his official capacity. The Complainant is represented by the
10 Attorney General of California, Bill Lockyer, by and through
11 Deputy Attorney General, Samuel K. Hammond.

12 4. At all times relevant herein, respondent has been
13 licensed by the Medical Board of California under Physician's and
14 Surgeon's Certificate No. A 92720.

15 5. Respondent is represented in this matter by
16 Richard Dale Jackson, 120 Fisherman's Wharf, Redondo Beach,
17 California 90277.

18 6. Respondent and his attorney have fully read and
19 discussed the charges contained in the Accusation. Respondent
20 has been fully advised regarding his legal rights and the effects
21 of this Stipulated Settlement and Disciplinary Order.

22 7. Respondent understands the nature of the charges
23 alleged in the Accusation and that, if proven at a hearing, the
24 charges and allegations would constitute cause for imposing
25 discipline upon his Physician's and Surgeon's Certificate.
26 Respondent is fully aware of his right to a hearing on the
27 charges contained in the Accusation, his right to confront and

1 placed on probation for five (5) years on the following terms and
2 conditions.

3 Within 15 days after the effective date of this
4 decision the respondent shall provide the Division, or its
5 designee, proof of service that respondent has served a true copy
6 of this decision on the Chief of Staff or the Chief Executive
7 Officer at every hospital where privileges or membership are
8 extended to respondent or where respondent is employed to
9 practice medicine and on the Chief Executive Officer at every
10 insurance carrier where malpractice insurance coverage is
11 extended to respondent.

12 1. CLINICAL TRAINING PROGRAM - PACE PROGRAM Within four
13 months from the effective date of this decision, respondent, at
14 his expense, shall enroll in The Physician Assessment and
15 Clinical Education Program at the University of California, San
16 Diego School of Medicine (hereinafter, the "PACE Program") and
17 shall undergo the comprehensive assessment program including the
18 measurement of medical skills and knowledge, the appraisal of
19 physical health and psychological testing. After assessment, the
20 PACE Evaluation Committee will review all results and make a
21 recommendation to the Division or its designee, the respondent
22 and other authorized personnel as to what clinical training is
23 required, including scope and length, treatment of any medical or
24 psychological condition, and any other factors affecting the
25 respondent's practice of medicine. The respondent shall
26 undertake whatever clinical training and treatment of any medical
27 or psychological condition as may be recommended by the PACE

1 Program. Finally, at the completion of the PACE Program,
2 respondent shall submit to an examination on its contents and
3 substance. The examination shall be designed and administered by
4 the PACE faculty. Respondent shall not be deemed to have
5 successfully completed the program unless he passes the
6 examination. Respondent agrees that the determination of the
7 PACE Program faculty as to whether or not he has passed the
8 examination and/or successfully completed the PACE Program shall
9 be binding.

10 2. EDUCATION COURSE Within ninety (90) days of the
11 effective date of this decision, and on an annual basis
12 thereafter, respondent shall submit to the Division or its
13 designee for its prior approval an educational program or course
14 to be designated by the Division, which shall not be less than
15 40 hours per year, for each year of probation. This program
16 shall be in addition to the Continuing Medical Education
17 requirements for re-licensure. Following the completion of each
18 course, the Division or its designee may administer an
19 examination to test respondent's knowledge of the course.
20 Respondent shall provide proof of attendance for 65 hours of
21 continuing medical education of which 40 hours were in
22 satisfaction of this condition and were approved in advance by
23 the Division or its designee.

24 3. ETHICS COURSE Within 60 days of the effective date
25 of this decision, respondent shall enroll in a course in Ethics
26 approved in advance by the Division or its designee, and shall

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1 successfully complete the course during the first year of
2 probation.

3 4. **OBEDIENT TO ALL LAWS** Respondent shall obey all federal,
4 state and local laws, all rules governing the practice of
5 medicine in California, and remain in full compliance with any
6 court ordered criminal probation, payments and other orders.

7 5. **QUARTERLY REPORTS** Respondent shall submit
8 quarterly declarations under penalty of perjury on forms provided
9 by the Division, stating whether there has been compliance with
10 all the conditions of probation.

11 6. **PROBATION SURVEILLANCE PROGRAM COMPLIANCE** Respondent
12 shall comply with the Division's probation surveillance program.
13 Respondent shall, at all times, keep the Division informed of his
14 business and residence addresses which shall both serve as
15 addresses of record. Changes of such addresses shall be
16 immediately communicated in writing to the Division. Under no
17 circumstances shall a post office box serve as an address of
18 record.

19 Respondent shall also immediately inform the Division,
20 in writing, of any travel to any areas outside the jurisdiction
21 of California which lasts, or is contemplated to last, more than
22 thirty (30) days.

23 7. **INTERVIEW WITH THE DIVISION, ITS DESIGNEE OR ITS DESIGNATED**
24 **PHYSICIAN(S)** Respondent shall appear in person for interviews with
25 the Division, its designee or its designated physician(s) upon
26 request at various intervals and with reasonable notice.

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8. TOLLING FOR OUT-OF-STATE PRACTICE, RESIDENCE OR IN-STATE NON-

PRACTICE In the event respondent should leave California to reside or to practice outside the State or for any reason should respondent stop practicing medicine in California, respondent shall notify the Division or its designee in writing within ten (10) days of the dates of departure and return or the dates of non-practice within California. Non-practice is defined as any period of time exceeding thirty (30) days in which respondent is not engaging in any activities defined in Sections 2051 and 2052 of the Business and Professions Code. All time spent in an intensive training program approved by the Division or its designee shall be considered as time spent in the practice of medicine. Periods of temporary or permanent residence or practice outside California or of non-practice within California, as defined in this condition, will not apply to the reduction of the probationary period.

9. COMPLETION OF PROBATION Upon successful completion

of probation, respondent's certificate shall be fully restored.

10. VIOLATION OF PROBATION If respondent violates

probation in any respect, the Division, after giving respondent notice and the opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If an accusation or petition to revoke probation is filed against respondent during probation, the Division shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

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1 11. **COST RECOVERY** The respondent is hereby ordered to
2 reimburse the Division the amount of \$8,000 within 24 months of
3 the effective date of this decision for its investigative and
4 prosecution costs. Failure to reimburse the Division's cost of
5 investigation and prosecution within the specified period shall
6 constitute a violation of the probation order unless the Division
7 agrees in writing to payment by an installment plan because of
8 financial hardship. The filing of bankruptcy by the respondent
9 shall not relieve the respondent
10 of his responsibility to reimburse the Division for its
11 investigative and prosecution costs.

12 12. **PROBATION COSTS** Respondent shall pay the costs
13 associated with probation monitoring each and every year of
14 probation, which are currently set at \$2,304, but may be adjusted
15 on an annual basis. Such costs shall be payable to the Division
16 of Medical Quality and delivered to the designated probation
17 surveillance monitor at the beginning of each calendar year.
18 Failure to pay costs within 30 days of the due date shall
19 constitute a violation of probation.

20 13. **LICENSE SURRENDER** Following the effective date of
21 this decision, if respondent ceases practicing due to retirement,
22 health reasons or is otherwise unable to satisfy the terms and
23 conditions of probation, respondent may voluntarily tender his
24 certificate to the Board. The Division reserves the right to
25 evaluate the respondent's request and to exercise its discretion
26 whether to grant the request, or to take any other action deemed
27 appropriate and reasonable under the circumstances. Upon formal

1 acceptance of the tendered license, respondent will not longer be
2 subject to the terms and conditions of probation.

3 **CONTINGENCY**

4 This stipulation shall be subject to the approval of
5 the Division of Medical Quality. Respondent understands and
6 agrees that Board staff and counsel for complainant may
7 communicate directly with the Division regarding this stipulation
8 and settlement, without notice to or participation by respondent
9 or his counsel. If the Division fails to adopt this stipulation
10 as its Order, the stipulation shall be of no force or effect, it
11 shall be inadmissible in any legal action between the parties,
12 and the Division shall not be disqualified from further action in
13 this matter by virtue of its consideration of this stipulation.

14 **ACCEPTANCE**

15 I have read the above Stipulated Settlement and
16 Disciplinary Order. I have fully discussed the terms and
17 conditions and other matters contained therein with my attorney,
18 Richard Dale Jackson, Esq. I understand the effect this
19 Stipulated Settlement and Disciplinary Order will have on my
20 Physician's and Surgeon's Certificate, and agree to be bound
21 thereby. I enter into this stipulation freely, knowingly,
22 intelligently and voluntarily.


23 DATED: 9-7-99

24 
25 RONALD REINER WEMPEN, M.D.
26 Respondent

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1 I have read and fully discussed the terms and
2 conditions and other matters contained in the above Stipulated
3 Settlement and Disciplinary Order with respondent Ronald Reiner
4 Wempen, M.D., and approve of its form and content.

5 DATED: 9-1-99.

6
7 
8 RICHARD DALE JACKSON
9 Attorney for Respondent

10 **ENDORSEMENT**

11 The foregoing Stipulated Settlement and Disciplinary
12 Order is hereby respectfully submitted for the consideration of
13 the Division of Medical Quality, Medical Board of California
14 Department of Consumer Affairs.

15 DATED: 9/16/99.

16 BILL LOCKYER, Attorney General
17 of the State of California

18 
19 SAMUEL K. HAMMOND
20 Deputy Attorney General

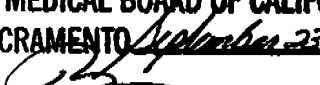
21 Attorneys for Complainant

22 Exhibit: Accusation
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EXHIBIT A
Accusation No. 04-97-76214

1 DANIEL E. LUNGREN, Attorney General
of the State of California
2 SAMUEL K. HAMMOND, State Bar No. 141135
Deputy Attorney General
3 California Department of Justice
110 West A Street, Suite 1100
4 Post Office Box 85266
San Diego, California 92186-5266
5 Telephone: (619) 645-2083
6 Attorneys for Complainant

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO *September 23 1978*
BY  **ANALYST**

7
8 **BEFORE THE**
9 **DIVISION OF MEDICAL QUALITY**
MEDICAL BOARD OF CALIFORNIA
10 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

11 In the Matter of the Accusation) Case No. 04-97-76214
Against:)
12)
13 **RONALD REINER WEMPEN, M.D.**) **ACCUSATION**
14 14795 Jeffrey Road, #101)
Irvine, California 92720)
15 Physician's and Surgeon's)
Certificate No. G 18070,)
16 Respondent.)

17
18 The Complainant alleges:

19 **PARTIES**

20 1. Ron Joseph ("Complainant") brings this accusation
21 solely in his official capacity as the Executive Director of the
22 Medical Board of California (hereinafter the "Board").

23 2. On or about March 19, 1970, Physician's and
24 Surgeon's Certificate No. G 18070 was issued by the Board to
25 Ronald Reiner Wempen (hereinafter "respondent"). At all times
26 relevant to the charges brought herein, this license has been in
27 full force and effect. Unless renewed, it will expire on

1 February 29, 2000. Respondent was issued approval No. SA 13272,
2 as a supervisor of physician assistant on January 4, 1983. The
3 approval is cancelled with an expiration date of May 31, 1988.

4 JURISDICTION

5 3. This accusation is brought before the Division of
6 Medical Quality of the Board (hereinafter the "Division"), under
7 the authority of the following sections of the Business and
8 Professions Code (hereinafter "Code"):

9 A. Section 2227 of the Code provides that the
10 Division may revoke, suspend for a period not to exceed one
11 year, or place on probation and order the payment of
12 probation monitoring costs, the license of any licensee who
13 has been found guilty under the Medical Practice Act.

14 B. Section 2234 of the Code provides that
15 unprofessional conduct includes, but is not limited to, the
16 following:

17 "(a) Violating or attempting to violate,
18 directly or indirectly, or assisting in or
19 abetting the violation of, or conspiring to
20 violate, any provision of this chapter.

21 "(b) Gross negligence.

22 "(c) Repeated negligent acts.

23 "(d) Incompetence.

24 ". . . ."

25 C. Section 2266 of the Code which provides
26 that the failure of a physician and surgeon to maintain

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1 adequate and accurate record relating to the provision of
2 services to a patient constitutes unprofessional conduct.

3 D. Section 125.3 of the Code provides, as
4 relevant hereto, that the Board may request the
5 administrative law judge to direct any licentiate found to
6 have committed a violation or violations of the licensing
7 act, to pay the Board a sum not to exceed the reasonable
8 costs of the investigation and enforcement of the case.

9 4. Section 16.01 of the Budget Act of the State of
10 California provides, in pertinent part, that:

11 A. No funds appropriated by this act may be
12 expended to pay any Medi-Cal claim for any service performed
13 by a physician while that physician's license is under
14 suspension or revocation due to a disciplinary action of the
15 Medical Board of California; and,

16 B. No funds appropriated by this act may be
17 expended to pay any Medi-Cal claim for any surgical service
18 or other invasive procedure performed on any Medi-Cal
19 beneficiary by a physician if that physician has been placed
20 on probation due to a disciplinary action of the Medical
21 Board of California related to the performance of that
22 specific service or procedure on any patient, except in any
23 case where the Board makes a determination during its
24 disciplinary process that there exist compelling
25 circumstances that warrant continued Medi-Cal reimbursement
26 during the probationary period.

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1 FIRST CAUSE FOR DISCIPLINE

2 (Gross Negligence)

3 5. Respondent is subject to disciplinary action under
4 section 2234, subdivision (b) of the Code in that he has
5 committed acts or omissions constituting gross negligence. The
6 circumstances are as follows:

7 A. On or about August 26, 1996, respondent began
8 providing medical services for patient C.M., a 43-year-old
9 woman, at his medical offices known as "The Environmental
10 Medical Center of Orange County," located at 14795 Jeffrey
11 Road, Suite 101, Irvine, California 92720. The patient's
12 chief complaints included pelvic pain, vaginal discharge,
13 bladder problems with a history of urinary frequency and
14 cystitis, intestinal disorders which included constipation
15 and diarrhea, and short-term memory loss. The patient gave
16 a history in which she listed additional complaints
17 including dyspareunia, dizziness, sleep problems, tinnitus,
18 bleeding gums, myalgia in the back, hips, and hands, and
19 cold sensitivity.

20 B. On this initial visit, respondent did not
21 fully describe the present urinary symptoms in the patient's
22 chart, and he made no comment in the chart concerning the
23 abdominal pains, melena, and rectal bleeding. Respondent
24 did not characterize the dizziness problem, and there is no
25 notation respondent examined the patient's breasts, pelvis
26 (including vagina), or rectum. Also, respondent did not
27 order any laboratory testing of the patient.

1 C. Respondent's recorded impressions were
2 endocrine disorder, chronic cystitis, probable environmental
3 toxicity, functional gastroenteritis, possible
4 encephalopathy, chronic vaginitis, and probably ~~Candida~~.

5 D. Without any laboratory tests or any
6 substantiated medical evidence, respondent attributed the
7 problems of the patient to insufficient liver detoxification
8 mechanisms, depressed immune system from chronic viral
9 infection, depressed immune system from heavy acute or
10 chronic low-level organic chemical exposure, and
11 mitochondrial down-regulation.

12 E. Respondent treated C.M. with Nystatin, an
13 antifungal antibiotic indicated for the treatment of
14 cutaneous or mucocutaneous mycotic infections caused by
15 *Candida albicans* and other *Candida* species. Respondent also
16 ordered a grain omission/challenge test.

17 F. On or about September 24, 1996, patient C.M.
18 returned to respondent's medical offices for a follow-up
19 visit. The patient complained of lightheadedness, nausea,
20 and intestinal gas after treatment with Nystatin. She also
21 reported having become fatigued after taking about 1/4
22 teaspoon of the compound.

23 G. Respondent did not conduct any physical
24 examination of patient C.M. His assessment was allergic
25 gastroenteritis. Respondent treated the patient with
26 Diflucan, or fluconazole, a synthetic antifungal agent
27 indicated for the treatment of vaginal *Candidiasis*.

1 Respondent ordered a stool sample which was submitted to
2 Great Smokies Diagnostic Laboratories. On or about
3 October 15, 1996, Great Smokies Diagnostic Laboratories
4 reported the sample to be positive for occult blood.

5 H. On or about October 22, 1996, respondent saw
6 patient C.M. Respondent did not comment upon or assess the
7 positive result of the hemoccult test of the patient which
8 had been reported to his office even though Great Smokies
9 Diagnostic Laboratories's "Comments" to the hemoccult test
10 results stated: "Occult (hidden) blood was detected in the
11 stool, an indication of bleeding within the intestinal
12 tract. Common causes include ulcers, hemorrhoids, colitis,
13 irritants, and carcinoma. A careful history is recommended,
14 as well as a repeat Occult Blood test on three separate days
15 while avoiding red meat. If positive, sigmoidoscopy is
16 recommended."

17 I. Respondent's assessment of the patient on
18 this visit was an intestinal condition (respondent's note
19 was partially illegible), fatigue, chronic cystitis, and a
20 history of heavy-metal toxicity. He ordered laboratory
21 tests which included a 24-hour urine sample for creatinine
22 clearance, a urine culture and sensitivity test, and
23 urinalysis.

24 J. On or about December 3, 1996, respondent
25 again saw the patient and noted that the Diflucan regimen
26 had been completed on November 22, 1996. Respondent did not
27 perform a physical exam on this visit but commented that the

1 patient had suffered dizziness at various times. Also,
2 respondent noted that the patient had urinary frequency, was
3 using Estradiol cream, and had vaginal burning. Respondent
4 prescribed Zovirax 400 mg for patient C.M. without noting
5 the medical indication for the drug. (Zovirax, the generic
6 name for which is acyclovir, is indicated for the treatment
7 and management of genital herpes and herpes zoster, or
8 shingles.)

9 K. On or about December 18, 1996, patient
10 C.M. signed a "Informed Consent" form in which she
11 indicated her agreement to undergo a so-called "DMPS"
12 (Sodium 2,3, Dimeracaptopropane-I-Sulfate) protocol,
13 presumably to remove mercury from her body. On or
14 about December 19, 1996, patient C.M. was seen again by
15 respondent, who made notations in her medical record
16 appearing to be the calculation of a dosage of "IV
17 Therapy/Test." Respondent diagnosed the patient to
18 have chronic cystitis and chronic gastroenteritis.

19 L. On or about December 20, 1996, patient C.M.
20 submitted a urine sample which was tested for mercury and
21 other elements. The level of mercury in her urine,
22 according to the laboratory result, was "consistent with
23 mild mercury exposure, marginally affected."

24 M. On or about January 21, 1997, the patient was
25 again seen by respondent. Respondent wrote his diagnosis of
26 her condition to be "probable mercury toxicity." Respondent
27 also noted the patient to have had no stamina and to have

1 had more frequent dizzy spells. Respondent furnished, or
2 otherwise ordered for the use of the patient, garlic pills,
3 chlorella (a nutritional supplement derived from plant
4 algae), and minerals.

5 N. On or about February 14, 1997, patient C.M.
6 returned for another follow-up visit. Respondent wrote that
7 she was doing well, but had dizziness not related to food
8 and had been feeling "spacey with slurred speech."
9 Respondent did not perform a physical exam of the patient.
10 Respondent again ordered the patient to take minerals and
11 chlorella.

12 O. On or about February 18, 1997, patient
13 C.M. submitted another urine sample for testing for
14 mercury and other elements. The level of mercury in
15 her urine, according to the laboratory result, was
16 again "consistent with mild mercury exposure,
17 marginally affected." On this date, respondent caused
18 the patient to undergo the intravenous infusion of
19 DMPS.

20 P. On or about March 27, 1997, patient C.M. made
21 another follow up visit and again complained of dizziness.
22 Respondent noted there to be no change in blood pressure or
23 pulse with positional change by the patient. Respondent
24 commented that the tympanic membranes were clear.
25 Respondent made notes that are not legible about laboratory
26 results or any laboratory tests/treatments he recommended.

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1 Respondent diagnosed C.M. to have dizziness, muscle spasms,
2 a mineral disorder, and possibly an endocrine disorder.

3 Q. On or about April 24, 1997, respondent
4 noted that the patient was still taking mineral
5 supplements and chlorella. Respondent diagnosed the
6 patient still to be suffering from mercury toxicity and
7 a mineral disorder. He also diagnosed myalgia, or
8 muscle pain. Respondent noted that trigger point
9 injections had "helped last time". However, the
10 medical record is not clear whether or when they were
11 given, either previously or during this visit.

12 Respondent ordered another DMPS intravenous therapy and
13 solicited a promise that the patient would come in for
14 such treatment on the following day, April 25, 1997.
15 There is no indication in the chart that the patient
16 came in for or received that treatment.

17 6. Respondent, Ronald Reiner Wempen, M.D., is subject
18 to disciplinary action for unprofessional conduct in that he was
19 grossly negligent in his care and treatment of patient C.M. in
20 violation of Code section 2234(b) as more particularly set forth
21 hereinafter:

22 A. Respondent failed to perform medically
23 appropriate history specific to the patient's complaints of
24 vaginal discharge, gastrointestinal problems and dizziness.

25 B. Respondent failed to perform medically
26 appropriate physical examination specific to the patient's
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1 complaints of vaginal discharge, gastrointestinal problems
2 and dizziness.

3 C. Respondent failed to perform appropriate
4 medical evaluation and appropriate diagnostic testing in a
5 patient with several complaints including vaginal discharge,
6 gastrointestinal problems and dizziness.

7 D. Respondent made a diagnosis of chronic
8 vaginitis and functional gastroenteritis without conducting
9 a physical exam.

10 E. Respondent treated C.M. with antifungal
11 medications without first examining the vaginal discharge to
12 determine the etiology thereof.

13 F. Respondent repeatedly failed to attempt to
14 determine the etiology of the patient's dizziness.

15 G. Respondent repeatedly failed to determine
16 whether laboratory tests or neurological tests were
17 necessary for evaluation of the dizziness of the patient.

18 H. Respondent failed to order CBC tests to
19 substantiate his impression that the patient's complaints
20 stemmed from insufficient liver detoxification mechanisms or
21 a depressed immune system.

22 I. Respondent failed to list as part of his
23 assessment of the patient, additional medical problems he
24 discovered upon obtaining the patient's history and
25 performing physical exam during the visit on August 26,
26 1996. These additional medical problems included positive
27

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1 Romberg test, the patient's inability to stand on one foot,
2 2+ abdominal pain and hyperreflexia.

3 J. Respondent noted an abnormal neurological
4 examination on or about August 26, 1996, when ~~he~~ described a
5 questionably positive Romberg test, inability to stand on
6 one foot, and hyperreflexia, but respondent failed to assess
7 these signs, failed to repeat the examination, and failed to
8 follow up on this possible neurological problem.

9 K. On the patient's visit on August 26, 1996,
10 respondent noted diagnosed probable encephalopathy without
11 any notation of changes in the mental status of the patient.

12 L. On or about December 19, 1996, respondent
13 diagnosed the patient to be suffering from mercury toxicity,
14 even though the result of the laboratory the previous day
15 indicated that the patient had a low range of mercury.

16 M. Respondent entered the patient in an
17 experimental study to chelate mercury from her system even
18 though the patient had a low range of mercury and did not
19 show mercury toxicity.

20 N. Respondent failed to maintain clear and
21 legible records on the patient during the period she
22 participated in the experimental study to chelate mercury
23 from her system.

24 O. After the patient's initial visit on
25 August 26, 1996, respondent failed to maintain legible and
26 coherent records on the patient's subsequent visits.

27 ///

1 G. Respondent repeatedly failed to determine
2 whether laboratory tests or neurological tests were
3 necessary for evaluation of the dizziness of the patient.

4 H. Respondent failed to order CBC tests to
5 substantiate his impression that the patient's complaints
6 stemmed from insufficient liver detoxification mechanisms or
7 a depressed immune system.

8 I. Respondent failed to list as part of his
9 assessment of the patient, additional medical problems he
10 discovered upon obtaining the patient's history and
11 performing physical exam during the visit on August 26,
12 1996. These additional medical problems included positive
13 Romberg test, the patient's inability to stand on one foot,
14 2+ abdominal pain and hyperreflexia.

15 J. Respondent noted an abnormal neurological
16 examination on or about August 26, 1996, when he described a
17 questionably positive Romberg test, inability to stand on
18 one foot, and hyperreflexia, but respondent failed to assess
19 these signs, failed to repeat the examination, and failed to
20 follow up on this possible neurological problem.

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25 diagnosed the patient to be suffering from mercury toxicity,
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3 though the patient had a low range of mercury and did not
4 show mercury toxicity.

5 N. Respondent failed to maintain clear and
6 legible records on the patient during the period she
7 participated in the experimental study to chelate mercury
8 from her system.

9 O. After the patient's initial visit on
10 August 26, 1996, respondent failed to maintain legible and
11 coherent records on the patient's subsequent visits.

12 THIRD CAUSE FOR DISCIPLINE

13 (Incompetence)

14 8. Respondent is subject to disciplinary action for
15 unprofessional conduct in that he engaged in incompetence in his
16 treatment and care of patient C.M. in violation of Code section
17 2234(d) as more particularly set forth hereinafter:

18 A. The allegations contained in paragraph 6-A
19 through 6-O above, are herein realleged as though fully set
20 forth.

21 B. Each of respondent's failures alleged in
22 paragraph 6-A through 6-O above, represent a lack of
23 knowledge or ability in carrying out his professional
24 medical obligations to patient C.M.

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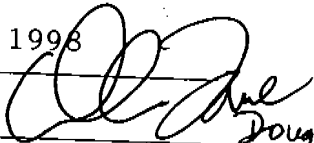
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5. Taking such other and further action as the
Division deems necessary and proper.

DATED: September 23, 1998


Douglas Lane
Deputy Director
for
Ron Joseph
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California

Complainant

03573160-SD1998AD0592