

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

In the Matter of the Accusation Against: )

CECIL A. BRADLEY, M.D. )

File No. 12-2004-157064

Physician's and Surgeon's )  
Certificate No. C34133 )

Respondent. )  
\_\_\_\_\_ )

DECISION

The attached Stipulated Settlement and Decision is hereby adopted as the Decision and Order of the Division of Medical Quality of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on April 2, 2007.

IT IS SO ORDERED March 1, 2007.

MEDICAL BOARD OF CALIFORNIA

By: Cesar A. Aristeiguieta, M.D.  
Cesar A. Aristeiguieta, M.D., Chair  
Panel A  
Division of Medical Quality

1 EDMUND G. BROWN JR., Attorney General  
2 of the State of California  
3 JOSE R. GUERRERO  
4 Supervising Deputy Attorney General  
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13 Attorneys for Complainant

10 **BEFORE THE**  
11 **DIVISION OF MEDICAL QUALITY**  
12 **MEDICAL BOARD OF CALIFORNIA**  
13 **DEPARTMENT OF CONSUMER AFFAIRS**  
14 **STATE OF CALIFORNIA**

14 **In the Matter of the Accusation Against:**

15 **CECIL A. BRADLEY, M.D.**  
16 2512 Samaritan Court, Suite M  
17 San Jose, CA 95124

18 Physician and Surgeon's Certificate  
19 No. C34133

20  
21 Respondent,

**Case No: 12-2004-157064**  
**OAH No. N2006120096**

**STIPULATED SETTLEMENT**  
**AND DECISION**

22 **IT IS HEREBY STIPULATED AND AGREED** by and between the parties to  
23 the above-entitled proceedings, the following:

- 24 1. Complainant David T. Thornton, is the Executive Director of the  
25 Medical Board of California, Department of Consumer Affairs ("Board") and is represented by  
26 Edmund G. Brown Jr., Attorney General of the State of California and by Lawrence A. Mercer  
27 and Jane Zack Simon, Deputy Attorneys General.
- 28 2. Cecil A. Bradley, M.D. ("respondent") is represented by Arthur W. Curley

1 of Bradley, Curley, Asiano, Barrabee & Crawford, P.C., 1100 Larkspur Landing Circle, Suite  
2 200, Larkspur, CA 94939. Respondent has been advised by his attorney, and is fully aware of  
3 the effect of this stipulation.

4           3.       At all times relevant herein, respondent has been licensed by the Medical  
5 Board of California under License No. C34133.

6           4.       Accusation No. 12-2004-157064 (hereinafter the "Accusation") was filed  
7 before the Division and is currently pending against respondent. The Accusation, together with  
8 all other statutorily required documents, was duly served on respondent, and respondent filed a  
9 Notice of Defense contesting the Accusation. A copy of the Accusation is attached as Exhibit A  
10 and incorporated herein by reference.

11           5.       Respondent has carefully read, been fully advised by his counsel, and  
12 understands the charges and allegations in the Accusation and the effects of this Stipulated  
13 Settlement and Disciplinary Order.

14           6.       Respondent has discussed with counsel and understands that the charges  
15 and allegations in the Accusation, if proven at a hearing, constitute cause for imposing discipline  
16 upon his license. Respondent is fully aware of his legal rights and that, but for this Stipulation, he  
17 would be entitled: to a hearing on the charges and allegations in the Accusation; to be represented  
18 by counsel, at his own expense, in all proceedings in this matter; to confront and cross-examine  
19 the witnesses against his; to present evidence on his own behalf and to the issuance of subpoenas  
20 to compel the attendance of witnesses and the production of documents; to reconsideration and  
21 appeal of an adverse decision; and all other rights accorded pursuant to the California  
22 Administrative Procedure Act and other applicable laws.

23           7.       With these rights in mind, respondent freely, voluntarily, knowingly and  
24 intelligently waives and gives up each and every right set forth above.

25           8.       Respondent hereby gives up his right to contest the charges set forth in the  
26 Accusation, and agrees to be bound by the Division's imposition of discipline as set forth in the  
27 Disciplinary Order below.

28           9.       The admissions made by respondent herein are only for the purposes of this



1 clinicians; and medical knowledge, skill and judgment pertaining to respondent's specialty or  
2 sub-specialty, and at minimum, a 40 hour program of clinical education in the area of practice in  
3 which respondent was alleged to be deficient and which takes into account data obtained from the  
4 assessment, Decision(s), Accusation(s), and any other information that the Division or its  
5 designee deems relevant. Respondent shall pay all expenses associated with the clinical training  
6 program. Based on respondent's performance and test results in the assessment and clinical  
7 education, the Program will advise the Division or its designee of its recommendation(s) for the  
8 scope and length of any additional educational or clinical training, treatment for any medical  
9 condition, treatment for any psychological condition, or anything else affecting respondent's  
10 practice of medicine. Respondent shall comply with Program recommendations. At the  
11 completion of any additional educational or clinical training, respondent shall submit to and pass  
12 an examination. The Program's determination whether or not respondent passed the examination  
13 or successfully completed the Program shall be binding. Respondent shall complete the Program  
14 not later than nine months after respondent's initial enrollment unless the Division or its designee  
15 agrees in writing to a later time for completion. Failure to participate in and complete  
16 successfully all phases of the clinical training program outlined above is a violation of probation.  
17 If respondent fails to successfully complete the clinical training program within the designated  
18 time period, respondent shall cease the practice of medicine within 72 hours after being notified  
19 by the Division or its designee that respondent failed to successfully complete the clinical training  
20 program.

21           In the alternative, respondent may satisfy this condition by a complete and  
22 successful re-certification by the American Society of Addiction Medicine (ASAM), according to  
23 the standard procedures and protocols of that organization. Said re-certification shall be at  
24 respondent's expense, and shall be completed during the first two years of probation. Respondent  
25 hereby authorizes any communication deemed necessary between the Division or its designee  
26 and/or ASAM. Failure to complete successfully the re-certification outlined above is a violation  
27 of probation. If respondent fails to successfully complete the re-certification within the  
28 designated time period, respondent shall cease the practice of medicine within 72 hours after

1 being notified by the Division or its designee that respondent failed to successfully complete the  
2 re-certification.

3 ///

4           14.    **Psychiatric Examination:**   Within 30 calendar days of the effective date  
5 of this Decision, the Division or its designee shall provide respondent with a list of 3 board-  
6 certified psychiatrists, and within 30 days thereafter, respondent shall notify the Division or its  
7 designee which psychiatrist(s) is acceptable to him. Within 30 days of that notification, and on a  
8 whatever periodic basis thereafter may be required by the Division or its designee, respondent  
9 shall undergo and complete a psychiatric evaluation (and psychological testing, if deemed  
10 necessary) by the appointed psychiatrist, who shall consider any information provided by the  
11 Division or designee and any other information the psychiatrist deems relevant, and shall furnish a  
12 written evaluation report to the Division or its designee. Psychiatric evaluations conducted prior  
13 to the effective date of the Decision shall not be accepted towards the fulfillment of this  
14 requirement. Respondent shall pay the cost of all psychiatric evaluations and psychological  
15 testing. Respondent shall comply with all restrictions or conditions recommended by the  
16 evaluating psychiatrist within 15 calendar days after being notified by the Division or its designee.  
17 In the event the evaluator recommends psychotherapy, respondent shall submit to the Division or  
18 its designee for its prior approval the name and qualifications of a treating psychiatrist. Failure to  
19 undergo and complete a psychiatric evaluation and psychological testing, or comply with the  
20 required additional conditions or restrictions, is a violation of probation.

21           15.    **Practice Monitoring:**   Within 30 calendar days of the effective date of  
22 this Decision and Order, respondent shall submit to the Division or its designee for prior approval  
23 as a practice monitor the name and qualifications of one or more licensed physicians and surgeons  
24 whose licenses are valid and in good standing, and who are preferably American Board of  
25 Medical Specialties (ABMS) certified. A monitor shall have no prior or current business or  
26 personal relationship with respondent, or other relationship that could reasonably be expected to  
27 compromise the ability of the monitor to render fair and unbiased reports to the Division,  
28 including but not limited to any form of bartering, shall be in respondent's field of practice, and

1 must agree to serve as respondent's monitor. Respondent shall pay all monitoring costs.

2           The Division or its designee shall provide the approved monitor with copies of the  
3 Decision and Accusation and a proposed monitoring plan. Within 15 calendar days of receipt of  
4 the Decision and Order, Accusation, and proposed monitoring plan, the monitor shall submit a  
5 signed statement that the monitor has read the Decision and Order and Accusation, fully  
6 understands the role of a monitor, and agrees with the proposed monitoring plan.

7           Within 60 calendar days of the effective date of this Decision and Order, and  
8 continuing throughout probation, respondent's practice shall be monitored by the approved  
9 monitor. Respondent shall make all records available for immediate inspection and copying on  
10 the premises by the monitor at all times during business hours and shall retain the records for the  
11 entire term of probation.

12           The monitor(s) shall submit a quarterly written report to the Division or its  
13 designee which includes an evaluation of respondent's performance, indicating whether  
14 respondent's practices are within the standards of practice of medicine and whether respondent is  
15 practicing medicine safely.

16           It shall be the sole responsibility of respondent to ensure that the monitor submits  
17 the quarterly written reports to the Division or its designee within 10 calendar days after the end  
18 of the preceding quarter.

19           If the monitor resigns or is no longer available, respondent shall, within 5 calendar  
20 days of such resignation or unavailability, submit to the Division or its designee, for prior  
21 approval, the name and qualifications of a replacement monitor who will be assuming that  
22 responsibility within 15 calendar days. If respondent fails to obtain approval of a replacement  
23 monitor within 60 days of the resignation or unavailability of the monitor, respondent shall be  
24 suspended from the practice of medicine until a replacement monitor is approved and prepared to  
25 assume immediate monitoring responsibility. Respondent shall cease the practice of medicine  
26 within 3 calendar days after being so notified by the Division or designee.

27           Failure to maintain all records, or to make all appropriate records available for  
28 immediate inspection and copying on the premises, or to comply with this condition as outlined

1 above is a violation of probation.

2 **STANDARD TERMS AND CONDITIONS**

3 16. **Notification:** Prior to engaging in the practice of medicine the respondent  
4 shall provide a true copy of the Decision and Accusation to the Chief of Staff or the Chief  
5 Executive Officer at every hospital where privileges or membership are extended to respondent, at  
6 any other facility where respondent engages in the practice of medicine, including all physician  
7 and locum tenens registries or other similar agencies, and to the Chief Executive Officer at every  
8 insurance carrier which extends malpractice insurance coverage to respondent. Respondent shall  
9 submit proof of compliance to the Division or its designee within 15 calendar days.

10 This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

11 17. **Supervision of Physician Assistants:** During probation, respondent is  
12 prohibited from supervising physician assistants.

13 18. **Obey All Laws:** Respondent shall obey all federal, state and local laws, all  
14 rules governing the practice of medicine in California and remain in full compliance with any  
15 court ordered criminal probation, payments, and other orders.

16 19. **Quarterly Declarations:** Respondent shall submit quarterly declarations  
17 under penalty of perjury on forms provided by the Division, stating whether there has been  
18 compliance with all the conditions of probation. Respondent shall submit quarterly declarations  
19 not later than 10 calendar days after the end of the preceding quarter.

20 20. **Probation Unit Compliance:** Respondent shall comply with the  
21 Division's probation unit. Respondent shall, at all times, keep the Division informed of  
22 respondent's business and residence addresses. Changes of such addresses shall be immediately  
23 communicated in writing to the Division or its designee. Under no circumstances shall a post  
24 office box serve as an address of record, except as allowed by Business and Professions Code  
25 section 2021(b). Respondent shall not engage in the practice of medicine in respondent's place of  
26 residence. Respondent shall maintain a current and renewed California physician's and surgeon's  
27 license. Respondent shall immediately inform the Division or its designee, in writing, of travel to  
28 any areas outside the jurisdiction of California which lasts, or is contemplated to last, more than



1 thirty (30) calendar days.

2           21.    **Interview with the Division or it's Designee:** Respondent shall be  
3 available in person for interviews either at respondent's place of business or at the probation unit  
4 office, with the Division or its designee upon request at various intervals and either with or  
5 without prior notice throughout the term of probation.

6           22.    **Residing or Practicing Out-of-State:** In the event respondent should  
7 leave the State of California to reside or to practice respondent shall notify the Division or its  
8 designee in writing 30 calendar days prior to the dates of departure and return. Non-practice is  
9 defined as any period of time exceeding thirty calendar days in which respondent is not engaging  
10 in any activities defined in sections 2051 and 2052 of the Business and Professions Code.  
11 All time spent in an intensive training program outside the State of California which has been  
12 approved by the Division or its designee shall be considered as time spent in the practice of  
13 medicine within the State. A Board-ordered suspension of practice shall not be considered as a  
14 period of non-practice.

15           Periods of temporary or permanent residence or practice outside California will not  
16 apply to the reduction of the probationary term. Periods of temporary or permanent residence or  
17 practice outside California will relieve respondent of the responsibility to comply with the  
18 probationary terms and conditions with the exception of this condition and the following terms  
19 and conditions of probation: Obey All Laws; Probation Unit Compliance; and Cost Recovery.  
20 Respondent's license shall be automatically canceled if respondent's periods of temporary or  
21 permanent residence or practice outside California totals two years. However, respondent's license  
22 shall not be canceled as long as respondent is residing and practicing medicine in another state of  
23 the United States and is on active probation with the medical licensing authority of that state, in  
24 which case the two year period shall begin on the date probation is completed or terminated in that  
25 state.

26           23.    **Failure to Practice Medicine - California Resident:** In the event  
27 respondent resides in the State of California and for any reason respondent stops practicing  
28 medicine in California, respondent shall notify the Division or its designee in writing within 30

1 calendar days prior to the dates of non-practice and return to practice. Any period of non- practice  
2 within California, as defined in this condition, will not apply to the reduction of the probationary  
3 term and does not relieve respondent of the responsibility to comply with the terms and conditions  
4 of probation. Non-practice is defined as any period of time exceeding thirty calendar days in  
5 which respondent is not engaging in any activities defined in sections 2051 and 2052 of the  
6 Business and Professions Code. All time spent in an intensive training program which has been  
7 approved by the Division or its designee shall be considered time spent in the practice of  
8 medicine. For purposes of this condition, non-practice due to a Board-ordered suspension or in  
9 compliance with any other condition of probation, shall not be considered a period of  
10 non-practice.

11 Respondent's license shall be automatically canceled if respondent resides in  
12 California and for a total of two years, fails to engage in California in any of the activities  
13 described in Business and Professions Code sections 2051 and 2052.

14 24. **Completion of Probation:** Respondent shall comply with all financial  
15 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the  
16 completion of probation. Upon successful completion probation, respondent's certificate shall be  
17 fully restored.

18 25. **Violation of Probation:** Failure to fully comply with any term or  
19 condition of probation is a violation of probation. If respondent violates probation in any respect,  
20 the Division, after giving respondent notice and the opportunity to be heard, may revoke probation  
21 and carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke  
22 Probation, or an Interim Suspension Order is filed against respondent during probation, the  
23 Division shall have continuing jurisdiction until the matter is final, and the period of probation  
24 shall be extended until the matter is final.

25 26. **License Surrender:** Following the effective date of this Decision, if  
26 respondent ceases practicing due to retirement, health reasons or is otherwise unable to satisfy the  
27 terms and conditions of probation, respondent may request the voluntary surrender of respondent's  
28 license. The Division reserves the right to evaluate respondent's request and to exercise its

1 discretion whether or not to grant the request, or to take any other action deemed appropriate and  
2 reasonable under the circumstances. Upon formal acceptance of the surrender, respondent shall  
3 within 15 calendar days deliver respondent's wallet and wall certificate to the Division or its  
4 designee and respondent shall no longer practice medicine. Respondent will no longer be subject  
5 to the terms and conditions of probation and the surrender of respondent's license shall be deemed  
6 disciplinary action. If respondent re-applies for a medical license, the application shall be treated  
7 as a petition for reinstatement of a revoked certificate.

8 27. **Probation Monitoring Costs:** Respondent shall pay the costs associated  
9 with probation monitoring each and every year of probation, as designated by the Division. The  
10 costs are currently \$3,173.00, and may be adjusted on an annual basis. Such cost shall be payable  
11 to the Medical Board of California and delivered to the Division or its designee no later than  
12 January 31 of each calendar year. Failure to pay costs within 30 calendar days of the due date is a  
13 violation of probation.

14 **ACCEPTANCE**

15 I have carefully read the above Stipulated Settlement and Decision. I understand  
16 the effect this stipulation will have on my license and agree to be bound thereby. I enter into this  
17 Stipulated Settlement and Decision knowingly, voluntarily, freely and intelligently. I agree that a  
18 FAX copy of my signature shall have the same force and effect as an original.

19  
20 DATED: 1/30/07

21  
22   
23 **CÉCIL A. BRADLEY, M.D.**  
24 Respondent  
25  
26  
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28

**APPROVAL**

I have fully discussed with respondent the terms and conditions and other matters contained in the above Stipulated Settlement and Decision, and approve its form and content.

DATED: 1-30-07



**ARTHUR W. CURLEY**  
Bradley, Curley, Asiano, Barrabee & Crawford, P.C.

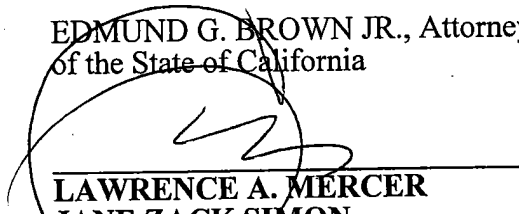
Attorneys for Respondent

**ENDORSEMENT**

The foregoing Stipulated Settlement and Decision is hereby respectfully submitted for consideration of the Division of Medical Quality, Medical Board of California, Department of Consumer Affairs.

DATED: 1/30/2007

EDMUND G. BROWN JR., Attorney General  
of the State of California



**LAWRENCE A. MERCER**  
**JANE ZACK SIMON**  
Deputy Attorneys General

Attorneys for Complainant

**EXHIBIT A**

1 BILL LOCKYER, Attorney General  
of the State of California  
2 LAWRENCE MERCER, State Bar No. 111898  
JANE ZACK SIMON, State Bar No. 116564  
3 Deputy Attorneys General  
California Department of Justice  
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7 Attorneys for Complainant

8 **BEFORE THE**  
9 **DIVISION OF MEDICAL QUALITY**  
10 **MEDICAL BOARD OF CALIFORNIA**  
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12 **STATE OF CALIFORNIA**

11 In the Matter of the Accusation Against:

12 CECIL A. BRADLEY, M.D.  
13 2512 Samaritan Court, Suite M  
14 San Jose, CA 95124

15 Physician and Surgeon's Certificate No. C 34133

16 Respondent.

Case No. 12-2004-157064

**A C C U S A T I O N**

17 Complainant alleges:

18 PARTIES

19 1. David T. Thornton (Complainant) brings this Accusation solely in his  
20 official capacity as the Executive Director of the Medical Board of California.

21 2. On or about April 11, 1972, the Medical Board of California issued  
22 Physician and Surgeon's Certificate Number C 34133 to Cecil A. Bradley, M.D. (Respondent).  
23 The Physician and Surgeon's Certificate was in full force and effect at all times relevant to the  
24 charges brought herein and will expire on October 31, 2007, unless renewed. Respondent's  
25 certificate was previously disciplined in 1992, and the resulting probation was completed on July  
26 30, 2002.

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FILED  
STATE OF CALIFORNIA  
MEDICAL BOARD OF CALIFORNIA  
SACRAMENTO July 3, 20 06  
BY Valerie Moore, ANALYST

1 JURISDICTION

2 3. This Accusation is brought before the Division of Medical Quality,  
3 Medical Board of California, under the authority of the following laws. All section references  
4 are to the Business and Professions Code unless otherwise indicated.

5 4. Section 2227 of the Code provides that a licensee who is found guilty  
6 under the Medical Practice Act may have his or her license revoked, suspended for a period not  
7 to exceed one year, placed on probation and required to pay the costs of probation monitoring, or  
8 such other action taken in relation to discipline as the Division deems proper.

9 5. Section 2234 of the Code states:

10 "The Division of Medical Quality shall take action against any licensee who is  
11 charged with unprofessional conduct. In addition to other provisions of this article,  
12 unprofessional conduct includes, but is not limited to, the following:

13 "(a) Violating or attempting to violate, directly or indirectly, assisting in or  
14 abetting the violation of, or conspiring to violate any provision of this chapter [Chapter 5,  
15 the Medical Practice Act].

16 "(b) Gross negligence.

17 "(c) Repeated negligent acts. To be repeated, there must be two or more  
18 negligent acts or omissions. An initial negligent act or omission followed by a separate  
19 and distinct departure from the applicable standard of care shall constitute repeated  
20 negligent acts.

21 "(1) An initial negligent diagnosis followed by an act or omission medically  
22 appropriate for that negligent diagnosis of the patient shall constitute a single negligent  
23 act.

24 "(2) When the standard of care requires a change in the diagnosis, act, or  
25 omission that constitutes the negligent act described in paragraph (1), including, but not  
26 limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's  
27 conduct departs from the applicable standard of care, each departure constitutes a separate  
28 and distinct breach of the standard of care.

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"(d) Incompetence.

"(e) The commission of any act involving dishonesty or corruption which is substantially related to the qualifications, functions, or duties of a physician and surgeon.

"(f) Any action or conduct which would have warranted the denial of a certificate."

CAUSE FOR DISCIPLINE

(Gross Negligence/Negligence/Incompetence)

6. Respondent is subject to disciplinary action under Business and Professions Code section 2234 in that respondent was grossly negligent and/or negligent and/or incompetent in the care and treatment of Patient G.D<sup>1</sup>. The circumstances are as follows:

A. At all relevant times, respondent was a licensed physician and surgeon with board certification in psychiatry and was practicing in the County of Santa Clara, California.

B. On or before September 28, 2000, Patient G.D. came under respondent's care and treatment. G.D. was a 38 year old divorced woman, who had recently been hospitalized at Good Samaritan Hospital (where respondent was assigned as her attending psychiatrist) for treatment of dependency on pain medication and other opiates and who was seeking entry into the Registered Nursing Board Diversion Program. Good Samaritan admission notes indicate that the patient reported abuse of Valium, alcohol and opiates.

C. Respondent's note of September 28, 2000, incorrectly states that alcohol and Valium had never been a problem for G.D. and he prescribed Valium, 10 mg., to be taken twice daily.

D. On October 24, 2000, respondent indicated that the patient was taking Valium "3x/day on bad days." Respondent started the patient on Prozac and initiated a trial of Tagamet for medication related weight gain.

E. On November 21, 2000, respondent reported that "someone called nursing board." He recommended that G.D. enroll in the Diversion Program. He also prescribed

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1. Patient and witness names are abbreviated to protect privacy.



1 Valium, Prozac, Tagamet and Ambien to her.

2 F. On December 19, 2000, respondent wrote a letter stating that the patient  
3 was able to function safely as a nurse, stating that it would be "'child abuse by proxy', if she is  
4 unable to earn."

5 G. On December 26, 2000, G.D.'s urine analysis showed positive for  
6 benzodiazepines (prescribed by respondent) and ephedrine/pseudoephedrine. Respondent noted  
7 that the ephedrine/pseudoephedrine was the result of decongestants and over-the-counter diet  
8 medications that the patient was taking.

9 H. On January 24, 2001, respondent reported that the patient had a "clean  
10 urine tox from 12/26" and did not comment on the patient's use of ephedrine/pseudoephedrine.

11 I. In the ensuing months of 2001, respondent appeared to be working with  
12 the patient's diversion program, discontinuing her controlled substances and substituting over-  
13 the-counter and herbal medications for controlled substances. On June 27, 2000, however, he  
14 renewed the patient's Ambien prescription. When the patient's diversion program objected to  
15 her use of Ambien, respondent became antagonistic and, on July 24, 2001, wrote: "This is  
16 THEIR interference [with] the practice of medicine, and may be reportable by me."

17 J. On August 21, 2001, respondent noted that the patient had recently  
18 undergone plastic surgery. Respondent's note states that the patient "used Percocet responsibly",  
19 but does not reflect any discussion with the patient whether elective cosmetic surgery, with the  
20 attendant medication by controlled substances, was appropriate given her participation in a  
21 diversion program.

22 K. Respondent's chart note for September 12, 2001, records the patient's  
23 intent to "'transition' out of diversion," but does not document any encouragement by respondent  
24 to remain in diversion.

25 L. On January 8, 2001, respondent charted the patient's recent treatment with  
26 another physician and the fact that she had been prescribed Vicodin by that practitioner.  
27 Respondent stated that: "I do not believe this constitutes a relapse."

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1 M. Although respondent was able to manage the patient's condition without  
2 controlled substances for the better part of 2002, his level of concern does not appear to  
3 acknowledge that the patient had ever had a problem with drug dependency or substance abuse.  
4 On April 23, 2002, he notes that the patient has had recent reconstructive surgery, but does not  
5 document any concern regarding what narcotics may have been involved in that procedure. On  
6 November 14, respondent states that the patient has decided to drop out of diversion, but does  
7 not otherwise discuss the patient's marked change. He added Naltrexone, an opiate antagonist, to  
8 the patient's medications but stated no reason for it. On December 3, the patient advised that she  
9 had received a letter from the Registered Nursing Board' Diversion Program and "[t]hey opine  
10 she is a 'danger.' I disagree." Respondent reverted to prescribing Ambien to G.D. without a  
11 documented rationale.

12 N. On December 19, 2002, respondent prescribed phentermine for weight  
13 loss, without a medical indication -- as the patient's weight was within normal range -- and  
14 despite the patient's history of stimulant abuse. The phentermine was renewed by him on  
15 January 27, 2003, without documented justification. On January 29, respondent also renewed the  
16 patient's Ambien prescription.

17 O. On January 30, 2003, respondent prescribed Concerta, stating only "[s]on  
18 has ADHD and so is she I think." There is no documented work up of the patient for a diagnosis  
19 of Attention Deficit Disorder. On February 13, 2003, the patient reported that her son had moved  
20 out and taken the Concerta with him. Respondent did not question whether the "lost"  
21 medications were possibly being abused by her, but wrote a new prescription at her request. On  
22 March 27, 2003, the patient's employer, Dr. B., advised respondent that he was concerned about  
23 G.D.'s weight loss and her paranoia. Respondent spoke with G.D., who denied taking  
24 phentermine and asserted that she was only taking over-the-counter diet medications.  
25 Respondent's record does not state whether he considered this a sign of relapse on her part.  
26 Respondent admonished her not to "take any OTC meds unless I clear them." Nevertheless,  
27 respondent renewed the patient's Concerta on that date.

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1 P. On April 22, 2003, respondent had a further report that "she is paranoid,  
2 is driving with a loaded gun in the car." He met with the patient "in [the] parking lot, being  
3 afraid I'd hospitalize her." Respondent told the patient to stop all medications and to see him  
4 again on the following day. The patient failed the next appointment, but was seen by respondent  
5 on April 24, 2003, at which time respondent made the determination that she could safely operate  
6 a motor vehicle and recommended that she stay off all medications and resume recovery meeting  
7 attendance. On April 26, 2003, G.D. was hospitalized for treatment of stimulant-induced  
8 psychosis.

9 7. Respondent's license is subject to discipline and respondent is guilty of  
10 unprofessional conduct in violation of Business and Professions Code §2234(b) and/or (c) and/or  
11 (d) in that respondent was grossly negligent and/or repeatedly negligent and/or incompetent in his  
12 care and treatment of G.D., including but not limited to the following:

- 13 A. Respondent prescribed Valium to a patient with a history of substance  
14 abuse without conducting and/or documenting a risk/benefit analysis;
- 15 B. Respondent prescribed Ambien to a patient with a history of substance  
16 abuse without conducting and/or documenting a risk/benefit analysis;
- 17 C. Respondent failed to timely address the patient's resort to and use of over-  
18 the-counter medications, despite the patient's history of substance abuse;
- 19 D. Respondent failed to appropriately manage boundaries in that he  
20 developed an antagonism to the patient's diversion program;
- 21 E. Respondent prescribed Phentermine, a stimulant, without clinical  
22 indication to a patient with a history of stimulant abuse;
- 23 F. Respondent prescribed Concerta, a Schedule II stimulant, to Patient G.D.  
24 for a diagnosis of ADHD, without a documented work up for that condition and  
25 despite her history of stimulant abuse, and continued to prescribe that medication  
26 to her despite a suspect "loss" of the medication and despite a report of very  
27 significant weight loss and paranoia.

28 ///

1 DISCIPLINE CONSIDERATIONS

2 8. To determine the degree of discipline, if any, to be imposed on  
3 Respondent, Complainant alleges that, in a prior disciplinary action entitled *In the Matter of the*  
4 *Accusation Against Cecil A. Bradley, M.D.*, Case Number: 031993029006, before the Medical  
5 Board of California, respondent's license was revoked and the revocation stayed, subject to four  
6 years probation with terms and conditions. Respondent completed his probation to the Board on  
7 July 30, 2002. That decision is now final and is incorporated by reference as if fully set forth.

8 PRAYER

9 WHEREFORE, Complainant requests that a hearing be held on the matters herein  
10 alleged, and that following the hearing, the Board issue a decision:

- 11 1. Revoking or suspending Physician and Surgeon's Certificate Number C  
12 34133, issued to Cecil A. Bradley, M.D.;
- 13 2. If respondent is placed on probation, ordering him to pay the costs of  
14 probation monitoring;
- 15 3. Revoking, suspending or denying approval of Cecil A. Bradley, M.D.'s  
16 authority to supervise physician's assistants, pursuant to section 3527 of the Code;
- 17 4. Taking such other and further action as deemed necessary and proper.
- 18  
19

20 DATED: July 3, 2006

21

22 

23 DAVID T. THORNTON  
24 Executive Director  
25 Medical Board of California  
26 State of California  
27 Complainant