

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

**In the Matter of the First Amended  
Accusation Against:**

**Doanh Andrew Nguyen, M.D.**

**Case No. 800-2014-007573**

**Physician's and Surgeon's  
Certificate No. G 80814**

**Respondent**


**DECISION**

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

**This Decision shall become effective at 5:00 p.m. on February 16, 2018.**

**IT IS SO ORDERED: January 19, 2018.**

**MEDICAL BOARD OF CALIFORNIA**

  
\_\_\_\_\_  
**Kristina Lawson, J.D., Chair  
Panel B**

1 XAVIER BECERRA  
Attorney General of California  
2 JUDITH T. ALVARADO  
Supervising Deputy Attorney General  
3 TAN N. TRAN  
Deputy Attorney General  
4 State Bar No. 197775  
California Department of Justice  
5 300 So. Spring Street, Suite 1702  
Los Angeles, CA 90013  
6 Telephone: (213) 269-6535  
Facsimile: (213) 897-9395  
7 *Attorneys for Complainant*

8 **BEFORE THE**  
9 **MEDICAL BOARD OF CALIFORNIA**  
10 **DEPARTMENT OF CONSUMER AFFAIRS**  
11 **STATE OF CALIFORNIA**

11 In the Matter of the First Amended Accusation  
12 Against:

13 **DOANH ANDREW NGUYEN, M.D.**  
14 **9500 Bolsa Avenue, Suite I-J**  
**Westminster, CA 92683**

15 **Physician's and Surgeon's Certificate No. G**  
**80814**

16 Respondent.

Case No. 800-2014-007573

OAH No. 2017010722

13 **STIPULATED SETTLEMENT AND**  
14 **DISCIPLINARY ORDER**

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

20 PARTIES

21 1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board  
22 of California (Board). She brought this action solely in her official capacity and is represented in  
23 this matter by Xavier Becerra, Attorney General of the State of California, by Tan N. Tran,  
24 Deputy Attorney General.

25 2. Respondent DOANH ANDREW NGUYEN, M.D. (Respondent) is represented in this  
26 proceeding by attorney Raymond J. McMahon, whose address is: DOYLE SCHAFER  
27 McMAHON, 5440 Trabuco Road, Irvine, CA 92620.  
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1           3.     On or about March 15, 1995, the Board issued Physician's and Surgeon's Certificate  
2     No. G 80814 to DOANH ANDREW NGUYEN, M.D. (Respondent). The Physician's and  
3     Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in  
4     Accusation No. 800-2014-007573, and will expire on October 31, 2018, unless renewed.

5                                   JURISDICTION

6           4.     First Amended Accusation No. 800-2014-007573 was filed before the Board, and is  
7     currently pending against Respondent. The First Amended Accusation and all other statutorily  
8     required documents were properly served on Respondent on May 15, 2017. Respondent timely  
9     filed his Notice of Defense contesting the First Amended Accusation.

10          5.     A copy of First Amended Accusation No. 800-2014-007573 is attached as exhibit A  
11     and incorporated herein by reference.

12                                   ADVISEMENT AND WAIVERS

13          6.     Respondent has carefully read, fully discussed with counsel, and understands the  
14     charges and allegations in First Amended Accusation No. 800-2014-007573. Respondent has  
15     also carefully read, fully discussed with counsel, and understands the effects of this Stipulated  
16     Settlement and Disciplinary Order.

17          7.     Respondent is fully aware of his legal rights in this matter, including the right to a  
18     hearing on the charges and allegations in the First Amended Accusation; the right to confront and  
19     cross-examine the witnesses against him; the right to present evidence and to testify on his own  
20     behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the  
21     production of documents; the right to reconsideration and court review of an adverse decision;  
22     and all other rights accorded by the California Administrative Procedure Act and other applicable  
23     laws.

24          8.     Respondent voluntarily, knowingly, and intelligently waives and gives up each and  
25     every right set forth above.

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1 action between the parties, and the Board shall not be disqualified from further action by having  
2 considered this matter.

3 14. The parties understand and agree that Portable Document Format (PDF) and facsimile  
4 copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile  
5 signatures thereto, shall have the same force and effect as the originals.

6 15. In consideration of the foregoing admissions and stipulations, the parties agree that  
7 the Board may, without further notice or formal proceeding, issue and enter the following  
8 Disciplinary Order:

9 **DISCIPLINARY ORDER**

10 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 80814 issued  
11 to Respondent DOANH ANDREW NGUYEN, M.D. is revoked. However, the revocation is  
12 stayed and Respondent is placed on probation for five (5) years on the following terms and  
13 conditions.

14 1. **CONTROLLED SUBSTANCES - TOTAL RESTRICTION.** Until Respondent has  
15 successfully completed the clinical competence assessment program, as described in term # 8  
16 below, and has been so notified by the Board or its designee in writing, Respondent shall not  
17 order, prescribe, dispense, administer, furnish, or possess any controlled substances as defined in  
18 the California Uniform Controlled Substances Act.

19 Respondent shall not issue an oral or written recommendation or approval to a patient or a  
20 patient's primary caregiver for the possession or cultivation of marijuana for the personal medical  
21 purposes of the patient within the meaning of Health and Safety Code section 11362.5.

22 If Respondent forms the medical opinion, after an appropriate prior examination and a  
23 medical indication, that a patient's medical condition may benefit from the use of marijuana,  
24 Respondent shall so inform the patient and shall refer the patient to another physician who,  
25 following an appropriate prior examination and a medical indication, may independently issue a  
26 medically appropriate recommendation or approval for the possession or cultivation of marijuana  
27 for the personal medical purposes of the patient within the meaning of Health and Safety Code  
28 section 11362.5. In addition, Respondent shall inform the patient or the patient's primary

1 caregiver that Respondent is prohibited from issuing a recommendation or approval for the  
2 possession or cultivation of marijuana for the personal medical purposes of the patient and that  
3 the patient or the patient's primary caregiver may not rely on Respondent's statements to legally  
4 possess or cultivate marijuana for the personal medical purposes of the patient. Respondent shall  
5 fully document in the patient's chart that the patient or the patient's primary caregiver was so  
6 informed. Nothing in this condition prohibits Respondent from providing the patient or the  
7 patient's primary caregiver information about the possible medical benefits resulting from the use  
8 of marijuana.

9       2.    CONTROLLED SUBSTANCES - SURRENDER OF DEA PERMIT. Respondent is  
10 prohibited from practicing medicine until Respondent provides documentary proof to the Board  
11 or its designee that Respondent's DEA permit has been surrendered to the Drug Enforcement  
12 Administration for cancellation, together with any state prescription forms and all controlled  
13 substances order forms. Thereafter, Respondent shall not reapply for a new DEA permit without  
14 the prior written consent of the Board or its designee.

15       3.    CONTROLLED SUBSTANCES - MAINTAIN RECORDS AND ACCESS TO  
16 RECORDS AND INVENTORIES. Respondent shall maintain a record of all controlled  
17 substances ordered, prescribed, dispensed, administered, or possessed by Respondent, and any  
18 recommendation or approval which enables a patient or patient's primary caregiver to possess or  
19 cultivate marijuana for the personal medical purposes of the patient within the meaning of Health  
20 and Safety Code section 11362.5, during probation, showing all of the following: 1) the name and  
21 address of the patient; 2) the date; 3) the character and quantity of controlled substances involved;  
22 and 4) the indications and diagnosis for which the controlled substances were furnished.

23       Respondent shall keep these records in a separate file or ledger, in chronological order. All  
24 records and any inventories of controlled substances shall be available for immediate inspection  
25 and copying on the premises by the Board or its designee at all times during business hours and  
26 shall be retained for the entire term of probation.

27       4.    EDUCATION COURSE. Within 60 calendar days of the effective date of this  
28 Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee

1 for its prior approval educational program(s) or course(s) which shall not be less than 40 hours  
2 per year, for each year of probation. The educational program(s) or course(s) shall be aimed at  
3 correcting any areas of deficient practice or knowledge and shall be Category I certified. The  
4 educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to  
5 the Continuing Medical Education (CME) requirements for renewal of licensure. Following the  
6 completion of each course, the Board or its designee may administer an examination to test  
7 Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65  
8 hours of CME of which 40 hours were in satisfaction of this condition.

9 5. PREScribing PRACTICES COURSE. Within 60 calendar days of the effective  
10 date of this Decision, Respondent shall enroll in a course in prescribing practices approved in  
11 advance by the Board or its designee. Respondent shall provide the approved course provider  
12 with any information and documents that the approved course provider may deem pertinent.  
13 Respondent shall participate in and successfully complete the classroom component of the course  
14 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully  
15 complete any other component of the course within one (1) year of enrollment. The prescribing  
16 practices course shall be at Respondent's expense and shall be in addition to the Continuing  
17 Medical Education (CME) requirements for renewal of licensure.

18 A prescribing practices course taken after the acts that gave rise to the charges in the  
19 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board  
20 or its designee, be accepted towards the fulfillment of this condition if the course would have  
21 been approved by the Board or its designee had the course been taken after the effective date of  
22 this Decision.

23 Respondent shall submit a certification of successful completion to the Board or its  
24 designee not later than 15 calendar days after successfully completing the course, or not later than  
25 15 calendar days after the effective date of the Decision, whichever is later.

26 6. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective  
27 date of this Decision, Respondent shall enroll in a course in medical record keeping approved in  
28 advance by the Board or its designee. Respondent shall provide the approved course provider

1 with any information and documents that the approved course provider may deem pertinent.  
2 Respondent shall participate in and successfully complete the classroom component of the course  
3 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully  
4 complete any other component of the course within one (1) year of enrollment. The medical  
5 record keeping course shall be at Respondent's expense and shall be in addition to the Continuing  
6 Medical Education (CME) requirements for renewal of licensure.

7 A medical record keeping course taken after the acts that gave rise to the charges in the  
8 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board  
9 or its designee, be accepted towards the fulfillment of this condition if the course would have  
10 been approved by the Board or its designee had the course been taken after the effective date of  
11 this Decision.

12 Respondent shall submit a certification of successful completion to the Board or its  
13 designee not later than 15 calendar days after successfully completing the course, or not later than  
14 15 calendar days after the effective date of the Decision, whichever is later.

15 7. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of  
16 the effective date of this Decision, Respondent shall enroll in a professionalism program, that  
17 meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1.  
18 Respondent shall participate in and successfully complete that program. Respondent shall  
19 provide any information and documents that the program may deem pertinent. Respondent shall  
20 successfully complete the classroom component of the program not later than six (6) months after  
21 Respondent's initial enrollment, and the longitudinal component of the program not later than the  
22 time specified by the program, but no later than one (1) year after attending the classroom  
23 component. The professionalism program shall be at Respondent's expense and shall be in  
24 addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

25 A professionalism program taken after the acts that gave rise to the charges in the  
26 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board  
27 or its designee, be accepted towards the fulfillment of this condition if the program would have  
28 been approved by the Board or its designee had the program been taken after the effective date of



1 this Decision.

2 Respondent shall submit a certification of successful completion to the Board or its  
3 designee not later than 15 calendar days after successfully completing the program or not later  
4 than 15 calendar days after the effective date of the Decision, whichever is later.

5 8. CLINICAL COMPETENCE ASSESSMENT PROGRAM. Within 60 calendar days  
6 of the effective date of this Decision, Respondent shall enroll in a clinical competence assessment  
7 program approved in advance by the Board or its designee. Respondent shall successfully  
8 complete the program not later than six (6) months after Respondent's initial enrollment unless  
9 the Board or its designee agrees in writing to an extension of that time.

10 The program shall consist of a comprehensive assessment of Respondent's physical and  
11 mental health and the six general domains of clinical competence as defined by the Accreditation  
12 Council on Graduate Medical Education and American Board of Medical Specialties pertaining to  
13 Respondent's current or intended area of practice. The program shall take into account data  
14 obtained from the pre-assessment, self-report forms and interview, and the Decision(s),  
15 Accusation(s), and any other information that the Board or its designee deems relevant. The  
16 program shall require Respondent's on-site participation for a minimum of three (3) and no more  
17 than five (5) days as determined by the program for the assessment and clinical education  
18 evaluation. Respondent shall pay all expenses associated with the clinical competence  
19 assessment program.

20 At the end of the evaluation, the program will submit a report to the Board or its designee  
21 which unequivocally states whether the Respondent has demonstrated the ability to practice  
22 safely and independently. Based on Respondent's performance on the clinical competence  
23 assessment, the program will advise the Board or its designee of its recommendation(s) for the  
24 scope and length of any additional educational or clinical training, evaluation or treatment for any  
25 medical condition or psychological condition, or anything else affecting Respondent's practice of  
26 medicine. Respondent shall comply with the program's recommendations.

27 Determination as to whether Respondent successfully completed the clinical competence  
28 assessment program is solely within the program's jurisdiction.

1 If Respondent fails to enroll, participate in, or successfully complete the clinical  
2 competence assessment program within the designated time period, Respondent shall receive a  
3 notification from the Board or its designee to cease the practice of medicine within three (3)  
4 calendar days after being so notified. The Respondent shall not resume the practice of medicine  
5 until enrollment or participation in the outstanding portions of the clinical competence assessment  
6 program have been completed. If the Respondent did not successfully complete the clinical  
7 competence assessment program, the Respondent shall not resume the practice of medicine until a  
8 final decision has been rendered on the accusation and/or a petition to revoke probation. The  
9 cessation of practice shall not apply to the reduction of the probationary time period.

10 9. MONITORING - PRACTICE. Within 30 calendar days of the effective date of this  
11 Decision, Respondent shall submit to the Board or its designee for prior approval as a practice  
12 monitor(s), the name and qualifications of one or more licensed physicians and surgeons whose  
13 licenses are valid and in good standing, and who are preferably American Board of Medical  
14 Specialties (ABMS) certified. A monitor shall have no prior or current business or personal  
15 relationship with Respondent, or other relationship that could reasonably be expected to  
16 compromise the ability of the monitor to render fair and unbiased reports to the Board, including  
17 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree  
18 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

19 The Board or its designee shall provide the approved monitor with copies of the Decision(s)  
20 and (Amended) Accusation(s), and a proposed monitoring plan. Within 15 calendar days of  
21 receipt of the Decision(s), (Amended) Accusation(s), and proposed monitoring plan, the monitor  
22 shall submit a signed statement that the monitor has read the Decision(s) and (Amended)  
23 Accusation(s), fully understands the role of a monitor, and agrees or disagrees with the proposed  
24 monitoring plan. If the monitor disagrees with the proposed monitoring plan, the monitor shall  
25 submit a revised monitoring plan with the signed statement for approval by the Board or its  
26 designee.

27 Within 60 calendar days of the effective date of this Decision, and continuing throughout  
28 probation, Respondent's practice shall be monitored by the approved monitor. Respondent shall

1 make all records available for immediate inspection and copying on the premises by the monitor  
2 at all times during business hours and shall retain the records for the entire term of probation.

3 If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective  
4 date of this Decision, Respondent shall receive a notification from the Board or its designee to  
5 cease the practice of medicine within three (3) calendar days after being so notified. Respondent  
6 shall cease the practice of medicine until a monitor is approved to provide monitoring  
7 responsibility.

8 The monitor(s) shall submit a quarterly written report to the Board or its designee which  
9 includes an evaluation of Respondent's performance, indicating whether Respondent's practices  
10 are within the standards of practice of medicine, and whether Respondent is practicing medicine  
11 safely. It shall be the sole responsibility of Respondent to ensure that the monitor submits the  
12 quarterly written reports to the Board or its designee within 10 calendar days after the end of the  
13 preceding quarter.

14 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of  
15 such resignation or unavailability, submit to the Board or its designee, for prior approval, the  
16 name and qualifications of a replacement monitor who will be assuming that responsibility within  
17 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60  
18 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a  
19 notification from the Board or its designee to cease the practice of medicine within three (3)  
20 calendar days after being so notified. Respondent shall cease the practice of medicine until a  
21 replacement monitor is approved and assumes monitoring responsibility.

22 In lieu of a monitor, Respondent may participate in a professional enhancement program  
23 approved in advance by the Board or its designee that includes, at minimum, quarterly chart  
24 review, semi-annual practice assessment, and semi-annual review of professional growth and  
25 education. Respondent shall participate in the professional enhancement program at Respondent's  
26 expense during the term of probation.

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1           10. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the  
2 Respondent shall provide a true copy of this Decision and (Amended) Accusation to the Chief of  
3 Staff or the Chief Executive Officer at every hospital where privileges or membership are  
4 extended to Respondent, at any other facility where Respondent engages in the practice of  
5 medicine, including all physician and locum tenens registries or other similar agencies, and to the  
6 Chief Executive Officer at every insurance carrier which extends malpractice insurance coverage  
7 to Respondent. Respondent shall submit proof of compliance to the Board or its designee within  
8 15 calendar days.

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

10           11. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE  
11 NURSES. During probation, Respondent is prohibited from supervising physician assistants and  
12 advanced practice nurses.

13           12. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules  
14 governing the practice of medicine in California and remain in full compliance with any court  
15 ordered criminal probation, payments, and other orders.

16           13. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations  
17 under penalty of perjury on forms provided by the Board, stating whether there has been  
18 compliance with all the conditions of probation.

19           Respondent shall submit quarterly declarations not later than 10 calendar days after the end  
20 of the preceding quarter.

21           14. GENERAL PROBATION REQUIREMENTS.

22           Compliance with Probation Unit

23           Respondent shall comply with the Board's probation unit.

24           Address Changes

25           Respondent shall, at all times, keep the Board informed of Respondent's business and  
26 residence addresses, email address (if available), and telephone number. Changes of such  
27 addresses shall be immediately communicated in writing to the Board or its designee. Under no  
28 circumstances shall a post office box serve as an address of record, except as allowed by Business

1 and Professions Code section 2021(b).

2 Place of Practice

3 Respondent shall not engage in the practice of medicine in Respondent's or patient's place  
4 of residence, unless the patient resides in a skilled nursing facility or other similar licensed  
5 facility.

6 License Renewal

7 Respondent shall maintain a current and renewed California physician's and surgeon's  
8 license.

9 Travel or Residence Outside California

10 Respondent shall immediately inform the Board or its designee, in writing, of travel to any  
11 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty  
12 (30) calendar days.

13 In the event Respondent should leave the State of California to reside or to practice,  
14 Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of  
15 departure and return.

16 15. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be  
17 available in person upon request for interviews either at Respondent's place of business or at the  
18 probation unit office, with or without prior notice throughout the term of probation.

19 16. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or  
20 its designee in writing within 15 calendar days of any periods of non-practice lasting more than  
21 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is  
22 defined as any period of time Respondent is not practicing medicine as defined in Business and  
23 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct  
24 patient care, clinical activity or teaching, or other activity as approved by the Board. If  
25 Respondent resides in California and is considered to be in non-practice, Respondent shall  
26 comply with all terms and conditions of probation. All time spent in an intensive training  
27 program which has been approved by the Board or its designee shall not be considered non-  
28 practice and does not relieve Respondent from complying with all the terms and conditions of

1 probation. Practicing medicine in another state of the United States or Federal jurisdiction while  
2 on probation with the medical licensing authority of that state or jurisdiction shall not be  
3 considered non-practice. A Board-ordered suspension of practice shall not be considered as a  
4 period of non-practice.

5 In the event Respondent's period of non-practice while on probation exceeds 18 calendar  
6 months, Respondent shall successfully complete the Federation of State Medical Boards's Special  
7 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program  
8 that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model  
9 Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

10 Respondent's period of non-practice while on probation shall not exceed two (2) years.

11 Periods of non-practice will not apply to the reduction of the probationary term.

12 Periods of non-practice for a Respondent residing outside of California will relieve  
13 Respondent of the responsibility to comply with the probationary terms and conditions with the  
14 exception of this condition and the following terms and conditions of probation: Obey All Laws;  
15 General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or  
16 Controlled Substances; and Biological Fluid Testing.

17 17. COMPLETION OF PROBATION. Respondent shall comply with all financial  
18 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the  
19 completion of probation. Upon successful completion of probation, Respondent's certificate shall  
20 be fully restored.

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

28 19. LICENSE SURRENDER. Following the effective date of this Decision, if

1 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy  
2 the terms and conditions of probation, Respondent may request to surrender his or her license.  
3 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in  
4 determining whether or not to grant the request, or to take any other action deemed appropriate  
5 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent  
6 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its  
7 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject  
8 to the terms and conditions of probation. If Respondent re-applies for a medical license, the  
9 application shall be treated as a petition for reinstatement of a revoked certificate.

10 20. PROBATION MONITORING COSTS. Respondent shall pay the costs associated  
11 with probation monitoring each and every year of probation, as designated by the Board, which  
12 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of  
13 California and delivered to the Board or its designee no later than January 31 of each calendar  
14 year.

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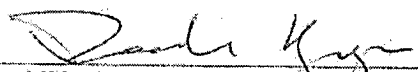
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1 ACCEPTANCE

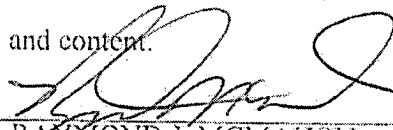
2 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully  
3 discussed it with my attorney, Raymond J. McMahon. I understand the stipulation and the effect  
4 it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement  
5 and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the  
6 Decision and Order of the Medical Board of California.

7  
8 DATED: 12-5-2017

  
9 DOANH ANDREW NGUYEN, M.D.  
10 Respondent

11 I have read and fully discussed with Respondent DOANH ANDREW NGUYEN, M.D. the  
12 terms and conditions and other matters contained in the above Stipulated Settlement and  
13 Disciplinary Order. I approve its form and content.

14 DATED: December 5, 2017

  
15 RAYMOND J. MCMAHON  
16 Attorney for Respondent


17 ENDORSEMENT

18 The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully  
19 submitted for consideration by the Medical Board of California.

20 Dated:

Respectfully submitted,

21 XAVIER BECERRA  
22 Attorney General of California  
23 JUDITH T. ALVARADO  
24 Supervising Deputy Attorney General

  
25 TAN N. TRAN  
26 Deputy Attorney General  
27 Attorneys for Complainant

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**Exhibit A**

**First Amended Accusation No. 800-2014-007573**

1 KAMALA D. HARRIS  
Attorney General of California  
2 JUDITH T. ALVARADO  
Supervising Deputy Attorney General  
3 TANN. TRAN  
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4 State Bar No. 197775  
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6 Telephone: (213) 897-6793  
Facsimile: (213) 897-9395  
7 *Attorneys for Complainant*

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9 **BEFORE THE**  
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10 **DEPARTMENT OF CONSUMER AFFAIRS**  
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11 In the Matter of the First Amended Accusation  
12 Against:

13 **Doanh Andrew Nguyen, M.D.**  
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**Westminster, CA 92683**

15 **Physician's and Surgeon's Certificate**  
16 **No. G 80814,**

17 Respondent.

Case No. 800-2014-007573

Consolidated with  
Case No. 800-2016-023039

OAH No. 2017010722

**FIRST AMENDED ACCUSATION**

18  
19 Complainant alleges:

20 **PARTIES**

21 1. Kimberly Kirchmeyer (Complainant) brings this First Amended Accusation solely in  
22 her official capacity as the Executive Director of the Medical Board of California, Department of  
23 Consumer Affairs (Board).

24 2. On or about March 15, 1995, the Medical Board issued Physician's and Surgeon's  
25 Certificate Number G 80814 to Doanh Andrew Nguyen, M.D. (Respondent). The Physician's and  
26 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought  
27 herein and will expire on October 31, 2018, unless renewed.

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**JURISDICTION**

3. This First Amended Accusation is brought before the Medical Board of California (Board), Department of Consumer Affairs, under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

4. Section 2004 of the Code states:

"The board shall have the responsibility for the following:

"(a) The enforcement of the disciplinary and criminal provisions of the Medical Practice Act.

"(b) The administration and hearing of disciplinary actions.

"(c) Carrying out disciplinary actions appropriate to findings made by a panel or an administrative law judge.

"(d) Suspending, revoking, or otherwise limiting certificates after the conclusion of disciplinary actions.

"(e) Reviewing the quality of medical practice carried out by physician and surgeon certificate holders under the jurisdiction of the board.

"(f) Approving undergraduate and graduate medical education programs.

"(g) Approving clinical clerkship and special programs and hospitals for the programs in subdivision (f).

"(h) Issuing licenses and certificates under the board's jurisdiction.

"(i) Administering the board's continuing medical education program."

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

6. Section 2234 of the Code, states:

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

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

3       "(b) Gross negligence.

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

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

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

14       "(d) Incompetence.

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

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

18       "(g) The practice of medicine from this state into another state or country without meeting  
19 the legal requirements of that state or country for the practice of medicine. Section 2314 shall not  
20 apply to this subdivision. This subdivision shall become operative upon the implementation of  
21 the proposed registration program described in Section 2052.5.

22       "(h) The repeated failure by a certificate holder, in the absence of good cause, to attend and  
23 participate in an interview by the board. This subdivision shall only apply to a certificate holder  
24 who is the subject of an investigation by the board."

25       7. Section 2241 of the Code states:

26       "(a) A physician and surgeon may prescribe, dispense, or administer prescription drugs,  
27 including prescription controlled substances, to an addict under his or her treatment for a purpose  
28 other than maintenance on, or detoxification from, prescription drugs or controlled substances.

1       "(b) A physician and surgeon may prescribe, dispense, or administer prescription drugs or  
2 prescription controlled substances to an addict for purposes of maintenance on, or detoxification  
3 from, prescription drugs or controlled substances only as set forth in subdivision (c) or in Sections  
4 11215, 11217, 11217.5, 11218, 11219, and 11220 of the Health and Safety Code. Nothing in this  
5 subdivision shall authorize a physician and surgeon to prescribe, dispense, or administer  
6 dangerous drugs or controlled substances to a person he or she knows or reasonably believes is  
7 using or will use the drugs or substances for a nonmedical purpose.

8       "(c) Notwithstanding subdivision (a), prescription drugs or controlled substances may also  
9 be administered or applied by a physician and surgeon, or by a registered nurse acting under his  
10 or her instruction and supervision, under the following circumstances:

11       "(1) Emergency treatment of a patient whose addiction is complicated by the presence of  
12 incurable disease, acute accident, illness, or injury, or the infirmities attendant upon age.

13       "(2) Treatment of addicts in state-licensed institutions where the patient is kept under  
14 restraint and control, or in city or county jails or state prisons.

15       "(3) Treatment of addicts as provided for by Section 11217.5 of the Health and Safety  
16 Code.

17       "(d)(1) For purposes of this section and Section 2241.5, "addict" means a person whose  
18 actions are characterized by craving in combination with one or more of the following:

19       "(A) Impaired control over drug use.

20       "(B) Compulsive use.

21       "(C) Continued use despite harm.

22       "(2) Notwithstanding paragraph (1), a person whose drug-seeking behavior is primarily due  
23 to the inadequate control of pain is not an addict within the meaning of this section or Section  
24 2241.5."

25       8.     Section 2242 of the Code states:

26       "(a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section 4022  
27 without an appropriate prior examination and a medical indication, constitutes unprofessional  
28 conduct.

1       "(b) No licensee shall be found to have committed unprofessional conduct within the  
2 meaning of this section if, at the time the drugs were prescribed, dispensed, or furnished, any of  
3 the following applies:

4       "(1) The licensee was a designated physician and surgeon or podiatrist serving in the  
5 absence of the patient's physician and surgeon or podiatrist, as the case may be, and if the drugs  
6 were prescribed, dispensed, or furnished only as necessary to maintain the patient until the return  
7 of his or her practitioner, but in any case no longer than 72 hours.

8       "(2) The licensee transmitted the order for the drugs to a registered nurse or to a licensed  
9 vocational nurse in an inpatient facility, and if both of the following conditions exist:

10       "(A) The practitioner had consulted with the registered nurse or licensed vocational nurse  
11 who had reviewed the patient's records.

12       "(B) The practitioner was designated as the practitioner to serve in the absence of the  
13 patient's physician and surgeon or podiatrist, as the case may be.

14       "(3) The licensee was a designated practitioner serving in the absence of the patient's  
15 physician and surgeon or podiatrist, as the case may be, and was in possession of or had utilized  
16 the patient's records and ordered the renewal of a medically indicated prescription for an amount  
17 not exceeding the original prescription in strength or amount or for more than one refill.

18       "(4) The licensee was acting in accordance with Section 120582 of the Health and Safety  
19 Code."

20       9.     Section 2266 of the Code states: "The failure of a physician and surgeon to maintain  
21 adequate and accurate records relating to the provision of services to their patients constitutes  
22 unprofessional conduct."

23       10.    Section 725 of the Code states:

24       "(a) Repeated acts of clearly excessive prescribing, furnishing, dispensing, or administering  
25 of drugs or treatment, repeated acts of clearly excessive use of diagnostic procedures, or repeated  
26 acts of clearly excessive use of diagnostic or treatment facilities as determined by the standard of  
27 the community of licensees is unprofessional conduct for a physician and surgeon, dentist,  
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1 podiatrist, psychologist, physical therapist, chiropractor, optometrist, speech-language  
2 pathologist, or audiologist.

3 "(b) Any person who engages in repeated acts of clearly excessive prescribing or  
4 administering of drugs or treatment is guilty of a misdemeanor and shall be punished by a fine of  
5 not less than one hundred dollars (\$100) nor more than six hundred dollars (\$600), or by  
6 imprisonment for a term of not less than 60 days nor more than 180 days, or by both that fine and  
7 imprisonment.

8 "(c) A practitioner who has a medical basis for prescribing, furnishing, dispensing, or  
9 administering dangerous drugs or prescription controlled substances shall not be subject to  
10 disciplinary action or prosecution under this section.

11 "(d) No physician and surgeon shall be subject to disciplinary action pursuant to this section  
12 for treating intractable pain in compliance with Section 2241.5."

### 13 **FIRST CAUSE FOR DISCIPLINE**

#### 14 **(Gross Negligence- 5 Patients)**

15 11. Respondent is subject to disciplinary action under section 2234, subdivision (b), of  
16 the Code for the commission of acts or omissions involving gross negligence in the care and  
17 treatment of patients M.F., B.C., R.A., J.A. and M.O.<sup>1</sup> The circumstances are as follows:

#### 18 **Patient M.F.**

19 12. M.F. (or "patient") was a 65-year-old male who treated with Respondent from  
20 approximately August 3, 2011 to September 29, 2011,<sup>2</sup> the day before his death.<sup>3</sup> The patient's  
21 chief complaints were pain in the shoulders, left arm, low back, and right [leg] stump, as a result  
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23  
24 <sup>1</sup> The patients are identified by initials to protect their privacy.

25 <sup>2</sup> These are approximate dates, based on the records which were available for review.

26 <sup>3</sup> The patient had had multiple arrests including alcohol and drug violations, and he had lost  
27 his driver's license. The patient was also attending a drug treatment program, and his sister told  
28 investigators that the patient was a heroin and prescription drug addict. The autopsy diagnosis  
was a combined overdose from Klonopin, methadone, hydrocodone, dihydrocodeine, Prozac,  
Seroquel, all of which are controlled substances with a high potential for addiction. These should  
have been "red flags" for drug seeking and addiction.

1 of a knee amputation. Respondent diagnosed the patient with Lumbar Radiculitis, shoulder pain,  
2 right stump pain, opioid dependency,<sup>4</sup> and depression/anxiety disorder.

3 13. Per CURES,<sup>5</sup> nine prescriptions were filled in the four months prior to the patient's  
4 first visit with Respondent. In this group, the patient received prescriptions from five physicians,  
5 filled at four pharmacies. The drugs include Klonopin, Vicodin, Morphine, Ambien, OxyContin,  
6 and Percocet.<sup>6</sup> In the eight and a half weeks between the patient's first visit with Respondent and  
7 the patient's death, the patient received ten prescriptions for controlled drugs, six from  
8 Respondent, and four from three other physicians, filled at three pharmacies. In addition to more  
9 frequent prescriptions, Respondent prescribed larger quantities of opiates.

10 14. The records for this patient are largely illegible, lack an adequate addiction history,  
11 urine toxicology screen, adequate psychiatric history, and did not adequately document the  
12 medical indication for the drugs prescribed.

13 15. Taken altogether, Respondent's treatment of M.F. represents an extreme departure  
14 from the standard of care.

15 **Patient B.C.**

16 16. B.C. (or "patient") was a 52-year-old male who treated with Respondent from  
17 approximately July 8, 2005 to October, 21, 2011,<sup>7</sup> before his death on October 25, 2011, due to  
18 methadone intoxication.<sup>8</sup> The patient had a history of alcohol and drug use since childhood, and  
19 he had stopped using heroin ten years before.

20 17. Respondent diagnosed the patient with chronic pain syndrome, as the main malady.  
21 Respondent's initial evaluation of the patient on July 8, 2005 lacks a narrative history, past  
22

23 <sup>4</sup> Despite correctly identifying the patient's opioid dependence/addiction, respondent  
24 nevertheless prescribed the medications the patient requested.

25 <sup>5</sup> The CURES drug database was obtained by the Board. A CURES report was not  
26 present in the patient's chart, which could have alerted respondent to other drugs the patient was  
27 receiving from other sources/physicians.

28 <sup>6</sup> All dangerous controlled substances/drugs with potential for addiction.

<sup>7</sup> There were infrequent visits in 2007, none in 2008, and two in 2009.

<sup>8</sup> Per the autopsy report, multiple drugs were found in the patient's blood and other  
organs, especially methadone and benzodiazepines. Prescription medications and a nearly full  
bottle of vodka were also found at the time of the patient's death.



1 medical history, family history, social history, or psychiatric or addiction history. The review of  
2 systems is brief and inadequate. There were no CURES reports, labs, or imaging in the chart.

3 18. Throughout his treatment with Respondent, the patient was treated for various  
4 maladies such as rheumatoid arthritis, leg, and back pain, and anxiety. Per CURES, spanning the  
5 period from February 13, 2011 to October 21, 2011, eight physicians and other providers had  
6 written prescriptions for the patient for controlled drugs, which were filled at five different  
7 pharmacies. All of the prescriptions were for large amounts of methadone, Klonopin, and Xanax.

8 19. Respondent's treatment of the patient did not change significantly over six years,  
9 except that Respondent appeared to be trying to reduce the dose of the medications the patient  
10 was taking. Despite there being no evidence that the benzodiazepines were helpful in treating the  
11 patient's chronic pain, Respondent continued to treat the patient with benzodiazepines, especially  
12 methadone and Klonopin. Respondent also prescribed medications the patient requested for  
13 anxiety, but Respondent never evaluated the patient for addiction or misuse, despite "red flags"  
14 that the patient was abusing alcohol and controlled substances. There is no evidence that the  
15 patient was ever referred to a rheumatologist or other specialist. Respondent's diagnoses were  
16 virtually all a restatement of the patient's symptoms/claims of "chronic pain," without positing an  
17 etiology that the opiates being prescribed could help.

18 20. Taken altogether, Respondent's treatment of B.C. was poor and perfunctory care  
19 without the necessary precautions to prevent addiction or abuse. This represents an extreme  
20 departure from the standard of care.

21 **Patient R.A.**

22 21. R.A. (or "patient") was a 45-year-old female who treated with Respondent from  
23 approximately July 16, 2008 through January 19, 2012, mainly due to the patient's complaints of  
24 pain, arthritis, and anxiety. During his treatment of the patient, Respondent prescribed to the  
25 patient various controlled substances such as Vicodin, Percocet, Gabapentin, Halcion, and Xanax.  
26 During this time period, the patient had been seeing other doctors, who were also prescribing  
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28

1 controlled substances to her.<sup>9</sup> The patient died on January 25, 2012, and the cause of death listed  
2 was a drug overdose.

3 22. Over the course of her care, there was ample evidence that the patient was a drug  
4 addict simply manipulating Respondent to obtain the medications she desired. There was never  
5 an indication for Xanax, Halcion, or any other benzodiazepine. Respondent never performed an  
6 adequate evaluation to determine the cause of the patient's pain.<sup>10</sup> Most of Respondent's  
7 diagnoses were for various kinds of "pain." The few additional diagnoses Respondent considered  
8 were unsupported by evidence. No good faith effort was made to address the possibility of  
9 addiction, despite numerous "red flags" (e.g. missed appointments, "lost/stolen" meds, early  
10 refills, etc.).

11 23. Taken altogether, Respondent's treatment of R.A. represents an extreme departure  
12 from the standard of care.

13 **Patient J.A.**

14 24. J.A. (or "patient") was a 32-year-old male who treated with Respondent from  
15 approximately February 15, 2007 through November 7, 2012. Per the initial evaluation form, the  
16 patient came to see Respondent for pain in his lower back, and "need[ed] prescription for my  
17 current meds [Oxycodone and Soma]."<sup>11</sup> During this initial visit, Respondent continued the  
18 patient on the medications he requested and added Feldene (an anti-inflammatory). There was no  
19 good faith attempt to assess addiction risk. There is no addiction history, psychiatric history,  
20 CURES report, or urine toxicology screen, nor is there an adequate review of systems.

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24 <sup>9</sup> Records indicate that in 2011, the patient had seen a doctor complaining of addiction to  
25 OxyContin, and she was also seeing a psychiatrist requesting detox from opiates,  
26 benzodiazepines, and alcohol. A CURES report obtained by one of these physicians showed that  
27 over a period of seven months, the patient had filled 25 prescriptions from seven different  
28 physicians, including Ativan, Xanax, Suboxone, and Klonopin.

26 <sup>10</sup> For example, respondent had prescribed highly-addictive opiates like Vicodin and  
27 Percocet for minor complaints such as "tennis elbow" or minor cervical strain.

27 <sup>11</sup> There is nothing in this presentation incompatible with a drug addict requesting and  
28 receiving the drugs he craves. Prior to 2010, OxyContin was as good a drug of abuse as heroin.

1           25. After this initial visit on February 15, 2007, the patient was treated by Respondent for  
2 approximately 50 more visits from March 2008 through November 2012, with little change in  
3 treatment, except for renewing current medications (e.g. OxyContin, Roxicodone, Soma) the  
4 patient was using.<sup>12</sup> The patient died from a drug overdose on November 9, 2012. The autopsy  
5 diagnosis was acute polydrug intoxication.

6           26. Per CURES, spanning the period from February 3, 2011 to November 7, 2012,  
7 Respondent wrote for the patient approximately 37 prescriptions, mostly for OxyContin,  
8 Roxicodone, with a few for Soma, and one for Halcion. Throughout his course of treatment, the  
9 patient had no significant physical exam findings and no compelling indication for the strong  
10 opiates he received. Respondent never performed an adequate or good faith evaluation to address  
11 the possibility of opiate or other drug dependence. No urine toxicology screen, CURES report,  
12 addiction history, or review of any outside records was ever performed.

13           27. Taken altogether, Respondent's treatment of J.A. represents an extreme departure  
14 from the standard of care.

15 **Patient M.O.**

16           28. M.O. (or "patient") was a 28-year-old male who treated with Respondent from  
17 approximately September 9, 2007 through July 17, 2014. Per the initial evaluation form, the  
18 patient came to see Respondent for pain in "all regions of his back and shoulder." M.O. reported  
19 that he was taking five to six Norco per day. No initial history was taken. There was no  
20 psychiatric history or addiction screening. The physical examination was normal, however a  
21 diagnosis of cervicalgia and myositis was rendered, which are symptoms, not diagnoses.  
22 Respondent prescribed exercise, Feldene (an anti-inflammatory), Ultram and 150 tablets of  
23 Norco.

24           29. A CURES report run on M.O. from August 1, 2007 to November 19, 2007, indicates  
25 that the patient was obtaining large quantities of Norco from five other physicians besides

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26           <sup>12</sup> Similar to the other patients mentioned in this Accusation, respondent seemed to be on  
27 "automatic pilot" during the course of this patient's treatment, simply prescribing the same  
28 medication over and over, modifying the dose per the patient's wishes. There was no evidence  
that the patient ever improved with the treatment being provided.

1 Respondent. After reviewing this CURES report, Respondent nevertheless continued to prescribe  
2 Norco to M.O. He did not perform a comprehensive physical examination or history. He did not  
3 obtain periodic random urine toxicology screens or run additional CURES reports. On April 1,  
4 2008, Respondent received a letter from Medco listing the drugs M.O. received from eight  
5 different physicians over the past three months, for drugs including Percocet, Vicodin, Norco, and  
6 Darvocet. The patient stated that he obtained medication from his dentist and orthodontist.

7 30. Throughout his care with Respondent, M.O. consistently complained of severe pain,  
8 but continued to skateboard, snowboard and engaged in other physically strenuous activities,  
9 which contradict his physical complaints and need for chronic pain medication. Respondent  
10 continued to render a diagnosis of neck, back and ultimately, knee pain, without a thorough  
11 physical examination and history and continued to prescribe medically unnecessary controlled  
12 substances. For example, on July 17, 2009, M.O. asked to try Opana because the Norco was not  
13 helpful. On August 18, 2009, Respondent added Opana 40 mg #30 to M.O.'s prescription  
14 regimen, which included Norco and Xanax.

15 31. M.O. remained on Opana, Norco and Xanax until he stopped treating with  
16 Respondent on July 17, 2014. Respondent never exercised appropriate care to avoid prescribing  
17 to M.O. He overlooked repeated reports that the patient was receiving drugs from multiple  
18 physicians. Because no diagnostic evaluation was performed on M.O. by Respondent, he did not  
19 have a valid indication for the pain treatment he prescribed.

20 32. Taken altogether, Respondent's treatment of M.O. was poor and perfunctory care  
21 without the necessary precautions to prevent addiction or abuse. This represents an extreme  
22 departure from the standard of care.

### 23 **SECOND CAUSE FOR DISCIPLINE**

#### 24 **(Repeated Negligent Acts - 6 Patients)**

25 33. Respondent is subject to disciplinary action under section 2234, subdivision (c), of  
26 the Code in that he committed repeated negligent acts in his care of patients M.F., B.C., R.A., J.A  
27 and M.O. The circumstances are as follows:

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1        34. The facts and circumstances in paragraphs 12 through 32, above, are incorporated by  
2 reference as if set forth in full herein.

3        35. Respondent also committed repeated negligent acts in his care of patient T.T.H. The  
4 circumstances are as follows:

5 **Patient T.T.H.**

6        36. T.T.H. (or "patient") was a 47-year-old female who treated with Respondent from  
7 approximately May 1, 2009 through March 26, 2012. The patient's diagnosis was pain from  
8 severe keloids and abnormal liver enzymes. Per CURES, from February 9, 2011 to March 26,  
9 2012, the patient received 32 prescriptions from four providers that were filled at three  
10 pharmacies. Respondent prescribed 21 morphine and MS Contin prescriptions to the patient, and  
11 11 Vicodin prescriptions were from three other providers. The patient died of an acute polydrug  
12 intoxication on April 23, 2012.

13        37. Throughout the course of his treatment of this patient, Respondent never performed  
14 an adequate psychiatric or addiction history to manage the patient's pain and depression. There  
15 was no CURES report or urine toxicology screen, and no alternative approach was attempted  
16 besides treatment with opiates.

17        38. Taken altogether, Respondent's treatment of T.T.H. represents a simple departure  
18 from the standard of care.

19 **THIRD CAUSE FOR DISCIPLINE**

20 **(Prescribing Without Exam/Indication-6 Patients)**

21        39. By reason of the facts and allegations set forth in paragraphs 12 through 38 and the  
22 First and Second Causes for Discipline above, Respondent is subject to disciplinary action under  
23 section 2242 of the Code, in that Respondent prescribed dangerous drugs to patients M.F., B.C.,  
24 R.A., J.A., T.T.H. and M.O. without an appropriate prior examination or medical indication  
25 therefor.

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1 **FOURTH CAUSE FOR DISCIPLINE**

2 **(Excessive Prescribing-5 Patients)**

3 40. By reason of the facts and allegations set forth in paragraphs 12 through 27 and 36  
4 through 38, and the First and Second Causes for Discipline above, Respondent is subject to  
5 disciplinary action under section 725 of the Code, in that Respondent excessively prescribed  
6 dangerous drugs to patients M.F., B.C., R.A., J.A., and T.T.H.

7 **FIFTH CAUSE FOR DISCIPLINE**

8 **(Inadequate Records-6 Patients)**

9 41. By reason of the facts and allegations set forth in paragraphs 12 through 38, and the  
10 First and Second Causes for Discipline above, Respondent is subject to disciplinary action under  
11 section 2266 of the Code, in that Respondent failed to maintain adequate and accurate records of  
12 his care and treatment of patients M.F., B.C., R.A., J.A., T.T.H. and M.O.

13 **SIXTH CAUSE FOR DISCIPLINE**

14 **(Prescribing to an Addict-5 Patients)**

15 42. Respondent is subject to disciplinary action under section 2241 of the Code in that  
16 Respondent prescribed controlled substances to patients M.F., B.C., R.A., J.A. and M.O., who  
17 had signs of addiction.

18 43. The facts and circumstances in paragraphs 13 through 32 are incorporated by  
19 reference as if set forth in full herein.

20 **SEVENTH CAUSE FOR DISCIPLINE**

21 **(Incompetence-5 Patients)**

22 44. By reason of the facts and allegations set forth 12 through 27 and 36 through 38, and  
23 the First and Second Causes for Discipline above, Respondent is subject to disciplinary action  
24 under 2234, subdivision (d), of the Code, in that Respondent displayed a lack of knowledge about  
25 psychiatric and psychosocial assessment with respect to patients M.F., B.C., R.A., J.A., and  
26 T.T.H. The circumstances are as follows:

27 45. Respondent displayed little interest or skill in assessing the psychiatric history in his  
28 patients. Respondent's records with respect to the above patients do not show that Respondent

1 asked the patients about childhood abuse, prior psychiatric hospitalizations, suicide attempts,  
2 eating disorders, or any other behavioral issues aside from "anxiety," depression, or current  
3 suicidal ideation. Respondent also never obtained an appropriate Social History that would  
4 inquire about marital status, living situation, educational attainment, employment history, and  
5 social engagement. These are all crucial issues in treating chronic pain.

6 **PRAYER**

7 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,  
8 and that following the hearing, the Medical Board of California issue a decision:

- 9 1. Revoking or suspending Physician's and Surgeon's Certificate Number G 80814,  
10 issued to Doanh Andrew Nguyen, M.D.;
- 11 2. Revoking, suspending or denying approval of Doanh Andrew Nguyen, M.D.'s  
12 authority to supervise physician assistants, pursuant to section 3527 of the Code;
- 13 3. Ordering Doanh Andrew Nguyen, M.D., if placed on probation, to pay the Board the  
14 costs of probation monitoring; and
- 15 4. Taking such other and further action as deemed necessary and proper.

16  
17 DATED: May 15, 2017

  
KIMBERLY KIRCHMEYER  
Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California  
Complainant

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