

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

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

**Eugene Tachuk, M.D.**

**Physician's and Surgeon's  
Certificate No. A 36884,**

**Respondent.**

**Case No. 800-2017-029530**

**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 November 25, 2020.**

**IT IS SO ORDERED: October 30, 2020.**

**MEDICAL BOARD OF CALIFORNIA**



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

1 XAVIER BECERRA  
Attorney General of California  
2 MATTHEW M. DAVIS  
Supervising Deputy Attorney General  
3 JASON J. AHN  
Deputy Attorney General  
4 State Bar No. 253172  
600 West Broadway, Suite 1800  
5 San Diego, CA 92101  
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6 San Diego, CA 92186-5266  
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8 *Attorneys for Complainant*

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

13 In the Matter of the Accusation Against:

Case No. 800-2017-029530

14 **EUGENE TACHUK, M.D.**  
15 **P.O. Box 90258**  
**San Diego, CA 92169**

OAH No. 2020020194

16 **Physician's and Surgeon's Certificate**  
17 **No. A 36884**

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

18 Respondent.

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

22 **PARTIES**

23 1. William Prasifka (Complainant) is the Executive Director of the Medical Board of  
24 California (Board). He brought this action solely in his official capacity and is represented in this  
25 matter by Xavier Becerra, Attorney General of the State of California, by Jason J. Ahn, Deputy  
26 Attorney General.

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1 CULPABILITY

2 9. Respondent admits the truth of each and every charge and allegation in Accusation  
3 No. 800-2017-029530.

4 10. Respondent agrees that his Physician's and Surgeon's Certificate is subject to  
5 discipline and he agrees to be bound by the Board's probationary terms as set forth in the  
6 Disciplinary Order below.

7 CONTINGENCY

8 11. This stipulation shall be subject to approval by the Medical Board of California.  
9 Respondent understands and agrees that counsel for Complainant and the staff of the Medical  
10 Board of California may communicate directly with the Board regarding this stipulation and  
11 settlement, without notice to or participation by Respondent or his counsel. By signing the  
12 stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek  
13 to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails  
14 to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary  
15 Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal  
16 action between the parties, and the Board shall not be disqualified from further action by having  
17 considered this matter.

18 12. Respondent agrees that if he ever petitions for early termination or modification of  
19 probation, or if an accusation and/or petition to revoke probation is filed against him before the  
20 Board, all of the charges and allegations contained in Accusation No. 800-2017-029530 shall be  
21 deemed true, correct and fully admitted by respondent for purposes of any such proceeding or any  
22 other licensing proceeding involving Respondent in the State of California.

23 ADDITIONAL PROVISIONS

24 13. This Stipulated Settlement and Disciplinary Order is intended by the parties herein to  
25 be an integrated writing representing the complete, final, and exclusive embodiment of the  
26 agreements of the parties in the above-entitled matter.

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1 14. The parties agree that copies of this Stipulated Settlement and Disciplinary Order,  
2 including copies of the signatures of the parties, may be used in lieu of original documents and  
3 signatures and, further, that such copies shall have the same force and effect as originals.

4 15. In consideration of the foregoing admissions and stipulations, the parties agree the  
5 Board may, without further notice to or opportunity to be heard by Respondent, issue and enter  
6 the following Disciplinary Order:

7 **DISCIPLINARY ORDER**

8 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 36884 issued  
9 to Respondent Eugene Tachuk, M.D. is revoked. However, the revocation is stayed and  
10 Respondent is placed on probation for five (5) years on the following terms and conditions:

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

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

23 2. EDUCATION COURSE. Within 60 calendar days of the effective date of this  
24 Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee  
25 for its prior approval educational program(s) or course(s) which shall not be less than 40 hours  
26 per year, for each year of probation. The educational program(s) or course(s) shall be aimed at  
27 correcting any areas of deficient practice or knowledge and shall be Category I certified. The  
28 educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to

1 the Continuing Medical Education (CME) requirements for renewal of licensure. Following the  
2 completion of each course, the Board or its designee may administer an examination to test  
3 Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65  
4 hours of CME of which 40 hours were in satisfaction of this condition.

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

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

19 Respondent shall submit a certification of successful completion to the Board or its  
20 designee not later than 15 calendar days after successfully completing the course, or not later than  
21 15 calendar days after the effective date of the Decision, whichever is later.

22 4. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective  
23 date of this Decision, Respondent shall enroll in a course in medical record keeping approved in  
24 advance by the Board or its designee. Respondent shall provide the approved course provider  
25 with any information and documents that the approved course provider may deem pertinent.  
26 Respondent shall participate in and successfully complete the classroom component of the course  
27 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully  
28 complete any other component of the course within one (1) year of enrollment. The medical

1 record keeping course shall be at Respondent's expense and shall be in addition to the Continuing  
2 Medical Education (CME) requirements for renewal of licensure.

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

8 Respondent shall submit a certification of successful completion to the Board or its  
9 designee not later than 15 calendar days after successfully completing the course, or not later than  
10 15 calendar days after the effective date of the Decision, whichever is later.

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

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

26 At the end of the evaluation, the program will submit a report to the Board or its designee  
27 which unequivocally states whether the Respondent has demonstrated the ability to practice  
28 safely and independently. Based on Respondent's performance on the clinical competence

1 assessment, the program will advise the Board or its designee of its recommendation(s) for the  
2 scope and length of any additional educational or clinical training, evaluation or treatment for any  
3 medical condition or psychological condition, or anything else affecting Respondent's practice of  
4 medicine. Respondent shall comply with the program's recommendations.

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

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

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

25 The Board or its designee shall provide the approved monitor with copies of the Decision(s)  
26 and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the  
27 Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed  
28 statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role



1 of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees  
2 with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the  
3 signed statement for approval by the Board or its designee.

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

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

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

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

27 In lieu of a monitor, Respondent may participate in a professional enhancement program  
28 approved in advance by the Board or its designee that includes, at minimum, quarterly chart

1 review, semi-annual practice assessment, and semi-annual review of professional growth and  
2 education. Respondent shall participate in the professional enhancement program at Respondent's  
3 expense during the term of probation.

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

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

13 8. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE  
14 NURSES. During probation, Respondent is prohibited from supervising physician assistants and  
15 advanced practice nurses.

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

19 10. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations  
20 under penalty of perjury on forms provided by the Board, stating whether there has been  
21 compliance with all the conditions of probation.

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

24 11. GENERAL PROBATION REQUIREMENTS.

25 Compliance with Probation Unit

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

27 Address Changes

28 Respondent shall, at all times, keep the Board informed of Respondent's business and

1 residence addresses, email address (if available), and telephone number. Changes of such  
2 addresses shall be immediately communicated in writing to the Board or its designee. Under no  
3 circumstances shall a post office box serve as an address of record, except as allowed by Business  
4 and Professions Code section 2021, subdivision (b).

5 Place of Practice

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

9 License Renewal

10 Respondent shall maintain a current and renewed California physician's and surgeon's  
11 license.

12 Travel or Residence Outside California

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

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

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

22 13. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or  
23 its designee in writing within 15 calendar days of any periods of non-practice lasting more than  
24 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is  
25 defined as any period of time Respondent is not practicing medicine as defined in Business and  
26 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct  
27 patient care, clinical activity or teaching, or other activity as approved by the Board. If  
28 Respondent resides in California and is considered to be in non-practice, Respondent shall

1 comply with all terms and conditions of probation. All time spent in an intensive training  
2 program which has been approved by the Board or its designee shall not be considered non-  
3 practice and does not relieve Respondent from complying with all the terms and conditions of  
4 probation. Practicing medicine in another state of the United States or Federal jurisdiction while  
5 on probation with the medical licensing authority of that state or jurisdiction shall not be  
6 considered non-practice. A Board-ordered suspension of practice shall not be considered as a  
7 period of non-practice.

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

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

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

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

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

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

1 continuing jurisdiction until the matter is final, and the period of probation shall be extended until  
2 the matter is final.

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

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

18 18. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for  
19 a new license or certification, or petition for reinstatement of a license, by any other health care  
20 licensing action agency in the State of California, all of the charges and allegations contained in  
21 Accusation No. 800-2017-029530 shall be deemed to be true, correct, and admitted by  
22 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or  
23 restrict a license.

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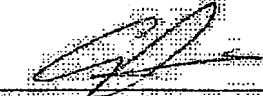
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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, William R. Burgener, Esq. I fully understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and fully agree to be bound by the Decision and Order of the Medical Board of California.

DATED:

7/6/2020

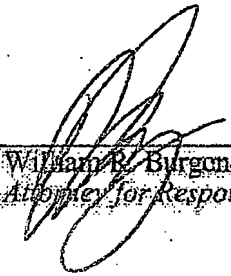


EUGENE TACHUK, M.D.  
*Respondent*

I have read and fully discussed with Respondent Eugene Tachuk, M.D. the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED:

7/8/2020



William R. Burgener  
*Attorney for Respondent*

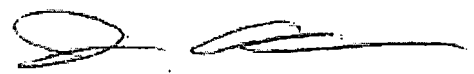
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ENDORSEMENT

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

DATED: September 22, 2020

Respectfully submitted,  
XAVIER BECERRA  
Attorney General of California  
MATTHEW M. DAVIS  
Supervising Deputy Attorney General



JASON J. AHN  
Deputy Attorney General  
*Attorneys for Complainant*

**Exhibit A**

**Accusation No. 800-2017-029530**



FILED  
STATE OF CALIFORNIA  
MEDICAL BOARD OF CALIFORNIA  
SACRAMENTO JAN. 7 20 20  
BY A. SERENA ANALYST

1 XAVIER BECERRA  
Attorney General of California  
2 MATTHEW M. DAVIS  
Supervising Deputy Attorney General  
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7 Facsimile: (619) 645-2061

8 *Attorneys for Complainant*

10 BEFORE THE  
11 MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
12 STATE OF CALIFORNIA

13 In the Matter of the Accusation Against:

Case No. 800-2017-029530

14 Eugene Tachuk, M.D.  
15 P.O. Box 90258  
San Diego, CA 92169

ACCUSATION

16 Physician's and Surgeon's Certificate  
17 No. A 36884,

18 Respondent.

19  
20 PARTIES

21 1. Christine J. Lally (Complainant) brings this Accusation solely in her official capacity  
22 as the Interim Executive Director of the Medical Board of California, Department of Consumer  
23 Affairs (Board).

24 2. On or about June 22, 1981, the Medical Board issued Physician's and Surgeon's  
25 Certificate Number A 36884 to Eugene Tachuk, 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 September 30, 2020, unless renewed.

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1 appropriate for that negligent diagnosis of the patient shall constitute a single  
2 negligent act.

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

8 6. Section 2266 of the Code states:

9 The failure of a physician and surgeon to maintain adequate and accurate  
10 records relating to the provision of services to their patients constitutes unprofessional  
11 conduct.

12 7. Unprofessional conduct under Business and Professions Code section 2234 is conduct  
13 which breaches the rules or ethical code of the medical profession, or conduct which is  
14 unbecoming a member in good standing of the medical profession, and which demonstrates an  
15 unfitness to practice medicine. (*Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564,  
16 575.)

### 17 FIRST CAUSE FOR DISCIPLINE

#### 18 (Gross Negligence)

19 8. Respondent has subjected his Physician's and Surgeon's Certificate No. A 36884 to  
20 disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of  
21 the Code, in that he committed gross negligence in his care and treatment of Patient A,<sup>1</sup> as more  
22 particularly alleged hereinafter:

23 9. On or about July 5, 2001<sup>2</sup>, Respondent began treating Patient A, when she was fifty-  
24 three (53) years of age. Patient A weighed 148 pounds, with a height of 5 feet five inches, Body  
25 Mass Index (BMI) of 25 kg / m<sup>2</sup>, and blood pressure of 136/89.

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<sup>1</sup> References to "Patient A" are used to protect patient privacy.

<sup>2</sup> Conduct occurring more than seven (7) years from the filing date of this Accusation is  
for informational purposes only and is not alleged as a basis for disciplinary action.

1           10. On or about January 8, 2013, Patient A presented to Respondent's medical office.  
2 Patient A's blood pressure was 153/85. Patient A was dispensed #28 Phentermine<sup>3</sup> 30 mg and an  
3 unknown dosage of Hydrochlorothiazide.<sup>4</sup> Respondent failed to document a history of present  
4 illness, review of systems, physical examination, assessment, diagnosis, or treatment plan. Patient  
5 A's weight is not noted in the medical records. Respondent failed to conduct and/or failed to  
6 document having conducted a physician evaluation of Patient A. Respondent failed to perform  
7 and/or request and/or order any laboratory studies.

8           11. On or about January 15, 2013, Patient A presented to Respondent's medical office.  
9 Patient A's blood pressure was 145/71. Patient A was dispensed #28 Phentermine 30 mg.  
10 Respondent failed to document a history of present illness, review of systems, physical  
11 examination, assessment, diagnosis, or treatment plan. Patient A's weight is not noted in the  
12 medical records. Respondent failed to conduct and/or failed to document having conducted a  
13 physician evaluation of Patient A. Respondent failed to perform and/or request and/or order any  
14 laboratory studies.

15           12. Between January 16, 2013 through December 31, 2016, Patient A continued to  
16 present to Respondent's medical office and was seen by Respondent's Medical Assistant, instead  
17 of Respondent, except for one visit in February 2015 (see below). Phentermine was dispensed to  
18 Patient A on numerous occasions during this time period. Patient A's blood pressure was often  
19 elevated during this time period. Respondent failed to conduct and/or failed to document having  
20 conducted a physical examination of Patient A. Respondent failed to order and/or failed to  
21 document having ordered laboratory studies. Respondent failed to and/or failed to regularly  
22 measure Patient A's weight.

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23  
24           <sup>3</sup> Phentermine HCL (Lonamin®, Fastin®, Adipex®), an anorectic, is a Schedule IV  
25 controlled substance pursuant to Health and Safety Code section 11057, subdivision (f), and a  
26 dangerous drug pursuant to Business and Professions Code section 4022. When properly  
27 prescribed and indicated phentermine HCL is used as a short term adjunct in a regiment of weight  
reduction based on exercise, behavioral modification, and caloric restriction. According to the  
DEA fact sheet for anorectic drugs, phentermine can produce amphetamine-like effects and is  
frequently encountered on the illicit market.

28           <sup>4</sup> Hydrochlorothiazide is a thiazide diuretic (water pill) that can be used to treat high blood  
pressure and fluid retention (edema).

1           13. On or about February 18, 2015, Patient A presented to Respondent's medical office  
2 due to an elevated blood pressure of 170/104 and 160/94. Respondent personally saw Patient A.  
3 Patient A denied chest pain or shortness of breath. Respondent did not prescribe Phentermine  
4 because of Patient A's elevated blood pressure.

5           14. On or about February 21, 2015, Patient A returned to Respondent's medical office for  
6 an elevated blood pressure of 140/90. Patient A was seen by Respondent's Medical Assistant.  
7 Phentermine was dispensed during this visit.

8           15. On or about December 31, 2016 through January 6, 2017, Patient A was hospitalized  
9 at Scripps Mercy hospital for acute sepsis,<sup>5</sup> multi-organ failure, congestive heart failure,<sup>6</sup>  
10 encephalopathy,<sup>7</sup> liver failure, paranoid schizophrenia,<sup>8</sup> renal failure,<sup>9</sup> alcohol use, and  
11 hypertension. Patient A's BMI at the time of admission was 18 kg / m<sup>2</sup>. Patient A was found to  
12 have a cardiac ejection fraction of 27%, which the cardiologist believed was related to Patient A's  
13 phentermine abuse.

14           16. On or about March 15, 2017, Patient A presented to Respondent, who personally saw  
15 her. Patient A's height is incorrectly noted as "6' 2." Patient A's blood pressure was noted as  
16 152/90. Patient A was dispensed Hydrochlorothiazide.

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21           <sup>5</sup> Sepsis is a potentially life-threatening condition caused by the body's response to an  
22 infection.

23           <sup>6</sup> Congestive heart failure (CHF) is a chronic progressive condition that affects the  
24 pumping power of your heart muscles.

25           <sup>7</sup> Encephalopathy refers to brain disease, damage, or malfunction.

26           <sup>8</sup> Paranoid schizophrenia is characterized by predominantly positive symptoms of  
27 schizophrenia, which is a severe mental disorder that can result in hallucinations, delusions, and  
28 extremely disordered thinking and behavior.

<sup>9</sup> Renal failure is a condition in which the kidneys lose the ability to remove waste and  
balance fluids.

1           17. On or about May 4, 2017, Patient A was admitted to the Emergency Room of the  
2 Scripps Mercy Hospital. The medical records for this visit indicate, among other things, that  
3 Patient A's past medical history included paranoid schizophrenia, congestive heart failure (CHF),  
4 hypertension, and alcoholic cirrhosis<sup>10</sup> and alcohol abuse.

5           18. On or about May 11, 2017, Patient A returned to Respondent, who personally saw  
6 her. Patient A reported no dizziness or chest pain. Patient A's blood pressure was 147/89, pulse  
7 of 82, regular rate and rhythm, and 2/6 systolic murmur.<sup>11</sup> The assessment was borderline  
8 hypertension<sup>12</sup> and the plan included 12.5 mg of Hydrochlorothiazide every morning.  
9 Respondent advised Patient A to follow up with an internal medicine physician for evaluation of  
10 Patient A's blood pressure and murmur.

11           19. On or about June 3, 2017, Patient A presented to Respondent, who personally saw  
12 her. The medical records for this visit states, among other things, "patient [A] requested weight  
13 loss medication because [she] has a past history of being over-weight and was no longer on  
14 Phentermine." Patient A's history of heart murmur, kidney and heart problems and liver failure  
15 are also noted. Patient A stated that she had not seen a primary care physician since her last visit  
16 with Respondent. Respondent advised Patient A that she should no longer consume Phentermine  
17 but that Respondent is willing to replace with Vitamin shots and Fiber pills for Patient A's weight  
18 management and that Patient A should see a primary care physician to follow up on her medical  
19 issues. The medical records also noted, among other things, that Patient A was pleasant,  
20 cooperative, with a height of 5'6", weight of 140 pounds, BMI of 23, and blood pressure of  
21 166/101. Respondent prescribed Hydrochlorothiazide 14 tablets 25 mg each, with directions to  
22 consume ½ tablet per every morning and Fiber tablets #28. Respondent administered a

23 \_\_\_\_\_  
24 <sup>10</sup> Alcoholic cirrhosis occurs after years of excessive alcohol consumption and is an  
advance form of alcohol-induced liver disease.

25 <sup>11</sup> A systolic murmur is a murmur that begins during or after the first heart sound and ends  
26 before or during the second heart sound. A murmur is a series vibrations of variable duration,  
audible with a stethoscope at the chest wall, that emanates from the heart or great vessels.

27 <sup>12</sup> Hypertension, also known as high blood pressure, is a condition in which the force of  
28 the blood against the artery walls is too high.

1 complementary "Lipotonix" shot.<sup>13</sup>

2 20. On or about May 8, 2018, Patient A expired at Scripps Mercy Hospital at age seventy  
3 (70). The cause of death was noted as cardiopulmonary arrest<sup>14</sup> with the underlying causes of  
4 acute myocardial infarction,<sup>15</sup> septic shock polymicrobial,<sup>16</sup> and necrotizing pneumonia.<sup>17</sup> Patient  
5 A was also noted to have chronic obstructive pulmonary disease.

6 Quantity of Phentermine Prescribed

7 21. During the course of his care and treatment of Patient A, approximately from on or  
8 about January 1, 2013 through on or about June 3, 2017, Respondent prescribed 28 tablets at a  
9 time, an excessive amount. Respondent failed to maintain accurate and/or consistent records  
10 regarding his prescribing of Phentermine to Patient A, making it difficult to ascertain the exact  
11 amount of Phentermine prescribed to Patient A. Respondent failed to and/or failed to document  
12 having conducted pill counts. Respondent failed to and/or failed to document having checked  
13 CURES reports.<sup>18</sup>

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20 <sup>13</sup> Lipotropic injections, including Lipotonix, are supplements used for fat loss.

21 <sup>14</sup> Cardiac arrest refers to a sudden, unexpected loss of heart function, breathing, and  
22 consciousness.

23 <sup>15</sup> Acute myocardial infarction, also known as a heart attack, is a blockage of blood flow  
24 to the heart muscle.

25 <sup>16</sup> Septic shock refers to a widespread infection causing organ failure and dangerously low  
26 blood pressure.

27 <sup>17</sup> Necrotizing pneumonia is a rare and severe complication of bacterial community  
28 acquired pneumonia (CAP).

<sup>18</sup> CURES is the Controlled Substances Utilization Review and Evaluation System  
(CURES), a database of schedule II, III, and IV controlled substance prescriptions dispensed in  
California, serving the public health, regulatory oversight agencies, and law-enforcement.

1           Prescribing Phentermine Long-Term for Weight Loss to a Non-Obese Patient

2           22. During the course of his care and treatment of Patient A, approximately from on or  
3 about January 1, 2013 through on or about June 3, 2017, Respondent failed to consider and/or  
4 failed to document having considered safer alternatives to Phentermine such as Orlistat,<sup>19</sup>  
5 Bupropion,<sup>20</sup> or a structured weight loss program. Respondent failed to discuss and/or failed to  
6 document having discussed with Patient A diet, exercise, weight loss support groups or other  
7 behavioral modifications for weight loss. From 2012 through 2016, Respondent failed to measure  
8 and/or failed to document having measured Patient A's weight during any of Patient A's visits to  
9 Respondent's medical office. Respondent prescribed Phentermine to Patient A for weight loss on  
10 a long-term basis without a clear medical indication. Respondent failed to discontinue  
11 prescribing Phentermine to Patient A for weight loss even after Patient A had an unhealthy weight  
12 and/or an elevation of blood pressure.

13           Prescribing Medications without Physician Evaluation

14           23. During the course of his care and treatment of Patient A, approximately from on or  
15 about January 1, 2013 through on or about June 3, 2017, Respondent prescribed and dispensed  
16 controlled substances to Patient A without regular physician evaluation.

17           Prescribing a Stimulant to a Patient with Hypertension

18           24. During the course of his care and treatment of Patient A, approximately from on or  
19 about January 1, 2013 through on or about June 3, 2017, Respondent failed to consider  
20 discontinuing and/or failed to document having considered discontinuing Phentermine even  
21 though Patient A's blood pressure was often elevated. Respondent failed to consider and/or failed  
22 to document having considered changing Phentermine to alternative weight loss medications that  
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24

25           <sup>19</sup> Orlistat is a weight loss medication which can help patients reach and maintain a  
26 healthy weight.

27           <sup>20</sup> Bupropion is an antidepressant medication which can be used to treat depression, help  
28 people quit smoking by reducing cravings, and for other purposes.



1 are safer to patients with elevated blood pressure, such as Orlistat, Lorcaserin,<sup>21</sup> or Topiramate.<sup>22</sup>  
2 Respondent failed to recommend and/or failed to document having recommended Patient A to  
3 seek blood pressure management by another physician until Patient A was hospitalized in the  
4 intensive care unit.

5 Prescribing Controlled Substances

6 25. During the course of his care and treatment of Patient A, approximately from on or  
7 about January 1, 2013 through on or about June 3, 2017, Respondent failed to conduct CURES  
8 reviews. Respondent failed to adequately discuss with Patient A and/or failed to document  
9 having adequately discussed with Patient A risks and benefits of and alternatives to consuming  
10 controlled substances. Respondent failed to maintain accurate and/or complete documentation of  
11 the controlled substances prescribed or dispensed. Respondent prescribed one or more controlled  
12 substances in excessive amount(s).

13 Treatment of Hypertension

14 26. During the course of his care and treatment of Patient A, approximately from on or  
15 about January 1, 2013 through on or about June 3, 2017, Respondent failed to adequately treat  
16 Patient A's elevated blood pressure. Respondent continued to prescribe Patient A medication(s),  
17 which exacerbated Patient A's hypertension. Respondent failed to order and/or failed to  
18 document having ordered laboratory studies.

19 Lab Monitoring

20 27. During the course of his care and treatment of Patient A, approximately from on or  
21 about January 1, 2013 through on or about June 3, 2017, Respondent failed to perform and/or  
22 request and/or order laboratory studies and/or failed to document having performed and/or  
23 requested and/or ordered laboratory studies even though Patient A was an elderly patient with  
24 hypertension, who was using Phentermine and Hydrochlorothiazide long-term.

25 \_\_\_\_\_  
26 <sup>21</sup> Lorcaserin is a weight-loss drug which is used together with diet and exercise to treat  
obesity.

27 <sup>22</sup> Topiramate is a nerve pain medication which can be used to prevent epilepsy,  
28 migraines, and for other purposes.

1           Self-Prescribing of Controlled Substances

2           28. From on or about January 1, 2019 through May 13, 2019, Respondent prescribed  
3 testosterone<sup>23</sup> to himself on one or more occasions.

4           Reporting Prescriptions of Controlled Substances to CURES

5           29. During the course of his care and treatment of Patient A, approximately from on or  
6 about January 1, 2013 through on or about June 3, 2017, Respondent prescribed and or dispensed  
7 controlled substances to Patient A but failed to comply with the reporting requirements under  
8 California Health and Safety Code section 11190, subdivision (c)(2)(A).

9           Medical Documentation

10          30. During the course of his care and treatment of Patient A, approximately from on or  
11 about January 1, 2013 through on or about June 3, 2017, Respondent's medical record-keeping  
12 documenting his care and treatment of Patient A failed to include a history of present illness,  
13 physical examination, assessment, diagnosis, or plan, other than information regarding  
14 medications, if any. Respondent failed to adequately document telephonic consultations and/or  
15 conversations with Patient A and/or Patient A's family member(s). Many of the handwritten  
16 notes are illegible and/or incomplete. Most pages do not have identifying information such as  
17 birth date or chart number, other than Patient A's name.

18          31. Respondent committed gross negligence in his care and treatment of Patient A, which  
19 included, but was not limited to, the following:

20               (a) Respondent prescribed excessive quantities of Phentermine to Patient A;

21               (b) Respondent prescribed Phentermine to Patient A for weight loss, without a  
22 clear medical indication or adequate monitoring;

23               (c) Respondent prescribed controlled substances to Patient A without regular  
24 physician evaluation;

25               (d) Respondent prescribed Phentermine to Patient A, a non-obese patient with  
26 hypertension, without considering safer alternatives and/or more effectively treating her

27               <sup>23</sup> Testosterone is a Schedule III controlled substance pursuant to Health and Safety Code  
28 section 11056, subdivision (f)(30), and a dangerous drug pursuant to Business and Professions  
Code section 4022.

1 blood pressure;

2 (e) Respondent failed to adequately perform and/or request and/or order laboratory  
3 studies; and

4 (f) Respondent failed to maintain adequate documentation of his care and  
5 treatment of Patient A.

6 **SECOND CAUSE FOR DISCIPLINE**

7 **(Repeated Negligent Acts)**

8 32. Respondent has further subjected his Physician's and Surgeon's Certificate No.  
9 A 36884 to disciplinary action under sections 2227 and 2234, as defined by section 2234,  
10 subdivision (c), of the Code, in that he committed repeated negligent acts in his care and  
11 treatment of Patient A as more particularly alleged herein:

12 33. Paragraphs 8 through 31, above, are hereby incorporated by reference  
13 and realleged as if fully set forth herein;

14 (a) Respondent prescribed excessive quantities of Phentermine to Patient A;

15 (b) Respondent prescribed Phentermine to Patient A for weight loss, without a  
16 clear medical indication or adequate monitoring;

17 (c) Respondent prescribed controlled substances to Patient A without regular  
18 physician evaluation;

19 (d) Respondent prescribed Phentermine to Patient A, an obese patient with  
20 hypertension, without considering safer alternatives and/or more effectively treating her  
21 blood pressure;

22 (e) Respondent failed to adequately perform and/or request and/or order laboratory  
23 studies;

24 (f) Respondent failed to maintain adequate documentation of his care and  
25 treatment of Patient A;

26 (g) Respondent failed to properly prescribe controlled substances to Patient A; and

27 (h) Respondent inadequately treated Patient A's hypertension.

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1 **THIRD CAUSE FOR DISCIPLINE**

2 **(Failure to Maintain Adequate and Accurate Records)**

3 34. Respondent has further subjected his Physician's and Surgeon's Certificate No.  
4 A 36884 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the  
5 Code, in that Respondent failed to maintain adequate and accurate records regarding his care and  
6 treatment of Patient A, as more particularly alleged in paragraphs 8 through 31, above, which are  
7 hereby incorporated by reference and realleged as if fully set forth herein.

8 **FOURTH CAUSE FOR DISCIPLINE**

9 **(General Unprofessional Conduct)**

10 35. Respondent has further subjected his Physician's and Surgeon's Certificate No.  
11 A 36884 to disciplinary action under sections 2227 and 2234 of the Code, in that he has engaged  
12 in conduct which breaches the rules or ethical code of the medical profession, or conduct which is  
13 unbecoming of a member in good standing of the medical profession, and which demonstrates an  
14 unfitness to practice medicine, as more particularly alleged in paragraphs 8 through 34, above,  
15 which are hereby incorporated by reference as if fully set forth herein.

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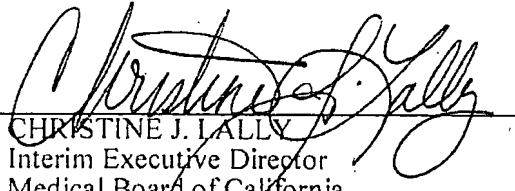
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PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number A 36884, issued to Eugene Tachuk, M.D.;
2. Revoking, suspending or denying approval of Eugene Tachuk, M.D.'s authority to supervise physician assistants and advanced practice nurses;
3. Ordering Eugene Tachuk, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and
4. Taking such other and further action as deemed necessary and proper.

DATED: JANUARY 7, 2020

  
CHRISTINE J. LALLY  
Interim Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California  
*Complainant*

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