

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

In the Matter of the Accusation
Against:

Doris Shubnum Purcell, M.D.

Physician's and Surgeon's
Certificate No. A 72785

Respondent.

Case No.: 800-2019-054960

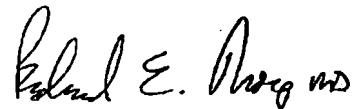
DECISION

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 3, 2022.

IT IS SO ORDERED: October 4, 2022.

MEDICAL BOARD OF CALIFORNIA



Richard E. Thorp, M.D., Chair
Panel B

1 ROB BONTA
Attorney General of California
2 STEVEN D. MUNI
Supervising Deputy Attorney General
3 JOHN S. GATSCHET
Deputy Attorney General
4 State Bar No. 244388
California Department of Justice
5 1300 I Street, Suite 125
P.O. Box 944255
6 Sacramento, CA 94244-2550
Telephone: (916) 210-7546
7 Facsimile: (916) 327-2247

8 *Attorneys for Complainant*

9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

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

In the Matter of the Accusation Against:
DORIS SHUBNUM PURCELL, M.D.
3079 Duke Cr.
Vacaville, CA 95688-8841
Physician's and Surgeon's Certificate No. A
72785

Respondent.

Case No. 800-2019-054960
OAH No. 2022040125
**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

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

PARTIES

1. William Prasifka ("Complainant") is the Executive Director of the Medical Board of California ("Board"). He brought this action solely in his official capacity and is represented in this matter by Rob Bonta, Attorney General of the State of California, by John S. Gatschet, Deputy Attorney General.

///

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

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

7 **DISCIPLINARY ORDER**

8 **IT IS HEREBY ORDERED** that Physician's and Surgeon's Certificate No. A 72785
9 issued to Respondent Doris Shubnum Purcell, M.D. is revoked. However, the revocation is
10 stayed and Respondent is placed on probation for four (4) years on the following terms and
11 conditions:

12 1. **ACTUAL SUSPENSION.** As part of probation, Respondent agrees to be suspended
13 from the practice of medicine for thirty (30) days consecutive days. Respondent shall complete
14 the suspension at a date and time agreed to with her probation monitor between January 1, 2023,
15 and January 1, 2024. Failure to complete the suspension during that period shall be considered a
16 violation of probation.

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

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

1 3. EDUCATION COURSE. Within 60 calendar days of the effective date of this
2 Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee
3 for its prior approval educational program(s) or course(s) which shall not be less than 40 hours
4 per year, for each year of probation. The educational program(s) or course(s) shall be aimed at
5 correcting any areas of deficient practice or knowledge and shall be Category I certified. The
6 educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to
7 the Continuing Medical Education (CME) requirements for renewal of licensure. Following the
8 completion of each course, the Board or its designee may administer an examination to test
9 Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65
10 hours of CME of which 40 hours were in satisfaction of this condition.

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

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

25 Respondent shall submit a certification of successful completion to the Board or its
26 designee not later than 15 calendar days after successfully completing the course, or not later than
27 15 calendar days after the effective date of the Decision, whichever is later.

28 ///

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

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

15 Respondent shall submit a certification of successful completion to the Board or its
16 designee not later than 15 calendar days after successfully completing the course, or not later than
17 15 calendar days after the effective date of the Decision, whichever is later.

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

28 A professionalism program taken after the acts that gave rise to the charges in the

1 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
2 or its designee, be accepted towards the fulfillment of this condition if the program would have
3 been approved by the Board or its designee had the program been taken after the effective date of
4 this Decision.

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

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

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

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

28 If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective

1 date of this Decision, Respondent shall receive a notification from the Board or its designee to
2 cease the practice of medicine within three (3) calendar days after being so notified. Respondent
3 shall cease the practice of medicine until a monitor is approved to provide monitoring
4 responsibility.

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

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

19 In lieu of a monitor, the Board shall allow the Respondent to participate in a professional
20 enhancement program approved in advance by the Board or its designee that includes, at
21 minimum, quarterly chart review, semi-annual practice assessment, and semi-annual review of
22 professional growth and education. Respondent shall participate in the professional enhancement
23 program at Respondent's expense during the term of probation and satisfactorily comply with all
24 of the professional enhancement program's requirements. The professional enhancement
25 program shall provide submit quarterly written progress reports to the Board.

26 8. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the
27 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the
28 Chief Executive Officer at every hospital where privileges or membership are extended to

1 Respondent, at any other facility where Respondent engages in the practice of medicine,
2 including all physician and locum tenens registries or other similar agencies, and to the Chief
3 Executive Officer at every insurance carrier which extends malpractice insurance coverage to
4 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15
5 calendar days.

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

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

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

13 11. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby
14 ordered to reimburse the Board its costs of investigation and enforcement after January 1, 2022,
15 including, but not limited to, expert review, legal review, and investigation, as applicable, in the
16 amount of \$8,000.00. Costs shall be payable to the Medical Board of California. Failure to pay
17 such costs shall be considered a violation of probation.

18 Payment must be made in full within 30 calendar days of the effective date of the Order, or
19 by a payment plan approved by the Medical Board of California. Any and all requests for a
20 payment plan shall be submitted in writing by respondent to the Board. Failure to comply with
21 the payment plan shall be considered a violation of probation.

22 The filing of bankruptcy by respondent shall not relieve respondent of the responsibility to
23 repay investigation and enforcement costs, including expert review costs.

24 12. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations
25 under penalty of perjury on forms provided by the Board, stating whether there has been
26 compliance with all the conditions of probation.

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

1 13. GENERAL PROBATION REQUIREMENTS.

2 Compliance with Probation Unit

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

4 Address Changes

5 Respondent shall, at all times, keep the Board informed of Respondent's business and
6 residence addresses, email address (if available), and telephone number. Changes of such
7 addresses shall be immediately communicated in writing to the Board or its designee. Under no
8 circumstances shall a post office box serve as an address of record, except as allowed by Business
9 and Professions Code section 2021, subdivision (b).

10 Place of Practice

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

14 License Renewal

15 Respondent shall maintain a current and renewed California physician's and surgeon's
16 license.

17 Travel or Residence Outside California

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

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

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

27 15. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
28 its designee in writing within 15 calendar days of any periods of non-practice lasting more than

1 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
2 defined as any period of time Respondent is not practicing medicine as defined in Business and
3 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
4 patient care, clinical activity or teaching, or other activity as approved by the Board. If
5 Respondent resides in California and is considered to be in non-practice, Respondent shall
6 comply with all terms and conditions of probation. All time spent in an intensive training
7 program which has been approved by the Board or its designee shall not be considered non-
8 practice and does not relieve Respondent from complying with all the terms and conditions of
9 probation. Practicing medicine in another state of the United States or Federal jurisdiction while
10 on probation with the medical licensing authority of that state or jurisdiction shall not be
11 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
12 period of non-practice.

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

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

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

20 Periods of non-practice for a Respondent residing outside of California will relieve
21 Respondent of the responsibility to comply with the probationary terms and conditions with the
22 exception of this condition and the following terms and conditions of probation: Obey All Laws;
23 General Probation Requirements; and, Quarterly Declarations.

24 16. COMPLETION OF PROBATION. Respondent shall comply with all financial
25 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the
26 completion of probation. This term does not include cost recovery, which is due within 30
27 calendar days of the effective date of the Order, or by a payment plan approved by the Medical
28 Board and timely satisfied. Upon successful completion of probation, Respondent's certificate

1 shall be fully restored.

2 17. VIOLATION OF PROBATION. Failure to fully comply with any term or condition
3 of probation is a violation of probation. If Respondent violates probation in any respect, the
4 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and
5 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation,
6 or an Interim Suspension Order is filed against Respondent during probation, the Board shall have
7 continuing jurisdiction until the matter is final, and the period of probation shall be extended until
8 the matter is final.

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

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

24 20. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for
25 a new license or certification, or petition for reinstatement of a license, by any other health care
26 licensing action agency in the State of California, all of the charges and allegations contained in
27 Accusation No. 800-2019-054960 shall be deemed to be true, correct, and admitted by
28 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or

1 restrict license.

2 **ACCEPTANCE**

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

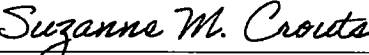
8
9 DATED: 8/4/2022


ID FUJTYLecAp1waapRCWLJuWWV

10 DORIS SHUBNUM PURCELL, M.D.
11 *Respondent*

12 I have read and fully discussed with Respondent Doris Shubnum Purcell, M.D. the terms
13 and conditions and other matters contained in the above Stipulated Settlement and Disciplinary
14 Order. I approve its form and content.

15 DATED: August 4, 2022


SUZANNE M. CROUTS
16 *Attorney for Respondent*

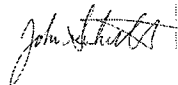
17 **ENDORSEMENT**

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

20 DATED: August 4, 2022

21 Respectfully submitted,

22 ROB BONTA
23 Attorney General of California
24 STEVEN D. MUNI
25 Supervising Deputy Attorney General



26 JOHN S. GATSCHET
27 Deputy Attorney General
28 *Attorneys for Complainant*

Exhibit A

Accusation No. 800-2019-054960

1 ROB BONTA
Attorney General of California
2 STEVEN D. MUNI
Supervising Deputy Attorney General
3 JOHN S. GATSCHET
Deputy Attorney General
4 State Bar No. 244388
California Department of Justice
1300 I Street, Suite 125
5 P.O. Box 944255
Sacramento, CA 94244-2550
6 Telephone: (916) 210-7546
Facsimile: (916) 327-2247
7

Attorneys for Complainant

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

14 In the Matter of the Accusation Against:

Case No. 800-2019-054960

15 **DORIS SHUBNUM PURCELL, M.D.**
16 **3079 Duke Cir.**
Vacaville, CA 95688-8841

A C C U S A T I O N

17 **Physician's and Surgeon's Certificate**
No. A 72785,

18 Respondent.

19 **PARTIES**

20 1. William Prasifka ("Complainant") brings this Accusation solely in his official
21 capacity as the Executive Director of the Medical Board of California, Department of Consumer
22 Affairs ("Board").

23 2. On or about August 7, 2000, the Board issued Physician's and Surgeon's Certificate
24 Number A 72785 to Doris Shubnum Purcell, M.D. ("Respondent"). That Certificate was in full
25 force and effect at all times relevant to the charges brought herein and will expire on September
26 30, 2023, unless renewed.

27 ///

28

1 (a)(1)(A)(i) A health care practitioner authorized to prescribe, order, administer, or
2 furnish a controlled substance shall consult the CURES¹ database to review a patient's
3 controlled substance history before prescribing a Schedule II, Schedule III, or Schedule IV
4 controlled substance to the patient for the first time and at least once every four months
5 thereafter if the substance remains part of the treatment of the patient.

6 ...

7 (e) This section is not operative until six months after the Department of Justice
8 certifies² that the CURES database is ready for statewide use and that the department has
9 adequate staff, which, at a minimum, shall be consistent with the appropriation authorized
10 in Schedule (6) of Item 0820-001-0001 of the Budget Act of 2016 (Chapter 23 of the
11 Statutes of 2016), user support, and education. The department shall notify the Secretary
12 of State and the office of the Legislative Counsel of the date of that certification.

13 8. Section 11190 of the Health and Safety Code states, in pertinent part:

14 (a) Every practitioner, other than a pharmacist, who prescribes or administers a
15 controlled substance classified in Schedule II shall make a record that, as to the
16 transaction, shows all of the following:

17 (1) The name and address of the patient.

18 (2) The date.

19 (3) The character, including the name and strength, and quantity of controlled
20 substances involved.

21 (b) The prescriber's record shall show the pathology and purpose for which the
22 controlled substance was administered or prescribed.

23 ...

24 9. Section 11191 of the Health and Safety Code states, in pertinent part:

25 The record shall be preserved for three years.

26 Every person who violates any provision of this section is guilty of a misdemeanor.

27 ///

28 ///

¹ CURES (Controlled Substance Utilization Review and Evaluation System) is a database maintained by the California Department of Justice that tracks the dispensing of all Schedule II, III, IV, and V controlled substances.

² On April 2, 2018, the Department of Justice certified the CURES 2.0 database. Mandatory CURES consultation became effective October 2, 2018.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

COST RECOVERY

10. Section 125.3³ of the Code, states in pertinent part:

(a) Except as otherwise provided by law, in any order issued in resolution of a disciplinary proceeding before any board within the department or before the Osteopathic Medical Board, upon request of the entity bringing the proceeding, the administrative law judge may direct a licensee found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

(b) In the case of a disciplined licensee that is a corporation or a partnership, the order may be made against the licensed corporate entity or licensed partnership.

(c) A certified copy of the actual costs, or a good faith estimate of costs where actual costs are not available, signed by the entity bringing the proceeding or its designated representative shall be prima facie evidence of reasonable costs of investigation and prosecution of the case. The costs shall include the amount of investigative and enforcement costs up to the date of the hearing, including, but not limited to, charges imposed by the Attorney General.

(d) The administrative law judge shall make a proposed finding of the amount of reasonable costs of investigation and prosecution of the case when requested pursuant to subdivision (a). The finding of the administrative law judge with regard to costs shall not be reviewable by the board to increase the cost award. The board may reduce or eliminate the cost award, or remand to the administrative law judge if the proposed decision fails to make a finding on costs requested pursuant to subdivision (a).

(e) If an order for recovery of costs is made and timely payment is not made as directed in the board's decision, the board may enforce the order for repayment in any appropriate court. This right of enforcement shall be in addition to any other rights the board may have as to any licensee to pay costs.

(f) In any action for recovery of costs, proof of the board's decision shall be conclusive proof of the validity of the order of payment and the terms for payment.

(g)(1) Except as provided in paragraph (2), the board shall not renew or reinstate the license of any licensee who has failed to pay all of the costs ordered under this section.

(2) Notwithstanding paragraph (1), the board may, in its discretion, conditionally renew or reinstate for a maximum of one year the license of any licensee who demonstrates financial hardship and who enters into a formal agreement with the board to reimburse the board within that one-year period for the unpaid costs.

³ Effective January 1, 2022. As amended by 2021 Cal.Legs.Serv.Ch. 649 (S.B. 806)(WEST), the Board will be seeking costs of investigation and enforcement incurred after January 1, 2022, to comply with the legislature's intent that investigative and enforcement costs be imposed in Medical Board disciplinary matters.

1 (h) All costs recovered under this section shall be considered a reimbursement for
2 costs incurred and shall be deposited in the fund of the board recovering the costs to be
3 available upon appropriation by the Legislature.

4 (i) Nothing in this section shall preclude a board from including the recovery of the
5 costs of investigation and enforcement of a case in any stipulated settlement.

6 (j) This section does not apply to any board if a specific statutory provision in that
7 board's licensing act provides for recovery of costs in an administrative disciplinary
8 proceeding.

8 PERTINENT DRUG DEFINITIONS

9 11. Oxycodone – Generic name for Roxicodone and Oxecta. Oxycodone has a high risk
10 for addiction and dependence. It can cause respiratory distress and death when taken in high
11 doses or when combined with other substances, especially alcohol. Oxycodone is a short-acting
12 opioid analgesic used to treat moderate to severe pain. Oxycodone can also come in a long-acting
13 formulation known as Oxycontin-ER. This formulation allows for the extended release of the
14 medication. Oxycodone is a Schedule II controlled substance pursuant to Code of Federal
15 Regulations Title 21 section 1308.12. Oxycodone is a dangerous drug pursuant to California
16 Business and Professions Code section 4022, and is a Schedule II controlled substance pursuant
17 to California Health and Safety Code section 11055 subdivision (b).

18 12. Oxycodone with acetaminophen – Generic name for Percocet and Endocet. Percocet
19 is a short-acting semi-synthetic opioid analgesic used to treat moderate to severe pain. Percocet is
20 a Schedule II controlled substance pursuant to Code of Federal Regulations Title 21 section
21 1308.12. Percocet is a dangerous drug pursuant to California Business and Professions Code
22 section 4022, and is a Schedule II controlled substance pursuant to Health and Safety Code
23 section 11055 subdivision (b).

24 13. Hydrocodone with acetaminophen – Generic name for the drugs Vicodin, Norco, and
25 Lortab. Hydrocodone with acetaminophen is classified as an opioid analgesic combination
26 product used to treat moderate to moderately severe pain. Hydrocodone with acetaminophen is a
27 Schedule II controlled substance pursuant to Code of Federal Regulations Title 21 section
28 1308.12. Hydrocodone with acetaminophen is a dangerous drug pursuant to California Business

1 and Professions Code section 4022 and is a Schedule II controlled substance pursuant to
2 California Health and Safety Code section 11055, subdivision (b).

3 14. Lorazepam – Generic name for Ativan. Lorazepam is a member of the
4 benzodiazepine family and is a fast-acting anti-anxiety medication used for the short-term
5 management of severe anxiety. Lorazepam is a Schedule IV controlled substance pursuant to
6 Code of Federal Regulations Title 21 section 1308.14(c) and Health and Safety Code section
7 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section
8 4022.

9 15. Diazepam – Generic name for Valium. Diazepam is a long-acting member of the
10 benzodiazepine family used for the treatment of anxiety and panic attacks. Diazepam is a
11 Schedule IV controlled substance pursuant to Code of Federal Regulations Title 21 section
12 1308.14 subdivision (c) and Health and Safety Code section 11057, subdivision (d), and a
13 dangerous drug pursuant to Business and Professions Code section 4022.

14 16. Temazepam – Generic name for Restoril. Temazepam is a long-acting member of the
15 benzodiazepine family used for the treatment of insomnia. Temazepam is a Schedule IV
16 controlled substance pursuant to Code of Federal Regulations Title 21 section
17 1308.14 subdivision (c) and Health and Safety Code section 11057, subdivision (d), and a
18 dangerous drug pursuant to Business and Professions Code section 4022.

19 17. Codeine with acetaminophen – Tylenol-Codeine. Codeine is a short-acting narcotic
20 used for the treatment of mild to moderate pain. Codeine with acetaminophen is a Schedule III
21 controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.13
22 subdivision (e) and Healthy and Safety Code section 11056, subdivision (e), and a dangerous
23 drug pursuant to Business and Professions Code section 4022.

24 FACTUAL ALLEGATIONS

25 18. On April 23, 2019, the Board received an on-line complaint from a medical
26 practitioner alleging that Respondent had improperly prescribed controlled substances. The
27 medical practitioner alleged that Respondent, a physician who practices in Marin County at a
28

1 critical care hospital, had prescribed oxycodone and Valium to Patient 1⁴ despite the fact that
 2 Respondent was Patient 1's "wife." On September 20, 2019, a Board investigator spoke with the
 3 medical practitioner who related that Patient 1 had been referred to the medical practitioner for
 4 pain management care. During intake, the medical practitioner had reviewed CURES and
 5 discovered Respondent was prescribing to Patient 1. The medical practitioner stated that Patient
 6 1 and Respondent referred to themselves as husband and wife but that she was not sure if they
 7 were married. The medical practitioner informed Respondent that she needed to stop prescribing
 8 to Patient 1 and that she was reporting Respondent to the Board.

9 19. A review of CURES showed the following prescriptions issued by Respondent that
 10 were dispensed to Patient 1:

Date	Medication	Quantity	Tablet	Schedule
9-28-2017	Diazepam	30	10 mg	IV
9-28-2017	Lorazepam	30	1 mg	IV
12-18-2017	Oxycodone HCL	30	10 mg	II
12-30-2017	Lorazepam	45	1 mg	IV
1-19-2018	Lorazepam	15	1 mg	IV
2-5-2018	Oxycodone HCL	45	10 mg	II
3-19-2018	Oxycodone HCL	30	10 mg	II
6-2-2018	Lorazepam	30	1 mg	IV
6-21-2018	Oxycodone HCL	30	10 mg	II
8-17-2018	Oxycodone HCL	30	10 mg	II
9-28-2018	Oxycodone HCL	60	10 mg	II
11-16-2018	Oxycodone HCL	30	10 mg	II
12-18-2018	Oxycodone HCL	30	10 mg	II

27
 28 ⁴ In order to preserve confidentiality, the identity of the patient has been made confidential. All witnesses will be fully identified in discovery.

1	2-1-2019	Oxycodone HCL	30	15 mg	II
2	2-24-2019	Diazepam	30	5 mg	IV
3	2-24-2019	Oxycodone HCL	30	10 mg	II
4	3-22-2019	Oxycodone HCL	30	10 mg	II
5	4-6-2019	Percocet	30	10/325 mg	II
6	4-6-2019	Diazepam	30	5 mg	IV

7 20. A review of Patient 1's CURES report shows that between September 28, 2017, and
8 April 8, 2019, Patient 1 also received prescriptions from other medical practitioners. On March
9 26, 2018, Patient 1 received 15 tablets of 5/325 mg of hydrocodone with acetaminophen. On
10 April 3, 2018, Patient 1 received 15 tablets of 15 mg temazepam. On April 18, 2018, Patient 1
11 received 15 tablets of 5/325 mg hydrocodone with acetaminophen. On June 11, 2018, Patient 1
12 received 20 tablets of 300/30 mg acetaminophen with codeine tablets. On July 23, 2018, Patient
13 1 received 40 tablets of 10 mg oxycodone and 40 tablets of 1 mg lorazepam from a prescriber that
14 shares the same last name as Respondent. On April 4, 2019, Patient 1 received 10 tablets of
15 5/325 mg oxycodone with acetaminophen. On April 15, 2019, Patient 1 received 30 tablets of
16 10/325 mg oxycodone with acetaminophen. On or about April 26, 2019, Patient 1 began
17 receiving on-going pain management treatment from the medical practitioner who provided the
18 complaint to the Board. Respondent has not prescribed to Patient 1 since April 6, 2019.

19 ///

20 ///

21 ///

22 ///

23 ///

24 ///

25 ///

26 ///

27 ///

28

1 21. On March 12, 2020, Respondent spoke to an investigator for the Board. Respondent
2 confirmed that she had received the Board's request for Patient 1's medical records. Respondent
3 confirmed that Patient 1 had been her significant other during the period of time that she
4 prescribed controlled substances and that they were no longer together.⁵ Respondent claimed that
5 she had only prescribed to Patient 1 for a short period after he helped Respondent move her
6 parents to California and had hurt his back. On May 1, 2020, Respondent provided the Board
7 with a certification of no medical records for Patient 1 signed and dated April 12, 2020.
8 Respondent included a letter that stated Respondent had dated Patient 1 for five years.
9 Respondent stated she had performed an initial assessment with a physical examination prior to
10 prescribing controlled substances and monitored his use of medications. Respondent
11 acknowledged that she did not keep medical records detailing her treatment of Patient 1.

12 22. On June 8, 2020, the Board conducted an interview with Respondent. According to
13 Respondent, in March 2018, Patient 1 assisted her in moving her parents to California from out of
14 state. During that trip, Patient 1 hurt his back while lifting Respondent's disabled father during
15 the move. Respondent stated she cohabitated with Patient 1 for three and half years until August
16 of 2019 and was living with Patient 1 when she began prescribing controlled substances to him.
17 Respondent did not explain why she began prescribing controlled substances to Patient 1 before
18 March 2018. Respondent admitted that between 2017 and 2019 she prescribed approximately
19 480 tablets of oxycodone and that she prescribed benzodiazepines to Patient 1. Respondent

20 ⁵ American Medical Association Journal of Ethics May 2012, Volume 14, Number 5: 396-
21 397.

22 Opinion 8.19 - Self-Treatment or Treatment of Immediate Family Members
23 Physicians generally should not treat themselves or members of their immediate
24 families. Professional objectivity may be compromised when an immediate family
25 member or the physician is the patient; the physician's personal feelings may unduly
26 influence his or her professional medical judgment, thereby interfering with the care
27 being delivered. Physicians may fail to probe sensitive areas when taking the medical
28 history or may fail to perform intimate parts of the physical examination. Similarly,
 patients may feel uncomfortable disclosing sensitive information or undergoing an
 intimate examination when the physician is an immediate family member.

26 ...

27 Except in emergencies, it is not appropriate for physicians to write prescriptions for
28 controlled substances for themselves or immediate family members.
 Issued June 1993.

1 admitted that she did not document any medical records for the controlled substances she
2 provided to Patient 1. Respondent admitted that she had learned in medical school that it was not
3 ethically appropriate to prescribe controlled substances to close family.

4 **FIRST CAUSE FOR DISCIPLINE**

5 **(Gross Negligence)**

6 23. Respondent's license is subject to disciplinary action under section 2234, subdivision
7 (b) of the Code in that Respondent engaged in gross negligence during the care and treatment of
8 Patient 1. The circumstances are as follows:

9 24. Complainant realleges paragraphs 18 through 22, and those paragraphs are
10 incorporated by reference as if fully set forth herein.

11 25. Respondent's license is subject to disciplinary action because Respondent committed
12 gross negligence between September 28, 2017, and April 8, 2019, during the care and treatment
13 of Patient 1 in the following distinct and separate ways:

14 a. By repeatedly prescribing controlled substances to Patient 1 over an eighteen-
15 month period despite being in a cohabitating and dating relationship with Patient 1; and,

16 b. By failing to keep any medical records documenting the care and treatment to
17 Patient 1 despite repeatedly prescribing controlled substances to Patient 1 over an eighteen-month
18 period.

19 **SECOND CAUSE FOR DISCIPLINE**

20 **(Repeated Negligent Acts)**

21 26. Respondent's license is subject to disciplinary action under section 2234, subdivision
22 (c) of the Code in that she engaged in repeated negligent acts during the care and treatment of
23 Patient 1. The circumstances are as follows:

24 27. Complainant realleges paragraphs 18 through 25, and those paragraphs are
25 incorporated by reference as if fully set forth herein.

26 28. The gross departures from the standard of care as set forth in paragraph 25, are
27 incorporated by reference as if fully set forth herein and serve as repeated negligent acts.

28 ///

1 **THIRD CAUSE FOR DISCIPLINE**

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

3 29. Respondent's license is subject to disciplinary action under section 2266 of the Code
4 in that she failed to maintain adequate and accurate medical records during her care and treatment
5 of Patient 1. The circumstances are as follows:

6 30. Complainant realleges paragraphs 18 through 28, and those paragraphs are
7 incorporated by reference as if fully set forth herein.

8 **FOURTH CAUSE FOR DISCIPLINE**

9 **(Failure to Review CURES)**

10 31. Respondent's license is subject to disciplinary action under section 2234 of the Code
11 and section 11165.4 of the Health and Safety Code in that she failed to consult the CURES
12 database between October 2018 and April 2019, despite repeatedly prescribing controlled
13 substances to Patient 1. The circumstances are as follows:

14 32. Complainant realleges paragraphs 18 through 30, and those paragraphs are
15 incorporated by reference as if fully set forth herein.

16 **FIFTH CAUSE FOR DISCIPLINE**

17 **(Failure to Keep Medical Records Despite Prescribing Schedule II Controlled Substances)**

18 33. Respondent's license is subject to disciplinary action under section 2234 of the Code
19 and sections 11190 and 11191 of the Health and Safety Code in that she failed to keep any
20 medical records despite prescribing Schedule II controlled substances to Patient I between
21 September 28, 2017, and April 8, 2019. The circumstances are as follows:

22 34. Complainant realleges paragraphs 18 through 32, and those paragraphs are
23 incorporated by reference as if fully set forth herein.

24 ///

25 ///

26 ///

27 ///

28 ///

1 PRAYER

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

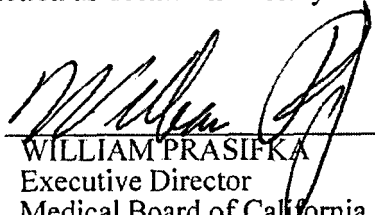
4 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 72785,
5 issued to Respondent Doris Shubnum Purcell, M.D.;

6 2. Revoking, suspending or denying approval of Respondent Doris Shubnum Purcell,
7 M.D.'s authority to supervise physician assistants and advanced practice nurses;

8 3. Ordering Respondent Doris Shubnum Purcell, M.D., to pay the Medical Board of
9 California the reasonable costs of the investigation and enforcement of this case pursuant to
10 Business and Professions Code section 125.3⁶, and, if placed on probation, to pay the Board the
11 costs of probation monitoring; and

12 4. Taking such other and further action as deemed necessary and proper.

13
14 DATED: JAN 31 2022

15 
16 WILLIAM PRASIFKA
17 Executive Director
18 Medical Board of California
19 Department of Consumer Affairs
20 State of California
21 Complainant

22
23
24
25
26
27
28 SA2021306388
35864255.docx

⁶ Costs of the investigation and enforcement of this case incurred after January 1, 2022.