

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

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

**Basil Colin Hamblin , M.D.**

**Case No. 800-2018-045329**

**Physician's & Surgeon's  
Certificate No. A 76893**

**Respondent.**

**DECISION**

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

**This Decision shall become effective at 5:00 p.m. on November 17, 2022.**

**IT IS SO ORDERED: October 18, 2022.**

**MEDICAL BOARD OF CALIFORNIA**



**Laurie Rose Lubiano, J.D., Chair  
Panel A**

1 ROB BONTA  
Attorney General of California  
2 MARY CAIN-SIMON  
Supervising Deputy Attorney General  
3 GREG W. CHAMBERS  
Deputy Attorney General  
4 State Bar No. 237509  
455 Golden Gate Avenue, Suite 11000  
5 San Francisco, CA 94102-7004  
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6 Facsimile: (415) 703-5480  
*Attorneys for Complainant*  
7

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

12 In the Matter of the Second Amended  
Accusation Against:

Case No. 800-2018-045329

13 **BASIL COLIN HAMBLIN, M.D.**  
14 **11150 State Route One**  
**P.O. Box 240**  
15 **Point Reyes Station, CA 94956-0240**

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

16 **Physician's and Surgeon's Certificate No. A**  
**76893**

17  
18 Respondent.

19  
20 In the interest of a prompt and speedy settlement of this matter, consistent with the public  
21 interest and the responsibility of the Medical Board of California of the Department of Consumer  
22 Affairs, the parties hereby agree to the following Stipulated Settlement and Disciplinary Order  
23 which will be submitted to the Board for approval and adoption as the final disposition of the  
24 Accusation.

25 **PARTIES**

26 1. William Prasifka (Complainant) is the Executive Director of the Medical Board of  
27 California (Board). He brought this action solely in his official capacity and is represented in this  
28

1 matter by Rob Bonta, Attorney General of the State of California, by Greg W. Chambers, Deputy  
2 Attorney General.

3 2. Respondent Basil Colin Hamblin, M.D. (Respondent) is represented in this  
4 proceeding by attorney Ronald P. Goldman, Esq., 55 Main Street, Tiburon, CA 94920.

5 **JURISDICTION**

6 3. On or about October 26, 2001, the Board issued Physician's and Surgeon's Certificate  
7 No. A 76893 to Basil Colin Hamblin, M.D. (Respondent). The Physician's and Surgeon's  
8 Certificate was in full force and effect at all times relevant to the charges brought in Accusation  
9 No. 800-2018-045329, as well as those charges brought in the subsequent First Amended  
10 Accusation and Second Amended Accusation, and will expire on August 31, 2023, unless  
11 renewed.

12 4. Accusation No. 800-2018-045329 was filed before the Board, and was properly  
13 served on Respondent, along with all other statutorily required documents. Respondent timely  
14 filed his Notice of Defense contesting the Accusation. The First Amended Accusation and the  
15 Second Amended Accusation were subsequently filed by the Board and the Second Amended  
16 Accusation is currently pending against Respondent.

17 5. A copy of Second Amended Accusation No. 800-2018-045329 is attached as exhibit  
18 A and incorporated herein by reference.

19 **ADVISEMENT AND WAIVERS**

20 6. Respondent has carefully read, fully discussed with counsel, and understands the  
21 charges and allegations in Second Amended Accusation No. 800-2018-045329. Respondent has  
22 also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated  
23 Settlement and Disciplinary Order.

24 7. Respondent is fully aware of his legal rights in this matter, including the right to a  
25 hearing on the charges and allegations in the Second Amended Accusation; the right to confront  
26 and cross-examine the witnesses against him; the right to present evidence and to testify on his  
27 own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the  
28 production of documents; the right to reconsideration and court review of an adverse decision;

1 and all other rights accorded by the California Administrative Procedure Act and other applicable  
2 laws.

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

5 **CULPABILITY**

6 9. Respondent understands and agrees that the charges and allegations in the Second  
7 Amended Accusation No. 800-2018-045329, if proven at a hearing, constitute cause for imposing  
8 discipline upon his Physician's and Surgeon's certificate.

9 10. For the purpose of resolving the Second Amended Accusation without the expense  
10 and uncertainty of further proceedings, Respondent understands and agrees that, at a hearing,  
11 Complainant could establish a *prima facie* case for the charges and allegations in Second  
12 Amended Accusation No. 800-2018-045329, and that Respondent hereby gives up his right to  
13 contest those charges. Respondent further agrees to be bound by the Board's imposition of  
14 discipline as set forth in the Disciplinary Order below.

15 **CONTINGENCY**

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

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



1 designee not later than 15 calendar days after successfully completing the course, or not later than  
2 15 calendar days after the effective date of the Decision, whichever is later.

3 C. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is  
4 hereby ordered to reimburse the Board its costs of investigation and enforcement, including, but  
5 not limited to, expert review, amended accusations, legal reviews, investigation(s), and subpoena  
6 enforcement, as applicable, in the amount of \$19,740 (nineteen thousand seven hundred and forty  
7 dollars). Costs shall be payable to the Medical Board of California. Failure to pay such costs  
8 shall be considered a violation of probation.

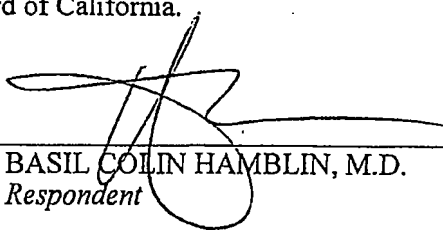
9 Payment must be made in full within 30 calendar days of the effective date of the Order, or  
10 by a payment plan approved by the Medical Board of California. Any and all requests for a  
11 payment plan shall be submitted in writing by respondent to the Board. Failure to comply with  
12 the payment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

13 The filing of bankruptcy by respondent shall not relieve respondent of the responsibility to  
14 repay investigation and enforcement costs, including expert review costs (if applicable).

15 ACCEPTANCE

16 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully  
17 discussed it with my attorney, Ronald P. Goldman. I understand the stipulation and the effect it  
18 will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and  
19 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the  
20 Decision and Order of the Medical Board of California.

21  
22 DATED: 09/28/2017

  
23 BASIL COLIN HAMBLIN, M.D.  
24 Respondent

25 ///

26 ///

27 ///

28 ///

1 I have read and fully discussed with Respondent Basil Colin Hamblin, M.D. the terms and  
2 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.

3 I approve its form and content.

4 DATED: 9/22/2022

  
RONALD P. GOLDMAN, ESQ.  
Attorney for Respondent

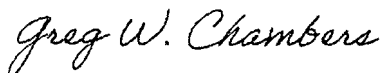
6  
7 **ENDORSEMENT**

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

10  
11 DATED: September 22, 2022

Respectfully submitted,

12 ROB BONTA  
13 Attorney General of California  
14 MARY CAIN-SIMON  
Supervising Deputy Attorney General

15 

16 GREG W. CHAMBERS  
17 Deputy Attorney General  
Attorneys for Complainant

**Exhibit A**

**Second Amended Accusation No. 800-2018-045329**



1 ROB BONTA  
Attorney General of California  
2 MARY CAIN-SIMON  
Supervising Deputy Attorney General  
3 GREG W. CHAMBERS  
Deputy Attorney General  
4 State Bar No. 237509  
455 Golden Gate Avenue, Suite 11000  
5 San Francisco, CA 94102-7004  
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10 **DEPARTMENT OF CONSUMER AFFAIRS**  
11 **STATE OF CALIFORNIA**

12 In the Matter of the Second Amended  
Accusation Against:

Case No. 800-2018-045329

**SECOND AMENDED ACCUSATION**

13 **Basil Colin Hamblin, M.D.**  
14 **11150 State Route One**  
**P.O. Box 240**  
15 **Point Reyes Station, CA 94956-0240**

16 **Physician's and Surgeon's Certificate**  
**No. A 76893,**

17 Respondent.  
18

19  
20 **PARTIES**

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

24 2. On October 26, 2001, the Medical Board issued Physician's and Surgeon's Certificate  
25 Number A 76893 to Basil Colin Hamblin, M.D. (Respondent). The Physician's and Surgeon's  
26 Certificate was in full force and effect at all times relevant to the charges brought herein and will  
27 expire on August 31, 2023, unless renewed.  
28

## JURISDICTION

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

4. Section 125.3 of the Code states that:

(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 licentiate 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

1 proof of the validity of the order of payment and the terms for payment.

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

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

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

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

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

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

19 6. Section 2234 of the Code, states:

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

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

25 (b) Gross negligence.

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

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

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

8 (d) Incompetence.

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

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

12 (g) The failure by a certificate holder, in the absence of good cause, to attend and  
13 participate in an interview by the board. This subdivision shall only apply to a certificate holder  
14 who is the subject of an investigation by the board.

15 7. Section 2266 of the Code states: The failure of a physician and surgeon to maintain  
16 adequate and accurate records relating to the provision of services to their patients constitutes  
17 unprofessional conduct.

#### 18 COST RECOVERY

19 8. Section 125.3 of the Code provides, in pertinent part, that the Board may request the  
20 administrative law judge to direct a licensee found to have committed a violation or violations of  
21 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and  
22 enforcement of the case, with failure of the licensee to comply subjecting the license to not being  
23 renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be  
24 included in a stipulated settlement.

#### 25 FACTUAL ALLEGATIONS

26 9. At all times relevant to this matter, Respondent was licensed and practicing medicine  
27 in California.

**PATIENT P-3<sup>1</sup>**

10. Patient P-3<sup>2</sup>, a male born in 1972, first saw Respondent on or about March 22, 2016 for chronic back pain due to a high fall, resulting in spinal injuries. P-3 reported he was homeless. In addition to pain treatment, P-3 was also under the care of a psychiatrist for treatment for anxiety. A review of CURES showed P-3 was prescribed Adderall<sup>3</sup>, Xanax, Valium<sup>4</sup>, Dilaudid<sup>5</sup>, and oxycodone.

11. On September 12, 2017, P-3 tested positive for amphetamine, benzodiazepines, opiates hydromorphone, and marijuana.

12. On February 21, 2018, P-3 told Respondent that he was unable to get an epidural injection, which was recommended by orthopedics for his back pain. Respondent did not document the status of P-3's back pain or anxiety. Respondent did not follow-up on the missed epidural treatment.

13. On August 13, 2018, P-3 reported some of P-3's medications were denied by his insurance and P-3 was having increased pain due to "medication changes." There was no documentation regarding what medications were being taken by P-3 and which medications were discontinued or reduced due to insurance coverage denial.

14. On August 14, 2018, P-3 tested positive for his prescription drugs, but also tested positive for both marijuana and alcohol.

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<sup>1</sup> The patients are designated in this document as Patients P-3, and P-4 to protect their privacy. Respondent knows the names of the patients and can confirm their identities through discovery.

<sup>2</sup> Patients P-1 and P-2 have been omitted from this Second Amended Accusation. The identities and numbering system for Patients P-3 and P-4 remain the same for the sake of preserving consistency.

<sup>3</sup> Adderall is the trade name for amphetamine-dextroamphetamine, a Schedule II controlled substance primarily used to treat attention deficit disorder.

<sup>4</sup> Valium, a trade name for diazepam, is a psychotropic drug of the benzodiazepine class that is used for the management of anxiety disorders or for the short-term relief of the symptoms of anxiety. It is a Schedule IV controlled substance as defined by section 11057 of the Health and Safety Code and by section 1308.14 of Title 21 of the Code of Federal Regulations, and is a dangerous drug as defined in Code section 4022. Diazepam can produce psychological and physical dependence and it should be prescribed with caution particularly to addiction-prone individuals (such as drug addicts and alcoholics) because of the pre-disposition of such patients to habituation and dependence.

<sup>5</sup> Dilaudid is a trade name for hydromorphone and is an opioid analgesic used to treat moderate to severe pain. It is a Schedule II controlled substance and a dangerous drug as defined in section 4022. Dilaudid has a central nervous system depressant effect. It can produce drug dependence and, therefore, has the potential for being abused.

15. On October 31, 2018, Respondent renewed P-3's prescriptions for Xanax, Valium, oxycodone, and Dilaudid. Respondent noted that P-3 was undergoing a "forced drug reduction trial" but did not clarify exactly which medications and at what dosages and frequencies P-3 was taking the prescribed drugs. Respondent did not discuss P-3's alcohol use, or the dangers of mixing alcohol with concurrent, multiple benzodiazepines and opioids.

**FIRST CAUSE FOR DISCIPLINE**  
**(Unprofessional Conduct: Repeated Negligent Acts and/or Failure to Maintain Adequate Records)**

16. Respondent Basil Colin Hamblin, M.D. is subject to disciplinary action under section 2234, subdivision (c) (repeated negligent acts) and/or 2266 (inadequate records) of the Code in that Respondent engaged in the conduct described in paragraphs 10-15, above, including, but not limited to, the following:

A. Respondent failed to document discussions with P-3 regarding what medications P-3 was taking and what medications were discontinued due to insurance coverage denial.

B. Respondent failed to properly respond to the positive drug screening test results, showing P-3 was using both marijuana and alcohol, along with opiates and concurrent use of two benzodiazepines.

C. Respondent failed to discuss or document any discussion with P-3 regarding P-3's alcohol use, or the dangers of mixing alcohol with concurrent, multiple benzodiazepines and opioids.

D. Respondent failed to follow-up on P-3's missed appointment for his epidural steroid injection, as recommended by orthopedics for P-3's back pain.

E. Respondent failed to refer P-3 to a pain management specialist, and/or failed to consult with a pain management specialist.

F. Respondent's records are incomplete and inadequate and fail to document how P-3 was using his medications.

### PATIENT P-4

17. Patient P-4, a female born in 1960, first saw Respondent on or about October 16, 2014. P-4 reported chronic pain due to irritable bowel syndrome, arthritis, and degenerative joint

1 disease in her low back. P-4's pain medication, which she had been on for years, was Dilaudid,  
2 which she takes four times a day. She had also been taking Ativan for her anxiety and  
3 Wellbutrin<sup>6</sup> for depression. Respondent continued P-4 on these medications.

4 18. On April 8, 2015, P-4 saw Respondent and reported her anxiety had worsened due to  
5 her efforts to quit smoking. Respondent doubled her Ativan medication. Respondent did not  
6 document how P-4's worsening anxiety was specifically manifesting itself or why such a  
7 significant increase in medication was indicated. There was no assessment of functional decline  
8 related to anxiety.

9 19. On November 21, 2017, P-4 reported more low back pain as well as pain in her hands  
10 and knees. There were no additional work ups for the new pain to P-4's hands and knees.  
11 Respondent added methadone<sup>7</sup> 10 mg/twice daily and renewed Dilaudid, 4 mg/four times daily.  
12 This represents an increase from 64 daily morphine milligram equivalency (MME<sup>8</sup>) to a total of  
13 144 daily MME. Respondent did not consider non-addictive treatment options such as steroid  
14 injections to the knee bursa or knee joint and did not refer P-4 to physical medicine, orthopedics,  
15 or pain management.

#### 16 **SECOND CAUSE FOR DISCIPLINE**

##### 17 **(Unprofessional Conduct: Repeated Negligent Acts and/or Failure to Maintain Adequate 18 Records)**

19 20. Respondent Basil Colin Hamblin, M.D. is subject to disciplinary action under section  
20 2234, subdivision (c) (repeated negligent acts) and/or 2266 (inadequate records) of the Code in  
21 that Respondent engaged in the conduct described in paragraphs 17-19, above, including, but not  
22 limited to, the following:

23 <sup>6</sup> Wellbutrin is the trade name for bupropion, a non-controlled, anti-depressant medication.

24 <sup>7</sup> Methadone is an opioid used to treat pain and as maintenance therapy or to help with tapering in  
25 people with opioid dependence. It is a dangerous drug as defined in Code section 4022 and a Schedule II  
26 controlled substance. Methadone also causes cardiac conduction defects, arrhythmia and can cause  
27 respiratory depression and death.

28 <sup>8</sup> MME stands for morphine milligram equivalency. This is used to convert the many different  
opioids into one standard value based on morphine and its potency. Higher dosages of opioids are  
associated with higher risk of overdose and death. The CDC guidelines recommend precautions when  
prescribing at 50 MME per day and suggest avoidance or careful justification of increasing dosages to 90  
MME per day. [https://www.cdc.gov/drugoverdose/pdf/calculating\\_total\\_daily\\_dose-a.pdf](https://www.cdc.gov/drugoverdose/pdf/calculating_total_daily_dose-a.pdf). The pain  
management guidelines provided by the Medical Board of California, revised in November 2014,  
recommend caution when prescribing MME above 80 mg per day.  
<https://www.mbc.ca.gov/Download/Publications/pain-guidelines.pdf>.

