

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

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

William Gowing Broad , M.D.

**Physician's and Surgeon's
Certificate No. G 67157**

Respondent.

Case No.: 800-2018-050707

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 October 3, 2022.

IT IS SO ORDERED: September 1, 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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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 First Amended Accusation
Against:

13 **WILLIAM GOWING BROAD, M.D.**
14 **15425 Los Gatos Blvd, Ste. 101**
Los Gatos, CA 95032-2541

15 **Physician's and Surgeon's Certificate No. G**
16 **67157**

17 Respondent.

Case No. 800-2018-050707

OAH No. 2021110072

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

18
19 In the interest of a prompt and speedy settlement of this matter, consistent with the public
20 interest and the responsibility of the Medical Board of California of the Department of Consumer
21 Affairs, the parties hereby agree to the following Stipulated Settlement and Disciplinary Order
22 which will be submitted to the Board for approval and adoption as the final disposition of the
23 First Amended Accusation.

24 **PARTIES**

25 1. William Prasifka (Complainant) is the Executive Director of the Medical Board of
26 California (Board). He brought this action solely in his official capacity and is represented in this
27 matter by Rob Bonta, Attorney General of the State of California, by Greg W. Chambers, Deputy
28 Attorney General.

1 **CULPABILITY**

2 9. Respondent understands and agrees that the charges and allegations in First Amended
3 Accusation No. 800-2018-050707, if proven at a hearing, constitute cause for imposing discipline
4 upon his Physician's and Surgeon's Certificate.

5 10. Respondent agrees that, at a hearing, Complainant could establish a prima facie case
6 or factual basis for the charges in the First Amended Accusation, and that Respondent hereby
7 gives up his right to contest those charges.

8 11. Respondent agrees that if he ever petitions for early termination or modification of
9 probation, or if the Board ever petitions for revocation of probation, all of the charges and
10 allegations contained in First Amended Accusation No. 800-2018-050707, a true and correct copy
11 of which is attached hereto as Exhibit A, shall be deemed true, correct, and fully admitted by
12 Respondent for purposes of that proceeding or any other licensing proceeding involving
13 Respondent in the State of California.

14 12. Respondent agrees that his Physician's and Surgeon's Certificate, No. G 67157, is
15 subject to discipline and he agrees to be bound by the Board's probationary terms as set forth in
16 the Disciplinary Order below.

17 **CONTINGENCY**

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

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. G 67157 issued
9 to Respondent William Gowing Broad, M.D. is revoked. However, the revocations are stayed
10 and Respondent is placed on probation for thirty-five (35) months on the following terms and
11 conditions:

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

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

26 Respondent shall submit a certification of successful completion to the Board or its
27 designee not later than 15 calendar days after successfully completing the course, or not later than
28 15 calendar days after the effective date of the Decision, whichever is later.

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

1 Amended Accusation, but prior to the effective date of the Decision may, in the sole discretion of
2 the Board or its designee, be accepted towards the fulfillment of this condition if the program
3 would have been approved by the Board or its designee had the program been taken after the
4 effective date of 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 4. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE
9 NURSES. During probation, Respondent is prohibited from supervising physician assistants and
10 advanced practice nurses.

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

14 6. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby
15 ordered to reimburse the Board its costs of investigation and enforcement, including, but not
16 limited to, expert review, amended accusations, legal reviews, joint investigations, and subpoena
17 enforcement, as applicable, in the amount of in the amount of \$ 2,860.00 (two thousand eight
18 hundred and sixty dollars). Costs shall be payable to the Medical Board of California. Failure to
19 pay such costs shall be considered a violation of probation.

20 Any and all requests for a payment plan shall be submitted in writing by Respondent to the
21 Board.

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 7. 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 8. 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 9. 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 10. 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; Quarterly Declarations; Abstain from the Use of Alcohol and/or
24 Controlled Substances; and Biological Fluid Testing.

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

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

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

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

23 15. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for
24 a new license or certification, or petition for reinstatement of a license, by any other health care
25 licensing action agency in the State of California, all of the charges and allegations contained in
26 First Amended Accusation No. 800-2018-050707 shall be deemed to be true, correct, and
27 admitted by Respondent for the purpose of any Statement of Issues or any other proceeding
28 seeking to deny or restrict license.

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Thomas Still. I 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 agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 4/15/22 
WILLIAM GOWING BROAD, M.D.
Respondent

I have read and fully discussed with Respondent William Gowing Broad, 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: 4/18/2022 
THOMAS E. STILL
Attorney for Respondent

ENDORSEMENT

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

DATED: _____

Respectfully submitted,
ROB BONTA
Attorney General of California
MARY CAIN-SIMON
Supervising Deputy Attorney General

GREG W. CHAMBERS
Deputy Attorney General
Attorneys for Complainant

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DATED: _____
WILLIAM GOWING BROAD, M.D.
Respondent

I have read and fully discussed with Respondent William Gowing Broad, 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: _____
THOMAS E. STILL
Attorney for Respondent

ENDORSEMENT

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

DATED: April 19, 2022

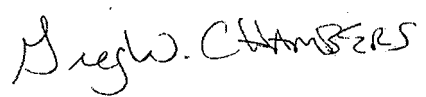
Respectfully submitted,
ROB BONTA
Attorney General of California
MARY CAIN-SIMON
Supervising Deputy Attorney General

GREG W. CHAMBERS
Deputy Attorney General
Attorneys for Complainant

Exhibit A

First Amended Accusation No. 800-2018-050707

1 ROB BONTA
Attorney General of California
2 MARY CAIN-SIMON
Supervising Deputy Attorney General
3 GREG W. CHAMBERS
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8 **BEFORE THE**
9 **MEDICAL BOARD OF CALIFORNIA**
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

12 In the Matter of the First Amended Accusation
Against:

Case No. 800-2018-050707

13 **WILLIAM GOWING BROAD, M.D.**
14 **15949 Orange Blossom Lane**
Los Gatos, CA 95032-3538

FIRST AMENDED ACCUSATION

15 **Physician's and Surgeon's Certificate**
16 **No. G 67157,**

17 Respondent.

18
19 **PARTIES**

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

23 2. On October 2, 1989, the Board issued Physician's and Surgeon's Certificate Number
24 G 67157 to William Gowing Broad, M.D. (Respondent). The Physician's and Surgeon's
25 Certificate was in full force and effect at all times relevant to the charges brought herein and will
26 expire on August 31, 2021, unless renewed.

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JURISDICTION

1
2 3. This First Amended Accusation is brought before the Board, under the authority of
3 the following laws. All section references are to the Business and Professions Code (Code)
4 unless otherwise indicated.

5 4. Section 2227 of the Business and Professions Code authorizes the Board to take
6 action against a licensee by revoking, suspending for a period not to exceed one year, placing the
7 license on probation and requiring payment of costs of probation monitoring, or taking such other
8 action taken as the Board deems proper.

9 5. Section 2234 of the Code, states:

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

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

15 “(b) Gross negligence.

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

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

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

26 “(d) Incompetence.

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

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

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

5 6. Section 2242(a) of the Code provides that prescribing, dispensing or furnishing
6 dangerous drugs without an appropriate prior examination and a medical indication constitutes
7 unprofessional conduct.

8 7. Section 2266 of the Code states: “The failure of a physician and surgeon to maintain
9 adequate and accurate records relating to the provision of services to their patients constitutes
10 unprofessional conduct.”

11 8. Section 725 of the Code provides, in part, that repeated acts of clearly excessive
12 prescribing or administering of drugs or treatment as determined by the standard of the
13 community of licensee is unprofessional conduct.

14 **COST RECOVERY**

15 9. Section 125.3 of the Code states, in pertinent part, that the Board may request the
16 administrative law judge to direct a licensee found to have committed a violation or violations of
17 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and
18 enforcement of the case.

19 10. Additionally, Section 125.3 of the Code provides that a certified copy of the actual
20 costs, or a good faith estimate of costs where actual costs are not available, signed by the entity
21 bringing the proceeding or its designated representative shall be prima facie evidence of
22 reasonable costs of investigation and prosecution of the case. The costs shall include the amount
23 of investigative and enforcement costs up to the date of the hearing, including, but not limited to,
24 charges imposed by the Attorney General.

25 11. Further, Section 125.3 of the Code provides that where an order for recovery of costs
26 is made and timely payment is not made as directed in the Board's decision, the Board may
27 enforce the order for repayment in any appropriate court. This right of enforcement shall be in
28 addition to any other rights the Board may have as to any licentiate to pay costs.

1 **PERTINENT DRUGS**

2 12. **Adderall**, a trade name for mixed salts of a single-entity amphetamine product
3 (dextroamphetamine sulphate, dextroamphetamine saccharate, amphetamine sulfate,
4 amphetamine aspartate), is a dangerous drug as defined in section 4022 and a schedule II
5 controlled substance as defined by section 11055 of the Health and Safety Code. Adderall is
6 indicated for Attention Deficit Disorder with Hyperactivity and Narcolepsy.

7 13. **Amitriptyline** (Elavil) is a dangerous drug as defined in section 4022. It is an
8 antidepressant with sedative effects. Lower dosages of amitriptyline are recommended for elderly
9 patients. The manufacturer of Elavil suggests that for elderly patients, dosages as low as 10 mg 3
10 times per day with one 20 mg dose at bedtime may be sufficient. The usual maintenance dose of
11 amitriptyline HCl is 50 to 100 mg per day.

12 14. **Carisoprodol**, also known by the trade name SOMA, is a muscle-relaxant and
13 sedative. It is a dangerous drug as defined in section 4022 of the Business and Professions Code,
14 and a Schedule IV controlled substance as defined by section 11057 of the Health and Safety
15 Code. Since the effects of carisoprodol and alcohol or carisoprodol and other central nervous
16 system depressants or psychotropic drugs may be addictive, appropriate caution should be
17 exercised with patients who take more than one of these agents simultaneously.

18 15. **Fentanyl** is an opioid analgesic. Fentanyl is a dangerous drug as defined in section
19 4022 and a Schedule II controlled substance as defined by section 11055 of the Health and Safety
20 Code. Fentanyl is a strong opioid medication and is indicated only for treatment of chronic pain
21 (such as that of malignancy) that cannot be managed by lesser means and requires continuous
22 opioid administration. Fentanyl presents a risk of serious or life-threatening hypoventilation.

23 16. **Gabapentin**, known by the trade name Neurontin, is an antiepileptic and is indicated
24 as adjunctive therapy in the treatment of partial seizures with and without secondary
25 generalization in adults with epilepsy. It is a dangerous drug within the meaning of Business and
26 Professions Code section 4022. The most commonly observed adverse events associated with the
27 use of Neurontin in combination with other antiepileptic drugs were somnolence, dizziness,
28 ataxia, fatigue, and nystagmus.

1 17. **Hydrocodone bitartrate with acetaminophen**, also known by the trade name
2 Norco, whose tablets contain 10 mg. of hydrocodone bitartrate and 350 mg. of acetaminophen.
3 Acetaminophen is a non-opiate, non-salicylate analgesic and antipyretic. Hydrocodone bitartrate
4 is semisynthetic narcotic analgesic and a dangerous drug as defined in section 4022 of the
5 Business and Professions Code. Norco is a Schedule II controlled substance and narcotic as^{ated}
6 defined by section 11055, subdivision (e) of the Health and Safety Code. Repeated
7 administration of hydrocodone over a course of several weeks may result in psychic and physical
8 dependence.

9 18. **Klonopin** is a trade name for clonazepam, an anticonvulsant of the benzodiazepine
10 class of drugs. It is a dangerous drug as defined in section 4022 and a schedule IV controlled
11 substance as defined by section 11057 of the Health and Safety Code. It produces central nervous
12 system depression and should be used with caution with other central nervous system depressant
13 drugs. Like other benzodiazapines, it can produce psychological and physical dependence.

14 19. **Methadone hydrochloride** is a synthetic narcotic analgesic with multiple actions
15 quantitatively similar to those of morphine. It also goes by the trade names Methadose and
16 Dolophine. It is a dangerous drug as defined in section 4022 and a schedule II controlled
17 substance and narcotic as defined by section 11055, subdivision (c) of the Health and Safety^{ated}
18 Code. Methadone can produce drug dependence of the morphine type and, therefore, has the
19 potential for being abused. Psychic dependence, physical dependence, and tolerance may develop
20 upon repeated administration of methadone, and it should be prescribed and administered with the
21 same degree of caution appropriate to the use of morphine. Methadone should be used with
22 caution and in reduced dosage in patients who are concurrently receiving other narcotic
23 analgesics. The usual adult dosage is 2.5 mg. to 10 mg. every three to four hours as necessary for
24 severe acute pain.

25 20. **Morphine sulfate** is for use in patients who require a potent opioid analgesic for
26 relief of moderate to severe pain. Morphine is a dangerous drug as defined in section 4022, a
27 schedule II controlled substance and narcotic as defined by section 11055, subdivision (b)(1) of
28

1 the Health and Safety Code. Morphine can produce drug dependence and has a potential for
2 being abused.

3 21. **Naloxone hydrochloride**, known by the trade name Narcan, is a narcotic antagonist.
4 It is a dangerous drug as defined in section 4022, indicated for complete or partial reversal of
5 narcotic depression, including respiratory depression induced by opioids. The recommended
6 initial adult dosage for partial reversal of postoperative narcotic depression is 0.1 to 0.2 mg.
7 Narcan administered intravenously at two to three minute intervals to the desired degree of
8 reversal. Larger than necessary dosages may result in significant reversal of analgesia and
9 increase in blood pressure. Too rapid reversal may induce nausea, vomiting, sweating, or
10 circulatory stress.

11 22. **Oxycodone** is a semisynthetic narcotic analgesic with multiple actions qualitatively
12 similar to those of morphine. It is a dangerous drug as defined in section 4022 and a schedule II
13 controlled substance and narcotic as defined by section 11055, subdivision (b)(1) of the Health
14 and Safety Code. Oxycodone can produce drug dependence of the morphine type and, therefore,
15 has the potential for being abused.

16 23. **Tramadol hydrochloride**, known by the trade name Ultram, is a centrally acting
17 synthetic analgesic compound. It is a dangerous drug as defined in section 4022 of the Business
18 and Professions Code, and a schedule II controlled substance as defined by section 11057 of the
19 Health and Safety Code. Ultram is indicated for the management of moderate to moderately
20 severe pain.

21 **FIRST CAUSE FOR DISCIPLINE**

22 **(Unprofessional Conduct: Gross Negligence; Repeated Negligent Acts; Prescribing Without
23 Conducting Thorough Examination; Failure to Maintain Accurate and Adequate Records –
Patient 1)**

24 24. Respondent William Gowing Broad, M.D. is subject to disciplinary action under
25 section 2234(b) [gross negligence], and/or 2234(c) [repeated negligent acts], and/or 2242
26 [furnishing dangerous drugs without examination] for unprofessional conduct, and 2266
27 [inadequate medical records], in that the care and treatment of Patient 1 included departures from
28 the standard of care constituting gross negligence, and or repeated negligent acts, in conjunction

1 with the other departures alleged herein, and failure to maintain accurate and adequate medical
2 records. The circumstances are as follows:

3 25. Patient 1 was a 76-year-old female who first started treating with Respondent in 2015,
4 after Respondent's partner – Patient 1's prior treatment provider – retired. Patient 1 had a history
5 of bipolar illness, arthritis and COPD¹ and reportedly had a medical history including as many as
6 18 surgical procedures. Patient 1 was treated by a pain management specialist who discontinued
7 prescribing controlled substances, so Respondent continued prescribing pain medicines to Patient
8 1 to maintain continuity, meeting with Patient 1 every two to three months until August 17, 2017.

9 26. From January 4, 2017 through October 23, 2017, Respondent appears to have
10 prescribed the following to Patient 1 on a monthly basis: 100 mcg./hr. patch fentanyl #10; 325
11 mg./10 mg. Norco #120; and 350 mg. carisoprodol # 100.

12 27. After an August 17, 2017 visit, Patient 1 contacted Respondent by phone twice in
13 October 2017. Respondent appears to have prescribed Patient 1 the following on October 28,
14 2017, without a face to face visit: 100 mcg./hr. patch fentanyl #10; 325 mg./10 mg. Norco #120;
15 and 350 mg. carisoprodol # 100.

16 28. Respondent's records fail to document Patient 1's response to treatment and impact
17 on her activities of daily living; fail to evidence a discussion of the risks and benefits of continued
18 opiate use; fail to document periodic review or consideration of tapering of medications; fail to
19 document consultations with pain management specialists in light of the high MME² for the
20 prescribed medications; and contain only scant telephone notes indicating refills, without
21 indication of serial examination or evaluation.

22 **SECOND CAUSE FOR DISCIPLINE**

23 **(Unprofessional Conduct: Gross Negligence; Repeated Negligent Acts; Failure to Maintain
24 Accurate and Adequate Records – Patient 2)**

25 29. Respondent William Gowing Broad, M.D. is subject to disciplinary action under
26 section 2234(b) [gross negligence], and/or 2234(c) [repeated negligent acts], and 2266
27 [inadequate medical records], in that the care and treatment of Patient 2 included departures from

28 ¹ Chronic Obstructive Pulmonary Disease.

² Morphine milligram equivalents.

1 the standard of care constituting gross negligence, and or repeated negligent acts, in conjunction
2 with the other departures alleged herein, and failure to maintain accurate and adequate medical
3 records. The circumstances are as follows:

4 30. Patient 2, a 65-year-old male, commenced treatment with Respondent in 2006.
5 Patient 2 had a long history of bilateral knee osteoarthritis and annually saw a pain management
6 specialist. Respondent reportedly prescribed on behalf of the pain management physician, who
7 was out of network. Respondent prescribed Klonopin, morphine sulfate, oxycodone, tramadol
8 and Adderall.

9 31. There was no evidence in the records that the risks and benefits of continued use of
10 opiates was discussed with Patient 2. Additionally, there is no documentation of consultations
11 between the Respondent and the pain management specialist, or request for copies of medical
12 records, even though there was high MME prescribing of stimulants and opiates

13 32. Respondent failed to keep adequate and accurate records that documented whether
14 informed consent was obtained or whether there were recommendations from the pain
15 management specialist.

16 **THIRD CAUSE FOR DISCIPLINE**

17 **((Unprofessional Conduct: Gross Negligence; Repeated Negligent Acts; Excessive
18 Prescribing; Failure to Maintain Accurate and Adequate Records – Patient 3)**

19 33. Respondent William Gowing Broad, M.D. is subject to disciplinary action under
20 section 2234(b) [gross negligence], and/or 2234(c) [repeated negligent acts], and/or 725
21 [excessive prescribing] for unprofessional conduct, and 2266 [inadequate medical records], in that
22 the care and treatment of Patient 3 included departures from the standard of care constituting
23 gross negligence, and or repeated negligent acts, in conjunction with the other departures alleged
24 herein, and failure to maintain accurate and adequate medical records. The circumstances are as
25 follows:

26 34. Patient 3, a 69-year-old male, commenced treatment with Respondent 2006 and
27 underwent back surgery in 2009. At that time, Patient 3 received medications including
28 methadone, amitriptyline, and gabapentin.

1 35. From January 12, 2017 until June 26, 2017, Patient 3 was receiving prescriptions
2 from Respondent for 10 mg. methadone #450 approximately every thirty days. From July 21,
3 2017 until January 12, 2018, Patient 3 was receiving prescriptions from Respondent for 10 mg.
4 methadone #540 approximately every thirty days. From February 9, 2018 until April 27, 2020,
5 Patient 3 was receiving prescriptions from Respondent for 10 mg. methadone #570 approximately
6 every thirty days.

7 36. Respondent did not have a treatment plan or objective identified in Patient 3's
8 medical records, nor was there any indication that Patient 3 was counseled regarding the risk of
9 overdose and the use of naloxone, nor indication whether Respondent considered tapering Patient
10 3's opiate use or refer Patient 3 to a pain management specialist in light of the high MME.

11 37. Respondent failed to keep adequate and accurate records that documented whether
12 periodic review of treatment and objectives occurred and whether pain management consultations
13 were considered.

14 **PRAYER**

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

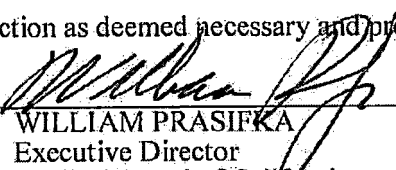
17 1. Revoking or suspending Physician's and Surgeon's Certificate Number G 67157,
18 issued to Respondent William Gowing Broad, M.D.;

19 2. Revoking, suspending or denying approval of Respondent William Gowing Broad,
20 M.D.'s authority to supervise physician assistants and advanced practice nurses;

21 3. Ordering Respondent William Gowing Broad, M.D., to pay the Board the costs of the
22 investigation and enforcement of this case, and if placed on probation, the costs of probation
23 monitoring; and

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

25 DATED: MAR 03 2022



WILLIAM PRASIFKA
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant