

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

**In the Matter of the Petition for
Reinstatement of:**

Jeremy LR Goodwin, M.D.

**Physician's and Surgeon's
Certificate No. G 76323**

Case No. 800-2020-072044

Respondent.

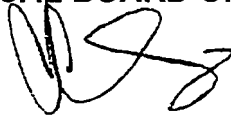
DECISION

**The attached Stipulation Amended Decision and 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 July 25, 2021.

IT IS SO ORDERED: July 19, 2021.

MEDICAL BOARD OF CALIFORNIA



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

1 ROB BONTA
Attorney General of California
2 STEVEN D. MUNI
Supervising Deputy Attorney General
3 RYAN J. MCEWAN
Deputy Attorney General
4 State Bar No. 285595
1300 I Street, Suite 125
5 P.O. Box 944255
Sacramento, CA 94244-2550
6 Telephone: (916) 210-7548
Facsimile: (916) 327-2247
7 *Attorneys for Medical Board of California*

8 THOMAS H. LAMBERT, ESQ.
California Bar No. 55825
9 Lambert Law Corporation
P.O. Box 22530
10 San Diego, CA 92122
Telephone: (858) 752-0027 or (858) 452-2000
11 *Attorney for Petitioner Jeremy Goodwin, M.D.*

12
13 **BEFORE THE**
14 **MEDICAL BOARD OF CALIFORNIA**
15 **DEPARTMENT OF CONSUMER AFFAIRS**
16 **STATE OF CALIFORNIA**

17 In the Matter of the Petition for Reinstatement
18 of:

19 **JEREMY LR GOODWIN, M.D.**

20 **Physician's and Surgeon's Certificate**
No. G 76323

21 **Petitioner.**

Case No. 800-2020-072044

OAH No. 2021020251

22
23 **STIPULATION AMENDING DECISION**
24 **AND ORDER**

25 This STIPULATION AMENDING DECISION AND ORDER is made by and between the
26 above parties to the above-entitled proceedings as follows:

27 On October 12, 2020, Petitioner filed a Petition for Penalty Relief (No. 800-2020-072044)
28 (Petition), seeking reinstatement of his revoked certificate.

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1 An administrative hearing on the Petition was held by telephone and videoconference on
2 March 8, 2021, and March 15, 2021, before Danette C. Brown, Administrative Law Judge, Office
3 of Administrative Hearings.

4 On April 12, 2021, Judge Brown issued a Proposed Decision, granting the Petition and
5 reinstating Petitioner's Physician's and Surgeon's Certificate subject to probationary terms and
6 conditions, which was adopted by the Medical Board of California (Board) on May 28, 2021,
7 becoming effective at 5:00 p.m. on June 25, 2021.

8 On June 10, 2021, the Office of the Attorney General notified counsel for Petitioner
9 regarding desired changes to certain provisions of the DECISION AND ORDER, namely: to
10 correct a typographical error in Probation Condition No. 5; and to update the language in
11 Probation Condition No. 9 (Supervision of Physician Assistants) and Probation Condition No. 14
12 (Non-Practice While on Probation) using the language set forth in the 12th Edition of the Manual
13 of Model Disciplinary Orders and Disciplinary Guidelines;

14 After review by Dr. Goodwin and his counsel, and as an accommodation towards the
15 probation supervision by the Board, Dr. Goodwin does not object to the making of said changes
16 pursuant to this STIPULATION AMENDING DECISION AND ORDER, it being acknowledged
17 that the remaining provisions of the DECISION AND ORDER remain in full force and effect;

18 **THE PARTIES HEREBY STIPULATE AND AGREE** that the Conditions of Probation
19 set forth in the DECISION AND ORDER be amended to read as follows:

20 1. Probation Condition No. 5, third paragraph, first sentence, shall read: "Within 60
21 calendar days of the effective date of this Decision, and continuing for the first year of probation,
22 Petitioner's practice shall be monitored by the approved monitor."

23 2. Probation Condition No. 9: "SUPERVISION OF PHYSICIAN ASSISTANTS AND
24 ADVANCED PRACTICE NURSES. During probation, Petitioner is prohibited from supervising
25 physician assistants and advanced practice nurses."

26 3. Probation Condition No. 14: "NON-PRACTICE WHILE ON PROBATION.
27 Petitioner shall notify the Board or its designee in writing within 15 calendar days of any periods
28 of non-practice lasting more than 30 calendar days and within 15 calendar days of Petitioner's

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

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

17 "Petitioner's period of non-practice while on probation shall not exceed two (2) years.

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

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

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1 4. As a result of this Amendment, it is agreed between the parties that the "Effective
2 Date" of the AMENDED DECISION AND ORDER be extended 30 days, to July 25, 2021.

3 IT IS SO AGREED AND STIPULATED:

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5 DATED: June 20, 2021


JEREMY GOODWIN, M.D.
Petitioner

6
7
8 DATED: June 20, 2021

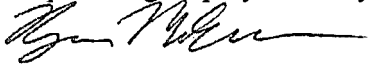

THOMAS H. LAMBERT
Attorney for Petitioner

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10 IT IS SO ACCEPTED AND RECOMMENDED FOR APPROVAL BY THE MEDICAL
11 BOARD OF CALIFORNIA:

12
13 DATED: June 21, 2021

Respectfully submitted,

14 ROB BONTA
15 Attorney General of California
16 STEVEN D. MUNI
17 Supervising Deputy Attorney General


18 RYAN J. MCEWAN
19 Deputy Attorney General
20 Attorneys for the Medical Board of
21 California

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

In the Matter of the Petition for
Reinstatement of:

Jeremy LR Goodwin, M.D.

Physician's & Surgeon's
Certificate No. G 76323

Respondent.

Case No. 800-2020-072044

ORDER GRANTING STAY

(Government Code Section 11521)

Deputy Attorney General Ryan J. McEwan has filed a Request for Stay of execution of the Decision in this matter with an effective date of June 25, 2021, at 5:00 p.m.

Execution is stayed until July 25, 2021, at 5:00 p.m.

This stay is granted solely for the purpose of allowing the Board time to review and consider the Stipulation Amending Decision and Order.

DATED: June 23, 2021



William Prasifka
Executive Director
Medical Board of California

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

**In the Matter of the Petition for
Reinstatement of:**

Jeremy LR Goodwin, M.D.

**Physician's and Surgeon's
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Respondent.

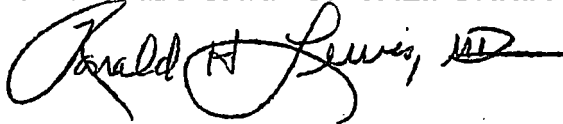
DECISION

The attached Proposed Decision 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 June 25, 2021.

IT IS SO ORDERED: May 28, 2021.

MEDICAL BOARD OF CALIFORNIA



**Ronald H. Lewis, M.D., Chair
Panel A**

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

In the Matter of the Petition for Reinstatement of:

JEREMY GOODWIN, M.D., Petitioner

Agency Case No. 800-2020-072044

OAH No. 2021020251

PROPOSED DECISION

Danette C. Brown, Administrative Law Judge, Office of Administrative Hearings (OAH), State of California, heard this matter by telephone and videoconference on March 8 and March 15, 2021, from Sacramento, California.

Ryan J. McEwan, Deputy Attorney General, appeared pursuant to Government Code section 11522.

Jeremy Goodwin, M.D. (petitioner) was present and represented by Thomas Lambert, Attorney at Law, Lambert Law Corporation.

Evidence was received, the record closed and the matter was submitted for decision on March 15, 2021.

FACTUAL FINDINGS

License History

1. On April 19, 1993, the Medical Board of California (Board) issued petitioner Physician's and Surgeon's Certificate No. G 76323 (certificate). The Board revoked the certificate on September 8, 2017.

2013 Accusation

2. On April 3, 2013, a former Board Executive Officer acting solely in her official capacity filed an Accusation against petitioner, alleging that cause existed to revoke petitioner's certificate based upon: (1) gross negligence; (2) repeated acts of negligence; and (3) failure to maintain adequate and accurate medical records. Petitioner allowed his unlicensed medical assistant to refill a patient's intrathecal infusion pump (pain pump). The medical assistant made an error in programming the pain pump, resulting in the patient receiving a lethal dose of pain medication.

As a result of petitioner allowing his unlicensed medical assistants to routinely refill and program pain pumps, as well as allowing them to perform procedures beyond their scope and training, petitioner's conduct was alleged to be an extreme departure from the standard of care. Petitioner also failed to review the pain pump session data from the patient's last pump refill, failed to record the number of refills authorized, and failed to clearly document what medications were prescribed or were authorized for refills, constituting repeated negligent acts. Lastly, petitioner failed to maintain adequate and accurate medical records by failing to record any authorized refills for the oral medications he prescribed to the patient, particularly Valium, Ambien, MS Contin, and morphine.

3. The circumstances underlying the Accusation are that from June 20, 2002, through December 2, 2009, petitioner treated a 65-year-old female patient for chronic pain. Petitioner managed the patient's pain with a pain pump that delivered pain medication to the spinal fluid. The patient was administered a mixture of "8 mgs [milligrams] of fentanyl, with bupivacaine and clonidine delivered over a 24-hour period, each day," per petitioner's order. Petitioner's unlicensed medical assistant refilled the pain pump once a month and gave the patient a bolus infusion of 1.6 mg of fentanyl. Petitioner also prescribed the patient oral pain medications consisting of Valium, morphine sulfate, and Ambien.

On December 1, 2009, petitioner's unlicensed medical assistant made an error in programming the patient's pain pump, entering a bolus infusion of 8 mg of fentanyl, instead of the ordered 1.6 mg dose and the patient received a full-day supply of fentanyl over 45 minutes. Petitioner saw the patient and evaluated her and then the patient was driven home. The patient appeared unusually sedated when getting into the car, could not be aroused when she arrived home, and was carried to bed. The next day, the patient was found dead in her bed. The coroner's report found potential toxic levels of fentanyl and morphine blood concentrations in the patient's body.

4. On May 8, 2014, petitioner signed a Stipulated Settlement and Disciplinary Order. On August 4, 2014, the Board issued its Decision and Order, effective September 3, 2014, adopting the Stipulated Settlement and Disciplinary Order. Petitioner's certificate was revoked, the revocation was stayed, and the Board placed petitioner on five years' probation with terms and conditions.

2017 Petition to Revoke Probation

5. On April 12, 2017, a former Board Executive Officer filed a Petition to Revoke Probation, alleging cause existed to revoke petitioner's probation based upon his failure to comply with the following probation terms: submit quarterly reports; maintain a current and renewed license; inform the Board of current address; and maintain a period of non-practice not to exceed two years. Petitioner failed to file an appeal or request for hearing. On August 4, 2017, the Board issued a Default Decision and Order revoking petitioner's certificate effective September 1, 2017. On August 30, 2017, petitioner filed a Petition for Reconsideration, and on August 31, 2017, the Board executed a stay of the Board's Decision until September 8, 2017, for the purpose of allowing the Board to consider the Petition for Reconsideration. Petitioner alleged that the Accusation contained "many enumerated deficiencies," and that the stipulated settlement deprived him of his due process rights. Effective September 8, 2017, the Board denied the Petition for Reconsideration and revoked petitioner's certificate.

Petition for Reinstatement of Certificate

6. On or about October 12, 2020, petitioner filed a Petition for Penalty Relief (petition), seeking reinstatement of his revoked certificate. In support of his petition, petitioner provided a narrative statement, his curriculum vitae, continuing education certificates of completion, and letters of recommendation. Petitioner seeks reinstatement of his certificate because: (1) he believes he is "now fully rehabilitated with respect to the preventable error" that led to the patient's death; (2) his petition is timely, since more than three years have passed since the effective date of the revocation of his certificate; and (3) petitioner believes he is "fully qualified, physically and mentally fit, and otherwise ready, willing and able" to resume the practice of medicine.

7. In his petition, petitioner admitted he made a medical error: (1) by relying upon an unlicensed medical assistant to do any part of the refilling or reprogramming of the pain pump; (2) failing to personally confirm that the pain pump was properly refilled and reprogrammed; and (3) allowing the patient to leave his medical office without observing her behavior after administration of the pain medication. Petitioner supervised "somewhere between 15,000 and 20,000 pain pump refills and reprogramming," without serious complications or complaints. He characterized the incident as an "ACCIDENT" and "one-time human error," where his medical assistant, while working under his supervision, "made a tragic and fatal mistake" that he did not detect until after the patient died.

8. Petitioner further explained in his petition that he signed the Stipulated Settlement and Disciplinary Order under duress, without reading it. He voiced a "verbal protest" at the settlement conference to his attorney and to the administrative law judge, because he wanted to read and study it before signing. Petitioner unwillingly signed the Stipulated Settlement and Disciplinary Order, believing that his certificate would be revoked if he did not do so. After later reading and understanding the contents of the Stipulated Settlement and Disciplinary Order, "it became immediately obvious" to petitioner that he could not comply with the probation terms and conditions "for a variety of reasons." His failure to comply with the probation terms and conditions was "not out of defiance."

Continuing Medical Education

9. Petitioner submitted 30 course completion certificates, issued by the University of Pittsburgh School of Medicine, for continuing medical education courses completed from March to August 2020. The courses included topics such as chronic pain, pain management, opioids and other pain medications, migraines, and COVID-

19. Each course provided 0.5 continuing education credits. In addition, petitioner submitted proof of completion of 154.75 continuing medical education credits, from January 2014 to December 2020, on a wide range of medical topics, including a course entitled, "When is Intrathecal Drug Delivery Appropriate?"

10. In addition to continuing medical education, petitioner indicated in his petition that he has "published four chapters on pain and headache in substantial medical textbooks:" (1) the 2017 edition of Principles and Practice of Pain Medicine; and (2) the 2017 edition of Comprehensive Pain Management in the Rehabilitation Patient. Petitioner has also studied for the past two years the 2019 edition of Harrison's Principles of Internal Medicine, the 2019 edition of the Principles of Addiction Medicine, and the 2018 Merck Manual "focusing on neurology, psychiatry, gerontology, pediatrics, OB/GYN, and general medicine." Petitioner also reads online medical journals such as Medscape, Doximity.com, AMA Rounds, and MedPage.

Letters of Recommendation

RICHARD WILMOTT, M.D.

11. Richard Wilmott, M.D., Dean of the School of Medicine, Vice President for Medical Affairs, Saint Louis University, wrote in his September 8, 2020 letter, that he has known petitioner since 1990, when petitioner was a medical student at the University of Cincinnati School of Medicine. Dr. Wilmott met petitioner as a member of his "rounding team" while Dr. Wilmott "attended on general pediatrics." Dr. Wilmott was "immediately impressed" by petitioner's "intelligence," "kindness to patients," "very strong communication skills," and "willingness to work hard." As an Associate Editor for the Journal of Pediatrics, Dr. Wilmott sent papers on pediatric pain management to

petitioner to review. Dr. Wilmott described petitioner's reviews as "always thoughtful, fair and timely."

Dr. Wilmott "lost touch" with petitioner 10 years ago but reconnected with him on Facebook four years ago. Dr. Wilmott learned of the Board's Accusation and offered petitioner an interview for a new St. Louis University Addiction Medicine Fellowship. Petitioner's interviews went well, but the Missouri Medical Board required that petitioner first resolve the Board's disciplinary action. Dr. Wilmott believes petitioner would have been accepted into the fellowship program and would have been offered a faculty position but for the Board's ultimate revocation of his certificate.

Dr. Wilmott has discussed with petitioner "at some length" the circumstances leading to the patient's death. Their conversations revealed petitioner's deep remorse for his actions and resolve to practice medicine again. Petitioner's "personality has not changed and the positive attributes that I recognized in him as a medical student are still present." Dr. Wilmott hopes that petitioner will eventually complete a fellowship in Addiction Medicine; he believes that petitioner is "well qualified" for the fellowship, given petitioner's background in psychology, and further training in neurology and pain management. Dr. Wilmott fully supports the petition to reinstate petitioner.

AIMEE C. CHAGNON, M.D.

Aimee C. Chagnon, M.D., a board-certified neurologist in Sonoma, California, wrote in her September 28, 2020 letter that she has known petitioner for two-and-a-half years through their mutual advocacy efforts for the chronic pain community. Dr. Chagnon learned that her training and background was similar to petitioner's, and his "depth and breadth of knowledge on topics related to neurology and pain

management were extensive." Petitioner told Dr. Chagnon of the circumstances that led to the revocation of his certificate. Despite the revocation, Dr. Chagnon continued to keep in touch with petitioner. Petitioner's specific training and experience in headache management provided Dr. Chagnon with different nerve block ideas to treat a patient with neuropathic facial pain. Dr. Chagnon often implemented petitioner's "suggestions and made use of references he would send me on various topics, including those beyond just neurology or pain management[,] such as medical ethics and fields often overlapping with pain management such as rheumatology and infectious disease." Petitioner has demonstrated to Dr. Chagnon his "impressive intellect and voracious appetite for learning, but equally an empathy" for chronic pain patients. Dr. Chagnon is "keenly aware of the trauma [petitioner] endured" due to the death of his patient, and the remorse that petitioner has experienced "has not waned over the passage of many years."

Dr. Chagnon's geographical region lacks expertise in pediatric pain management and neurology. There is little that can be done except to refer families to the University of California, San Francisco or Stanford, causing families extreme hardship because they must travel long distances. If reinstated, petitioner could bring his medical training and expertise in neurology and pain management to a severely underrepresented community. Dr. Chagnon will offer petitioner a job at her practice, stating, "[petitioner] has so much to offer it would be a great loss for the patient and the medical communities to remain without his contribution." Dr. Chagnon fully supports the petition to reinstate petitioner.

FORMER PATIENTS

12. Petitioner also submitted letters of support, all dated in October 2020, from former patients, who support the petition to reinstate petitioner. One former

patient, Alicia Adair, was treated by petitioner for seven years, and described petitioner as "always knowledgeable, professional, and incredibly competent." She further stated that she remembered petitioner "spending extra time educating me as he strategized to find solutions to treat the many issue[s] that I had at the time." Ms. Adair believes that petitioner "needs to be practicing medicine," as he has a "special heart that longs to serve others as an MD."

13. Michael Curry, wrote that petitioner gave him and other patients his private number so that they could call him with concerns, or just needed reassurances about their treatment. Mr. Curry has missed petitioner and his "caliber of [personalized] treatment."

14. Kim C. McCormick saw petitioner in the early to mid-2000s. She saw petitioner for insertion of a pain pump. Ms. McCormick expressed her fear of the procedure and effects of the pain medication, and petitioner assured her that he would not insert the pain pump if she did not want it. They both agreed, and petitioner did not insert the pain pump. Ms. McCormick stated that petitioner was the first doctor in her pain journey that listened to her. Petitioner was also the "first and only doctor" that "took the time to teach [her about] a multi-faceted pain reduction program." Due to petitioner's efforts, Ms. McCormick is living a full life without opioid pain medications for her chronic back pain. Ms. McCormick fully supports the petition to reinstate petitioner.

15. Jonathan Paradis and Michelle Smith, collectively described petitioner as a kind, caring, and engaging physician. They fully support the petition to reinstate petitioner.

Petitioner's Testimony

16. Petitioner testified consistent with the contents of his written narrative provided with his petition. He further testified about his academic background and work history, his medical practice, and the day of the incident which led to the patient's death.

EDUCATION AND WORK HISTORY

17. Petitioner is 63 years old. He received his Bachelor of Arts degree in Psychology in 1979, from the University of California, Davis (UC Davis). He received his Master of Science degree in Neuropathology in 1985, from UC Davis. He received his medical degree in 1991 from the University of Cincinnati College of Medicine. He completed his residency in Adult Neurology in 1995, at Stanford University Medical Center. He completed a one-year combined adult and pediatric pain medicine fellowship in 1996, at Harvard Medical School.

18. Petitioner's most recent job as a physician was in private practice in Shasta, California, from 2000 to 2015, treating adult and pediatric pain and headaches. Prior to private practice, petitioner worked from 1999 to 2001 as the Associate Director, Division of Neurology Pain and Headache Clinic, Doernbecher Children's Hospital, Oregon Health and Science University (OHSU), in Portland Oregon. He also worked, from 1999 to 2000, as a pain and headache specialist at the Pacific Spine and Pain Center in Ashland, Oregon. From 1996 through 1999, petitioner held a number of Director and Chief positions at OHSU in its Neurology and Neurosurgery Departments.

19. Petitioner also served in a teaching capacity prior to his certificate revocation. From 2014 to 2015, he was a faculty member at The Kerulos Center, a wildlife sanctuary, in Jacksonville, Oregon. From 1996 through 2010, he served as an

Assistant Professor and Clinical Assistant Professor in Neurology and Neurosurgery at OHSU. Petitioner has also conducted research, mainly in the 1980s and 1990s, on projects involving migraines, epilepsy, and hearing loss. He has engaged in peer review, participated locally in pain and quality assurance committees, a nurse/resident task force, and was a student representative on the admissions committee at the University of Cincinnati College of Medicine, Institutional Review Board at UC Davis, and the Committee on Public Service at UC Davis. Nationally, he has participated as a faculty member in the Comprehensive Pain Medicine Board Review Course provided by the American Society for Interventional Physicians (2005 and 2006), and served on various State of Oregon task forces related to pain management.

20. Petitioner has been a member of numerous medical societies, and most recently, from 2005 to 2017, he was a member of the Physicians Committee for Responsible Medicine. Petitioner is also the author of numerous medical publications. In 2017, he co-authored articles entitled: "Neurological Evaluation of the Patient in Chronic Pain"; "Understanding the Patient in Chronic Pain (Revised)"; and "Secondary Headaches in the Rehabilitation Setting." In 2017, he was the sole author of an article entitled: "Primary Headaches in the Rehabilitation Setting." In 2018 and 2020, he was a contributing author to "The Who: A Million Little Memories," a book about the rock band "The Who."

21. Since 2017, petitioner's work experience also includes serving as a medical analyst and medical topic researcher for the law firm Glazer and Blinder, in Los Angeles. In addition, beginning in 1999, petitioner served as an occasional medical consultant in medical malpractice, personal injury, and workers' compensation cases. Petitioner also spends his personal time teaching fiction and non-fiction writing, studying personal development, eye movement desensitization and reprocessing,

counseling and psychology as they apply to post traumatic stress disorder and addiction medicine, and the field of epigenetics. He is involved with several animal sanctuaries by helping to protect animals from abuse, neglect, and extinction. In addition, he has worked part-time as a ranch hand looking after cows, horses, and goats.

TESTIMONY REGARDING DEATH OF PATIENT

22. Petitioner began seeing the patient seven-and-a-half years before she died. She already had the pain pump implanted by OHSU's Neurosurgery Department. Petitioner described the patient's condition as "extremely painful" due to multiple surgical interventions, multiple fractured vertebrae from osteoporosis, peripheral neuropathy, pain in her legs and feet, and chronic anemia. He referred her to "a really good internist," and he worked "in conjunction" with the internist. The patient was 70 years old and was a registered nurse. She was on disability for multiple medical reasons. Petitioner saw the patient "about every six weeks."

23. On the day of the incident, the patient was in a hurry. Petitioner evaluated her and asked how she was doing. She responded that she was doing "really well," and that she did not need changes to her pain pump, and "just needed a refill." Petitioner wrote the order to leave the pain pump at the "same settings as usual," and to fill the pain pump "with the same contents as usual," and she was to be given a bolus for the bumpy ride home. Petitioner's medical assistant started the procedure, and petitioner went next door to see another patient.

After 10 minutes, petitioner returned to the patient after her refill and bolus procedure, which took approximately 10 to 15 minutes, was completed. The patient assured petitioner that she was fine, was "raring to go," and "wished to leave."

Petitioner told her that he needed to evaluate her before she left. She agreed, and petitioner asked the medical assistant for the "read-out," which had already been "sent to the other side of the clinic," so he did not review the read-out. He then reviewed the notes of "everything I did," including the bolus dose, which was correct. He commented that it was a "high bolus," and the patient said, "you always say that." Petitioner checked the records of the patient's previous visits to compare the bolus dose. The patient received the same exact dose for the past 13 visits. Petitioner stated, "she was the RN who understood this whole procedure."

Because of the "high bolus" dose, petitioner reluctantly allowed the patient to leave his office and made her promise that if there were any side effects, to call him immediately. He did not receive a call, and "had no reason to think anything was amiss." Petitioner "signed off" on the patient's chart and saw his next patient.

24. Petitioner discovered the medical error after learning of the patient's death. He found that his medical assistant "programmed in the wrong amount" for the bolus, stating, "it was too strong." He would have caught the error, but "it was the only time [that] I did not check the electronic printout of the programming machine." He accepted responsibility for the entry error leading to the patient's death, stating, "this happened on my watch."

25. Petitioner acknowledged that he "designed an imperfect system" and wished he "could have known what could have happened." At the time, he was not aware that that in California, medical assistants were not allowed to refill pain pumps. He asserted that in Florida, this practice is authorized, but conceded that California law applies here. He has learned and accepted that "it is considered below the standard of care to employ and use the help of a medical assistant to use the pumps." Petitioner

assured the Board that if reinstated, "that error will never happen again." He will do all of the procedures himself.

26. Regarding his present knowledge of the use of pain pumps, petitioner explained that a pain pump delivers pain medication directly to the spinal fluid. Chronic pain patients, in general, have high tolerances to pain medications because their bodies have adapted to increasingly higher doses, resulting in considerable side effects. "Using a pain pump can deliver 300 times less medication to get the same or better effect with less side effects." Pain pumps are "more effective in general for a range of pain disorders," but petitioner cautioned that pain pumps are "potentially more dangerous" to the patient because the patient can become drowsy and die because the patient cannot breathe. He acknowledged that administering pain medications with a pain pump requires "someone highly trained in doing that," not a medical assistant.

27. The death of his patient affected petitioner profoundly. He became emotional while testifying, as his retelling of the incident brought back painful memories of his patient "dying under my watch." He experienced "many stresses after the accident," his "family broke up," his father-in-law committed suicide at his home, his mother was in a car accident, and he felt the pressure of paying off his student loans. He realized that he needed to take a break and get balance back into his life. Later, he felt he "could do better working with animals," and applied to veterinary school. He was accepted as an "alternate," and could not defer his application to the following year. He saw this as a sign to redirect his attention back to practicing medicine again.

28. Since the revocation of his certificate, petitioner has done his best to "maintain an active mind and interests," and to educate himself about pain

management and medicines. He stated, "what I would do now is very different than what I did 10 years ago," as "the standard of care is different than in 2009." For example, petitioner opined on the recommended morphine dose in a single day. "Today, the recommended amount is 15 milligrams, which has come down by a third." Going above the recommended amount will require a "risk-benefit analysis." The physician can use "a number of different classes of medication," but that "requires experience and training." In addition, "patients vary," meaning that a pain medication that works for one patient may not work for another. Petitioner would assess the patient on "what's best to be used," and he "may end up using two or three agents together," although he would try a single pain medication first.

29. Petitioner has job offers from Drs. Wilmott and Chagnon if his petition is granted. He believes he can be a better physician than he "ever was before," because his "eyes are open to so much now." He believes the Board's revocation of his certificate "invalidated [his] many years of medical education and training," However, after having "plenty of time to contemplate [his] grievous error and its consequences," petitioner took personal responsibility for his patient's tragic death, which he characterized as "the single most painful punishment" he has faced.

PROBATION VIOLATIONS

30. Petitioner recalled signing the Stipulated Settlement and Disciplinary Order (stipulated settlement). He understood that if he did not sign the settlement at the end of the settlement conference, he would lose his license. Petitioner does not blame his former attorney for his misunderstanding of the contents of the stipulated settlement. After signing and later reviewing the stipulated settlement, petitioner knew that he could not comply with the terms of probation. He could not afford the costs of the required courses, the probation monitor, and a prescribing practices course

equivalent to the Prescribing Practices Course at the Physician Assessment and Clinical Education Program, University of California, San Diego School of Medicine (PACE Program). He believed that the stipulated settlement was a "significant deviation" from what was discussed at the settlement conference. The costs and the time commitment on probation were terms that he felt he could not agree to. However, he felt compelled to "sign something."

31. If petitioner is granted reinstatement and ordered to follow the same probation conditions set forth in the stipulated settlement, he will comply in every way. He does not have any money and described his financial situation as "basically bankrupt." He hopes that the Board will not require him to take courses due to the costs. He believes he has punished himself enough for the loss of his patient, and that if the Board grants reinstatement and places him on probation again, he considers this to be unfair and harsh punishment.

Analysis

32. Petitioner's assertion that he has been or is being punished by the Board lacks merit. The objective of an administrative proceeding relating to licensing is to protect the public. Such proceedings are not for the primary purpose of punishment. (*Fahmy v. Medical Bd. of California* (1995) 38 Cal.App.4th 810, 817.) Petitioner exercised poor judgment and made grievous errors with respect to a patient. The Board needs assurances that he can be a safe medical practitioner, if his petition is granted.

33. California Code of Regulations, title 16, section 1360.2, subdivision (b), sets forth the following criteria by which evidence of rehabilitation must be evaluated when considering a petition for reinstatement of a revoked or surrendered certificate:

(1) The nature and severity of the acts or crimes under consideration as grounds for denial.

(2) Evidence of any acts or crimes committed subsequent to the acts or crimes under consideration as grounds for denial which also could be considered as grounds for denial under Business and Professions Code section 480.

(3) The time that has elapsed since the commission of the acts or crimes under consideration.

[¶] . . . [¶]

(6) Evidence, if any, of rehabilitation submitted by the applicant.

34. Petitioner's acts were serious and resulted in a tragic patient death. He was grossly negligent in delegating his duty to program the patient's pain pump to an unlicensed medical assistant, among other things. He inappropriately relied on Florida's medical laws. However, he has not committed any other acts or crimes that could be considered as grounds for denial of a certificate and the incident occurred over 11 years ago.

35. In rehabilitation, petitioner presented evidence that he has continued to satisfy the Board's continuing medical education requirements despite the revocation of his certificate. He submitted 30 course completion certificates for courses completed from March to August 2020. Many of the courses covered chronic pain, pain management, and opioid prescribing. From January 2014, to December 2020, petitioner completed 154.75 continuing medical education credits, for courses

covering a broad range of medical topics, including mental health, cancer, rheumatology, coronavirus, pain management and opioids, women's health, and a course entitled, "When is Intrathecal Drug Delivery Appropriate?" Petitioner has also engaged in medical research and writing, having published "four chapters on pain and headache in substantial medical textbooks." Petitioner keeps up to date with his medical knowledge by studying recent editions of Harrison's Principles of Medicine, Principles of Addiction Medicine, Principles of Internal Medicine, and the Merck Manual. He also reads online medical journals.

36. Petitioner presented compelling and persuasive letters from Drs. Wilmott and Chagnon. Dr. Wilmott has known petitioner for his entire medical career, minus the period when they "lost touch" but reconnected over four years ago. Dr. Wilmott knows of the circumstances that led to the patient's death, as he discussed the incident "at some length" with petitioner. Despite the Board's Accusation that led to the revocation of petitioner's certificate, Dr. Wilmott described the deep remorse that petitioner demonstrated, and petitioner's positive attributes as a physician, which "are still present." Dr. Wilmott hopes that petitioner, if reinstated, will complete St. Louis University's Addiction Medicine Fellowship and work as a faculty member.

Dr. Chagnon has known petitioner for a shorter period of time, but has gotten to know petitioner by keeping in constant touch and engaging in discussions on a wide range of medical topics "such as medical ethics and fields often overlapping with pain management such as rheumatology and infectious disease." Petitioner has enhanced Dr. Chagnon's medical knowledge and practice by his ideas and suggestions related to nerve blocks and other topics. Due to petitioner's specific training and experience in pediatric neurology and pain management, Dr. Chagnon believes that

petitioner would be a tremendous asset to the area in which she practices, and has offered him a job should his petition be granted.

37. Petitioner's former patients also wrote persuasive letters in support of his petition, and hope he will return to medical practice. One patient, Ms. McCormick, saw petitioner in the mid-2000s to have a pain pump inserted, but due to her fear of potential opioid addiction, she and petitioner discussed a different pain reduction program, instead of a pain pump. Ms. McCormick is grateful for petitioner's patience and understanding, as he was the "first and only doctor" that listened to her and taught her about a pain reduction program. She is now living without opioid pain medications.

38. Petitioner testified credibly, but appeared defensive at times, in particular regarding his disagreement with the contents of the stipulated settlement. Nevertheless, he signed the stipulated settlement with the advice of counsel, accepting a five-year probation period with terms and conditions. Realizing that he could not perform the terms of probation, he contacted the Board and his attorney to revisit the stipulated settlement, with no success. He filed a Request for Reconsideration, which was denied. Petitioner believed he had no other recourse. When petitioner did not comply with the terms of probation, the Board filed a Petition to Revoke Probation, and petitioner's certificate was ultimately revoked. Petitioner has learned a difficult lesson from the December 1, 2009 incident. He exercised incredibly poor judgment in allowing his unlicensed medical assistant to refill the pain pump, and to give the patient a bolus dose. He did not check the bolus "read-out," which would have alerted him to the erroneous dosage entry by the medical assistant. Petitioner's carelessness, lack of supervision of the medical assistant, and lack of attention to detail to the

patient's care after receiving the bolus call into question petitioner's medical judgment.

However, petitioner has had over 11 years to reflect on his actions, and since the revocation of his certificate, has had four years to establish rehabilitation by accepting responsibility for his conduct, gaining insight into what went wrong, and ensuring the Board that such an incident will never happen again by correcting his wrongful conduct. Here, petitioner established sufficient rehabilitation with continuing his medical education, gaining insight into the use of pain pumps and the prescribing of opioid pain medications, accepting responsibility for his conduct, and verbally assuring the Board that he "will do all of the procedures himself." In addition, petitioner has pending job offers if his petition is granted.

39. It is undisputed that petitioner is highly intelligent and has many accomplishments as a medical practitioner. It is further undisputed that petitioner has worked to improve his medical knowledge by completing continuing medical education courses since his certificate was revoked and reviewing medical journals and treatises. Petitioner's verbal assurances that such an incident will never happen again, coupled with his clear and convincing rehabilitation evidence, warrant reinstatement, but not without restrictions. Based upon all of the facts and circumstances, the public protection is safeguarded by granting the petition with the same probation terms previously imposed. Because petitioner has not practiced medicine since the revocation of his certificate, further assurances are provided by completion of a clinical competence assessment program. Despite petitioner's limited financial resources to pay for the costs of probation, successful completion of a clinical competence assessment program prior to the practice of medicine, and a five-year probation will

provide to the Board the necessary assurances that petitioner is a safe, diligent, and enlightened medical practitioner.

LEGAL CONCLUSIONS

1. A person whose certificate was revoked may petition the Board for reinstatement. (Bus. & Prof. Code, § 2307, subd. (a).) The burden is on petitioner to prove rehabilitation and that he is entitled to have his certificate restored. (*Flanzer v. Board of Dental Examiners* (1990) 220 Cal.App.3d 1392, 1398.)

2. A petition for reinstatement of a revoked license must be filed after at least three years have elapsed from the effective date of the decision ordering that disciplinary action. (Bus. & Prof. Code, § 2307, subd. (b).) A petition must be accompanied by at least two verified recommendations from licensed physicians with personal knowledge of the petitioner's activities since the disciplinary penalty was imposed. (Bus. & Prof. Code, § 2307, subd. (c).) The standard of proof is clear and convincing evidence. (*Housman v. Board of Medical Examiners* (1948) 84 Cal.App.2d, 308, 315-316.)

3. Petitioner filed his petition on October 12, 2020, over three years after the decision revoking his certificate. Thus, his petition is timely. In addition, he submitted with his petition two verified recommendations from licensed physicians with knowledge of his activities since his certificate was revoked.

4. Cases authorizing reinstatement of a professional practice commonly involve a substantial period of exemplary conduct following the misdeeds. The more serious the misconduct, the stronger the showing of rehabilitation must be. (*In re Gossage* (2000) 23 Cal.4th 1080, 1098.) Rehabilitative efforts presuppose an admission

to the problem. A failure to recognize the problem and its potential effect on a professional practice heighten the need for discipline. (*In re Kelley* (1990) 52 Cal.3d 487.) Petitioner proved by clear and convincing evidence that he is entitled to penalty relief under Business and Professions Code section 2307, as set forth in Factual Findings 33 through 39. Petitioner admitted his past wrongdoings, exhibited insight into the Board's allegations, completed continuing medical education since his certificate was revoked, and has stayed active and productive, both within and outside of the medical field.

5. Protection of the public is the highest priority for the Board in exercising its disciplinary authority and is paramount over other interests in conflict with that objective. (Bus. & Prof. Code, § 2001.1.) Accordingly, the request for reinstatement is granted, subject to probationary terms and conditions previously imposed.

ORDER

The petition of Jeremy Goodwin, M.D., for reinstatement of his revoked certificate is GRANTED. Petitioner's Physician's and Surgeon's Certificate No. G 76323 (certificate) is reinstated. However, the reinstated certificate is revoked, the revocation is stayed, and petitioner is placed on probation for five years on the following terms and conditions:

1. Education Course

Within 60 calendar days of the effective date of this Decision, and on an annual basis thereafter, petitioner shall submit to the Board or its designee for its prior approval education programs(s) or course(s) which shall not be less than 40 hours per year, for each year of probation. The educational program(s) or course(s) shall be

aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified. The educational program(s) or course(s) shall be at petitioner's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test petitioner's knowledge of the course. Petitioner shall provide proof of attendance for 65 hours of CME of which 40 hours were in satisfaction of this condition.

2. Prescribing Practices Course

Within 60 calendar days of the effective date of this Decision, petitioner shall enroll in a course in prescribing practices approved in advance by the Board or its designee. Petitioner shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent. Petitioner shall participate in and successfully complete the classroom component of the course not later than six months after petitioner's initial enrollment. Petitioner shall successfully complete any other component of the course within one year of enrollment. The prescribing practices course shall be at petitioner's expense and shall be in addition to the CME requirements for renewal of licensure.

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

Petitioner shall submit a certification of successful completion to the Board or its designee not later than 15 calendar days after successfully completing the course,

or not later than 15 calendar days after the effective date of the Decision, whichever is later.

3. Medical Record Keeping Course

Within 60 calendar days of the effective date of this Decision, petitioner shall enroll in a course in medical record keeping approved in advance by the Board or its designee. Petitioner shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent. Petitioner shall participate in and successfully complete the classroom component of the course not later than six months after petitioner's initial enrollment. Petitioner shall successfully complete any other component of the course within one year of enrollment. The medical record keeping course shall be at petitioner's expense and shall be in addition to the CME requirements for renewal of licensure.

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

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

4. Clinical Competence Assessment Program

Within 60 calendar days of the effective date of this Decision, petitioner shall enroll in a clinical competence assessment program approved in advance by the Board of its designee. Petitioner shall successfully complete the program not later than six months after petitioner's initial enrollment unless the Board or its designee agrees in writing to an extension of that time.

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

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

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

Petitioner shall not practice medicine until petitioner has successfully completed the program and has been so notified by the Board or its designee in writing.

5. Monitoring-Practice/Billing

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

The Board or its designee shall provide the approved monitor with copies of the Decision, Accusation, and proposed monitoring plan, the monitor shall submit a signed statement that the monitor has read the Decision and Accusation, fully understands the role of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the signed statement for approval by the Board or its designee.

Within 60 calendar days of the effective date of this Decision, and continuing for the first year of probation, petitioner's practice monitor shall be monitored by the

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

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

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

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

In lieu of a monitor, petitioner may participate in a professional enhancement program (PEP) equivalent to one offered by the Physician Assessment and Clinical Education Program at the University of California, San Diego School of Medicine, that includes, at a minimum, quarterly chart review, semi-annual practice assessment, and semi-annual review of professional growth and education. Petitioner shall participate in the professional enhancement program at petitioner's expense during the term of probation.

6. Solo Practice Prohibition

Petitioner is prohibited from engaging in the solo practice of medicine. Prohibited solo practice includes, but is not limited to, a practice where: (1) petitioner merely shares office space with another physician but is not affiliated for purposes of providing patient care, or (2) petitioner is the sole physician practitioner at that location.

If petitioner fails to establish a practice with another physician or secure employment in an appropriate practice setting within 60 calendar days of the effective date of this Decision, petitioner shall receive a notification from the Board or its designee to cease the practice of medicine within three calendar days after being so notified. Petitioner shall not resume practice until an appropriate practice setting is established.

If, during the course of the probation, petitioner's practice setting changes and petitioner is no longer practicing in a setting in compliance with this Decision, petitioner shall notify the Board or its designee within five calendar days of the practice setting change. If petitioner fails to establish a practice with another physician or secure employment in an appropriate practice setting within 60 calendar days of

the practice setting change, petitioner shall receive a notification from the Board or its designee to cease the practice of medicine within three calendar days after being so notified. Petitioner shall not resume practice until an appropriate practice setting is established.

7. Prohibited Practice

During probation, petitioner is prohibited from using medical assistants or other unlicensed persons to refill infusion pumps with prescription pain medication. After the effective date of this Decision, all patients being treated by petitioner shall be notified that petitioner is prohibited from using medical assistants or other unlicensed persons to refill infusion pumps with prescription pain medication. Any new patients must be provided this notification at the time of their initial appointment.

Petitioner shall maintain a log of all patients to whom the required oral notification was made. The log shall contain the: (1) patient's name, address and phone number; (2) patient's medical record number, if available; (3) the full name of the person making the notification; (4) the date the notification was made; and (5) a description of the notification given. Petitioner shall keep this log in a separate file or ledger, in chronological order, shall make the log available for immediate inspection and copying on the premises at all times during business hours by the Board or its designee, and shall retain the log for the entire term of probation.

8. Notification

Within seven days of the effective date of this Decision, petitioner shall provide a true copy of this Decision and Accusation to the Chief of Staff or the Chief Executive Officer at every hospital where privileges or membership are extended to petitioner, at any other facility where petitioner engages in the practice of medicine, including all

physician and locum tenens registries or other similar agencies, and to the Chief Executive Officer at every insurance carrier which extends malpractice insurance coverage to petitioner. Petitioner shall submit proof of compliance to the Board or its designee within 15 calendar days.

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

9. Supervision of Physician Assistants

During probation, petitioner is prohibited from supervising physician assistants.

10. Obey All Laws

Petitioner shall obey all federal, state and local laws, all rules governing the practice of medicine in California and remain in full compliance with any court ordered criminal probation, payments, and other orders.

11. Quarterly Declarations

Petitioner shall submit quarterly declarations under penalty of perjury on forms provided by the Board, stating whether there has been compliance with all the conditions of probation.

Petitioner shall submit quarterly declarations no later than 10 calendar days after the end of the preceding quarter.

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12. General Probation Requirements

Compliance with Probation Unit

Petitioner shall comply with the Board's probation unit and all terms and conditions of this Decision, including:

Address Changes

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

Place of Practice

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

License Renewal

Petitioner shall maintain a current and renewed California physician's and surgeon's license.

Travel or Residence Outside of California

Petitioner shall immediately inform the Board or its designee, in writing, of travel to any areas outside the jurisdiction of California which lasts, or is contemplated to last, more than 30 calendar days.

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

13. Interview with the Board or its Designee

Petitioner shall be available in person upon request for interviews either at petitioner's place of business or at the probation unit office, with or without prior notice throughout the term of probation.

14. Non-Practice While on Probation

Petitioner shall notify the Board or its designee in writing within 15 calendar days of any periods of non-practice lasting more than 30 calendar days and within 15 calendar days of petitioner's return to practice. Non-practice is defined as any period of time petitioner is not practicing medicine in California as defined in Business and Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct patient care, clinical activity or teaching, or other activity as approved by the Board or its designee shall not be considered non-practice. Practicing medicine in another state of the United States or Federal jurisdiction while on probation with the medical licensing authority of that state or jurisdiction shall not be considered non-practice. A Board-ordered suspension of practice shall not be considered as a period of non-practice.

In the event petitioner's period of non-practice while on probation exceeds 18 calendar months, petitioner shall successfully complete a clinical training program that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

Petitioner's period of non-practice while on probation shall not exceed two years.

Periods of non-practice will relieve petitioner of the responsibility to comply with the probationary terms and conditions with the exception of this condition and the following terms and conditions of probation: Obey All Laws; and General Probation Requirement.

15. Completion of Probation

Petitioner shall comply with all financial obligations (e.g., restitution, probation costs) no later than 120 calendar days prior to the completion of probation. Upon successful completion of probation, petitioner's certificate shall be fully restored.

16. Violation of Probation

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

17. License Surrender

Following the effective date of this Decision, if petitioner ceases practicing due to retirement or health reasons or is otherwise unable to satisfy the terms and conditions of probation, petitioner may request to surrender his license. The Board reserves the right to evaluate petitioner's request and to exercise its discretion in

determining whether or not to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender, petitioner shall within 15 calendar days deliver petitioner's wallet and wall certificate to the Board or its designee and petitioner shall no longer practice medicine. Petitioner will no longer be subject to the terms and conditions of probation. If petitioner re-applies for a medical license, the application shall be treated as a petition for reinstatement of a revoked certificate.

18. Probation Monitoring Costs

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

DATE: April 12, 2021

Danette C. Brown
Danette C. Brown (Apr 12, 2021 11:30 PDT)

DANETTE C. BROWN

Administrative Law Judge

Office of Administrative Hearings