

Barbara A. DeBuono, M.D., M.P.H. Commissioner of Health New York State Board for Professional Medical Conduct

433 R.v. r Street, Suite 303 Troy, New York 12180-2299 • (518) 402-0863

Patrick F. Carone, M.D., M.P.H. Chair Ansel R. Marks, M.D., J.D. Executive Secretary

December 31, 1997

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Murray Susser, M.D. 13435 Bayliss Road Los Angeles, California 90049

RE: License No. 154143

Dear Dr. Susser:

Enclosed please find Order #BPMC 97-338 of the New York State Board for Professional Medical Conduct.

If the penalty imposed by the Order is a surrender, revocation or suspension of this license, you are required to deliver to the Board the license and registration within five (5) days of receipt of the Order.

Board for Professional Medical Conduct New York State Department of Health Hedley Park Place, Suite 303 433 River Street Troy, New York 12180

Sincerely,

Ansel R. Marks, M.D., J.D. Executive Secretary Board for Professional Medical Conduct

Enclosure

cc: Sharon Barclay Kime, Esq. Nossaman, Guthner, Knox & Elliott, LLP 34th Floor
40 California Street San Francisco, CA 94111-4712

Marcia E. Kaplan, Esq.

NEW YORK STATE DEPARTMENT OF HEALTH STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

IN THE MATTER

OF

MURRAY RICHARD SUSSER, M.D.

SURRENDER ORDER BPMC #97-338

Upon the proposed agreement of MURRAY RICHARD SUSSER, M.D. (Respondent) to Surrender his license as a physician in the State of New York, which proposed agreement is made a part hereof, it is agreed to and

ORDERED, that the application and the provisions thereof are hereby adopted; it is further

ORDERED, that the name of Respondent be stricken from the roster of physicians in the State of New York; it is further

ORDERED, that this order shall take effect as of the date of the personal service of this order upon Respondent, upon receipt by Respondent of this order via certified mail, or seven days after mailing of this order via certified mail, whichever is earliest.

SO ORDERED.

DATED: 12/30/1997

PATRICK F. CARONE, M.D., M.P Chairperson State Board for Professional Medical Conduct

NEW YORK STATE DEPARTMENT OF HEALTH STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

IN THE MATTER

OF

MURRAY RICHARD SUSSER, M.D.

STATE OF CALIFORNIA) COUNTY OF Jos angeles ss.:

MURRAY RICHARD SUSSER, M.D., being duly sworn, deposes and says:

On or about May 20, 1983, I was licensed to practice medicine as a physician in the State of New York having been issued License No. 154143 by the New York State Education Department.

My current address is 13435 Bayliss Road, Los Angeles, CA 90049, and I will advise the Director of the Office of Professional Medical Conduct of any change of my address.

I understand that I have been charged with one specification of professional misconduct as set forth in the Statement of Charges, annexed hereto, made a part hereof, and marked as Exhibit "A".

I am applying to the State Board for Professional Medical Conduct for permission to surrender my license as a physician in the State of New York on the grounds that I do not contest the First Specification in full satisfaction of the Statement of Charges.

I hereby make this application to the State Board for Professional Medical Conduct and request that it be granted.

SURRENDER OF LICENSE I understand that, in the event that the application is not granted by the State Board for Professional Medical Conduct, nothing contained herein shall be binding upon me or construed to be an admission of any act of misconduct alleged or charged against me, such application shall not be used against me in any way, and shall be kept in strict confidence during the pendency of the professional misconduct disciplinary proceeding; and such denial by the State Board for Professional Medical Conduct shall be made without prejudice to the continuance of any disciplinary proceeding and the final determination by a Committee on Professional Medical Conduct pursuant to the provisions of the Public Health Law.

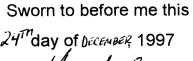
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I agree that, in the event the State Board for Professional Medical Conduct grants my application, an order shall be issued striking my name from the roster of physicians in the State of New York without further notice to me.

I am making this Application of my own free will and accord and not under duress, compulsion or restraint of any kind or manner. In consideration of the value to me of the acceptance by the Board of this Application, allowing me to resolve this matter without the various risks and burdens of a hearing on the merits, I knowingly waive any right I may have to contest the Surrender Order for which I hereby apply, whether administratively or judicially, and ask that the Application be granted.

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MURRAY RICHARD SUSSER, M.D. RESPONDENT



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NOTARY PUBLIC

GARY L. SPARKS Commission # 1125502 Notary Public -- California Los Angeles County My Comm. Expires Feb 2, 2001

The undersigned agree to the attached application of the Respondent to surrender his license.

Date:

SHARON BARCLAY KIME, ESQ. Attorney for Respondent

Date: 12.26 17

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MARCIA E. KAPLAN Associate Counsel Bureau of Professional Medical Conduct

Date: Duenh_ 29, 149)

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ANNE F. SAILE Director Office of Professional Medical Conduct

EXHIBIT "A"

NEW YORK STATE DEPARTMENT OF HEALTH STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT IN THE MATTER OF

STATEMENT OF CHARGES

MURRAY RICHARD SUSSER, M.D.

MURRAY RICHARD SUSSER, M.D., the Respondent, was authorized to practice medicine in New York State on or about May 20, 1983, by the issuance of license number 154143 by the New York State Education Department.

FACTUAL ALLEGATIONS

Α. On or about April 11, 1997, the Division of Medical Quality, Medical Board of California (California Board) issued a Decision, effective May 12, 1997, upon a Stipulated Settlement and Disciplinary Order entered into by Respondent and the California Board, revoking Respondent's license to practice medicine in California, staying the revocation, and placing Respondent on probation for three years on terms and conditions including but not limited to Respondent's performing 25 hours of community service during each of the last two years of probation, successfully completing a Special Purpose Examination, as provided, having his practice monitored by an approved physician reporting periodically to the California Board, and reimbursing the California Board \$15,000 for investigative and prosecution costs. Respondent admitted that his license was subject to discipline for unprofessional conduct pursuant to California Business and Professions Code Section 2234, as set forth in the Stipulated Settlement and Disciplinary Order which is attached and incorporated as Exhibit "B."

The conduct resulting in the revocation and other disciplinary action involving Respondent's license would, if committed in New York state, constitute professional misconduct under the laws of New York state (namely N.Y. Educ. Law §6530(3)(4)and (5).

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SPECIFICATION OF CHARGES FIRST SPECIFICATION HAVING HAD DISCIPLINARY ACTION TAKEN

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(9)(d)(McKinney Supp. 1997) by having his license to practice medicine revoked, suspended or having other disciplinary action taken, or having his application for a license refused, revoked or suspended or having voluntarily or otherwise surrendered his license after a disciplinary action was instituted by a duly authorized professional disciplinary agency of another state, where the conduct resulting in the revocation, suspension or other disciplinary action involving the license or refusal, revocation or suspension of an application for a license or the surrender of the license would, if committed in New York state, constitute professional misconduct under the laws of New York state (namely N.Y. Educ. Law $\S(3)(4)(5)$ and (35)) as alleged in the facts of the following:

1. Paragraph A.

 DATED:	December , 1997 New York, New York	•
		ROY NEMERSON Deputy Counsel Bureau of Professional Medical Conduct

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

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In the Matter of the Accusation) Against:) Murray Susser, M.D.) Certificate # G 22316) File No: 07-92-16339) Petitioner.)

DECISION

The attached Stipulation is hereby adopted by the Division of Medical Quality of the Medical Board of California as its Decision in the above-entitled matter.

This Decision shall become effective on <u>May 12, 1997</u>

It is so ordered <u>April 11, 1997</u>.

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DIVISION OF MEDICAL QUALITY MEDICAL BOARD OF CALIFORNIA

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Anabel Anderson Imbert, M.D. Chair Panel B

DANIEL E. LUNGREN, Attorney General 1 of the State of California KAREN B. CHAPPELLE, 2 Deputy Attorney General California Department of Justice 3 300 South Spring Street Los Angeles, California 90013 4 Telephone: (213) 897-8944 5 Attorneys for Complainant 5 **BEFORE THE** 7 DIVISION OF MEDICAL QUALITY MEDICAL BOARD OF CALIFORNIA 8 DEPARTMENT OF CONSUMER AFFAIRS STATE OF CALIFORNIA 9 10 In the Matter of the Accusation Case No. 07-92-16339 11 Aqainst: CAH NO. L-9501259 12 MURRAY SUSSER, M.D. STIPULATED SETTLEMENT 13435 Bayliss Rd. 13 Los Angeles, California 90049 AND **DISCIPLINARY ORDER** 14 Physician's and Surgeons No. G22316, 15 Respondent. 15 17 IT IS HEREBY STIPULATED AND AGREED by and between the parties to 13 the above-entitled proceedings that the following matters are 19 20 true: An Accusation in case number 07-92-16339 was filed 1. 21 with the Division of Medical Quality, of the Medical Board of 22 California Department of Consumer Affairs (the "Division") on 23 February 15, 1995, and is currently pending against Murray 24 Susser, M.D. (the "respondent"). 25 The Accusation, together with all statutorily 2.5 2. required documents, was duly served on the respondent on or about 27

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February 15, 1995, and respondent filed his Notice of Defense
 contesting the Accusation on or about March 3, 1995. A copy of
 Accusation No. 07-92-16339 is attached as Exhibit "A" and hereby
 incorporated by reference as if fully set forth.

3. The Complainant, Ron Joseph, is the Executive Director of the Medical Board of California and brought this action solely in his official capacity. The Complainant is represented by the Attorney General of California, Daniel E. Lungren, by and through Deputy Attorney General Karen 3. Chappelle.

4. The respondent is represented in this matter by
 Sharon Barclay Kime, Esq., whose address is 50 California Street,
 34th Floor, San Francisco, California 94111-4712.

5. The respondent and his attorney have fully discussed the charges contained in Accusation Number 07-92-16339, and the respondent has been fully advised regarding his legal rights and the effects of this stipulation.

6. At all times relevant herein, respondent has been
licensed by the Medical Board of California under Physicians and
Surgeons Certificate No. G22316.

7. Respondent understands the nature of the charges
 alleged in the Accusation and that, if proven at hearing, the
 charges and allegations would constitute cause for imposing
 discipline upon his Physician's and Surgeons. Respondent is
 fully aware of his right to a hearing on the charges contained in
 the Accusation, his right to confront and cross-examine witnesses
 against him, his right to the use of subpoenas to compel the

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attendance of witnesses and the production of documents in both 1 defense and mitigation of the charges, his right to reconsideration, appeal and any and all other rights accorded by the California Administrative Procedure Act and other applicable laws. Respondent knowingly, voluntarily and irrevocably waives 5 and give up each of these rights. 5

8. It is understood and agreed that this settlement 7 involves a compromise of disputed allegations. Respondent has 3 voluntarily entered into this agreement to avoid the costs and 9 hardships of further litigation. Respondent therefore admits his 1.0 license is subject to discipline for unprofessional conduct 11 pursuant to Business and Professions Code section 2234. 12 Respondent agrees to be bound by the Division's Disciplinary 13 Order as set forth below. 14

9. The admissions made by Respondent herein are only 15 for the purposes of this proceeding, or any other proceedings 16 before the Division of Medical Quality, Medical Board of 17 California and shall not be admissible in any other criminal or 18 civil proceedings. 19

Based on the foregoing admissions and stipulated 10. 20 matters, the parties agree that the Division shall, without 21 further notice or formal proceeding, issue and enter the 22 following order: 23

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DISCIPLINARY ORDER

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IT IS HEREBY ORDERED that Physicians and Surgeons 2 Certificate Number G22316 issued to Murray Susser, M.D. is 3 revoked. However, the revocation is stayed and respondent is 4 placed on probation for 3 years on the following terms and 5 conditions. Within 15 days after the effective date of this 5 decision the respondent shall provide the Division, or its 7 designee, proof of service that respondent has served a true copy 8 of this decision on the Chief of Staff or the Chief Executive 9 Officer at every hospital where privileges or membership are 10 extended to respondent or where respondent is employed to 11 practice medicine and on the Chief Executive Officer at every 12 insurance carrier where malpractice insurance coverage is 13 extended to respondent. 14

COMMUNITY SERVICES - FREE SERVICES 1. 15 Within 60 days from the effective date of this decision, 15 respondent shall submit to the Division or its designee for its 17 prior approval a community service program in which respondent 13 shall provide free medical services on a regular basis to a 19 community or charitable facility or agency for at least 25 hours 20 a year for the last two years of probation. Community service may 21 not to be performed prior to successful completion of Special 22 Purpose Examination. 23

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SPEX EXAM 2.

Respondent shall take and pass a Spex exam to be 2 administered by the Federation of State Medical Boards, or its 3 designee. This examination shall be taken within 99 days after 4 the effective date of this decision. If respondent fails the 5 first examination, respondent shall be allowed to take an pass a 6 second examination. The waiting period between the first and 7 second examinations shall be at least three months. If 8 respondent fails to pass the first and second examinations, `Э respondent may take a third and final examination after waiting a 10 period of one year. Failure to pass the Spex exam within 18 11 months after the effective date of this decision shall constitute 12 a violation of probation. The respondent shall pay the costs of 13 all examinations. 14

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MONITORING 3.

Within 30 days of the effective date of this decision, respondent 16 shall submit to the Division or its designee for its approval a 17 plan of practice in which respondent's practice shall be 18 monitored by another physician in respondent's field of practice, 19 who shall provide periodic reports to the Division or its 20 designee for a period of one year. 21

If the monitor resigns or is no longer available, 22 respondent shall, within 15 days, move to have a new monitor 23 appointed, through nomination by respondent and approval by the 24 Division or its designee. 25 111 26

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4. OBEY ALL LAWS

2 Respondent shall obey all federal, state and local 3 laws, all rules governing the practice of medicine in California, 4 and remain in full compliance with any court ordered oriminal 5 probation, payments and other orders.

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5. QUARTERLY REPORTS

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

PROBATION SURVEILLANCE PROGRAM COMPLIANCE 5. 11 Respondent shall comply with the Division's probation 12 surveillance program. Respondent shall, at all times, keep the 13 Division informed of his or her addresses of business and 14 4 residence which shall both serve as addresses of record. Changes 15 of such addresses shall be immediately communicated in writing to 16 the Division. Under no circumstances shall a post office box 17 serve as an address of record. 13

Respondent shall also immediately inform the Division, in writing, of any travel to any areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty (30) days.

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INTERVIEW WITH THE DIVISION, ITS DESIGNEE OR ITS 7. DESIGNATED PHYSICIAN(S)

Respondent shall appear in person for interviews with the Division, its designee or its designated physician(s) upon request at various intervals and with reasonable notice.

> TOLLING FOR OUT-OF-STATE PRACTICE, RESIDENCE OR 8. IN-STATE NON-PRACTICE

In the event respondent should leave California to 7 reside or to practice outside the State or for any reason should З respondent stop practicing medicine in California, respondent 9 shall notify the Division or its designee in writing within ten 1.0 days of the dates of departure and return or the dates of non-11 practice within California. Non-practice is defined as any 12 period of time exceeding thirty days in which respondent is not 13 engaging in any activities defined in Sections 2051 and 2052 of 14 the Business and Professions Code. All time spent in an 15 intensive training program approved by the Division or its 16 designee shall be considered as time spent in the practice of 17 medicine. Periods of temporary or permanent residence or 18 practice outside California or of non-practice within California, 19 as defined in this condition, will not apply to the reduction of 20 the probationary period. 21 COMPLETION OF PROBATION

Upon successful completion of probation, respondent's certificate shall be fully restored.

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10. VIOLATION OF PROBATION

If respondent violates probation in any respect, the 2 Division, after giving respondent notice and the opportunity to 3 be heard, may revoke probation and carry out the disciplinary 4 order that was stayed. If an accusation or petition to revoke 5 probation is filed against respondent during probation, the 6 Division shall have continuing jurisdiction until the matter is 7 final, and the period of probation shall be extended until the 3 matter is final. 9

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11. COST RECOVERY

The respondent is hereby ordered to reimburse the 11 Division the total amount of \$15,.00 payable as follows: \$5,000 12 within 90 days from the effective date of this decision for its 13 investigative and prosecution costs, and \$5,000 on the first and 14 second anniversary dates of the effective date of the decision. 15 Failure to reimburse the Division's cost of its investigation and 16 prosecution shall constitute a violation of the probation order, 17 unless the Division agrees in writing to payment by an 18 installment plan because of financial hardship. The filing of 19 bankruptcy by the respondent shall not relieve the respondent of 20 his responsibility to reimburse the Division for its 21 investigative and prosecution costs. 22

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12. LICENSE SURRENDER

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Following the effective date of this decision, if 2 respondent ceases practicing due to retirement, health reasons or 3 vis otherwise unable to satisfy the terms and conditions of 4 probation, respondent may voluntarily tender his, her certificate 5 to the Board. The Division reserves the right to evaluate the 6 respondent's request and to exercise its discretion whether to 7 grant the request, or to take any other action deemed appropriate 3 and reasonable under the circumstances. Upon formal acceptance Э of the tendered license, respondent will no longer be subject to 10 terms and conditions of probation. 11 13. PROBATION COSTS 12 Respondent shall pay the costs associated with 13 probation monitoring each and every year of probation, which are 14 currently set at \$2, 304, but may be adjusted on an annual basis. 15 Such costs shall be payable to the Division of Medical Quality 15 and delivered to the designated probation surveillance monitor at 17 the beginning of each calendar year. Failure to pay costs within 18 30 days of the due date shall constitute a violation of 19 probation. 20 CONTINGENCY 21 This stipulation shall be subject to the approval of 22 111 23 24 | | |111 25 1 1 1 25 111 27

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the Division. Respondent understands and agrees that Board staff 1 and counsel for complainant may communicate directly with the 2 Division regarding this stipulation and settlement, without 3 notice to or participation by respondent or his counsel. If the 1 Division fails to adopt this stipulation as its Order, the 5 stipulation shall be of no force or effect, it shall be б inadmissible in any legal action between the parties, and the 7 Division shall not be disqualified from further action in this 8 matter by virtue of its consideration of this stipulation. • 9 ACCEPTANCE 10 I have read the above Stipulated Settlement and 11 Disciplinary Order. I have fully discussed the terms and 12 conditions and other matters contained therein with my attorney, 13 Sharon Barclay Kime. I understand the effect this Stipulated 14 Settlement and Disciplinary Order will have on my Physician's and 15 Surgeons, and agree to be bound thereby. I enter this 15 stipulation freely, knowingly, intelligently and voluntarily. 17 DATED: 2-1897 13 funo Mio 19 20 Respondent 21 22 23 24 25 26 27

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	I have read the above Stipulated Settlement and
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2	Disciplinary Order and approve of it as to form and content.
3	have fully discussed the cerms and conditions
	therein with respondent Murray Susser, M.D
5	DATED: 2.3.97
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7	Sharon Barclay Kime
6	Attorney for Respondent
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10	ENDORSEMENT
11	The foregoing Stipulated Settlement and Disciplinary
12	Order is hereby respectfully submitted for the consideration of
13	the Division of Medical Quality, Medical Board of California
14	Department of Consumer Affairs.
15	DATED: 2-18.97
15	DINTEL F UNGREN, Attorney General
17	of the State of California
13	Karon Chappelle
19	MAREN B. CHAPPELLE Deputy Attorney General
20	Attorneys for Complainant
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1	DANIEL E. LUNGREN, Attorney General of the State of California				
2	KAREN B. CHAPPELLE, Deputy Attorney General	3 			
3					
4	Los Angeles, California 90013-1204 Telephone: (213) 897-2578	Wage - 4-97			
5	Attorneys for Complainant	Classert - Lestocher of 12 - 4			
6 7	BEFORE THE				
8	DIVISION OF MEDICAL QUALITY MEDICAL BOARD OF CALIFORNIA				
9	DEPARTMENT OF CONSUMER AFFAIRS STATE OF CALIFORNIA				
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11	In the Matter of the Accusation Against:) Case No. 07-92-16339			
12	MURRAY SUSSER, M.D.) FIRST AMENDED			
13	13435 Bayliss Rd. Los Angeles, California 90049) AND SUPPLEMENTAL) ACCUSATION			
14 15	Physician's and Surgeon's Certificate No. G22316; and				
16	Physician Assistant Supervisor)			
17	Certificate No. SA12749)			
18	Respondent.)			
19	The Complainant alleges:				
20	PARTIES	-			
21	1. Complainant, Ron Joseph, is the Executive Director				
22	of the Medical Board of California (hereinafter the "Board") and				
23	brings this First Amended and Supplemental Accusation solely in				
24	his official capacity.				
25	2. On or about May 2, 1972, Physician's and Surgeon's				
26	Certificate No. G22316 was issued by the Board to Murray Susser,				
27	M.D. (hereinafter "respondent"), and at all times relevant to the				
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charges brought herein, this license has been in full force and
 effect. Unless renewed, it will expire on September 30, 1996.

3 3. Physician Assistant Supervisor Certificate No.
4 SA12749 was issued by the Board to respondent on September 18,
5 1981. Said certificate expired on May 31, 1992.

6 4. On February 15, 1995, an Accusation was filed
7 against respondent in Case No. 07-92-16339. The Accusation is
8 superseded by this First Amended and Supplemental Accusation.

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JURISDICTION

10 5. This First Amended and Supplemental Accusation is 11 brought before the Division of Medical Quality of the Medical 12 Board of California, Department of Consumer Affairs (hereinafter 13 the "Division"), under the authority of the following sections of 14 the California Business and Professions Code (hereinafter 15 "Code"):

16 Sections 2003 and 2004 which provide, in pertinent Α. 17 part, that the Division is responsible for the enforcement of the 18 disciplinary provisions of the Medical Practice Act, for the 19 administration and hearing of disciplinary actions, for carrying 20 out disciplinary actions appropriate to findings made by a 21 medical quality review committee, and for revoking or otherwise 22 limiting certificates after the conclusion of disciplinary 23 actions.

B. Section 2220 which provides:
"Except as otherwise provided by law, the Division of
Medical Quality may take action against all persons guilty
of violating this chapter. The division shall enforce and

administer this article as to physician and surgeon certificate holders, and the division shall have all the powers granted in this chapter for these purposes including, but not limited to:

"(a) Investigating complaints from the public, from other licensees, from health care facilities, or from a division of the board that a physician and surgeon may be guilty of unprofessional conduct.

"(b) Investigating the circumstances of practice of any 9 physician and surgeon where there have been any judgments, 10 settlements, or arbitration awards requiring the physician 11 and surgeon or his or her professional liability insurer to 12 pay an amount in damages in excess of a cumulative total of 13 14 thirty thousand dollars (\$30,000) with respect to any claim that injury or damage was proximately caused by the 15 physician's and surgeon's error, negligence, or omission. 16

"(c) Investigating the nature and causes of injuries from cases which shall be reported of a high number of judgments, settlements, or arbitration awards against a physician and surgeon."

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C. Section 2227 which provides:

"(a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in section 11371 of the Government Code, or whose default has been entered, and who is found guilty may, in accordance with the provisions of this chapter:

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"(1) Have his or her license revoked upon 1 2 order of the division. 3 "(2) Have his or her right to practice 4 suspended for a period not to exceed one year upon order of the division. 5 "(3) Be placed on probation upon order of the 6 7 division. "(4) Be publicly reprimanded by the division. 8 "(5) Have any other action taken in relation 9 to discipline as the division or an administrative 10 law judge may deem proper. 11 "(b) Any matter heard pursuant to subdivision (a), 12 except for warning letters, medical review or advisory 13 conferences, or other matters made confidential or 14 privileged by existing law, is deemed public, and shall be 15 made available to the public by the board." 16 Section 2234 which provides: 17 D. 18 "The Division of Medical Quality shall take action against any licensee who is charged with unprofessional 19 20 conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the 21 22 following: ".... 23 24 "(b) Gross negligence. "(c) Repeated negligent acts. 25 "(d) Incompetence. 26 и....и 27

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E. Section 725 which provides:

"Repeated acts of clearly excessive prescribing or 2 administering of drugs or treatment, repeated acts of 3 clearly excessive use of diagnostic procedures, or repeated 4 5 acts of clearly excessive use of diagnostic or treatment facilities as determined by the standard of the community of 6 licensees is unprofessional conduct for a physician and 7 surgeon, dentist, podiatrist, psychologist, physical 8 therapist, chiropractor, or optometrist." 9 F. Section 125.3 provides, in part, that the Board 10 may request the administrative law judge to direct any licentiate 11 found to have committed a violation or violations of the 12 licensing act, to pay the Board a sum not to exceed the 13 reasonable costs of the investigation and enforcement of the 14 15 case. FIRST CAUSE OF ACTION 16 17 (Gross Negligence - M.S.) Respondent is subject to disciplinary action under 18 6. section 2234, subdivision (b) of the Code in that respondent was 19 grossly negligent in the care, treatment and management of 20 patient M.S. $^{1/}$, as follows: 21 FACTS - PATIENT M.S. 22 Α. On or about January 25, 1988, M.S., a patient, 23 (1)24 presented with reported intestinal bleeding. 25 All patient references in this pleading are by 26 1. The true names of the patients shall be revealed initials only. to respondent upon his request for discovery pursuant to 27 Government Code section 11507.6.

(2)Respondent diagnosed "chronic candide infection." 1 2 (3) Respondent treated M.S. with vitamin drips, 3 hydrogen peroxide, garlic, paradidion [a homeopathic treatment for parasites] and chloroquine. 4 5 (4) From January 26, 1988 to October 31, 1989, 6 respondent treated patient M.S. for conditions related to 7 her initial complaint of intestinal bleeding using the same anti-parasitic remedies which had been initially applied to 8 M.S. by him. 9 10 в. ACTS OF GROSS NEGLIGENCE - PATIENT M.S. 11 Respondent did not perform a vaginal examination (1)12 of patient M.S. 13 (2) Respondent did not perform a rectal examination. 14 Respondent did not perform a blood stool (3)examination of patient M.S. 15 16 Respondent did not perform an anoscope examination (4) 17 of patient M.S. Respondent did not perform an sigmoidoscopy 18 (5) 19 examination of patient M.S. (6) Respondent did not perform a colonoscopy 20 examination of patient M.S. 21 On or about October 31, 1989, respondent released 22 (7) 23 M.S. from his care without referring her to another physician, even though her symptoms, including rectal 24 25 bleeding, continued. (8) On or about November 24, 1989, surgery was 26 performed on M.S. (i.e., low anterior resection and 27

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appendectomy with the result that a near obstructing colonic lesion with chronic amebic dysentery and adenocarcinoma was found.

SECOND CAUSE OF ACTION

(Gross Negligence - R.W.)

7. Respondent Murray Susser, M.D. is subject to
disciplinary action under section 2234, subdivision (b), of the
Business and Professions Code in that he committed acts of gross
negligence in the care, treatment and management of patient
"R.W." Such acts of gross negligence contributed to the delay in
treatment of the patient. The circumstances are as follows:

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A. FACTS - PATIENT R.W.

(1) On March 10, 1988, patient R.W. saw respondent at
his office located at 2730 Wilshire Blvd., Suite 110, Santa
Monica, California, for various conditions including sinus
infection, respiratory problems, frequent urination and fatigue.

17 (2) There is no record of a physical examination being
18 done on patient R.W. during this initial visit, other than the
19 notation of the patient's vital signs.

20 (3) At the conclusion of the examination, respondent
 21 did not record any initial diagnostic impression of patient R.W.

(4) Respondent had the patient undergo tests for the
Epstein-Barr virus. Respondent diagnosed a condition of EpsteinBarr syndrome and provided a treatment of approximately 10
vitamin supplements.

26 (5) Patient R.W. could not tolerate the combination of
27 all the supplements and stopped taking them. One supplement

contained a tannic acid which is carcinogenic. Another
 supplement contained adrenaline which caused the patient's blocd
 pressure to rise.

4 (6) A purged stool specimen was obtained from the
5 patient. The laboratory report indicated the presence of Giardia
6 Lamblia (cysts), an intestinal parasitic infection.

7 (7) The laboratory report also indicated the finding
8 of "occult blood 4+" in Patient R.W.'s stool specimen.

9 (8) Respondent did not do any follow-up of the10 positive occult blood report.

(9) On April 7, 1988, patient R.W. had a follow-up visit with respondent. The patient told respondent he had rectal bleeding. Respondent conducted a digital rectal examination with negative results. Respondent told the patient the bleeding could have been from the rectal purge.

16 (10) Respondent discussed a sigmoidoscopy with Patient 17 R.W., said the test was not standard procedure at that stage, and 18 they should wait to see if further bleeding occurred.

(11) There are no notations regarding any discussions
of a sigmoidoscopy in respondent's records.

(12) Patient R.W. had two additional visits with
 respondent and then discontinued seeing him.

(13) In 1989, Patient R.W. was subsequently diagnosed
and treated for colon cancer by another physician.

(14) In January 1993, Patient R.W. had additional
surgery because the cancer spread to his liver.

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(15) Patient R.W. is unable to return to work and is
 unable to continue his life as he knew it prior to the cancer
 diagnosis.

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B. ACTS OF GROSS NEGLIGENCE - PATIENT R.W.

(1) Respondent fell below the standard of community
practice in his failure to properly recognize and investigate
signs of colon cancer. Specifically, respondent failed to do the
following acts which singularly and collectively represent an
extreme departure from the standard of care:

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 (a) He failed to recognize the significance of and to further investigate the finding of a strongly positive stool occult blood test done in March 1988;

(b) He failed to recognize the significance of and to
further investigate the patient's complaint of rectal
bleeding in April 1983;

(c) He failed to perform further tests on the patient including a repeat stool occult blood test, barium enema x-ray, and sigmoidoscopy or colonoscopy;

(d) He failed to document in his records any
 discussions with the patient regarding a sigmoidoscopy;

(e) He failed to properly treat the patient, using only vitamin therapy and homeopathic remedies;

(f) He failed to properly recognize and diagnose colon cancer;

25 (g) His failure to diagnose colon cancer contributed 26 to the cancer being undiagnosed and untreated for over a 27 year;

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His failure to diagnose colon cancer contributed (h) 1 to the cancer spreading to the patient's liver and altered 2 the prognosis of the disease; and 3 (i) His failure to diagnose colon cancer contributed 4 to the patient's inability to work and to continue life as 5 he knew it prior to the cancer diagnosis. 6 THIRD CAUSE OF ACTION 7 (Gross Negligence - A.L.) 8 Respondent Murray Susser, M.D. is subject to 8. 9 disciplinary action under section 2234, subdivision (b), of the 10 Business and Professions Code in that he committed acts of gross 11 negligence in the care, treatment and management of patient 12 "A.L." Such acts of gross negligence contributed to the liver 13 and pancreatic damage of patient A.L. The circumstances are as 14 follows: 15 FACTS - PATIENT A.L. 16 Α. On November 26, 1991, Patient A.L. went to see 17 (1)respondent for symptoms resulting from toxic exposure to 18 chemicals in 1987. She had been referred to respondent for 19 intra-venous vitamin C treatments by her regular physician. 20 Respondent told Patient A.L. that she was toxic 21 (2)and he would detox her with a series of vitamin C drips. 22 (3) On December 4, 1991, a complete chemical panel was 23 24 drawn. On January 28, 1992, Patient A.L. saw respondent 25 (4)The therapy recommended was the intra-venous vitamin C 26 again. 27 111

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1 drip, 1 or 2 times per week. The patient had one treatment on 2 that date.

3 (5) Patient A.L. purchased vitamins and supplements
4 manufactured and distributed by respondent per his instructions.

6) On February 7, 1992, Patient A.L. called
respondent complaining of gastrointestinal symptoms. Respondent
recommended she try okra pepsin, then pancreatic enzymes. No
evaluation of the patient and no diagnosis was made to explain
this treatment.

10 (7) On February 14, 1992, Patient A.L. telephoned
11 respondent's office complaining of nausea. Laboratory studies
12 were ordered.

(8) On February 17, 1992, the results of the
laboratory studies were markedly abnormal and significantly
changed from the studies of December 4, 1991. The results
indicated that her liver function tests were abnormal and the
values for the hepatic enzymes were abnormal.

(9) On February 18, 1992, Patient A.L. telephoned
respondent's office and reported that she was nauseous and was
turning yellow. Respondent told her to force fluids and he
referred her to a gastroenterologist.

(10) On February 22, 1992 Patient A.L. experienced
persistent and worsening gastrointestinal symptoms and jaundice.
Paramedics were summoned to her home. Respondent advised her not
to go to the hospital, but to wait until Monday to see a
specialist. The paramedics insisted she go to the hospital and
took her to St. John's Hospital emergency room.

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(11) Patient A.L.'s symptoms included abdominal pain, 1 nausea, vomiting, fever, overt jaundice, markedly abnormal liver 2 function tests and elevated serum amylase. She was diagnosed as 3 having acute pancreatitis with severe abdominal pain and severe 4 liver disease. 5 On March 9, 1992, Patient A.L. had an abdominal 6 (12)ultrasound done by another physician. The results revealed 7 multiple gallstones and mild dilatation of the common bile duct. 8 (13) On May 20, 1992, Patient A.L. saw another 9 physician for a gastrointestinal consultation. He advised her to 10 undergo a cholecystectomy. 11 ACTS OF GROSS NEGLIGENCE - PATIENT A.L. 12 Β. Respondent fell below the standard of community (1) 13 practice in his use of unconventional treatment which caused 14 Patient A.L.'s medical problems to intensify. Specifically, 15 respondent did the following acts which singularly and 16 collectively represent an extreme departure from the standard of 17 care: 18 He provided the patient with unorthodox treatment 19 (a) by prescribing vitamíns, pancreatic enzymes and okra pepsin 20 products which led to liver and pancreatic damage; 21 (b) He failed to examine the patient prior to changing 22 his treatment plan and based the treatment solely on the 23 patient's telephone call; 24 He failed to diagnose the patient's liver 25 (C) 26 problems; 27 111

He inappropriately referred the patient to a (d) 1 specialist based upon a telephone call, abnormal laboratory 2 results and without a proper evaluation; 3 (e) He ignored the patient's welfare when she became 4 ill, advising her not to go to the emergency room; 5 His treatment and behavior placed the patient in a (f) 6 life threatening situation. 7 FOURTH CAUSE OF ACTION 8 (Repeated Negligent Acts) 9 Respondent is subject to disciplinary action 9. 10 pursuant to section 2234, subdivision (c), of the Business and 11 Professions Code in that he committed repeated negligent acts in 12 the care, treatment and management of patients M.S., R.W. and 13 A.L. The circumstances of this offense are more particularly 14 alleged in paragraphs 6, 7 and 8, above, and are incorporated 15 herein by reference as though set forth fully. 16 FIFTH CAUSE OF ACTION 17 (Incompetence) 18 Respondent is subject to disciplinary action 10. 19 pursuant to section 2234, subdivision (d), of the Business and 20 Professions Code in that he was incompetent in his care, 21 treatment and management of patients M.S., R.W and A.L. The 22 circumstances of this offense are set forth fully in paragraphs 23 6, 7 and 8, inclusive, above, and are incorporated herein by 24 reference as though set forth fully. 25 26 111 27 111

SIXTH CAUSE OF ACTION

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(Excessive Use of Diagnostic Procedures) 2 11. Respondent is subject to disciplinary action 3 pursuant to section 725 of the Business and Professions Code in 4 that he committed repeated acts of excessive use of diagnostic 5 procedures and diagnostic facilities in the treatment of Patient 6 The circumstances are as follows: 7 R.W. FACTS - PATIENT R.W. Α. 8 On March 17, 1988, an extensive laboratory 9 (1) analysis was performed on Patient R. W. Respondent's approach 10

11 was "one of everything, shotgun" type of diagnostic evaluation, 12 rather than a carefully planned, well thought out, cost effective 13 use of laboratory facilities.

14 (2) The tests respondent had Patient R.W. undergo
15 included an ECG, blood chemistries, Epstein-Barr virus, thyroid,
16 and stool tests with a laxative purge.

17 (3) Respondent had the patient undergo a
18 Glycohemoglobin AlC test for diabetes mellitus. A simpler, more
19 cost effective approach would have been to initially evaluate
20 blood and urine glucose, with further blood glucose studies if
21 needed.

(4) Respondent had the patient undergo the thymol
turbidity test, an old and rarely used liver function test, which
has been replaced by more specific markers of hepatic function.
(5) The need for urine creatinine determination is
questionable when routine kidney function tests such as blood

27 urea nitrogen (BUN) and serum creatinine determinations were

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included on the chemistry panel done on Patient R.W. If the 1 blood urea nitrogen or creatinine values are abnormal, urine 2 creatinine determination is warranted. With Patient R.W., both 3 BUN and creatinine were within normal limits. 4 (6) Respondent also had the patient undergo the 5 6 candida antibody panel. Two of the three tests showed undetectable levels, while the third was slightly positive. 7 There is no documented justification for these laboratory 8 studies. 9 ACTS OF EXCESSIVE DIAGNOSTIC PROCEDURES -10 в. PATIENT R. W. 11 He failed to properly use diagnostic procedures 12 (1) and laboratory facilities, but rather had a "one of 13 14 everything " approach; (2) He failed to use a simple, cost effective test to 15 16 detect diabetes; (3) He failed to use more specific, up-to-date liver 17 18 function tests; (4) He failed to show the need for urine creatinine 19 determination tests when routine kidney function tests were 20 21 normal; (5) He failed to document justification for candida 22 antibody panel studies. 23 PRAYER 24 WHEREFORE, the complainant requests that a hearing be 25 held on the matters herein alleged, and that following the 26 hearing, the Division issue a decision: 27

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Revoking or suspending Physician's and Surgeon's 1 1. Certificate Number G22316, heretofore issued to respondent Murray 2 3 Susser, M.D.; 4 Revoking or suspending Physician Assistant 2. 5 Supervisor Certificate No. SA12749 heretofore issued to 5 respondent Murray Susser, M.D.; 7 3. Ordering respondent to pay the Division the actual 8 and reasonable costs of the investigation and enforcement of this 9 case; and 10 4. Taking such other and further action as the 11 Division deems proper. 12 DATED: January 18, 1996 13 14 DANIEL E. LUNGREN, Attorney General of the State of California 15 16 a.1 KAREN B. CHAPPEL 17 Deputy Attorney General 18 Attorneys for Complainant 19 20 21 22 23 24 25 26 27