

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

In the Matter of the Accusation )  
Against: )  
 )  
ROLAND S. JEFFERSON, M.D. )  
 )  
 )  
Physician and Surgeon's )  
Certificate #C-28340 )  
 )  
Respondent. )  
\_\_\_\_\_ )

File No: 06-2002-131860

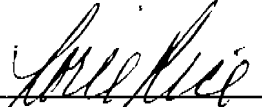
DECISION AND ORDER

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

This Decision shall become effective at 5:00 p.m. on December 18, 2003

IT IS SO ORDERED November 18, 2003

MEDICAL BOARD OF CALIFORNIA

  
\_\_\_\_\_  
Lorie Rice  
Chair, Panel A  
Division of Medical Quality

1 BILL LOCKYER, Attorney General  
of the State of California  
2 CINDY M. LOPEZ, State Bar No. 119988  
Deputy Attorney General  
3 California Department of Justice  
300 So. Spring Street, Suite 1702  
4 Los Angeles, CA 90013  
Telephone: (213) 897-7373  
5 Facsimile: (213) 897-9395  
6 Attorneys for Complainant

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

12 In the Matter of the Accusation Against:

13 ROLAND S. JEFFERSON, M.D.  
3870 Crenshaw Blvd., Suite 215  
Los Angeles, CA 90008

14 Physician and Surgeon Certificate No. C 28340

15 Respondent.

Case No. 06-2002-131860

OAH No. L-2003040503

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

16  
17 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the  
18 above-entitled proceedings that the following matters are true:

19  
20 PARTIES

21 1. Ron Joseph (Complainant) is the Executive Director of the Medical Board  
22 of California. He brought this action solely in his official capacity and is represented in this  
23 matter by Bill Lockyer, Attorney General of the State of California, by Cindy M. Lopez, Deputy  
24 Attorney General.

25 2. Respondent Roland S. Jefferson, M.D. (Respondent) is represented in this  
26 proceeding by attorney Errol Gordon, whose address is 1200 Wilshire Blvd., Suite 308, Los  
27 Angeles, California 90017-1908.

28 3. On or about August 9, 1966, the Medical Board of California issued

1 Physician and Surgeon Certificate No. C 28340 to Roland S. Jefferson, M.D. (Respondent). The  
2 Certificate was in full force and effect at all times relevant to the charges brought in Accusation  
3 No. 06-2002-131860 and will expire on May 31, 2005, unless renewed.

4 JURISDICTION

5 4. Accusation No. 06-2002-131860 was filed before the Division of Medical  
6 Quality (Division) for the Medical Board of California, Department of Consumer Affairs, and is  
7 currently pending against Respondent. The Accusation and all other statutorily required  
8 documents were properly served on Respondent on March 17, 2003. Respondent timely filed his  
9 Notice of Defense contesting the Accusation.

10 ADVISEMENT AND WAIVERS

11 5. Respondent has carefully read, fully discussed with counsel, and  
12 understands the charges and allegations in Accusation No. 06-2002-131860. Respondent has  
13 also carefully read, fully discussed with counsel, and understands the effects of this Stipulated  
14 Settlement and Disciplinary Order.

15 6. Respondent is fully aware of his legal rights in this matter, including the  
16 right to a hearing on the charges and allegations in the Accusation; the right to be represented by  
17 counsel at his own expense; the right to confront and cross-examine the witnesses against him;  
18 the right to present evidence and to testify on his own behalf; the right to the issuance of  
19 subpoenas to compel the attendance of witnesses and the production of documents; the right to  
20 reconsideration and court review of an adverse decision; and all other rights accorded by the  
21 California Administrative Procedure Act and other applicable laws.

22 7. Respondent voluntarily, knowingly, and intelligently waives and gives up  
23 each and every right set forth above.

24 CULPABILITY

25 8. Respondent admits he was grossly negligent in his care and treatment of  
26 patient B.P. when he violated the boundaries of the doctor-patient relationship.

27 9. Respondent agrees that his Physician and Surgeon Certificate is subject to  
28 discipline and he agrees to be bound by the Division's imposition of discipline as set forth in the

1 Disciplinary Order below.

2 CONTINGENCY

3 10. This stipulation shall be subject to approval by the Division of Medical  
4 Quality. Respondent understands and agrees that counsel for Complainant and the staff of the  
5 Medical Board of California may communicate directly with the Division regarding this  
6 stipulation and settlement, without notice to or participation by Respondent or his counsel. By  
7 signing the stipulation, Respondent understands and agrees that he may not withdraw his  
8 agreement or seek to rescind the stipulation prior to the time the Division considers and acts upon  
9 it. If the Division fails to adopt this stipulation as its Decision and Order, the Stipulated  
10 Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall  
11 be inadmissible in any legal action between the parties, and the Division shall not be disqualified  
12 from further action by having considered this matter.

13 11. The parties understand and agree that facsimile copies of this Stipulated  
14 Settlement and Disciplinary Order, including facsimile signatures thereto, shall have the same  
15 force and effect as the originals.

16 12. In consideration of the foregoing admissions and stipulations, the parties  
17 agree that the Division may, without further notice or formal proceeding, issue and enter the  
18 following Disciplinary Order:

19 DISCIPLINARY ORDER

20 IT IS HEREBY ORDERED that Physician and Surgeon Certificate No. C 28340  
21 issued to Respondent Roland S. Jefferson, M.D. is revoked. However, the revocation is stayed  
22 and Respondent is placed on probation for seven (7) years on the following terms and conditions.

23 Within 15 days after the effective date of this decision the respondent shall  
24 provide the Division, or its designee, proof of service that respondent has served a true copy of  
25 this decision on the Chief of Staff or the Chief Executive Officer at every hospital where  
26 privileges or membership are extended to respondent or at any other facility where respondent  
27 engages in the practice of medicine and on the Chief Executive Officer at every insurance carrier  
28 where malpractice insurance coverage is extended to respondent.

1           1.     ACTUAL SUSPENSION As part of probation, respondent is suspended  
2 from the practice of medicine for 45 days beginning the sixteenth (16th) day after the effective  
3 date of this decision.

4           2.     ETHICS COURSE Within sixty (60) days of the effective date of this  
5 decision, respondent shall enroll in a course in Ethics approved in advance by the Division or its  
6 designee, and shall successfully complete the course during the first year of probation.

7           3.     PROFESSIONAL BOUNDARIES PROGRAM Within 60 calendar  
8 days from the effective date of this decision, respondent, at his/her expense, shall enroll in a  
9 professional boundaries program equivalent to the Professional Boundaries Program ("Program")  
10 offered by the Physician Assessment and Clinical Education Program at the University of  
11 California, San Diego School of Medicine. Respondent, at the Program's discretion, shall  
12 undergo and complete the Program's assessment of respondent's competency, mental health  
13 and/or neuropsychological performance, and at a minimum, a 24 hour program of interactive  
14 education and training in the area of boundaries, which takes into account data obtained from the  
15 assessment and from the Decision, Accusation, and any other information that the Division or its  
16 designee deems relevant. The Program shall evaluate respondent at the end of the training and  
17 the Program shall provide any data from the assessment and training as well as the results of the  
18 evaluation to the Division or its designee.

19                 Failure to complete the entire Program not later than six months after respondent's  
20 initial enrollment shall constitute a violation of probation unless the Division or its designee  
21 agrees in writing to a later time for completion. Based on respondent's performance in and  
22 evaluations from the assessment, education, and training, the Program shall advise the Division  
23 or its designee of its recommendation(s) for additional education, training, psychotherapy, and  
24 other measures necessary to ensure that respondent can practice medicine safely. Respondent  
25 shall comply with the Program recommendations. At the completion of the Program, respondent  
26 shall submit to a final evaluation. The Program shall provide the results of the evaluation to the  
27 Division or its designee.

28                 The Program's determination whether or not respondent successfully completed

1 the Program shall be binding.

2 Failure to participate in and successfully complete all phases of the Program, as  
3 outlined above, shall constitute a violation of probation.

4 4. PSYCHIATRIC EVALUATION Within thirty (30) days of the effective  
5 date of this decision, and on a periodic basis thereafter as may be required by the Division or its  
6 designee, respondent shall undergo a psychiatric evaluation (and psychological testing, if deemed  
7 necessary) by a Division-appointed psychiatrist, who shall furnish an evaluation report to the  
8 Division or its designee. The respondent shall pay the cost of the psychiatric evaluation.

9 If respondent is required by the Division or its designee to undergo psychiatric  
10 treatment, respondent shall within thirty (30) days of the requirement notice submit to the  
11 Division for its prior approval the name and qualifications of a psychiatrist of respondent's  
12 choice. Respondent shall undergo and continue psychiatric treatment until further notice from  
13 the Division or its designee. Respondent shall have the treating psychiatrist submit quarterly  
14 status reports to the Division or its designee indicating whether the respondent is capable of  
15 practicing medicine safely.

16 5. PSYCHOTHERAPY Within sixty (60) days of the effective date of this  
17 decision, respondent shall submit to the Division or its designee for its prior approval the name  
18 and qualifications of a psychotherapist of respondent's choice. Upon approval, respondent shall  
19 undergo and continue treatment until the Division or its designee deems that no further  
20 psychotherapy is necessary. Respondent shall have the treating psychotherapist submit quarterly  
21 status reports to the Division or its designee. The Division or its designee may require  
22 respondent to undergo psychiatric evaluations by a Division-appointed psychiatrist. If, prior to  
23 the termination of probation, respondent is found not to be mentally fit to resume the practice of  
24 medicine without restrictions, the Division shall retain continuing jurisdiction over the  
25 respondent's license and the period of probation shall be extended until the Division determines  
26 that the respondent is mentally fit to resume the practice of medicine without restrictions. The  
27 respondent shall pay the cost of the therapy and evaluations.

28 6. MONITORING Within thirty (30) days of the effective date of this

1 decision, respondent shall submit to the Division or its designee for its prior approval a plan of  
2 practice in which respondent's practice shall be monitored by another physician in respondent's  
3 field of practice, who shall provide periodic reports to the Division or its designee.

4 If the monitor resigns or is no longer available, respondent shall, within fifteen  
5 (15) days, move to have a new monitor appointed, through nomination by respondent and  
6 approval by the Division or its designee.

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

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

13 9. PROBATION SURVEILLANCE PROGRAM COMPLIANCE  
14 Respondent shall comply with the Division's probation surveillance program. Respondent shall,  
15 at all times, keep the Division informed of his business and residence addresses which shall both  
16 serve as addresses of record. Changes of such addresses shall be immediately communicated in  
17 writing to the Division. Under no circumstances shall a post office box serve as an address of  
18 record, except as allowed by Business and Professions Code section 2021(b).

19 Respondent shall, at all times, maintain a current and renewed physician's and  
20 surgeon's license.

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

24 10. INTERVIEW WITH THE DIVISION, ITS DESIGNEE OR ITS  
25 DESIGNATED PHYSICIAN(S) Respondent shall appear in person for interviews with the  
26 Division, its designee or its designated physician(s) upon request at various intervals and with  
27 reasonable notice.

28 11. TOLLING FOR OUT-OF-STATE PRACTICE, RESIDENCE OR IN-

1 STATE NON-PRACTICE In the event respondent should leave California to reside or to  
2 practice outside the State or for any reason should respondent stop practicing medicine in  
3 California, respondent shall notify the Division or its designee in writing within ten (10) days of  
4 the dates of departure and return or the dates of non-practice within California. Non-practice is  
5 defined as any period of time exceeding thirty (30) days in which respondent is not engaging in  
6 any activities defined in Sections 2051 and 2052 of the Business and Professions Code. All time  
7 spent in an intensive training program approved by the Division or its designee shall be  
8 considered as time spent in the practice of medicine. A Board-ordered suspension of practice  
9 shall not be considered as a period of non-practice. Periods of temporary or permanent residence  
10 or practice outside California or of non-practice within California, as defined in this condition,  
11 will not apply to the reduction of the probationary order.

12 12. COMPLETION OF PROBATION Upon successful completion of  
13 probation, respondent's certificate shall be fully restored.

14 13. VIOLATION OF PROBATION If respondent violates probation in any  
15 respect, the Division, after giving respondent notice and the opportunity to be heard, may revoke  
16 probation and carry out the disciplinary order that was stayed. If an accusation or petition to  
17 revoke probation is filed against respondent during probation, the Division shall have continuing  
18 jurisdiction until the matter is final, and the period of probation shall be extended until the matter  
19 is final.

20 14. COST RECOVERY The respondent is hereby ordered to reimburse the  
21 Division the amount of \$5,000 within 90 (ninety) days of the effective date of this decision for its  
22 investigative and prosecution costs. Failure to reimburse the Division's cost of investigation and  
23 prosecution shall constitute a violation of the probation order, unless the Division agrees in  
24 writing to payment by an installment plan because of financial hardship. The filing of  
25 bankruptcy by the respondent shall not relieve the respondent of his responsibility to reimburse  
26 the Division for its investigative and prosecution costs.

27 15. PROBATION COSTS Respondent shall pay the costs associated with  
28 probation monitoring each and every year of probation, as designated by the Division, which are



1 currently set at \$2,874, but may be adjusted on an annual basis. Such costs shall be payable to  
2 the Division of Medical Quality and delivered to the designated probation surveillance monitor  
3 no later than January 31 of each calendar year. Failure to pay costs within 30 days of the due  
4 date shall constitute a violation of probation.

5 16. LICENSE SURRENDER Following the effective date of this decision, if  
6 respondent ceases practicing due to retirement, health reasons or is otherwise unable to satisfy  
7 the terms and conditions of probation, respondent may voluntarily tender his certificate to the  
8 Board. The Division reserves the right to evaluate the respondent's request and to exercise its  
9 discretion whether to grant the request, or to take any other action deemed appropriate and  
10 reasonable under the circumstances. Upon formal acceptance of the tendered license, respondent  
11 will not longer be subject to the terms and conditions of probation.

12  
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14  
15 ACCEPTANCE

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

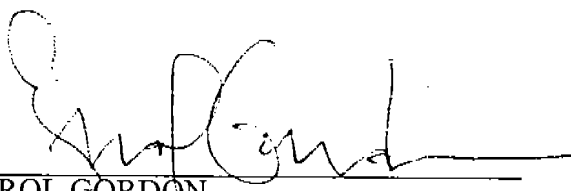
22 DATED: July 30, 2003

23  
24   
25 ROLAND S. JEFFERSON, M.D.  
26 Respondent

27 I have read and fully discussed with Respondent Roland S. Jefferson, M.D. the  
28 terms and conditions and other matters contained in the above Stipulated Settlement and

1 Disciplinary Order. I approve its form and content.

2 DATED: 7/30/03



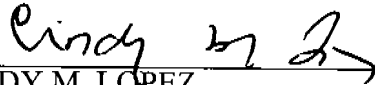
ERROL GORDON  
Attorney for Respondent

8 ENDORSEMENT

9 The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully  
10 submitted for consideration by the Division of Medical Quality, Medical Board of California of  
11 the Department of Consumer Affairs.

12  
13 DATED: 9.22.03

14 BILL LOCKYER, Attorney General  
15 of the State of California



CINDY M. LOPEZ  
Deputy Attorney General

Attorneys for Complainant

20 jefferson-stip.wpd

**EXHIBIT A**

1 BILL LOCKYER, Attorney General  
of the State of California  
2 NANCY ANN STONER, State Bar No. 72839  
Deputy Attorney General, for  
3 CINDY M. LOPEZ  
Deputy Attorney General  
4 California Department of Justice  
300 So. Spring Street, Suite 1702  
5 Los Angeles, CA 90013  
Telephone: (213) 897-7373  
6 Facsimile: (213) 897-9395  
7 Attorneys for Complainant

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

13 In the Matter of the Accusation Against:

Case No. 06-2002-131860

14 ROLAND S. JEFFERSON, M.D.  
3870 Crenshaw Blvd., Suite 215  
15 Los Angeles, CA 90008

**A C C U S A T I O N**

16 Physician and Surgeon Certificate No. C 28340

17 Respondent.

18  
19 Complainant alleges:

20 PARTIES

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

24 2. On or about August 9, 1966, the Medical Board of California issued  
25 Physician and Surgeon Certificate Number C 28340 to Roland S. Jefferson, M.D. (Respondent).  
26 The Physician and Surgeon Certificate was in full force and effect at all times relevant to the  
27 charges brought herein and will expire on May 31, 2003, unless renewed.

28 ////

1 JURISDICTION

2 3. This Accusation is brought before the Division of Medical Quality  
3 (Division) for the Medical Board of California, Department of Consumer Affairs, under the  
4 authority of the following laws. All section references are to the Business and Professions Code  
5 unless otherwise indicated.

6 4. Section 2227 of the Code states:

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

11 “(1) Have his or her license revoked upon order of the division.

12 “(2) Have his or her right to practice suspended for a period not to exceed one  
13 year upon order of the division.

14 “(3) Be placed on probation and be required to pay the costs of probation  
15 monitoring upon order of the division.

16 “(4) Be publicly reprimanded by the division.

17 “(5) Have any other action taken in relation to discipline as the division or an  
18 administrative law judge may deem proper.

19 “(b) Any matter heard pursuant to subdivision (a), except for warning letters,  
20 medical review or advisory conferences, or other matters made confidential or privileged by  
21 existing law, is deemed public, and shall be made available to the public by the board.”

22 5. Section 2234 of the Code states:

23 “The Division of Medical Quality shall take action against any licensee who is  
24 charged with unprofessional conduct. In addition to other provisions of this article,  
25 unprofessional conduct includes, but is not limited to, the following:

26 “(a) Violating or attempting to violate, directly or indirectly, or assisting in or  
27 abetting the violation of, or conspiring to violate; any provision of this chapter [Chapter 5, the  
28 Medical Practice Act].

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- “(b) Gross negligence.
- “(c) Repeated negligent acts.<sup>1</sup>
- “(d) Incompetence.
- “(e) The commission of any act involving dishonesty or corruption which is substantially related to the qualifications, functions, or duties of a physician and surgeon.
- “(f) Any action or conduct which would have warranted the denial of a certificate.”

6. Conduct which breaches the rules or ethical code of a profession or conduct which is unbecoming a member in good standing of a profession also constitutes unprofessional conduct. (*Shea v. Bd. of Medical Examiners*, (1978) 81 Cal.App.3d 564, 575.)

COST RECOVERY

7. Section 125.3 of the Code provides, in pertinent part, that the Division may request the administrative law judge to direct a licentiate found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

MEDICAL REIMBURSEMENT

8. Section 14124.12 of the Welfare and Institutions Code states, in part:

- 
1. Respondent’s acts and omissions occurred prior to the January 1, 2003, effective date of the amended definition of repeated negligent acts in Business and Professions Code section 2234, subdivision (c) which now states:
    - “(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.
    - “(1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.
    - “(2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee’s conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.”

1                   “(a) Upon receipt of written notice from the Medical Board of California, the  
2 Osteopathic Medical Board of California, or the Board of Dental Examiners of California, that a  
3 licensee's license has been placed on probation as a result of a disciplinary action, the department  
4 may not reimburse any Medi-Cal claim for the type of surgical service or invasive procedure that  
5 gave rise to the probation, including any dental surgery or invasive procedure, that was  
6 performed by the licensee on or after the effective date of probation and until the termination of  
7 all probationary terms and conditions or until the probationary period has ended, whichever  
8 occurs first. This section shall apply except in any case in which the relevant licensing board  
9 determines that compelling circumstances warrant the continued reimbursement during the  
10 probationary period of any Medi-Cal claim, including any claim for dental services, as so  
11 described. In such a case, the department shall continue to reimburse the licensee for all  
12 procedures, except for those invasive or surgical procedures for which the licensee was placed on  
13 probation.”

14  
15                                   FIRST CAUSE FOR DISCIPLINE

16   (Gross Negligence)

17                   9.       Respondent is subject to disciplinary action under section 2234,  
18 subdivision (b) of the Code in that he was grossly negligent in his care and treatment of patient  
19 B.P.<sup>2</sup> The circumstances are as follows:

20                   10.       Respondent treated B.P. in “insight oriented psychotherapy” from on or  
21 about June 21, 1997, to July 11, 1998. The final diagnoses included Post Traumatic Stress  
22 Disorder, Chronic; Obsessive Compulsive Disorder; and Personality Disorder NOS (mixed type).

23                   11.       The focus of the therapy was related to dealing with the patient's intense  
24 anger related to: 1) early childhood maternal abandonment (temporary); 2) early childhood  
25 paternal abandonment and rejection; 3) early childhood molestation; 4) marital abuse with  
26

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27                   2.           Initials are used in this pleading to protect patient privacy. Respondent will be  
28 provided with identifying information if discovery is requested.

1 infidelity; and 5) betrayal by close friends.

2           12.     During the first two therapy sessions, B.P. reminded Respondent that she  
3 had been to his office about 20 years earlier with her then-husband who was seeking a letter of  
4 recommendation for medical school from Respondent. B.P. seemed surprised that Respondent  
5 did not remember her, but did remember her ex-husband, and indicated "I must not have made  
6 much of an impression on you."

7           13.     A recurrent concern during the therapy sessions was B.P.'s feelings about  
8 dressing conservatively as a way of reducing male attention. Issues of male infidelity emerged as  
9 a major concern, since both her stepfather and ex-husband were unfaithful. B.P. stated "I don't  
10 date married men," and "I'll never marry again because it is too painful." Goals of psychotherapy  
11 included helping the patient work through feelings of betrayal, insecurities, rejection,  
12 abandonment and low self-esteem.

13           14.     While in therapy, B.P. felt that Respondent flirted with her, seemed  
14 pleased when she broke up with her boyfriend, called her at home, gave her advice and praise  
15 about her writing, and commented on how attractive she was, particularly on the day she wore  
16 form fitting clothes instead of her usual baggy outfits. To B.P., Respondent seemed like a father  
17 figure, he told her how he understood her, she said he kissed her once in the office, asked her to  
18 lift her skirt, and suggested starting a relationship with B.P.

19           15.     According to Respondent's notes, B.P. raised the issue of terminating  
20 treatment during the May 9, 1998, session, after eleven (11) months of therapy. She indicated  
21 she may be reaching the maximum benefit from therapy, but also expressed concern "if she was  
22 going to be 'alright.'" B.P. repeated this concern about surviving her problems with her mother  
23 and sister at the next session on May 23, 1998, but "needed to work things out on her own  
24 without depending on 'shrinks for the rest of my life.'" At the June 20, 1998, session, B.P.  
25 expressed some reluctance to terminate treatment as she will miss the friendship of therapy.  
26 Respondent reassured B.P. that she could reenter treatment at anytime if she ever feels the need.  
27 The last treatment notes are dated July 11, 1998, at which time Respondent noted: "while there  
28 remains some residual issues not yet fully resolved, her overall level of functioning is



1 significantly improved over presenting symptoms.”

2           16.     Within four (4) to six (6) weeks after this last session, Respondent and  
3 B.P. began dating in August 1998, and entered a sexual relationship which lasted until in or  
4 about January 2001. On several occasions during this relationship, Respondent and B.P. went  
5 out to dinner, traveled together, he visited her home, gave B.P. and her son presents, sent her  
6 loving, personal cards under the name Harold Johns, Esq., so others would not find out. B.P.  
7 also sent him letters and they talked on the phone.

8           17.     According to Respondent, B.P. initiated the relationship by calling his  
9 office. She was unusually funny and flattering to him during these calls and said she wanted to  
10 remain friends, like she did with her previous therapist. B.P. also said they have a lot in  
11 common, and “It is too bad we didn’t meet before you met your wife. We should get together.  
12 We have good chemistry.”

13           18.     Respondent told B.P. that he was a married man and that was not going to  
14 change. He also discussed with B.P. the issue of how the Medical Board might view their  
15 relationship. Respondent did not consult with, or seek advise from, a psychiatrist or specialist  
16 about the propriety of entering into a sexual relationship with B.P. He also did not resume  
17 therapy with B.P., or refer her to another therapist for further therapy in order to handle her  
18 transference issues or to discuss the sexualization of their relationship.

19           19.     Respondent and B.P. broke off their relationship several times before it  
20 finally terminated around January 2001. Respondent found B.P. had a difficult time accepting  
21 the fact that he was married. They broke up one time after Respondent commented that B.P.  
22 should dress up more, that she was still “dressing down.” On another occasion, B.P. was upset  
23 because Respondent would not discuss issues that had come up during therapy about B.P.’s ex-  
24 husband. At the end, B.P. expressed anger at Respondent because he was supposed to know  
25 everything about her from being her therapist. Respondent could not understand this: “She  
26 wanted me to be her therapist, but I am her boyfriend, not her therapist.”

27           20.     The following acts and omissions in Respondent’s care and treatment of  
28 B.P., taken singularly or collectively, constituted gross negligence:

- 1 a. During “insight oriented psychotherapy” with patient B.P.,  
2 Respondent failed to consider, prescribe, or have B.P. evaluated for pharmacotherapy,  
3 which is highly effective for patients with B.P.’s history and diagnoses;
- 4 b. During psychotherapy, Respondent failed to correctly identify or  
5 therapeutically handle B.P.’s transference to him, and his own countertransference to her;
- 6 c. Respondent failed to maintain the boundaries of the doctor-patient  
7 treatment relationship;
- 8 d. Respondent failed to identify and therapeutically handle sexual  
9 feelings during insight oriented psychotherapy, both in B.P.’s sexualized transference to  
10 him and in his own countertransference to her. He failed to consult with or obtain  
11 supervision or treatment from another psychiatrist in order to ensure the sexualization  
12 was worked through therapeutically, for the benefit of the patient;
- 13 e. Respondent failed to recognize or properly handle the fact that B.P.  
14 exhibited an intense transference to him, dating back to their brief encounter with him 20  
15 years earlier, and continuing after therapy stopped, when B.P. needed to make contact  
16 with him. He failed to recognize that B.P. needed to resume treatment at that point, and  
17 he failed to refer B.P. to another therapist to discuss and explore her desire to be involved  
18 in a sexual relationship with Respondent. Instead, Respondent allowed the sexualization  
19 of the relationship, he encouraged it and acted out with the patient, thereby destroying the  
20 treatment and aggravating B.P.’s pre-existing traumas;
- 21 f. Respondent failed to seek consultation for himself regarding his  
22 treatment of B.P., specifically with respect to her wish to terminate treatment just as  
23 treatment deepened;
- 24 g. Respondent failed to correctly assess or treat the therapeutic needs  
25 of B.P. with respect to her request to terminate treatment. Respondent failed to recognize  
26 that B.P. had multiple psychiatric problems and diagnoses, traumatic childhood  
27 experiences, deep dependency needs and chronic problems. Symptomatic relief of these  
28 problems is not the goal of insight psychotherapy and termination of therapy at that stage

1 was not appropriate.

2 h. Respondent failed to therapeutically deal with the termination of  
3 therapy. He did not recognize or counsel B.P. that further therapy was needed and it  
4 should not have been terminated in July, 1998;

5 i. Before entering into a personal and sexual relationship with B.P.,  
6 Respondent failed to consult with, or obtain supervision or treatment from, a psychiatrist  
7 or other specialist about the propriety of such a relationship with a former patient, and  
8 how to handle B.P.'s interest in commencing such a relationship;

9 j. Respondent entered into a personal sexual relationship with B.P.  
10 after discussing with her the ethical and legal prohibitions of such a relationship. This  
11 conduct demonstrates a lack of judgment, knowledge and ability to practice medicine  
12 safely, for the benefit of the patient;

13 k. Respondent's sexual involvement with B.P. was unethical, it  
14 destroyed the trust necessary for the doctor-patient relationship, exploited information  
15 and vulnerabilities revealed in therapy, undermined the therapeutic value of treatment,  
16 and caused harm, in violation of the standard of care for physicians and psychiatrists.

17  
18 SECOND CAUSE FOR DISCIPLINE

19 (Repeated Negligent Acts)

20 21. Respondent is subject to disciplinary action under section 2234,  
21 subdivision (c) of the Code in that he was repeatedly negligent during and after his care and  
22 treatment of patient B.P. The circumstances are as follows:

23 22. The facts and allegation set forth in paragraphs 11 through 20 are  
24 incorporated here.

25 23. The following acts and omissions during and after Respondent's care and  
26 treatment of Patient B.P. constitute repeated negligence:

27 a. During "insight oriented psychotherapy" with patient B.P.,  
28 Respondent failed to consider, prescribe, or have B.P. evaluated for pharmacotherapy,

1 which is highly effective for patients with B.P.'s history and diagnoses;

2 b. During psychotherapy, Respondent failed to correctly identify or  
3 therapeutically handle B.P.'s transference to him, and his own countertransference to her;

4 c. Respondent failed to maintain the boundaries of the doctor-patient  
5 treatment relationship;

6 d. Respondent failed to identify and therapeutically handle sexual  
7 feelings during insight oriented psychotherapy, both in B.P.'s sexualized transference to  
8 him and in his own countertransference to her. He failed to consult with or obtain  
9 supervision or treatment from another psychiatrist in order to ensure the sexualization  
10 was worked through therapeutically, for the benefit of the patient;

11 e. Respondent failed to recognize or properly handle the fact that B.P.  
12 exhibited an intense transference to him, dating back to their brief encounter with him 20  
13 years earlier, and continuing after therapy stopped, when B.P. needed to make contact  
14 with him. He failed to recognize that B.P. needed to resume treatment at that point, and  
15 he failed to refer B.P. to another therapist to discuss and explore her desire to be involved  
16 in a sexual relationship with Respondent. Instead, Respondent allowed the sexualization  
17 of the relationship, he encouraged it and acted out with the patient, thereby destroying the  
18 treatment and aggravating B.P.'s pre-existing traumas;

19 f. Respondent failed to seek consultation for himself regarding his  
20 treatment of B.P., specifically with respect to her wish to terminate treatment just as  
21 treatment deepened;

22 g. Respondent failed to correctly assess or treat the therapeutic needs  
23 of B.P. with respect to her request to terminate treatment. Respondent failed to recognize  
24 that B.P. had multiple psychiatric problems and diagnoses, traumatic childhood  
25 experiences, deep dependency needs and chronic problems. Symptomatic relief of these  
26 problems is not the goal of insight psychotherapy and termination of therapy at that stage  
27 was not appropriate.

28 ////

1 h. Respondent failed to therapeutically deal with the termination of  
2 therapy. He did not recognize or counsel B.P. that further therapy was needed and it  
3 should not have been terminated in July, 1998;

4 i. Before entering into a personal and sexual relationship with B.P.,  
5 Respondent failed to consult with, or obtain supervision or treatment from, a psychiatrist  
6 or other specialist about the propriety of such a relationship with a former patient, and  
7 how to handle B.P.'s interest in commencing such a relationship;

8 j. Respondent entered into a personal sexual relationship with B.P.  
9 after discussing with her the ethical and legal prohibitions of such a relationship. This  
10 conduct demonstrates a lack of judgment, knowledge and ability to practice medicine  
11 safely, for the benefit of the patient;

12 k. Respondent's sexual involvement with B.P. was unethical, it  
13 destroyed the trust necessary for the doctor-patient relationship, exploited information  
14 and vulnerabilities revealed in therapy, undermined the therapeutic value of treatment,  
15 and caused harm, in violation of the standard of care for physicians and psychiatrists.

16 l. Based on the foregoing acts and omissions, Respondent violated  
17 the standard of care on several separate and distinct occasions during and after his care  
18 and treatment of B.P. when he failed to evaluate and use pharmacotherapy to treat her  
19 condition, failed to identify and therapeutically handle her transference issues,  
20 inappropriately handled the termination of therapy, and engaged in a sexual relationship  
21 with B.P.

22  
23 THIRD CAUSE FOR DISCIPLINE

24 (Incompetence)

25 24. Respondent is subject to disciplinary action under section 2234,  
26 subdivision (d) of the Code in that he was incompetent during and after his care and treatment of  
27 patient B.P. The circumstances are as follows:

28 ////

1                   25.     The facts and allegation set forth in paragraphs 11 through 21 are  
2 incorporated here.

3                   a.         In addition, Respondent failed to recognize that, given B.P.'s  
4 history and diagnoses, she was particularly vulnerable to sexual exploitation, and that  
5 erotized behavior by the patient toward the therapist is frequently the sequela of  
6 childhood sexual abuse. Respondent failed to realize that B.P.'s interest in commencing  
7 a relationship with him was a call for treatment.

8                   b.         Respondent could not understand what he had done to generate the  
9 anger B.P. felt toward him after their relationship. He failed to understand that post-  
10 termination sexual involvement between a psychotherapist and a patient is not endorsed  
11 because of the persistence of the transference phenomenon that psychotherapy engenders,  
12 which leads to undue influence by the therapist over the patient, and thus causes  
13 exploitation of the patient's vulnerabilities. He did not understand that, to B.P., he  
14 always remained her therapist.

15  
16   FOURTH CAUSE FOR DISCIPLINE

17   (Unprofessional Conduct)

18                   26.     Respondent is subject to disciplinary action under section 2234 of the  
19 Code in that he committed unprofessional conduct by violating the ethical codes and standards of  
20 his profession during and after his care and treatment of patient B.P. The facts and allegation set  
21 forth in paragraphs 11 through 21, and 26 are incorporated here.

22  
23   PRAYER

24                   WHEREFORE, Complainant requests that a hearing be held on the matters herein  
25 alleged, and that following the hearing, the Division of Medical Quality issue a decision:


26                   1.         Revoking or suspending Physician and Surgeon Certificate N. C 28340,  
27 issued to Roland S. Jefferson, M.D.;

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2. Revoking, suspending or denying approval of Roland S. , M.D.'s authority to supervise physician's assistants, pursuant to section 3527 of the Code;
3. Ordering Roland S. Jefferson, M.D. to pay the Division of Medical Quality the reasonable costs of the investigation and enforcement of this case, and, if placed on probation, the costs of probation monitoring;
4. Taking such other and further action as deemed necessary and proper.

Dated: March 17, 2003

  
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RON JOSEPH  
Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California  
Complainant