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10 **BEFORE THE**
11 **MEDICAL BOARD OF CALIFORNIA**
12 **DEPARTMENT OF CONSUMER AFFAIRS**
13 **STATE OF CALIFORNIA**

14 In the Matter of the Accusation Against:

Case No. 800-2017-033993

15 **Theodore Avram Goodman, M.D.**
16 P.O. Box 162866
Sacramento, CA 95816-2866

A C C U S A T I O N

17 Physician's and Surgeon's Certificate No. G 35973,
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21 **PARTIES**

22 1. Christine J. Lally ("Complainant") brings this Accusation solely in her official
23 capacity as the Interim Executive Director of the Medical Board of California, Department of
24 Consumer Affairs ("Board").

25 2. On or about March 1, 1978, the Medical Board issued Physician's and Surgeon's
26 Certificate Number G 35973 to Theodore Avram Goodman, M.D. ("Respondent"). That license
27 was in full force and effect at all times relevant to the charges brought herein and will expire on
28 January 31, 2020, unless renewed.

JURISDICTION

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

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

9 5. Section 2234 of the Code states, in pertinent part:

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

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

15 “...

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

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

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

26 “...”

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6. Section 2266 of the Code states, in pertinent part:

“The failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients constitutes unprofessional conduct.”

FIRST CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

7. Respondent’s license is subject to disciplinary action under section 2234, subdivision (c), of the Code, in that he committed repeated negligent acts during and following the care and treatment of Patient A¹. The circumstances are as follows:

8. Respondent is a psychiatrist who works in private practice, in Sacramento, California. On or about May 4, 2017, Respondent met with Patient A to discuss potential Electroconvulsive therapy² (ECT) treatment. Patient A was a forty-five (45) year old woman, who was undergoing her eighteenth psychiatric hospitalization since 2012. Patient A had been diagnosed with major depression, borderline personality disorder, and post-traumatic stress disorder. Prior to meeting with Respondent, Patient A had been participating in an partial hospitalization program³ (PHP), at Sutter Hospital, in Sacramento, California, where she was referred to Respondent.

9. Between May 8, 2017, and May 22, 2017, Respondent completed five sessions of ECT on Patient A. Each session consisted of Respondent placing a right unilateral lead onto Patient A’s head, followed by the administration of an electric current. The frequency of these treatments was twice per week. While Patient A was receiving treatment from Respondent, she was also involved in PHP; however, during this period, Respondent was Patient A’s primary

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¹ Patient names and information have been removed. All witnesses will be identified in discovery.

² Electroconvulsive therapy is a medical treatment most commonly used in patients with severe major depression or bipolar disorder that has not responded to other treatments. ECT involves a brief electrical stimulation of the brain while the patient is under anesthesia.

³ Partial hospitalization is a type of program used to treat mental illness and substance abuse. In partial hospitalization, the patient continues to reside at home, but commutes to a treatment center up to seven days a week. Partial hospitalization focuses on the overall treatment of the individual, and is intended to avert or reduce in-patient hospitalization.

1 attending psychiatrist. While treating Patient A, Respondent tapered Patient A's Klonopin⁴
2 prescription to 0.25 mg by May 7, 2017. Respondent additionally placed Patient A on a regimen
3 of doxazosin.⁵

4 10. On or about May 24, 2017, Patient A left the PHP program early, following a
5 disagreement with a peer. Patient A—who has a history of self-harming behavior—started cutting
6 herself, after she returned to her residence. A PHP therapist was concerned about Patient A's
7 behavior, from earlier that day, and called her at home. During the telephone conversation,
8 Patient A admitted that she had taken four tablets of clonidine⁶ and stated that she was “waiting
9 for the strength to cut my neck,” or words to that effect. Patient A was admitted to the hospital
10 and placed on an involuntary hold.

11 11. During Patient A's hospitalization, Respondent was her attending physician. Between
12 May 24, 2017, and May 30, 2017, Patient A remained involuntarily hospitalized. On or about
13 May 30, 2017, Patient A asked if she could return to the PHP program. Respondent replied that
14 at that moment the PHP program wanted her to treat her. In actuality, Patient A had been
15 dismissed from the PHP program, due to her acting out behavior.

16 12. On or about May 31, 2017, Patient A admitted to Respondent that her cutting herself
17 “represented both the desire to hurt herself, as well as the desire to kill herself,” or words to that
18 effect. Patient A refused additional ECT and demanded to be discharged immediately.
19 Respondent continued to maintain the involuntary hold, and stated to Patient A that discharge was
20 not safe, and that he could not, in good conscience, discharge her.

21 ⁴ Clonazepam – Generic name for Klonopin. Clonazepam is an anti-anxiety medication in
22 the benzodiazepine family used to prevent seizures, panic disorder and akathisia. Clonazepam is a
23 Schedule IV controlled substance pursuant to Code of Federal Regulations Title 21 section
1308.14(c). It is a Schedule IV controlled substance pursuant to Health and Safety Code section
11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section
4022.

24 ⁵ Doxazosin – Generic name for Cardura, among others, is an alpha- blocker used to treat
25 symptoms of an enlarged prostate and high blood pressure. It relaxes the veins and arteries so that
blood can more easily pass through them. Doxazosin is a Dangerous Drug as defined by
26 California Business and Professions Code section 4022.

27 ⁶ Clonidine – Generic name for the drug Catapres among others, is a medication used to
28 treat high blood pressure, attention deficit hyperactivity disorder, drug withdrawal (alcohol,
opioids, or smoking), menopausal flushing, diarrhea, and certain pain conditions. It is used by
mouth, by injection, or as a skin patch. Clonidine is a Dangerous Drug as defined by California
Business and Professions Code section 4022.

1 13. On or about June 1, 2017, Respondent continued to maintain the involuntary hold on
2 Patient A. In response, Patient A refused to meet with Respondent alone. She blamed the ECT
3 treatments for causing to cut herself, and requested to be treated by another physician.
4 Respondent replied that he did not feel comfortable discharging her home unless Patient A's
5 husband participated in the discharge. During Patient A's in-patient hospitalization, Respondent
6 did not contact, nor document contacting, Patient A's outpatient mental health therapists and
7 primary psychiatrist during Patient A's hospitalization to establish continuity of care.

8 14. On or about June 2, 2017, Patient A's husband arrived at the hospital and agreed to
9 take Patient A home. Respondent discharged Patient A that day and told her husband that she
10 could resume ECT at any point. Patient A's discharge diagnosis was severe major depressive
11 disorder, PTSD, and borderline personality disorder. Although Patient A had displayed suicidal
12 tendencies, and had elevated risk factors for further decompensation and self-injury, Respondent
13 placed the responsibility for Patient A's subsequent follow-up mental health treatment on her.
14 Respondent included the following discharge instructions for Patient A: "Patient to coordinate
15 appointments after completing ECT." Respondent failed to make appropriate referrals to
16 outpatient treatment programs as part of Patient A's discharge to ensure that she received an
17 adequate level of care. Additionally, Respondent's progress notes for Patient A did not indicate
18 that he had discussed her childhood sexual abuse with her, while she was hospitalized.

19 15. Respondent's license is subject to disciplinary action because he committed repeated
20 negligent acts during the care and treatment of Patient A in the following distinct and separate
21 ways:

- 22 1. Respondent failed to communicate with Patient A's outpatient mental health
23 providers during her inpatient hospitalization course to establish continuity of care; and,
- 24 2. Respondent failed to provide referrals for Patient A that would have ensured that
25 she receive an adequate level of care upon discharge from her inpatient hospitalization.

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1 SECOND CAUSE FOR DISCIPLINE

2 **(Failure to Maintain Adequate and Accurate Records)**

3 16. Respondent's license is subject to disciplinary action under section 2266 of the Code,
4 in that he failed to maintain adequate and accurate medical records relating to his care and
5 treatment of Patient A, as more fully described in paragraphs 7 through 15, above, which are
6 incorporated by reference as if fully set forth herein.

7 THIRD CAUSE FOR DISCIPLINE

8 **(General Unprofessional Conduct)**

9 17. Respondent's license is further subject to disciplinary action under sections 2227 and
10 2234, of the Code, in that he engaged in conduct which breached the rules or ethical codes of the
11 medical profession, or conduct which was unbecoming of a member in good standing of the
12 medical profession, and which demonstrated a general unfitness to practice medicine, as more
13 particularly alleged in paragraphs 7 through 15, above, which are hereby realleged and
14 incorporated by reference as if fully set forth herein.

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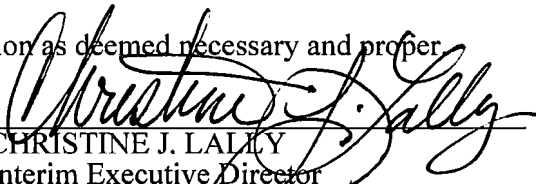
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PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number G 35973, issued to Theodore Avram Goodman, M.D.;
2. Revoking, suspending or denying approval of Theodore Avram Goodman, M.D.'s authority to supervise physician assistants and advanced practice nurses;
3. Ordering Theodore Avram Goodman, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and
4. Taking such other and further action as deemed necessary and proper.

DATED: November 26, 2019


CHRISTINE J. LALLY
Interim Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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