In the Matter of the Accusation Against: Isaac Eliaz, M.D. File No. 12-2007-187090
Physician's and Surgeon's Certificate No. A73390
Respondent.

DECISION

The attached Stipulated Settlement and Disciplinary Order for Public Reprimand is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on August 25, 2010.

IT IS SO ORDERED July 26, 2010.

MEDICAL BOARD OF CALIFORNIA

By: Shelton Duruisseau, Ph.D., Chair
Panel A
IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-entitled proceedings that the following matters are true:

PARTIES

1. Linda K. Whitney is the current Executive Director of the Medical Board of California (Medical Board or Board) and the Complainant in this matter. This action has at all times been brought and maintained solely in the official capacity of the Board’s Executive Director. Complainant is represented in this matter by Edmund G. Brown Jr., Attorney General of the State of California, by Jane Zack Simon and Lawrence A. Mercer, Deputy Attorneys General.
2. Respondent Isaac Eliaz, M.D. (Respondent) is represented in this proceeding by Sharon Barclay Kime of Pacific West Law Group LLP, 213 Garcia Avenue, Half Moon Bay, CA 94019.

3. On November 2, 2000, the Medical Board of California issued Physician's and Surgeon's Certificate No. A73390 to Isaac Eliaz, M.D. The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 12-2007-187090.

JURISDICTION

4. Accusation No. 12-2007-187090 was filed before the Medical Board of California (Board), and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent, who timely filed his Notice of Defense contesting the Accusation. A copy of Accusation No. 12-2007-187090 is attached as Exhibit A.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 12-2007-187090. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order for Public Reprimand (Stipulation.)

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

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

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8. Respondent understands and agrees that the charges and allegations in Accusation No. 12-2007-187090, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate. For the purpose of resolving the Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual basis for charges related to deficiencies in medical records and patient evaluation and assessment, he hereby gives up his right to contest those charges.

9. Respondent agrees to be bound by the Medical Board of California's imposition of discipline as set forth in the Disciplinary Order below.

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

11. The parties understand and agree that facsimile or electronic copies of this Stipulated Settlement and Disciplinary Order for Public Reprimand, including facsimile or electronic signatures thereto, shall have the same force and effect as the originals.

12. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:
DISCIPLINARY ORDER

A. PUBLIC REPRIMAND

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A73390 issued to Respondent Isaac Eliaz, M.D. is hereby publicly reprimanded pursuant to California Business and Professions Code section 2227. This Public Reprimand, issued in connection with Respondent's conduct as set forth in Accusation No. 12-2007-187090, is as follows:


B. OFFICE PROTOCOL

Within 90 calendar days of the effective date of this decision, Respondent shall submit to the Board or its designee for its prior approval, a detailed, written protocol for the evaluation and assessment of patients in Respondent's medical practice. Failure to fully comply with this provision shall constitute unprofessional conduct and grounds for further disciplinary action.

C. CONTINUING MEDICAL EDUCATION PROGRAM

Within 60 calendar days of the effective date of this Decision, Respondent shall submit to the Board or its designee for its prior approval an educational program(s) or course(s) which shall not be less than 40 hours. The educational program(s) or course(s) shall focus on the areas of patient evaluation, assessment and medical records documentation, and shall be Category I certified, limited to classroom, conference, or seminar settings. The educational program(s) or course(s) shall be at respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. Respondent shall complete the program(s) or course(s) no later than 180 days after initial enrollment, unless the Board or its
designee agrees in writing to a later time for completion. Respondent shall submit a certification of successful completion to the Board or its designee not later than 15 calendar days after successfully completing the program(s) or course(s), or not later than 15 days after the effective date of the Decision, whichever is later. Failure to successfully complete the continuing medical education required in this paragraph shall constitute unprofessional conduct and grounds for further disciplinary action.

**ACCEPTANCE**

I have carefully read this Stipulated Settlement and Disciplinary Order for Public Reprimand and have fully discussed it with my attorney, Sharon Barclay Kime. I understand the Stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and Disciplinary Order for Public Reprimand voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: June 18, 2010

ISAAC ELIAZ, M.D.
Respondent

**APPROVAL**

I have read and fully discussed with Respondent Isaac Eliaz, M.D. the terms and conditions and other matters contained in this Stipulated Settlement and Disciplinary Order for Public Reprimand. I approve its form and content.

DATED: 6-19-2010

SHARON BARCLAY KIME
Pacific West Law Group LLP

Attorneys for Respondent
ENDORSEMENT

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

Dated: 6/22/2010

EDMUND G. BROWN JR.
Attorney General of California

JANE ZACK SIMON
LAWRENCE A. MERCER
Deputy Attorneys General
Attorneys for Complainant
Exhibit A
In the Matter of the Accusation Against:

ISAAC ELIAZ, M.D.
7064 CORLINE CT, SUITE A
SEBASTOPOL, CA 95472

PHYSICIAN’S AND SURGEON’S CERTIFICATE NO. A73390

Complainant alleges:

PARTIES

1. Barbara Johnston (Complainant) brings this Accusation solely in her official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs.

2. On or about November 2, 2000, the Medical Board of California issued Physician's and Surgeon's Certificate Number A73390 to Isaac Eliaz, M.D. (respondent). Said certificate is renewed and current, with an expiration date of August 31, 2010.
3. This Accusation is brought before the Medical Board of California\(^1\) (Board), Department of Consumer Affairs, under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

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

B. Section 2234 of the Code provides that the Medical Board shall take action against any licensee who is charged with unprofessional conduct. Unprofessional conduct includes, but is not limited to:

\[\text{"(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate, any provision of this chapter [Chapter 5, the Medical Practice Act].}\]

\[\text{"(b) Gross negligence.}\]

\[\text{"(c) Repeated negligent acts..."}\]

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

D. Section 2266 of the Code provides that the failure of a physician and surgeon to maintain adequate and accurate medical records constitutes unprofessional conduct.

E. Health and Safety Code section 123110 provides that the failure of a physician to provide a patient with copies of his or her medical record when requested constitutes unprofessional conduct.

\(^1\) The term “Board” means the Medical Board of California. “Division of Medical Quality” shall also be deemed to refer to the Board.
FIRST CAUSES FOR DISCIPLINE

(General Unprofessional Conduct, Gross Negligence, Repeated Negligent Acts, Prescribing without Appropriate Examination, Refusal to Provide Records)

4. Respondent operates the Amitabha Medical Clinic and Healing Center ("Amitabha") in Sebastopol, California. Respondent is not board certified in any specialty, but specializes in integrative medicine.

5. Patient B.G. was a 59 year old man who presented to Amitabha on or about January 11, 2007 for an integrated medicine consultation and an evaluation of previously diagnosed prostate cancer. Patient B.G. had received treatment and/or consultation from other physicians, including a urologist, an oncologist and his primary care physician. He then elected to seek care from respondent and his Amitabha clinic. Patient B.G. was at the time suffering from a great deal of emotional and personal distress.

6. When Patient B.G. first presented to Amitabha on January 11, 2007, he completed a patient information form setting forth the name of his physician and the date of his last physical examination. He was also provided with a written statement of "Office Financial Policy" which indicated that Amitabha was not a primary care office, and that patients were required to have a primary care physician. There is no other documentation in respondent's chart for B.G. indicating that respondent's self-described role as a consultant was otherwise discussed with B.G. at any time during his treatment with respondent.

7. Respondent was not available to see B.G. as a new patient, and B.G. was seen on January 11, 2007 by respondent's nurse practitioner. The nurse practitioner took some history, and noted that B.G. was taking Avodart\(^2\) on a daily basis. The nurse practitioner noted that B.G. was emotionally labile and crying, and described him as "severely traumatized" by his son's death. She noted that B.G.'s decision making skills were "compromised by his emotionality and

\(^2\) Avodart is a trade name for dutasteride. It is used to treat prostate enlargement. Avodart is a prescription drug and a dangerous drug as defined by Business and Professions Code §4022.
anger." The nurse practitioner documented B.G.'s decision to pursue a "watchful waiting approach" to his prostate cancer, and a plan to consult with respondent. The nurse practitioner’s note reflects a review of records B.G. brought along with him. No physical examination was performed, there was no review of systems, no medical or surgical history was taken, and there was no request for additional records from other treating physicians.

8. Following B.G.'s January 11 office visit, respondent discussed patient B.G. with his nurse practitioner and reviewed the records B.G. had provided. Respondent’s January 13, 2007 chart note sets forth a plan for a nutritional supplement program for the nurse practitioner to review with B.G.; a proposal for sodium phenylbutyrate ("SPB") treatment, which was to be discussed with the patient by the nurse practitioner and was to include discussion of possible benefits, potential side effects and the need for a low sodium diet; PPD testing as preparation for possible BCG treatment; referral to UCSF for a doppler ultrasound and an MRI-S; and review of lab needs.

9. Patient B.G.’s next contact with the Amitabha clinic was with the nurse practitioner on January 15, 2007. The nurse practitioner’s note for that contact reflects a discussion of the consultation with respondent. Patient B.G. was directed to stop taking Avodart, which had been prescribed by another physician; to obtain a series of lab tests; to obtain the UCSF studies recommended by respondent; and, to implement a nutritional supplement program. The chart note also reflects a discussion of the SPB therapy, B.G.’s weight was recorded for purposes of calculating the dose of SPB, and a low sodium diet was advised. SPB therapy was initiated and B.G. was given a prescription for sodium phenylbutyrate. A PPD test was administered, and BCG treatment was started. No physical examination was performed, and other than weight, no vital signs were taken.

3 Sodium Phenylbutyrate is a prescription drug and a dangerous drug as defined by Business and Professions Code §4022.
4 PPD testing refers to a tuberculosis test.
5 BCG refers to an experimental therapy designed to enhance the immune system. BCG is a vaccine requiring a prescription, and is a dangerous drug as defined by Business and Professions Code §4022.
10. B.G. returned to see the nurse practitioner on February 7, 2007. He was noted to have Gilbert’s syndrome and hot flashes, as well as depression, anger and frustration. A ten pound weight gain was noted (although no actual weight was recorded.) The nurse practitioner discussed a “spring cleanse” and dietary adjustments. On February 28, 2007, the nurse practitioner reviewed lab results with B.G. A slightly elevated blood glucose level was discussed; B.G. wanted to try glucophage and he was given a prescription for glucophage. The plan was to repeat laboratory tests in one month. The nurse practitioner had another follow-up with B.G. on March 19, 2007. At that time B.G. reported that he felt much better, and that he continued to take the SPB. No physical exam was performed and/or documented by the nurse practitioner at any of these visits, and no vital signs were taken or recorded.

11. Patient B.G.’s first visit with respondent was on April 2, 2007. Respondent’s chart for the visit contains a review of the nurse practitioner visits, lab tests and the results of the MRI-S and ultrasound studies. Respondent noted that B.G. was taking Avodart. He concluded that there was some degree of metabolic syndrome. For the first time, the chart noted allergies to several medications, as well as a family history of heart disease and hyperlipidemia. Respondent performed a pulse diagnosis from a Chinese medical view, but conducted no other physical examination; no vital signs were recorded, and no medical or surgical history was taken. Respondent documented B.G.’s emotional state was characterized by “a lot of anger” and respondent described B.G. as crying and very tense at the time of the visit. Respondent’s plan was to proceed with “active watchful waiting” in accordance with B.G.’s wishes, to continue with supplements, glucophage, exercise, nutrition and SPB, and to obtain further studies at UCSF. A

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6 Gilbert’s syndrome is a mild liver disorder in which the liver doesn’t properly process bilirubin.
7 Glucophage is an oral antidiabetic medication used to treat type 2 (non-insulin-dependent) diabetes. It is a prescription drug and a dangerous drug as defined in Business and Professions Code §4022.
8 Metabolic syndrome refers to a cluster of conditions that occur together, increasing the risk of heart disease, stroke and diabetes. These conditions typically include increased blood pressure, elevated insulin levels, excess body fat around the waist or abnormal cholesterol levels.
separate written chart note dated April 2, 2007, says “stop Avodart.” B.G.'s SPB protocol was modified, and respondent referred B.G. for additional lab studies and for lipid and marker testing.

12. B.G. had an additional follow-up with the nurse practitioner on April 9, 2007. B.G.'s weight gain and diet was discussed. No physical exam was conducted, and no vital signs were taken or recorded.

13. B.G. saw respondent on May 14, 2007. Labs were reviewed, and B.G.'s supplement program was modified. Respondent's record for the visit notes that B.G. was concerned about a rising PSA, and that he had gained weight. Respondent discussed with B.G. his elevated lipids and the possibility that he should consider statins and local therapy for prostate cancer. Respondent again noted possible metabolic syndrome, and glucophage was discontinued. No vitals were taken or recorded, and no physical examination was conducted.

14. Patient B.G. saw respondent for a final office visit on July 18, 2007. B.G. voiced concern about a rise in his PSA and a 3 pound weight gain was noted. B.G. was described as angry and upset. Respondent made adjustments to B.G.'s supplements, and his SPB dosage was increased. No vitals were taken or recorded, and no physical examination was conducted.

15. Over the next several weeks, respondent and B.G. exchanged letters and e-mails. Respondent advised B.G. that his lipid panel was abnormal, and encouraged B.G. to follow-up with his primary care physician for medication management. Respondent recommended that B.G. discontinue the SPB due to his weight gain, and that he seriously consider local therapy for his prostate cancer.

16. On August 26, 2007, Patient B.G. sent a written request, by fax, to respondent requesting that all of his medical records, including “...notes, diagnosis, treatment plan, labs prescribed and the complete course of treatment provided by you...” be sent to two specified physicians. Respondent sent B.G. a letter on August 27, 2007 advising him that Amitabha would only provide “labs and images,” which had already been provided. This position was consistent with Amitabha office policy. On the same date, respondent terminated his treatment relationship.
with B.G. B.G. then sent two more letters to respondent, which included a number of
complaints, and a further demand for all of his medical records. Respondent contacted B.G. by
telephone and attempted to resolve his concerns. Respondent eventually provided B.G. with his
complete medical record.

**ACTS OR OMISSIONS/VIOLATIONS**

17. Respondent committed the following acts or omissions in his care and treatment of
B.G.:

A. Respondent provided medical treatment to B.G. over numerous office visits
and for more than six months without ever conducting a thorough evaluation, which would have
included a medical/surgical history, review of systems and physical examination;

B. Respondent treated B.G. for prostate cancer over numerous office visits
and for more than six months without ever conducting a rectal or prostate examination, or any
physical examination;

C. Respondent treated B.G. with various modalities — including SPB
therapy known to cause fluid retention—and noted concern for metabolic syndrome, over
numerous office visits and for more than six months without ever taking and/or recording any
vital signs;

D. Respondent discontinued the Avodart prescription issued to B.G. by
another physician without any communication or notification to the prescribing physician;

E. B.G. was seen in respondent’s practice and received treatment, including
prescriptions of various medications and supplements, over a period of nearly four months before
he was ever seen and evaluated by respondent, and before he was asked about drug allergies or
sensitivities.

F. Respondent failed to either provide B.G. with complete and adequate
informed consent regarding treatment with SPB or BCG, and regarding respondent’s self-
described status as a consultant, and/or failed to adequately document said informed consent.

G. Respondent provided treatment and prescribed several dangerous drugs without conducting an appropriate prior medical examination, and without taking any steps to communicate this information to B.G.'s primary or other treating physicians.

H. Respondent failed to provide B.G. with his complete medical record, despite several appropriate and specific requests for those records.

18. Respondent's conduct as set forth above constitutes general unprofessional conduct and is cause for disciplinary action pursuant to Section 2234 of the Code;

19. Respondent's conduct as set forth above constitutes gross negligence, and/or repeated negligent acts and is cause for disciplinary action pursuant to Sections 2234(b) and/or 2234(c) of the Code;

20. Respondent's conduct as set forth above constitutes prescribing without an appropriate prior examination and is cause for disciplinary action pursuant to Section 2242.

21. Respondent's conduct as set forth above constitutes the failure to maintain adequate and accurate medical records and is cause for disciplinary action pursuant to Section 2266.

22. Respondent's conduct as set forth above constitutes a failure to provide medical records upon request, and is cause for disciplinary action pursuant to Health and Safety Code section 123110.

PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number A73390 issued to Isaac Eliaz, M.D.

2. Ordering respondent to pay probation costs in the event that he is placed on
probation;

3. Revoking, suspending, or denying approval of respondent's authority to supervise physician assistants; and

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

Dated: August 26, 2009

BARBARA JOHNSTON
Executive Director
Medical Board of California