

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

In the Matter of the First Amended)

Accusation Against:)

)

)

GUS DIXON, M.D.)

Case No. 06-2012-222287

)

Physician's and Surgeon's)

Certificate No. G50775)

)

Respondent)

)

DECISION

The attached Stipulated Surrender of License and Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on November 19, 2015

IT IS SO ORDERED November 12, 2015.

MEDICAL BOARD OF CALIFORNIA

By: _____


Kimberly Kirchmeyer
Executive Director

1 KAMALA D. HARRIS
Attorney General of California
2 E. A. JONES III
Supervising Deputy Attorney General
3 BENETH A. BROWNE
Deputy Attorney General
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5 300 So. Spring Street, Suite 1702
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7 *Attorneys for Complainant*

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

11 In the Matter of the First Amended Accusation
Against:

Case No. 06-2012-222287

12 **GUS DIXON, M.D.**
13 **412 Termino Ave.**
14 **Long Beach, CA 90814**

OAH No. 2014100623

**STIPULATED SURRENDER OF
LICENSE AND ORDER**

15 **Physician's and Surgeon's Certificate**
16 **No. G 50775**

Respondent.

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

20 PARTIES

21 1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board
22 of California. She brought this action solely in her official capacity and is represented in this
23 matter by Kamala D. Harris, Attorney General of the State of California, by Beneth A. Browne,
24 Deputy Attorney General.

25 2. GUS DIXON, M.D. (Respondent) is represented in this proceeding by attorney David
26 C. Loe, whose address is 625 The City Drive South, Suite 350, Orange, California 92868.

27 3. On or about July 25, 1983, the Medical Board of California issued Physician's and
28 Surgeon's Certificate No. G 50775 to Respondent. The Physician's and Surgeon's Certificate was

1 in full force and effect at all times relevant to the charges brought in First Amended Accusation
2 No. 06-2012-222287 and will expire on July 31, 2015, unless renewed.

3 JURISDICTION

4 4. First Amended Accusation No. 06-2012-222287 was filed before the Medical Board
5 of California (Board), Department of Consumer Affairs, and is currently pending against
6 Respondent. The First Amended Accusation and all other statutorily required documents were
7 properly served on Respondent on February 2, 2015. Respondent timely filed his Notice of
8 Defense contesting the First Amended Accusation. A copy of First Amended Accusation No. 06-
9 2012-222287 is attached as Exhibit A and incorporated by reference.

10 ADVISEMENT AND WAIVERS

11 5. Respondent has carefully read, fully discussed with counsel, and understands the
12 charges and allegations in First Amended Accusation No. 06-2012-222287. Respondent also has
13 carefully read, fully discussed with counsel, and understands the effects of this Stipulated
14 Surrender of License and Order.

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

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

24 CULPABILITY

25 8. Respondent understands that the charges and allegations in First Amended
26 Accusation No. 06-2012-222287, if proven at a hearing, constitute cause for imposing discipline
27 upon his Physician's and Surgeon's Certificate.

28 9. Respondent admits the truth of the allegations in the Fourth Cause for Discipline. For

1 the purpose of resolving the First Amended Accusation without the expense and uncertainty of
2 further proceedings, Respondent does not contest that, at an administrative hearing, complainant
3 could establish a *prima facie* case with respect to the remaining charges and allegations contained
4 in First Amended Accusation No. 06-2012-222287 and that he has thereby subjected his license
5 to disciplinary action. Respondent hereby gives up his right to contest that cause for discipline
6 exists based on those charges.

7 10. Respondent agrees that if he ever petitions for reinstatement of his Physician's and
8 Surgeon's Certificate No. G 50775, all of the charges and allegations contained in First Amended
9 Accusation No. 06-2012-222287 shall be deemed true, correct and fully admitted by respondent
10 for purposes of that reinstatement proceeding or any other licensing proceeding involving
11 respondent in the State of California.

12 11. Respondent understands that by signing this stipulation he enables the Board to issue
13 an order accepting the surrender of his Physician's and Surgeon's Certificate without further
14 process.

15 CONTINGENCY

16 12. This stipulation shall be subject to approval by the Medical Board of California.
17 Respondent understands and agrees that counsel for Complainant and the staff of the Medical
18 Board of California may communicate directly with the Board regarding this stipulation and
19 surrender, without notice to or participation by Respondent or his counsel. By signing the
20 stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek
21 to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails
22 to adopt this stipulation as its Decision and Order, the Stipulated Surrender and Disciplinary
23 Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal
24 action between the parties, and the Board shall not be disqualified from further action by having
25 considered this matter.

26 13. The parties understand and agree that Portable Document Format (PDF) and facsimile
27 copies of this Stipulated Surrender of License and Order, including Portable Document Format
28 (PDF) and facsimile signatures thereto, shall have the same force and effect as the originals.

1 have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Surrender of
2 License and Order voluntarily, knowingly, and intelligently, and agree to be bound by the
3 Decision and Order of the Medical Board of California.

4
5 DATED: 7-6-15 [Signature]
6 GUS DIXON, M.D.
7 Respondent

8 I have read and fully discussed with Respondent GUS DIXON, M.D. the terms and
9 conditions and other matters contained in this Stipulated Surrender of License and Order. I
10 approve its form and content.

11 DATED: 7/6/15 [Signature]
12 DAVID C. LOE
13 Attorney for Respondent

14 ENDORSEMENT

15 The foregoing Stipulated Surrender of License and Order is hereby respectfully submitted
16 for consideration by the Medical Board of California of the Department of Consumer Affairs.

17 Dated: July 7, 2015 Respectfully submitted,
18 KAMALA D. HARRIS
19 Attorney General of California
20 E. A. JONES III
21 Supervising Deputy Attorney General
22 [Signature]
23 BENETH A. BROWNE
24 Deputy Attorney General
25 *Attorneys for Complainant*

26 LA2014612768
27 61606818
28

Exhibit A

First Amended Accusation No. 06-2012-222287

1 KAMALA D. HARRIS
Attorney General of California
2 E. A. JONES III
Supervising Deputy Attorney General
3 BENETH A. BROWNE
Deputy Attorney General
4 State Bar No. 202679
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7 *Attorneys for Complainant*

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO *Feb 2 20 15*
BY *[Signature]* ANALYST

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

11 In the Matter of the First Amended Accusation
12 Against:

Case No. 06-2012-222287

13 **GUS DIXON, M.D.**
412 Termino Avenue
14 Long Beach, CA 90814

OAH No. 2014100623

15 Physician's and Surgeon's Certificate
No. G 50775

FIRST AMENDED ACCUSATION

16 Respondent.

17
18 Complainant alleges:

19 **PARTIES**

20 1. Kimberly Kirchmeyer (Complainant) brings this First Amended Accusation solely in
21 her official capacity as the Executive Director of the Medical Board of California, Department of
22 Consumer Affairs.

23 2. On or about July 25, 1983, the Medical Board of California issued Physician's and
24 Surgeon's Certificate Number G 50775 to GUS DIXON, M.D. (Respondent). The Physician's
25 and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
26 herein and will expire on July 31, 2015, unless renewed.

27 **JURISDICTION**

28 3. This First Amended Accusation is brought before the Medical Board of California

1 Department of Consumer Affairs, under the authority of the following laws. All section
2 references are to the Business and Professions Code unless otherwise indicated.

3 4. Section 2229 of the Code states, in subdivision (a):

4 "Protection of the public shall be the highest priority for the Division of Medical Quality,¹
5 the California Board of Podiatric Medicine, and administrative law judges of the Medical Quality
6 Hearing Panel in exercising their disciplinary authority."

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

11 6. Section 2234 of the Code, states:

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

15 "(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the
16 violation of, or conspiring to violate any provision of this chapter.

17 "(b) Gross negligence.

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

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

23 "(2) When the standard of care requires a change in the diagnosis, act, or omission that
24 constitutes the negligent act described in paragraph (1), including, but not limited to, a
25 reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the

26 _____
27 ¹ Pursuant to Business and Professions Code section 2002, the "Division of Medical
28 Quality" or "Division" shall be deemed to refer to the Medical Board of California.

1 applicable standard of care, each departure constitutes a separate and distinct breach of the
2 standard of care.

3 "(d) Incompetence.

4 "(e) The commission of any act involving dishonesty or corruption which is substantially
5 related to the qualifications, functions, or duties of a physician and surgeon.

6 "(f) Any action or conduct which would have warranted the denial of a certificate.

7 "(g) The practice of medicine from this state into another state or country without meeting
8 the legal requirements of that state or country for the practice of medicine. Section 2314 shall not
9 apply to this subdivision. This subdivision shall become operative upon the implementation of the
10 proposed registration program described in Section 2052.5.

11 "(h) The repeated failure by a certificate holder, in the absence of good cause, to attend and
12 participate in an interview scheduled by the mutual agreement of the certificate holder and the
13 board. This subdivision shall only apply to a certificate holder who is the subject of an
14 investigation by the board."

15 7. Section 2266 of the Code states: "The failure of a physician and surgeon to maintain
16 adequate and accurate records relating to the provision of services to their patients constitutes
17 unprofessional conduct."

18 8. Section 820 of the Code states:

19 "Whenever it appears that any person holding a license, certificate or permit under this
20 division or under any initiative act referred to in this division may be unable to practice his or her
21 profession safely because the licentiate's ability to practice is impaired due to mental illness, or
22 physical illness affecting competency, the licensing agency may order the licentiate to be
23 examined by one or more physicians and surgeons or psychologists designated by the agency.
24 The report of the examiners shall be made available to the licentiate and may be received as direct
25 evidence in proceedings conducted pursuant to Section 822."

26 9. Section 822 of the Code states:

27 "If a licensing agency determines that its licentiate's ability to practice his or her profession
28 safely is impaired because the licentiate is mentally ill, or physically ill affecting competency, the

1 licensing agency may take action by any one of the following methods:

2 “(a) Revoking the licentiate's certificate or license.

3 “(b) Suspending the licentiate's right to practice.

4 “(c) Placing the licentiate on probation.

5 “(d) Taking such other action in relation to the licentiate as the licensing agency in its
6 discretion deems proper.

7 “The licensing agency shall not reinstate a revoked or suspended certificate or license until
8 it has received competent evidence of the absence or control of the condition which caused its
9 action and until it is satisfied that with due regard for the public health and safety the person's
10 right to practice his or her profession may be safely reinstated.”

11 10. Section 824 of the Code states: “The licensing agency may proceed against a
12 licentiate under either Section 820, or 822, or under both sections.”

13 11. Section 826 of the Code states: “The proceedings under Section 821 and 822 shall be
14 conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division
15 3 of Title 2 of the Government Code, and the licensing agency and the licentiate shall have all the
16 rights and powers granted therein.”

17 **FIRST CAUSE FOR DISCIPLINE**

18 *(Gross Negligence)*

19 12. Respondent is subject to disciplinary action under section 2234, subdivision (b), in
20 that he was grossly negligent in the care and treatment of four patients. The circumstances are as
21 follows:

22 **Patient A.O.**

23 13. Respondent had a psychiatric medical practice in Long Beach.

24 14. On or about May 3, 2012, D.O. and A.O. had an appointment with Respondent for
25 D.O.

26 15. The appointment began two hours and forty-five minutes later than scheduled. Upon
27 being advised that Respondent was running at least an hour behind schedule, D.O. and A.O. left
28 and returned an hour later. After their return to his office, despite receiving consistent assurance

1 from Respondent's assistant that it would be a "couple minutes," it "won't be long," the doctor
2 was "almost finished," and that it would be "five more minutes," they waited another hour and
3 forty-five minutes before the appointment began. During the wait, D.O. was asked to pre-pay for
4 the appointment, and she did. In a "private waiting room" for an hour and forty-five minutes,
5 D.O. could hear every detail of the session next door between Respondent and his patient,
6 including Respondent's unfavorable characterization of his patient's probation officer, a black
7 woman. Additionally, during their own appointment (D.O. and A.O.), Respondent "made
8 numerous racial remarks" and also "made derogatory remarks" about [D.O. or A.O.]'s therapist.

9 16. During the appointment, they "went round in circles." suggesting that Respondent's
10 questioning was non-linear. D.O. reported that Respondent went off on tangents including about
11 the history of lithium and about languages that are derived from Latin. Respondent was very
12 hurried, all over the place with his discussions, and he kept trying to "one up" her on every issue
13 she brought up. She described that he was completely off topic, self-centered, did not listen to
14 her, was unprofessional and would not stop talking, which she described as ludicrous.

15 17. D.O. also complained that Respondent made incorrect assumptions. Respondent
16 voiced his assumptions that the patient, D.O.'s son, "probably did not live with his biological
17 father" and that D.O. "may not be married." Respondent also "accused D.O. of trying to make
18 A.O. be a writer" even though, according to Respondent, "the male brain is less suited to arts and
19 writing than math and science" and he "tried to get D.O. to take A.O. to an architectural firm,"
20 although she knows, and her son confirmed, he has no interest in that.

21 18. D.O.'s complaint also describes that midway (about 40 minutes) through the session,
22 without explanation to D.O. and A.O., Respondent walked out of the session when his
23 receptionist advised that four people were walking out the door. D.O. described that she and her
24 son waited for him in his office for several minutes after he walked out until they got up to leave.
25 When D.O. and A.O. reached the waiting room, D.O. overheard Respondent stating to patients,
26 who D.O. knew had been waiting there for over two hours, that his office is "like the emergency
27 room" and they would "have to wait."

28 19. D.O. also advised that several months after the appointment with Respondent, she

1 ran into him at a Target store while she was with her 10-year-old daughter who Respondent had
2 never met. Respondent did not recognize D.O. and he looked disheveled. Respondent
3 interrupted D.O.'s conversation with her daughter and put his hands on D.O.'s daughter's face and
4 began ranting about the dark circles around her eyes. D.O. found it weird and was afraid of
5 Respondent, so she grabbed her daughter and walked away.

6 20. Respondent maintained no records regarding the appointment with D.O. and A.O. on
7 May 3, 2012.

8 21. On or about May 3, 2012, Respondent was grossly negligent in his care and treatment
9 of patient A.O., taken singularly or collectively, when he:

10 (1) caused D.O. and A.O. an excessive wait, rather than cancelling and offering to
11 reschedule the appointment;

12 (2) failed to protect the confidentiality of another patient;

13 (3) made inappropriate comments about the minor patient's mother's marital status,
14 the whereabouts of the patient's father, and racial remarks;

15 (4) failed to maintain any medical records relating to a patient evaluation.

16 **Patient S.R.**

17 22. On or around March 14, 2012, S.R. had an initial appointment with Respondent. S.R.
18 was a 31-year-old, college-educated male seeking help for depression and an evaluation for adult
19 ADHD.

20 23. S.R. submitted a complaint to the Board that his appointment with Respondent was
21 "horrible and a traumatic experience." His complaint described the appointment and his
22 observations that Respondent appeared unstable and short-tempered. S.R. believed that
23 Respondent was on some sort of drugs and that if other patients had similar experiences to his,
24 Respondent "should not be practicing medicine, effective immediately." S.R. wanted to walk out
25 of the appointment half way through. He believed that Respondent needed to be reported because
26 his behavior was unprofessional and out of the norm. He was somewhat fearful of Respondent,
27 did not fill any of the prescriptions Respondent gave him, canceled further appointments and
28 sought a refund of his payment for the session.

1 24. S.R.'s complaint described that "throughout the appointment, [Respondent] appeared
2 fidgety, scattered, and discombobulated, shuffling repeatedly through just a few papers to find his
3 place, jumping from one sentence and topic to the next, and extremely forgetful about what [they]
4 had discussed just seconds before." S.R. reported that Respondent repeatedly asked him the same
5 questions without seeming to be aware of it.

6 25. S.R. described that Respondent was "quite vocal" about not liking some of S.R.'s
7 answers and Respondent accused S.R. of being passive-aggressive at least six times during the
8 appointment and at one point accused S.R. of playing "mind games" with him. S.R. found
9 Respondent to be rude in observations about his "depressed" tone of voice, "commenting on them
10 at least six times in a rather put-down manner." S.R. felt Respondent's misinterpretations of him
11 led to Respondent's frustration toward him including swearing at him twice. S.R. reported that
12 Respondent accused him of lying and insisted that S.R. had been "fucking fired" from his job.
13 S.R. also reported that when he was slow in explaining his father's carrier/advertising profession,
14 Respondent said, "How in the fuck do you not know what your father did?"

15 26. S.R. described that Respondent was drinking tea from a very large plastic cup and
16 spilled it across his desk and onto the floor. S.R. reported that when he tried to help clean it up,
17 Respondent snapped at him for trying to use some nearby tissues while Respondent grabbed a
18 cloth, insinuating wastefulness, asking, "you were raised in an affluent home, huh?" S.R.
19 reported that he then also overheard Respondent griping to his assistant in the other room about
20 the tissue as well.

21 27. S.R. had found Respondent online and had read positive reviews about him.
22 Respondent had been eating candy during the appointment and offered some to S.R.. Whenever
23 Respondent had appeared to get upset or angry, Respondent had raised his voice at S.R. S.R. had
24 contacted his credit card company to request that they not submit payment for the appointment
25 because of Respondent's unprofessional behavior, but was told payment had been made.

26 28. S.R. then had written a letter to Respondent requesting a refund but had not received
27 any response from Respondent. In his letter to Respondent, S.R. had described that he was
28 "startled and a bit fearful by [Respondent's] behavior and language, finding it very

1 unprofessional.” S.R. wrote, “You cursed towards me, accused me of being fired from my last
2 job, snapped at me when I tried to help clean up the drink that you had spilt across your desk, and
3 repeatedly accused me of lying to you and being passive aggressive with you ... And the list goes
4 on. About midway through the session, I wanted to walk out but I wasn't sure as to what your
5 reaction would be. The experience was surreal and uncomfortable, to say the least.”

6 29. S.R. brought Respondent notes and medical records, including laboratory results,
7 relating to prior treatment for gastrointestinal complaints. The laboratory test results provided by
8 S.R. to Respondent indicated a relatively low likelihood of irritable bowel syndrome (IBS), and a
9 high likelihood of an inflammatory bowel disease (IBD), specifically Crohn's.

10 30. Respondent prescribed S.R. one-hundred and fifty 10 m.g. pills of imipramine “for
11 mood and IBS”^[2] and sixty 2 m.g. pills of perphenazine “for a calm GI tract.” Respondent also
12 prescribed to S.R. ninety 10 m.g. pills of methylphenidate.

13 31. On or about March 14, 2012, Respondent was grossly negligent in his care and
14 treatment of patient S.R., taken singularly or collectively, when he:

15 (1) performed an initial intake psychiatric interview which caused the patient to
16 believe that he was accused of lying and that he was being criticized for being depressed;

17 (2) prescribed medications with significant possible side effects, including, in the
18 case of methylphenidate, side effects that the patient had already experienced, without advising
19 him of the rationale for the treatment course or the risks, benefits, side effects and alternatives for
20 the treatment plan.

21 **Patient M.H.**

22 32. On or around September 19, 2012, S.S. complained to the Medical Board that
23 Respondent was over-prescribing Xanax to her father, M.H., a 63-year-old patient of Respondent.
24 She complained that she had called Respondent many times and advised that her father was
25 abusing the pills; that in a drug-induced state, her father had told her that he was selling pills to

26 _____
27 ² Respondent did not indicate a formal diagnosis of a depressive disorder in S.R.'s
28 records. However, based on his use of “mood,” it can be inferred that Respondent intended to use
imipramine as a treatment for depressive symptoms as well as IBS.

1 his pals on the street; that the Department of Veteran's Affairs (V.A.) facility where M.H. was
2 being treated will not even prescribe her father Xanax; that her father overdosed two times, one
3 on opiates and he had almost died the last time; that he was receiving pills from Respondent even
4 after he moved to Northern California; and that the medication was causing her dad problems of
5 standing, speaking, walking and safety.

6 33. Respondent was repeatedly requested to be interviewed by a Senior Investigator with
7 the Medical Board of California, individually, and through Respondent's attorney. Respondent
8 refused.

9 34. Respondent's medical records for M.H. contain prior treatment records from a facility
10 in Virginia through April of 2008. The prior records reflect that M.H. had been prescribed
11 diazepam 10 m.g. q.i.d. and Adderall 30 m.g. t.i.d. at that time. There is no indication that
12 Respondent ever contacted this treatment provider.

13 35. Respondent conducted an "initial intake" of M.H. as a patient on September 10, 2010.
14 The "Adult Information Sheet" asked M.H. "What prior psychiatric or psychological treatment
15 have you had?" M.H.'s response was "40 years of stuff." The sheet also asked: "Have you ever
16 had an alcohol problem?" M.H. left the answer space blank. The sheet also asked: "Have you
17 ever had a drug problem?" Again, M.H. left the answer space blank. At the time of the
18 September 10, 2010, initial intake and throughout the complete course of Respondent's treatment
19 of M.H., there is no indication that Respondent ever obtained a thorough substance abuse history
20 from or regarding M.H.

21 36. Respondent prescribed M.H. Adderall, 20 m.g. t.i.d., regularly from September 2010
22 to August 2013; diazepam, 10 m.g. q.i.d., from September 2010 until August 2011; and
23 alprazolam, 2 m.g. q.i.d., from September 2011 until August 2013.

24 37. Respondent's medical records for M.H. contain a document entitled "List of Exhibits"
25 that lists medical records for M.H. from 1997 to 2003. The list has nine items and three of them
26 appear to be jails or prisons, including: Notes from Powhatan Correctional Center Complex;
27 Notes from Commonwealth of Virginia, Department of Corrections; and Records from
28 Coffeewood Correctional Center.

1 38. Respondent's medical records for M.H. contain a progress note from March 16, 2012.
2 Respondent noted that the patient's daughter "alleges pt is a drug user dealer, thief, stolen cars
3 gambling." Respondent also noted:

4 "Need to talk to each son and get their understanding of the situation. [M.H.]'s
5 son has ADD says A.H. (the son). -Hard to stay on task- Hard to focus

6 "He says that sister [S.S.] is difficult and that she causes trouble with father's
7 doctors. [M.H.] states he was not in jail as was alleged by [daughter S.S.] [M.H.]
8 states he was not and has not misused his medication.

9 "[M.H.] says he is only seeing [Respondent] for his ADD condition and that he
10 also wants [Respondent] to manage his meds (30 mg Abilify + Effexor I 50 mg bid)
11 which presently come from the V.A."

12 39. Medical records of M.H. suggest that Respondent never ran a CURES report to
13 determine whether M.H. was getting controlled substances from other providers. The medical
14 records of M.H. suggest that Respondent never contacted M.H.'s V.A. psychiatrist or other
15 members of M.H.'s treatment team at the V.A.

16 40. On or about December 19, 2012, Respondent noted in the "Assessment" section of his
17 form titled "Mental Status Examination," "May have low T [testosterone] → has [decreased]
18 desire." Respondent failed to perform a physical examination, laboratory test for serum
19 testosterone level, or any other laboratory tests.

20 41. Respondent prescribed M.H. testosterone replacement in the form of a prescription
21 for Androgel. Specifically, in the "Plan" section of the medical records, Respondent wrote:
22 "Androgel 5 mg (as directed) #30 (says has low libido)."

23 42. Respondent failed to make or document any plan to monitor M.H.'s response over
24 time to detect potential adverse side effects. Respondent failed to make or document any plan to
25 monitor M.H. over time with any lab tests including for testosterone levels, prostate specific
26 antigen, and hemocrit, among others.

27 43. On or about December 19, 2012, Respondent was grossly negligent in his care and
28 treatment of patient M.H., taken singularly or collectively, when he:

1 (1) failed to confirm a diagnosis of low testosterone prior to prescribing hormone
2 replacement with potentially significant adverse consequences;

3 (2) failed to initiate any plan for monitoring the patient for response and adverse
4 effects.

5 **Patient C.T.**

6 44. On June 14, 2013, a male Medical Board Investigator posing as a patient, C.T.,
7 presented for an appointment to obtain assistance with insomnia and relationship problems with
8 his wife and mother. Respondent appeared for C.T.'s appointment wearing a t-shirt, dirty and
9 stained cargo shorts and socks with no shoes.

10 45. C.T. completed intake paperwork. Respondent asked C.T. questions about his
11 history. While they were talking, Respondent asked C.T. if he wanted a vitamin and C.T. agreed.
12 Respondent removed a brown colored pill from a bottle on his desk and handed it to C.T.,
13 advising that it would help with his anxiety. Respondent then brought C.T. a dirty glass of water
14 so he could take the pill. After a few more minutes of talking, Respondent asked C.T. if he
15 wanted another vitamin to help him sleep, and C.T. agreed. Respondent gave C.T. a green, round
16 pill and stood in front of him while C.T. put it in his mouth.

17 46. When discussing C.T.'s mother, Respondent asked C.T. if he minded him using
18 profanity. C.T. responded, "No, not at all." Respondent then referred to women as "fucking
19 bitches" and stated that is what all women are. After discussing C.T.'s wife, Respondent asked
20 C.T. if he wanted his (Respondent's) wife. C.T. said no and Respondent added that C.T. could
21 take her home.

22 47. Later, in response to C.T.'s reports of difficulties with his mother, Respondent stated
23 he could go over to C.T.'s mom's house that day "with some goons" and he would tell her to
24 "fuck off" and say that C.T. sent him.

25 48. C.T.'s medical records from the appointment reflect that he was employed for two
26 months as a driver for a metal company, his wife had left him a year and a half prior, he was
27 living with his mom and his income was \$12,000 per year. Stressors listed were financial; job-
28 related; housing; and personalities/interpersonal issues with his mother and wife. Respondent

1 recorded on a "Mental Status Examination" form, "pt. w/ c/o multiple stressors – also drivers
2 lic[ense] issue."

3 49. The "Assessment" section of the document includes the recommendation to "not have
4 alcohol if taking med for stress (No alc on day when take meds)." Notes on a separate page
5 indicate: "Pt. chooses – 1 beer - Got into an accident – hit a tree." C.T.'s medical records also
6 include a copy of a document³ showing that C.T. was arrested by a California Highway Patrol
7 officer on June 1, 2013 (13 days prior), C.T.'s blood alcohol content was 0.08 percent or higher,
8 and his driver license was surrendered. The form states that C.T.'s driving privileges "will be
9 suspended or revoked effective 30 days from the issue date of this order. . . ." It references a
10 possible "Commercial Disqualification"⁴ and requires that any hearing be requested within 10
11 days.

12 50. Regarding C.T.'s complaint of insomnia, C.T. stated that he sleeps 2 to 3 hours a
13 night, from 4:00 a.m. until he leaves for work. Respondent asked C.T. if he had tried marijuana
14 for sleep. C.T.'s medical records from the appointment include a note saying, "Want to sleep at
15 11 p.m. Want to wake up." At the conclusion of the appointment, Respondent provided a written
16 diagnosis of generalized anxiety disorder and insomnia secondary to stress, which he advised
17 C.T. could be used as a recommendation for marijuana. He also provided prescriptions for two
18 medications, alprazolam and temazepam. Respondent prescribed C.T. sixty .5 milligram pills of
19 alprazolam (generic Xanax), with ½ or 1 pill to be taken as needed for calmness. Respondent
20 prescribed C.T. thirty 15 milligram pills of temazepam, with 1 or 2 pills to be taken as needed for
21 sleep.

22 51. C.T. was charged and paid \$295.00 for the appointment. While a receipt was being
23 prepared for the payment, Respondent and C.T. walked to the lobby where C.T.'s female friend
24 who had brought him to the appointment was waiting. Respondent wound up and placed a toy

25 ³ The document is page 3 of a California Department of Motor Vehicles form entitled
26 "Administrative per se Suspension/Revocation Order and Temporary Driver License."

27 ⁴ Although C.T. was employed as a driver, it is unclear whether he had or was required to
28 have a commercial driver license. The form includes a box with the text, "Commercial?" [i.e.,
commercial driver's license] and boxes marked "Yes" and "No," but neither box is checked.

1 cockroach (approximately 2-3 inches long) from his office onto the counter near her and it moved
2 a few inches. Respondent subsequently picked it up, licked it on the bottom with his tongue,
3 reached over and handed it to C.T.'s female friend.

4 52. On or about June 14, 2013, Respondent was grossly negligent in his care and
5 treatment of patient S.R., taken singularly or collectively, when he:

- 6 (1) offered C.T. unknown substances during the visit;
7 (2) made highly derogatory statements about women; and
8 (3) made inappropriate comments or jokes about his own wife and the patient's
9 mother.

10 SECOND CAUSE FOR DISCIPLINE

11 *(Repeated Negligent Acts)*

12 53. Respondent is subject to disciplinary action under section 2234, subdivision (c), of
13 the Code in that he was repeatedly negligent in the care and treatment of three patients. The
14 circumstances are as follows:

15 **Patient A.O.**

16 54. The facts and circumstances alleged in paragraphs 13 through 20 above are
17 incorporated here as if fully set forth.

18 55. On or about May 3, 2012, Respondent was negligent in his care and treatment of
19 patient A.O., taken singularly or collectively, when he:

- 20 (1) caused D.O. and A.O. an excessive wait, rather than cancelling and offering to
21 reschedule the appointment;
22 (2) failed to protect the confidentiality of another patient;
23 (3) made inappropriate comments about the minor patient's mother's marital status,
24 the whereabouts of the patient's father, and racial remarks;
25 (4) failed to maintain any medical records relating to a patient evaluation.

26 **Patient S.R.**

27 56. The facts and circumstances alleged in paragraphs 22 through 30 are incorporated
28 here as if fully set forth.

1 57. On or about March 14, 2012, Respondent was negligent in his care and treatment of
2 patient S.R., taken singularly or collectively, when he:

3 (1) performed an initial intake psychiatric interview which caused the patient to
4 believe that he was accused of lying and that he was being criticized for being depressed;

5 (2) prescribed medications with significant possible side effects, including, in the
6 case of methylphenidate, side effects that the patient had already experienced, without advising
7 him of the rationale for the treatment course or the risks, benefits, side effects and alternatives for
8 the treatment plan;

9 (3) failed to document a diagnostic impression, a treatment plan or an informed
10 consent discussion;

11 (4) failed to recognize the most likely explanation of the patient's gastrointestinal
12 symptoms, diagnosed S.R. with IBS without sufficient evidence and in spite of contradictory
13 evidence;

14 (5) prescribed S.R. imipramine "for mood and IBS" and perphenazine "for a calm GI
15 tract."

16 **Patient M.H.**

17 58. The facts and circumstances alleged in paragraphs 32 through 42 are incorporated
18 here as if fully set forth.

19 59. On or about December 19, 2012, Respondent was negligent in his care and treatment
20 of patient M.H., taken singularly or collectively, when he:

21 (1) failed to confirm a diagnosis of low testosterone prior to prescribing hormone
22 replacement with potentially significant adverse consequences;

23 (2) failed to initiate any plan for monitoring the patient for response and adverse
24 effects;

25 (3) failed to properly consider the report of the patient's family member that the
26 patient was abusing and diverting prescribed controlled substances;

27 (4) failed to determine whether the patient was receiving medication from other
28 providers and failing to contact other mental health providers whom he knew to be treating the

1 patient.

2 **Patient C.T.**

3 60. The facts and circumstances alleged in paragraphs 44 through 51 are incorporated
4 here as if fully set forth.

5 61. On or about June 14, 2013, Respondent was negligent in his care and treatment of
6 patient C.T., taken singularly or collectively, when he:

7 (1) offered C.T. unknown substances during the visit;

8 (2) made highly derogatory statements about women;

9 (3) made inappropriate comments or jokes about his own wife and the patient's
10 mother;

11 (4) failed to advise the patient of the risks associated with the use of benzodiazepine
12 medications and marijuana for a person who is employed as a truck driver;

13 (5) failed to advise the patient, who had recently been cited for DUI, about the
14 general risks of driving when taking benzodiazepines.

15 **THIRD CAUSE FOR DISCIPLINE**

16 *(Incompetence)*

17 62. Respondent is subject to disciplinary action under section 2234, subdivision (d), in
18 that he demonstrated incompetence in patient S.R. The circumstances are as follows:

19 63. The facts and circumstances alleged in paragraphs 22 through 30 are incorporated
20 here as if fully set forth.

21 64. Respondent demonstrated a lack of knowledge of the proper diagnosis and treatment
22 of IBS. Typical antipsychotics are rarely used in this condition and can have significant,
23 potentially permanent, side effects. Furthermore, there was no reason for this patient to receive
24 initial treatment for IBS, if he actually had that condition, with two psychiatric medications with
25 such possible side effects.

26 65. Respondent demonstrated a lack of knowledge of the proper prescribing of tricyclic
27 antidepressants. The therapeutic dosage range for imipramine in the treatment of depression is
28 approximately 100 to 200 mg per day. Respondent prescribed imipramine with instructions to

1 take 10 to 50 mg per day for "mood." In this dosage range, imipramine is unlikely to have been
2 beneficial for S.R.'s depressive symptoms.

3 **FOURTH CAUSE FOR DISCIPLINE**

4 *(Medical Record-Keeping)*

5 66. Respondent is subject to disciplinary action under section 2266 in that he failed to
6 maintain adequate and accurate records relating to the provision of services to his patient A.O.,
7 thereby committing unprofessional conduct. The circumstances are as follows:

8 67. Paragraphs 13 through 20 are incorporated herein as if fully set forth.

9 **FIFTH CAUSE FOR DISCIPLINE**

10 *(Unable to Practice Safely Due to Mental Disorder)*

11 68. Respondent is subject to disciplinary action under section 822 in that he has a mental
12 disorder impairing his ability to practice medicine safely, with due regard for the public health,
13 safety and welfare. The circumstances are as follows:

14 69. Paragraphs 13 through 20; 22 through 30; and 44 through 51 are incorporated herein
15 as if fully set forth.

16 70. During the course of the investigations regarding Respondent's practice of medicine,
17 specifically, his interactions with patient A.O.'s mother D.O., patient S.R. and undercover patient
18 C.T., several signs suggested that Respondent may be impaired due to mental illness. For
19 example, there was evidence of tangential thinking in that Respondent's speech was reportedly
20 non-linear and off-topic. There was evidence of irritability and unstable moods in that
21 Respondent reportedly: complained about S.R. trying to help him clean up his spilled drink;
22 scared S.R.; made excessive derogatory remarks to, and made others overheard by, D.O. in his
23 office; and ranted about dark circles under D.O.'s daughter's eyes in Target. There was also
24 evidence of poor interpersonal boundaries in that Respondent reportedly: touched an unknown
25 child in public; in his workplace licked a toy and placed it in the hand of a stranger and dispensed
26 unlabeled pills without informed consent.

27 71. On April 23, 2014, the Board granted a petition to compel Respondent to submit to a
28 mental evaluation and ordered Respondent to submit to the evaluation. An investigator arranged

1 for the evaluation of Respondent by a medical doctor who is a Diplomate of the American Board
2 of Psychiatry and a Fellow of the American College of Psychiatrists. The investigator forwarded
3 the evaluator two draft investigative reports, the consumer complaint from Respondent's patient
4 S.R, and the consumer complaint from D.O.

5 72. The evaluator reviewed the materials that had been forwarded to him and on or about
6 August 26, 2014, evaluated Respondent. Respondent completed the Psychiatric Rating Scale for
7 Adults (PRSA) and a Patient Questionnaire and the evaluator conducted a psychiatric interview.
8 Based on his education, experience and expertise, his review of the materials forwarded to him,
9 the psychiatric interview, the Patient Questionnaire and the PSRA, the evaluator concluded that
10 Respondent has psychiatric/mental health problems that impair his ability to practice medicine
11 safely.

12 **DISCIPLINARY CONSIDERATION**

13 73. To determine the degree of discipline, if any, to be imposed on Respondent,
14 Complainant alleges that on or about December 22, 1998, in a prior disciplinary action entitled *In*
15 *the Matter of the Accusation Against Gus Dixon*, Respondent was issued a public letter of
16 reprimand for committing unprofessional conduct as to two patients in violation of Business and
17 Professions Code sections 2234 and 2266 and was required to take a prescribing practices course.
18 That decision is now final and is incorporated by reference as if fully set forth.

19 **PRAYER**

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

22 1. Revoking or suspending Physician's and Surgeon's Certificate Number G 50775,
23 issued to GUS DIXON, M.D.;

24 2. Revoking, suspending or denying approval of GUS DIXON, M.D.'s authority to
25 supervise physician assistants, pursuant to section 3527 of the Code;

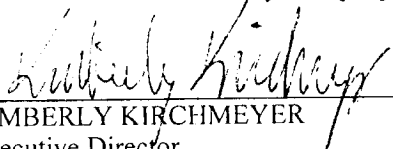
26 3. Ordering GUS DIXON, M.D., if placed on probation, to pay the Medical Board of
27 California the costs of probation monitoring; and

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

DATED: February 2, 2015


KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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