

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

In the Matter of the Accusation Against:)

CECIL A. BRADLEY, M.D.)

Physician's and Surgeon's)
Certificate No. C34133)

Respondent.)
_____)

File No. 12-2004-157064

DECISION

The attached Stipulated Settlement and Decision is hereby adopted as the Decision and Order of 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 April 2, 2007.

IT IS SO ORDERED March 1, 2007.

MEDICAL BOARD OF CALIFORNIA

By: Cesar A. Aristeiguieta, M.D.
Cesar A. Aristeiguieta, M.D., Chair
Panel A
Division of Medical Quality

1 EDMUND G. BROWN JR., Attorney General
2 of the State of California
3 JOSE R. GUERRERO
4 Supervising Deputy Attorney General
5 LAWRENCE A. MERCER [SBN 111898]
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13 Attorneys for Complainant

14 **BEFORE THE**
15 **DIVISION OF MEDICAL QUALITY**
16 **MEDICAL BOARD OF CALIFORNIA**
17 **DEPARTMENT OF CONSUMER AFFAIRS**
18 **STATE OF CALIFORNIA**

19 **In the Matter of the Accusation Against:**

20 **CECIL A. BRADLEY, M.D.**
21 2512 Samaritan Court, Suite M
22 San Jose, CA 95124

23 Physician and Surgeon's Certificate
24 No. C34133

25 Respondent,

26 **Case No: 12-2004-157064**
27 **OAH No. N2006120096**

28 **STIPULATED SETTLEMENT**
29 **AND DECISION**

30 **IT IS HEREBY STIPULATED AND AGREED** by and between the parties to
31 the above-entitled proceedings, the following:

32 1. Complainant David T. Thornton, is the Executive Director of the
33 Medical Board of California, Department of Consumer Affairs ("Board") and is represented by
34 Edmund G. Brown Jr., Attorney General of the State of California and by Lawrence A. Mercer
35 and Jane Zack Simon, Deputy Attorneys General.

36 2. Cecil A. Bradley, M.D. ("respondent") is represented by Arthur W. Curley

1 of Bradley, Curley, Asiano, Barrabee & Crawford, P.C., 1100 Larkspur Landing Circle, Suite
2 200, Larkspur, CA 94939. Respondent has been advised by his attorney, and is fully aware of
3 the effect of this stipulation.

4 3. At all times relevant herein, respondent has been licensed by the Medical
5 Board of California under License No. C34133.

6 4. Accusation No. 12-2004-157064 (hereinafter the "Accusation") was filed
7 before the Division and is currently pending against respondent. The Accusation, together with
8 all other statutorily required documents, was duly served on respondent, and respondent filed a
9 Notice of Defense contesting the Accusation. A copy of the Accusation is attached as Exhibit A
10 and incorporated herein by reference.

11 5. Respondent has carefully read, been fully advised by his counsel, and
12 understands the charges and allegations in the Accusation and the effects of this Stipulated
13 Settlement and Disciplinary Order.

14 6. Respondent has discussed with counsel and understands that the charges
15 and allegations in the Accusation, if proven at a hearing, constitute cause for imposing discipline
16 upon his license. Respondent is fully aware of his legal rights and that, but for this Stipulation, he
17 would be entitled: to a hearing on the charges and allegations in the Accusation; to be represented
18 by counsel, at his own expense, in all proceedings in this matter; to confront and cross-examine
19 the witnesses against his; to present evidence on his own behalf and to the issuance of subpoenas
20 to compel the attendance of witnesses and the production of documents; to reconsideration and
21 appeal of an adverse decision; and all other rights accorded pursuant to the California
22 Administrative Procedure Act and other applicable laws.

23 7. With these rights in mind, respondent freely, voluntarily, knowingly and
24 intelligently waives and gives up each and every right set forth above.

25 8. Respondent hereby gives up his right to contest the charges set forth in the
26 Accusation, and agrees to be bound by the Division's imposition of discipline as set forth in the
27 Disciplinary Order below.

28 9. The admissions made by respondent herein are only for the purposes of this

1 clinicians; and medical knowledge, skill and judgment pertaining to respondent's specialty or
2 sub-specialty, and at minimum, a 40 hour program of clinical education in the area of practice in
3 which respondent was alleged to be deficient and which takes into account data obtained from the
4 assessment, Decision(s), Accusation(s), and any other information that the Division or its
5 designee deems relevant. Respondent shall pay all expenses associated with the clinical training
6 program. Based on respondent's performance and test results in the assessment and clinical
7 education, the Program will advise the Division or its designee of its recommendation(s) for the
8 scope and length of any additional educational or clinical training, treatment for any medical
9 condition, treatment for any psychological condition, or anything else affecting respondent's
10 practice of medicine. Respondent shall comply with Program recommendations. At the
11 completion of any additional educational or clinical training, respondent shall submit to and pass
12 an examination. The Program's determination whether or not respondent passed the examination
13 or successfully completed the Program shall be binding. Respondent shall complete the Program
14 not later than nine months after respondent's initial enrollment unless the Division or its designee
15 agrees in writing to a later time for completion. Failure to participate in and complete
16 successfully all phases of the clinical training program outlined above is a violation of probation.
17 If respondent fails to successfully complete the clinical training program within the designated
18 time period, respondent shall cease the practice of medicine within 72 hours after being notified
19 by the Division or its designee that respondent failed to successfully complete the clinical training
20 program.

21 In the alternative, respondent may satisfy this condition by a complete and
22 successful re-certification by the American Society of Addiction Medicine (ASAM), according to
23 the standard procedures and protocols of that organization. Said re-certification shall be at
24 respondent's expense, and shall be completed during the first two years of probation. Respondent
25 hereby authorizes any communication deemed necessary between the Division or its designee
26 and/or ASAM. Failure to complete successfully the re-certification outlined above is a violation
27 of probation. If respondent fails to successfully complete the re-certification within the
28 designated time period, respondent shall cease the practice of medicine within 72 hours after

1 being notified by the Division or its designee that respondent failed to successfully complete the
2 re-certification.

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4 14. **Psychiatric Examination:** Within 30 calendar days of the effective date
5 of this Decision, the Division or its designee shall provide respondent with a list of 3 board-
6 certified psychiatrists, and within 30 days thereafter, respondent shall notify the Division or its
7 designee which psychiatrist(s) is acceptable to him. Within 30 days of that notification, and on a
8 whatever periodic basis thereafter may be required by the Division or its designee, respondent
9 shall undergo and complete a psychiatric evaluation (and psychological testing, if deemed
10 necessary) by the appointed psychiatrist, who shall consider any information provided by the
11 Division or designee and any other information the psychiatrist deems relevant, and shall furnish a
12 written evaluation report to the Division or its designee. Psychiatric evaluations conducted prior
13 to the effective date of the Decision shall not be accepted towards the fulfillment of this
14 requirement. Respondent shall pay the cost of all psychiatric evaluations and psychological
15 testing. Respondent shall comply with all restrictions or conditions recommended by the
16 evaluating psychiatrist within 15 calendar days after being notified by the Division or its designee.
17 In the event the evaluator recommends psychotherapy, respondent shall submit to the Division or
18 its designee for its prior approval the name and qualifications of a treating psychiatrist. Failure to
19 undergo and complete a psychiatric evaluation and psychological testing, or comply with the
20 required additional conditions or restrictions, is a violation of probation.

21 15. **Practice Monitoring:** Within 30 calendar days of the effective date of
22 this Decision and Order, respondent shall submit to the Division or its designee for prior approval
23 as a practice monitor the name and qualifications of one or more licensed physicians and surgeons
24 whose licenses are valid and in good standing, and who are preferably American Board of
25 Medical Specialties (ABMS) certified. A monitor shall have no prior or current business or
26 personal relationship with respondent, or other relationship that could reasonably be expected to
27 compromise the ability of the monitor to render fair and unbiased reports to the Division,
28 including but not limited to any form of bartering, shall be in respondent's field of practice, and

1 must agree to serve as respondent's monitor. Respondent shall pay all monitoring costs.

2 The Division or its designee shall provide the approved monitor with copies of the
3 Decision and Accusation and a proposed monitoring plan. Within 15 calendar days of receipt of
4 the Decision and Order, Accusation, and proposed monitoring plan, the monitor shall submit a
5 signed statement that the monitor has read the Decision and Order and Accusation, fully
6 understands the role of a monitor, and agrees with the proposed monitoring plan.

7 Within 60 calendar days of the effective date of this Decision and Order, and
8 continuing throughout probation, respondent's practice shall be monitored by the approved
9 monitor. Respondent shall make all records available for immediate inspection and copying on
10 the premises by the monitor at all times during business hours and shall retain the records for the
11 entire term of probation.

12 The monitor(s) shall submit a quarterly written report to the Division or its
13 designee which includes an evaluation of respondent's performance, indicating whether
14 respondent's practices are within the standards of practice of medicine and whether respondent is
15 practicing medicine safely.

16 It shall be the sole responsibility of respondent to ensure that the monitor submits
17 the quarterly written reports to the Division or its designee within 10 calendar days after the end
18 of the preceding quarter.

19 If the monitor resigns or is no longer available, respondent shall, within 5 calendar
20 days of such resignation or unavailability, submit to the Division or its designee, for prior
21 approval, the name and qualifications of a replacement monitor who will be assuming that
22 responsibility within 15 calendar days. If respondent fails to obtain approval of a replacement
23 monitor within 60 days of the resignation or unavailability of the monitor, respondent shall be
24 suspended from the practice of medicine until a replacement monitor is approved and prepared to
25 assume immediate monitoring responsibility. Respondent shall cease the practice of medicine
26 within 3 calendar days after being so notified by the Division or designee.

27 Failure to maintain all records, or to make all appropriate records available for
28 immediate inspection and copying on the premises, or to comply with this condition as outlined

1 above is a violation of probation.

2 **STANDARD TERMS AND CONDITIONS**

3 16. **Notification:** Prior to engaging in the practice of medicine the respondent
4 shall provide a true copy of the Decision and Accusation to the Chief of Staff or the Chief
5 Executive Officer at every hospital where privileges or membership are extended to respondent, at
6 any other facility where respondent engages in the practice of medicine, including all physician
7 and locum tenens registries or other similar agencies, and to the Chief Executive Officer at every
8 insurance carrier which extends malpractice insurance coverage to respondent. Respondent shall
9 submit proof of compliance to the Division or its designee within 15 calendar days.

10 This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

11 17. **Supervision of Physician Assistants:** During probation, respondent is
12 prohibited from supervising physician assistants.

13 18. **Obey All Laws:** Respondent shall obey all federal, state and local laws, all
14 rules governing the practice of medicine in California and remain in full compliance with any
15 court ordered criminal probation, payments, and other orders.

16 19. **Quarterly Declarations:** Respondent shall submit quarterly declarations
17 under penalty of perjury on forms provided by the Division, stating whether there has been
18 compliance with all the conditions of probation. Respondent shall submit quarterly declarations
19 not later than 10 calendar days after the end of the preceding quarter.

20 20. **Probation Unit Compliance:** Respondent shall comply with the
21 Division's probation unit. Respondent shall, at all times, keep the Division informed of
22 respondent's business and residence addresses. Changes of such addresses shall be immediately
23 communicated in writing to the Division or its designee. Under no circumstances shall a post
24 office box serve as an address of record, except as allowed by Business and Professions Code
25 section 2021(b). Respondent shall not engage in the practice of medicine in respondent's place of
26 residence. Respondent shall maintain a current and renewed California physician's and surgeon's
27 license. Respondent shall immediately inform the Division or its designee, in writing, of travel to
28 any areas outside the jurisdiction of California which lasts, or is contemplated to last, more than

1 thirty (30) calendar days.

2 21. **Interview with the Division or it's Designee:** Respondent shall be
3 available in person for interviews either at respondent's place of business or at the probation unit
4 office, with the Division or its designee upon request at various intervals and either with or
5 without prior notice throughout the term of probation.

6 22. **Residing or Practicing Out-of-State:** In the event respondent should
7 leave the State of California to reside or to practice respondent shall notify the Division or its
8 designee in writing 30 calendar days prior to the dates of departure and return. Non-practice is
9 defined as any period of time exceeding thirty calendar days in which respondent is not engaging
10 in any activities defined in sections 2051 and 2052 of the Business and Professions Code.
11 All time spent in an intensive training program outside the State of California which has been
12 approved by the Division or its designee shall be considered as time spent in the practice of
13 medicine within the State. A Board-ordered suspension of practice shall not be considered as a
14 period of non-practice.

15 Periods of temporary or permanent residence or practice outside California will not
16 apply to the reduction of the probationary term. Periods of temporary or permanent residence or
17 practice outside California will relieve respondent of the responsibility to comply with the
18 probationary terms and conditions with the exception of this condition and the following terms
19 and conditions of probation: Obey All Laws; Probation Unit Compliance; and Cost Recovery.
20 Respondent's license shall be automatically canceled if respondent's periods of temporary or
21 permanent residence or practice outside California totals two years. However, respondent's license
22 shall not be canceled as long as respondent is residing and practicing medicine in another state of
23 the United States and is on active probation with the medical licensing authority of that state, in
24 which case the two year period shall begin on the date probation is completed or terminated in that
25 state.

26 23. **Failure to Practice Medicine - California Resident:** In the event
27 respondent resides in the State of California and for any reason respondent stops practicing
28 medicine in California, respondent shall notify the Division or its designee in writing within 30

1 calendar days prior to the dates of non-practice and return to practice. Any period of non- practice
2 within California, as defined in this condition, will not apply to the reduction of the probationary
3 term and does not relieve respondent of the responsibility to comply with the terms and conditions
4 of probation. Non-practice is defined as any period of time exceeding thirty calendar days in
5 which respondent is not engaging in any activities defined in sections 2051 and 2052 of the
6 Business and Professions Code. All time spent in an intensive training program which has been
7 approved by the Division or its designee shall be considered time spent in the practice of
8 medicine. For purposes of this condition, non-practice due to a Board-ordered suspension or in
9 compliance with any other condition of probation, shall not be considered a period of
10 non-practice.

11 Respondent's license shall be automatically canceled if respondent resides in
12 California and for a total of two years, fails to engage in California in any of the activities
13 described in Business and Professions Code sections 2051 and 2052.

14 24. **Completion of Probation:** Respondent shall comply with all financial
15 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the
16 completion of probation. Upon successful completion probation, respondent's certificate shall be
17 fully restored.

18 25. **Violation of Probation:** Failure to fully comply with any term or
19 condition of probation is a violation of probation. If respondent violates probation in any respect,
20 the Division, after giving respondent notice and the opportunity to be heard, may revoke probation
21 and carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke
22 Probation, or an Interim Suspension Order is filed against respondent during probation, the
23 Division shall have continuing jurisdiction until the matter is final, and the period of probation
24 shall be extended until the matter is final.

25 26. **License Surrender:** Following the effective date of this Decision, if
26 respondent ceases practicing due to retirement, health reasons or is otherwise unable to satisfy the
27 terms and conditions of probation, respondent may request the voluntary surrender of respondent's
28 license. The Division reserves the right to evaluate respondent's request and to exercise its

APPROVAL

I have fully discussed with respondent the terms and conditions and other matters contained in the above Stipulated Settlement and Decision, and approve its form and content.

DATED: 1-30-07



ARTHUR W. CURLEY
Bradley, Curley, Asiano, Barrabee & Crawford, P.C.

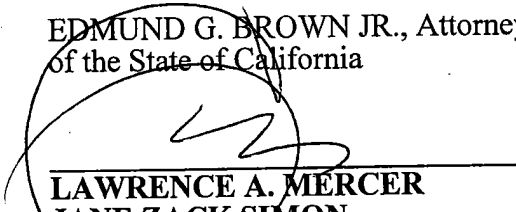
Attorneys for Respondent

ENDORSEMENT

The foregoing Stipulated Settlement and Decision is hereby respectfully submitted for consideration of the Division of Medical Quality, Medical Board of California, Department of Consumer Affairs.

DATED: 1/30/2007

EDMUND G. BROWN JR., Attorney General
of the State of California



LAWRENCE A. MERCER
JANE ZACK SIMON
Deputy Attorneys General

Attorneys for Complainant

EXHIBIT A

1 BILL LOCKYER, Attorney General
of the State of California
2 LAWRENCE MERCER, State Bar No. 111898
JANE ZACK SIMON, State Bar No. 116564
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7 Attorneys for Complainant

8 **BEFORE THE**
9 **DIVISION OF MEDICAL QUALITY**
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12 **STATE OF CALIFORNIA**

13 In the Matter of the Accusation Against:

14 CECIL A. BRADLEY, M.D.
2512 Samaritan Court, Suite M
San Jose, CA 95124

15 Physician and Surgeon's Certificate No. C 34133

16 Respondent.

Case No. 12-2004-157064

A C C U S A T I O N

17 Complainant alleges:

18 PARTIES

19 1. David T. Thornton (Complainant) brings this Accusation solely in his
20 official capacity as the Executive Director of the Medical Board of California.

21 2. On or about April 11, 1972, the Medical Board of California issued
22 Physician and Surgeon's Certificate Number C 34133 to Cecil A. Bradley, M.D. (Respondent).
23 The Physician and Surgeon's Certificate was in full force and effect at all times relevant to the
24 charges brought herein and will expire on October 31, 2007, unless renewed. Respondent's
25 certificate was previously disciplined in 1992, and the resulting probation was completed on July
26 30, 2002.

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FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO July 3, 20 06
BY Valerie Moore, ANALYST

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"(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."

CAUSE FOR DISCIPLINE

(Gross Negligence/Negligence/Incompetence)

6. Respondent is subject to disciplinary action under Business and Professions Code section 2234 in that respondent was grossly negligent and/or negligent and/or incompetent in the care and treatment of Patient G.D¹. The circumstances are as follows:

A. At all relevant times, respondent was a licensed physician and surgeon with board certification in psychiatry and was practicing in the County of Santa Clara, California.

B. On or before September 28, 2000, Patient G.D. came under respondent's care and treatment. G.D. was a 38 year old divorced woman, who had recently been hospitalized at Good Samaritan Hospital (where respondent was assigned as her attending psychiatrist) for treatment of dependency on pain medication and other opiates and who was seeking entry into the Registered Nursing Board Diversion Program. Good Samaritan admission notes indicate that the patient reported abuse of Valium, alcohol and opiates.

C. Respondent's note of September 28, 2000, incorrectly states that alcohol and Valium had never been a problem for G.D. and he prescribed Valium, 10 mg., to be taken twice daily.

D. On October 24, 2000, respondent indicated that the patient was taking Valium "3x/day on bad days." Respondent started the patient on Prozac and initiated a trial of Tagamet for medication related weight gain.

E. On November 21, 2000, respondent reported that "someone called nursing board." He recommended that G.D. enroll in the Diversion Program. He also prescribed

1. Patient and witness names are abbreviated to protect privacy.

1 Valium, Prozac, Tagamet and Ambien to her.

2 F. On December 19, 2000, respondent wrote a letter stating that the patient
3 was able to function safely as a nurse, stating that it would be "'child abuse by proxy', if she is
4 unable to earn."

5 G. On December 26, 2000, G.D.'s urine analysis showed positive for
6 benzodiazepines (prescribed by respondent) and ephedrine/pseudoephedrine. Respondent noted
7 that the ephedrine/pseudoephedrine was the result of decongestants and over-the-counter diet
8 medications that the patient was taking.

9 H. On January 24, 2001, respondent reported that the patient had a "clean
10 urine tox from 12/26" and did not comment on the patient's use of ephedrine/pseudoephedrine.

11 I. In the ensuing months of 2001, respondent appeared to be working with
12 the patient's diversion program, discontinuing her controlled substances and substituting over-
13 the-counter and herbal medications for controlled substances. On June 27, 2000, however, he
14 renewed the patient's Ambien prescription. When the patient's diversion program objected to
15 her use of Ambien, respondent became antagonistic and, on July 24, 2001, wrote: "This is
16 THEIR interference [with] the practice of medicine, and may be reportable by me."

17 J. On August 21, 2001, respondent noted that the patient had recently
18 undergone plastic surgery. Respondent's note states that the patient "used Percocet responsibly",
19 but does not reflect any discussion with the patient whether elective cosmetic surgery, with the
20 attendant medication by controlled substances, was appropriate given her participation in a
21 diversion program.

22 K. Respondent's chart note for September 12, 2001, records the patient's
23 intent to "'transition' out of diversion," but does not document any encouragement by respondent
24 to remain in diversion.

25 L. On January 8, 2001, respondent charted the patient's recent treatment with
26 another physician and the fact that she had been prescribed Vicodin by that practitioner.
27 Respondent stated that: "I do not believe this constitutes a relapse."

28 ///

1 M. Although respondent was able to manage the patient's condition without
2 controlled substances for the better part of 2002, his level of concern does not appear to
3 acknowledge that the patient had ever had a problem with drug dependency or substance abuse.
4 On April 23, 2002, he notes that the patient has had recent reconstructive surgery, but does not
5 document any concern regarding what narcotics may have been involved in that procedure. On
6 November 14, respondent states that the patient has decided to drop out of diversion, but does
7 not otherwise discuss the patient's marked change. He added Naltrexone, an opiate antagonist, to
8 the patient's medications but stated no reason for it. On December 3, the patient advised that she
9 had received a letter from the Registered Nursing Board' Diversion Program and "[t]hey opine
10 she is a 'danger.' I disagree." Respondent reverted to prescribing Ambien to G.D. without a
11 documented rationale.

12 N. On December 19, 2002, respondent prescribed phentermine for weight
13 loss, without a medical indication -- as the patient's weight was within normal range -- and
14 despite the patient's history of stimulant abuse. The phentermine was renewed by him on
15 January 27, 2003, without documented justification. On January 29, respondent also renewed the
16 patient's Ambien prescription.

17 O. On January 30, 2003, respondent prescribed Concerta, stating only "[s]on
18 has ADHD and so is she I think." There is no documented work up of the patient for a diagnosis
19 of Attention Deficit Disorder. On February 13, 2003, the patient reported that her son had moved
20 out and taken the Concerta with him. Respondent did not question whether the "lost"
21 medications were possibly being abused by her, but wrote a new prescription at her request. On
22 March 27, 2003, the patient's employer, Dr. B., advised respondent that he was concerned about
23 G.D.'s weight loss and her paranoia. Respondent spoke with G.D., who denied taking
24 phentermine and asserted that she was only taking over-the-counter diet medications.
25 Respondent's record does not state whether he considered this a sign of relapse on her part.
26 Respondent admonished her not to "take any OTC meds unless I clear them." Nevertheless,
27 respondent renewed the patient's Concerta on that date.

28 ///

1 P. On April 22, 2003, respondent had a further report that "she is paranoid,
2 is driving with a loaded gun in the car." He met with the patient "in [the] parking lot, being
3 afraid I'd hospitalize her." Respondent told the patient to stop all medications and to see him
4 again on the following day. The patient failed the next appointment, but was seen by respondent
5 on April 24, 2003, at which time respondent made the determination that she could safely operate
6 a motor vehicle and recommended that she stay off all medications and resume recovery meeting
7 attendance. On April 26, 2003, G.D. was hospitalized for treatment of stimulant-induced
8 psychosis.

9 7. Respondent's license is subject to discipline and respondent is guilty of
10 unprofessional conduct in violation of Business and Professions Code §2234(b) and/or (c) and/or
11 (d) in that respondent was grossly negligent and/or repeatedly negligent and/or incompetent in his
12 care and treatment of G.D., including but not limited to the following:

- 13 A. Respondent prescribed Valium to a patient with a history of substance
14 abuse without conducting and/or documenting a risk/benefit analysis;
- 15 B. Respondent prescribed Ambien to a patient with a history of substance
16 abuse without conducting and/or documenting a risk/benefit analysis;
- 17 C. Respondent failed to timely address the patient's resort to and use of over-
18 the-counter medications, despite the patient's history of substance abuse;
- 19 D. Respondent failed to appropriately manage boundaries in that he
20 developed an antagonism to the patient's diversion program;
- 21 E. Respondent prescribed Phentermine, a stimulant, without clinical
22 indication to a patient with a history of stimulant abuse;
- 23 F. Respondent prescribed Concerta, a Schedule II stimulant, to Patient G.D.
24 for a diagnosis of ADHD, without a documented work up for that condition and
25 despite her history of stimulant abuse, and continued to prescribe that medication
26 to her despite a suspect "loss" of the medication and despite a report of very
27 significant weight loss and paranoia.

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