1 2	XAVIER BECERRA Attorney General of California JUDITH T. ALVARADO Supervising Deputy Attorney Concret		
3	Supervising Deputy Attorney General PEGGIE BRADFORD TARWATER		
4	Deputy Attorney General State Bar No. 169127		
5	California Department of Justice 300 South Spring Street, Suite 1702		
6	Los Angeles, CA 90013 Telephone: (213) 269-6448		
7	Facsimile: (916) 731-2117 E-mail: Peggie.Tarwater@doj.ca.gov		
8	Attorneys for Complainant	•	
9	BEFORE THE		
10	MEDICAL BOARD OF CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS STATE OF CALIFORNIA		
11	STATE OF CALIFORNIA		
12			
13	In the Matter of the Accusation Against:	Case No. 800-2017-038145	
14 15	Abigail Mary Stanton, M.D. 1560 East Chevy Chase Drive, Suite 130 Glendale, CA 91206	ACCUSATION	
16	Physician's and Surgeon's Certificate No. G 62736,		
17 18	Respondent.		
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19	DADWIEC.		
20	1. William Prasifka (Complainant) brings this Accusation solely in his official capacity		
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22	as the Executive Director of the Medical Board of California, Department of Consumer Affairs		
23	(Board).		
24	2. On or about April 25, 1988, the Medical Board issued Physician's and Surgeon's		
25	Certificate Number G 62736 to Abigail Mary Stanton, M.D. (Respondent). The Physician's and		
26	Surgeon's Certificate was in full force and effect at all times relevant to the charges brought		
27	herein and will expire on October 31, 2021, unless renewed.		
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	(ABIGAIL MARY STANTON, M.D.) ACCUSATION NO. 800-2017-038145		

JURISDICTION

- 3. This Accusation is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.
- 4. 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, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Board deems proper.
 - 5. Section 2234 of the Code, states:

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

- (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.
 - (b) Gross negligence.
- (c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.
- (1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.
- (2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.

6. Section 2266 of the Code states:

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

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DEFINITIONS

- 7. Zoloft (sertraline) is a selective serotonin reuptake inhibitor (SSRI) used to treat depression, panic attacks, obsessive compulsive disorder, post-traumatic stress disorder, social anxiety disorder, and a severe form of premenstrual syndrome.
- 8. Valium (diazepam) is a benzodiazepine used to treat anxiety, alcohol withdrawal, and seizures. It is also used to relieve muscle spasms and to provide sedation before medical procedures.
- 9. Trazadone is a SSRI used to treat major depressive disorder and may also be used to decrease anxiety and insomnia related to depression.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

- 10. Respondent is subject to disciplinary action under section 2234, subdivision (b), in that she was grossly negligent in the care and treatment of Patient 1.¹ The circumstances are as follows:
 - 11. Respondent is a practicing psychiatrist.
- 12. Patient 1, a 36-year-old male, first presented to Respondent on May 9, 2016 for generalized anxiety disorder and social anxiety disorder. Patient 1 had a history of passive suicidal ideation and a history of "cutting" at the age of 18. Respondent's records reflect that Patient 1 had stopped drinking.
- 13. Respondent suggested Zoloft to treat the anxiety, but Patient 1 declined the Zoloft and indicated he preferred to take Valium for "severe" anxiety on an intermittent basis.
- 14. Respondent prescribed Valium, 5 mg, 20 pills, with one refill. Respondent instructed Patient 1 to take one-half pill to start as a "test dose." She referred Patient 1 to the Anxiety and Depression Association of America and discussed cognitive behavioral therapy for anxiety disorders.

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¹ The Patient is referred to by number to protect his privacy. Respondent is aware of the identity of Patient 1.

- 15. Respondent saw Patient 1 in follow-up on June 21, 2016. Patient 1 reported that the Valium was working. He had been taking it three days per week. He was provided another Valium prescription at the same dose and quantity as on May 9, 2016, with two refills.
- 16. Respondent saw Patient 1 in follow-up on August 16, 2016, and November 15, 2016. Respondent remained stable on the Valium. On each occasion, Respondent prescribed Valium, 5 mg, 20 pills, with three refills, to be taken as needed.
- 17. Respondent again saw Patient 1 on March 14, 2017. She increased the amount of Valium in each prescription from 20 pills to 30 pills, with three refills, to be taken as needed for "panic." She noted that Patient 1 was doing well and using Valium responsibly. Respondent's records contain no explanation for the increase in the amount of Valium.
- 18. Respondent saw Patient 1 on July 18, 2017. Respondent reported increased use of Valium from three times a week to daily as a result of "marital issues." Respondent noted she would try to decrease Valium over the next two months and reevaluate use of an SSRI. She advised Patient 1 to abstain from alcohol use. She increased the Valium prescription to 5 mg, 45 pills, with one refill.
- 19. Patient 1's final visit with Respondent was on September 12, 2017. At that time, Respondent noted that she was concerned that Patient 1 was taking Valium every day. The Valium was wearing off in that the dose did not last very long. Respondent believed Patient1 had something more than an intermittent anxiety problem, and she determined that an SSRI was needed. Respondent's records document that Patient 1 had recently separated from his wife, which caused him increased anxiety and sorrow. She documented no suicidal ideation. Respondent discontinued Valium. She did not discuss, and/or document a discussion of, possible withdrawal symptoms. She prescribed Zoloft, 25 mg, 30 pills, with instructions to take one-half pill per day to reduce side effects. She also prescribed trazodone, 50 mg, 30 pills with instructions to take one pill at bedtime as needed for insomnia. Respondent provided two refills of each prescription.

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- 20. Respondent was seeing Patient 1 in intervals of three months. She did not schedule and/or document a follow-up visit to address the trial of Zoloft before the three-month prescription of Zoloft would have run out.
 - 21. Respondent denied a pharmacy's refill request for Valium on September 14, 2017.
 - 22. On October 2, 2017, Patient 1 committed suicide by hanging.
- 23. The standard of care for discontinuation of Valium requires that it not be done abruptly, but should be done slowly and carefully.
- 24. Respondent was grossly negligent in her care and treatment of Patient 1 when she abruptly discontinued Valium after prescribing it to Patient 1, a patient with increasing levels of anxiety, for 18 months in increasing dosages.
- 25. The standard of care for prescribing Zoloft at a low dosage, such as 12.5 mg per day for a patient with anxiety, is to schedule timely follow-up visits to assess the patient.
- 26. Respondent was grossly negligent in her treatment of Patient 1, whose anxiety was escalating, when she scheduled a subtherapeutic dose of Zoloft for a three-month duration without scheduling an earlier follow-up visit to assess his progress.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

27. By reason of the allegations in the First Cause for Discipline, Respondent Abigail Mary Stanton, M.D. is subject to disciplinary action under section 2234, subdivision (c), in that she committed repeated negligent acts in her treatment of Patient 1.

THIRD CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Medical Records)

- 28. Respondent Abigail Mary Stanton, M.D. is subject to disciplinary action under section 2266 of the Code in that she failed to maintain adequate and accurate medical records. The circumstances are as follows:
- 29. As set forth in Paragraph 17, Respondent failed to document the reasons for increasing Patient 1's dosage of Valium from 20 pills per month to 30 pills per month.

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