

1 Mesa hospital ("Hospital") through the first part of 2014. As a part of his treatment by
2 Respondent outside of the Hospital setting, G.E. was given antineoplastic chemotherapy
3 drugs at low doses.

4 5. On March 6, 2014, Respondent accessed G.E.'s electronic medical record at
5 the Hospital without proper authorization and gave verbal orders or a recommendation for
6 the administration of Gentamicin and Vancomycin. Respondent also signed an order for
7 adult parenteral nutrition ("APN") to be administered to G.E., and on the same form
8 ordered that G.E.'s PICC line be changed out. G.E. ultimately did not receive the
9 antibiotics or the APN as ordered by Respondent. Additionally, Respondent wrote his
10 name on G.E.'s whiteboard.

11 6. The Board's Medical Consultant ("MC") reviewed the care provided to G.E.
12 by Respondent. The MC found that the doses in Respondent's protocol for the
13 administered antineoplastic chemotherapy drugs (Paclitaxel, Cisplatinum, Fluorouracil,
14 Oxaliplatin and Irinotecan), are well below their narrow Therapeutic Index and there would
15 be no antineoplastic benefit to using them. The MC also found that there would be a strong
16 potential for side effects, especially consider G.E.'s debilitated state. The MC found that
17 there was no clinical support for Respondent's administration of agents Sz-685C and
18 GcMAF to G.E. The MC further stated that the informed consent was inadequate to
19 explain the risks and benefits of using antineoplastic chemotherapy drugs.

20 7. The standard of care requires a physician to have appropriate education,
21 training and clinical experience to diagnose, stage, and provide therapy for a patient with
22 malignant disease as a cancer specialist. Respondent deviated from the standard of care
23 by failing to have sufficient education, training and experience to hold himself out as a
24 specialist in the field of oncology.

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1 8. The standard of care requires a physician to appropriately administer,
2 develop a protocol and obtain clinical data that supports the use of antineoplastic
3 chemotherapy drugs. Respondent deviated from the standard of care by failing to
4 appropriately administer, develop a protocol and obtain clinical data that supports the use
5 of antineoplastic chemotherapy drugs.

6 9. The standard of care requires a physician to provide patients with adequate
7 informed consent. Respondent deviated from the standard of care by failing to obtain
8 adequate informed consent.

9 10. Patient G.E. was at risk for side effects from the use of antineoplastic
10 chemotherapy drugs at any dose.

11 11. During a Formal Interview on this matter, Respondent testified that he came
12 to the hospital as a courtesy for his patient, and just happened to be present when G.E.
13 had a gastroscopy performed. According to the Respondent, G.E. reported being very
14 hungry and thirsty after the procedure. Respondent was attempting to assist the patient
15 and his family and testified that he intended to fill out the parenteral nutrition form as a
16 recommendation to the attending physician.

17 12. Respondent also testified that he wrote an order to change G.E.'s PICC line
18 at the request of the attending nurse and that he signed the bottom of the form.
19 Respondent agreed that this might create the appearance that he was the ordering
20 physician. Respondent further testified that that the next day when he returned to visit the
21 patient in the step-down unit, he had a conversation with the unit nurse regarding antibiotic
22 orders for G.E., which he testified that the nurse misunderstood as an order. Respondent
23 also admitted that he wrote his name on the whiteboard in G.E.'s patient room.

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1 RIGHT TO PETITION FOR REHEARING OR REVIEW

2 Respondent is hereby notified that he has the right to petition for a rehearing or review.
3 The petition for rehearing or review must be filed with the Board's Executive Director within
4 thirty (30) days after service of this Order. A.R.S. § 41-1092.09(B). The petition for
5 rehearing or review must set forth legally sufficient reasons for granting a rehearing or
6 review. A.A.C. R4-16-103. Service of this order is effective five (5) days after date of
7 mailing. A.R.S. § 41-1092.09(C). If a petition for rehearing or review is not filed, the
8 Board's Order becomes effective thirty-five (35) days after it is mailed to Respondent.

9 Respondent is further notified that the filing of a motion for rehearing or review is
10 required to preserve any rights of appeal to the Superior Court.

11 DATED AND EFFECTIVE this 7th day of April, 2016.

12 ARIZONA MEDICAL BOARD

13
14 By Patricia E. McSorley
15 Patricia E. McSorley
Executive Director

16 EXECUTED COPY of the foregoing mailed
17 this 7th day of April, 2016 to:

18 David W. Williams
19 Davis Miles McGuire Gardner PLLC
80 E Rio Salado Pkwy Ste 401
20 Tempe, AZ 85281
Attorney for Respondent

21 ORIGINAL of the foregoing filed
22 this 7th day of April, 2016 with:

23 Arizona Medical Board
9545 E. Doubletree Ranch Road
24 Scottsdale, AZ 85258

25 Mary P. P. P.
Board Staff