

1 BEFORE THE ARIZONA MEDICAL BOARD

2 In the Matter of

3 **MARK H. WILSON, M.D.**

4 License No. 13278
5 For the Practice of Allopathic Medicine
6 In the State of Arizona.

Case No. MD-10-0014A

**ORDER FOR LETTER OF REPRIMAND
AND PROBATION AND CONSENT TO
THE SAME**

7 Mark H. Wilson, M.D. ("Respondent") elects to permanently waive any right to a
8 hearing and appeal with respect to this Order for Letter of Reprimand and Probation;
9 admits the jurisdiction of the Arizona Medical Board ("Board"); and consents to the entry of
10 this Order by the Board.

11 **FINDINGS OF FACT**

12 1. The Board is the duly constituted authority for the regulation and control of
13 the practice of allopathic medicine in the State of Arizona.

14 2. Respondent is the holder of license number 13278 for the practice of
15 allopathic medicine in the State of Arizona.

16 3. The Board initiated case number MD-10-0014A after receiving notification of
17 a malpractice settlement regarding Respondent's care and treatment of a 45 year-old male
18 patient ("BM") alleging that Respondent failed to diagnose and treat BM's congestive heart
19 failure ("CHF").

20 4. In March 2004, BM established care with Respondent. He was diabetic and
21 was taking Metformin, and had a strong family history of heart disease. BM weighed 188.5
22 lb. No physical exam was performed at the initial visit and labs were ordered. Respondent
23 planned to have BM return for completion of the exam and to obtain an electrocardiogram
24 ("ECG"). BM returned to Respondent two months later. There was no exam performed and
25 no ECG was obtained. In December 2004, BM was seen by Respondent and his weight

1 was 200lb. There was no exam documented and an ECG showed a Left Bundle Branch
2 Block ("LBBB"). Previous ECG's were not obtained or reviewed by Respondent.

3 5. In July 2005, BM was seen in Respondent's office by a physician assistant
4 and a physical exam was performed. BM weighed 214lb and no cardiac symptoms were
5 reported. In December 2005, BM's weight was noted to be 222lb but no repeat ECG was
6 obtained. BM was seen on two occasions in June 2006 for chest congestion, cough and
7 wheezing. His weight was 225lb, and he was diagnosed with a cough and bronchial
8 asthma; however, Respondent did not obtain an ECG or evaluate BM's continued weight
9 gain. In August and September of 2006, BM was seen for shortness of breath along with
10 chest tightness and pressure. He weighed 220lb. A chest x-ray demonstrated an enlarged
11 heart, which was not addressed by Respondent, and no gastrointestinal ("GI") evaluation
12 was performed to evaluate BM's worsening GI symptoms that were not responding to
13 therapy.

14 6. In October 2006, BM was seen on two occasions for severe dyspnea and
15 nausea, and he was diagnosed with GERD. He later presented to the emergency
16 department where an ultrasound was suggestive of a common bile duct stone and he was
17 referred for GI follow up. There was no communication between Respondent, the
18 physician that saw BM in the emergency department, or the GI physician to direct BM's
19 care. The GI work up was negative and no follow up was undertaken. BM returned to the
20 emergency department one month later for worsening shortness of breath and leg swelling
21 of six months duration. BM was diagnosed with classic CHF and his ejection fraction was
22 at 10-15%.

23 7. The standard of care for a new LBBB requires a physician to refer the patient
24 to cardiology for appropriate studies and to compare the new LBBB to a previous ECG;
25

1 8. The standard of care for pulmonary symptoms that involved inability to
2 breathe at rest, inability to walk, wheezing and chest tightness is to refer the patient to
3 cardiology and consider a pulmonary referral;

4 9. The standard of care for a new patient is to perform an exam in a timely
5 fashion; for a diabetic patient to obtain periodic urine for microalbumin, to add an
6 Angiotensin Converting Enzyme ("ACE") inhibitor or an Angiotensin Receptor Blocker
7 ("ARB") for renal protection and consider a stain for risk reduction of heart attacks and
8 stroke;

9 10. The standard of care for a diabetic patient with rapid weight gain and
10 respiratory symptoms is to timely obtain a chest x-ray for a diabetic patient

11 11. The standard of care when abdominal pain does not have a GI cause after
12 appropriate studies are performed is to continue to evaluate the patient for an etiology

13 12. Respondent deviated from the standard of care by failing to refer BM to
14 cardiology for appropriate studies and by failing to compare the new LBBB to a previous
15 ECG;

16 13. Respondent deviated from the standard of care by failing to refer BM to
17 cardiology and consider a pulmonary referral for pulmonary symptoms that involved BM's
18 inability to breathe at rest, inability to walk, wheezing and chest tightness;

19 14. Respondent deviated from the standard of care by failing to perform an exam
20 of BM in a timely fashion;

21 15. Respondent deviated from the standard of care by failing to obtain periodic
22 urine for microalbumin, failing to add an ACE inhibitor or an ARB, and failing to consider a
23 stain for risk reduction of heart attacks and stroke;

24 16. Respondent deviated from the standard of care by failing to timely obtain a
25 chest x-ray after BM's rapid weight gain and respiratory symptoms; and by failing to

1 continue evaluating BM for an alternate etiology after appropriate studies were performed
2 for BM's abdominal pain that did not have a GI cause.

3 17. The diminished quality of life of not being able to function due to not being
4 able to breathe caused BM harm. As the standard of care would have been a cardiology
5 referral in March 2004, the failure to establish the baseline caused BM harm. The actual
6 harm caused by CHF is being classified as functionally disabled at age 47, loss of income,
7 diminished quality of life, and decreased life expectancy. The progression of CHF to
8 pulmonary edema could have led to BM's death. The deviation from the standard of care
9 for a timely physical exam on a new patient could have caused harm by not picking up on
10 BM's clinical changes that may have pointed his care in a better direction.

11 CONCLUSIONS OF LAW

12 1. The Board possesses jurisdiction over the subject matter hereof and over
13 Respondent.

14 2. The conduct and circumstances described above constitute unprofessional
15 conduct pursuant to A.R.S. § 32-1401(27)(q) ("[a]ny conduct or practice that is or might be
16 harmful or dangerous to the health of the patient or the public.").

17 ORDER

18 IT IS HEREBY ORDERED THAT:

19 1. Respondent is issued a Letter of Reprimand.

20 2. Respondent is placed on probation for one year with the following terms and
21 conditions:

22 Continuing Medical Education

23 Respondent shall within six months of the effective date of this Order obtain
24 10-20 hours of Board Staff pre-approved Category I Continuing Medical Education (CME)
25 in an intensive course regarding the diagnosis and treatment of cardiac disease.

1 Respondent shall within thirty days of the effective date of this Order submit his request
2 for CME to the Board for pre-approval. Upon completion of the CME, Respondent shall
3 provide Board Staff with satisfactory proof of attendance. The CME hours shall be in
4 addition to the hours required for the biennial renewal of medical license. The probation
5 shall terminate upon successful completion of the CME.

6 b. Obey All Laws

7 Respondent shall obey all state, federal and local laws, all rules governing
8 the practice of medicine in Arizona, and remain in full compliance with any court ordered
9 criminal probation, payments and other orders.

10 c. Tolling

11 In the event Respondent should leave Arizona to reside or practice outside
12 the State or for any reason should Respondent stop practicing medicine in Arizona,
13 Respondent shall notify the Executive Director in writing within ten days of departure and
14 return or the dates of non-practice within Arizona. Non-practice is defined as any period of
15 time exceeding thirty days during which Respondent is not engaging in the practice of
16 medicine. Periods of temporary or permanent residence or practice outside Arizona or of
17 non-practice within Arizona, will not apply to the reduction of the probationary period.

18 DATED AND EFFECTIVE this 15th day of October, 2010.

19
20 (SEAL)



ARIZONA MEDICAL BOARD

By [Signature]

Lisa S. Wynn
Executive Director

CONSENT TO ENTRY OF ORDER

1 1. Respondent has read and understands this Consent Agreement and the
2 stipulated Findings of Fact, Conclusions of Law and Order ("Order"). Respondent
3 acknowledges he has the right to consult with legal counsel regarding this matter.

4 2. Respondent acknowledges and agrees that this Order is entered into freely
5 and voluntarily and that no promise was made or coercion used to induce such entry.

6 3. By consenting to this Order, Respondent voluntarily relinquishes any rights to
7 a hearing or judicial review in state or federal court on the matters alleged, or to challenge
8 this Order in its entirety as issued by the Board, and waives any other cause of action
9 related thereto or arising from said Order.

10 4. The Order is not effective until approved by the Board and signed by its
11 Executive Director.

12 5. All admissions made by Respondent are solely for final disposition of this
13 matter and any subsequent related administrative proceedings or civil litigation involving
14 the Board and Respondent. Therefore, said admissions by Respondent are not intended
15 or made for any other use, such as in the context of another state or federal government
16 regulatory agency proceeding, civil or criminal court proceeding, in the State of Arizona or
17 any other state or federal court.

18 6. Upon signing this agreement, and returning this document (or a copy thereof)
19 to the Board's Executive Director, Respondent may not revoke the consent to the entry of
20 the Order. Respondent may not make any modifications to the document. Any
21 modifications to this original document are ineffective and void unless mutually approved
22 by the parties.

23 7. This Order is a public record that will be publicly disseminated as a formal
24 disciplinary action of the Board and will be reported to the National Practitioner's Data
25 Bank and on the Board's web site as a disciplinary action.

1 8. If any part of the Order is later declared void or otherwise unenforceable, the
2 remainder of the Order in its entirety shall remain in force and effect.

3 9. If the Board does not adopt this Order, Respondent will not assert as a
4 defense that the Board's consideration of the Order constitutes bias, prejudice,
5 prejudgment or other similar defense.

6 10. Any violation of this Order constitutes unprofessional conduct and may result
7 in disciplinary action. A.R.S. § § 32-1401(27)(r) ("[v]iolating a formal order, probation,
8 consent agreement or stipulation issued or entered into by the board or its executive
9 director under this chapter") and 32-1451.

10 11. ***Respondent has read and understands the conditions of probation.***

11
12 
13 MARK H. WILSON, M.D.

DATED: 8-18-10

14 EXECUTED COPY of the foregoing mailed
15 this 15th day of October, 2010 to:

16 Tom Slutes
17 Slutes, Sakrison & Rogers PC
18 4801 E. Broadway Blvd., Suite 301
19 Tucson, AZ 85711-0001
20 Attorney for Respondent

21 ORIGINAL of the foregoing filed
22 this 15th day of October, 2010 to:

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


Arizona Medical Board Staff