

1 **BEFORE THE ARIZONA MEDICAL BOARD**

2 In the Matter of

Case No. MD-11-0573A

3 **MELVYN V. MAHON, M.D.**

**ORDER FOR DECREE OF CENSURE
AND PROBATION AND CONSENT TO
THE SAME**

4 Holder of License No. 42434
5 For the Practice of Allopathic Medicine
6 In the State of Arizona.

7 Melvyn V. Mahon, M.D. ("Respondent") elects to permanently waive any right to a
8 hearing and appeal with respect to this Order for Decree of Censure and Probation; admits
9 the jurisdiction of the Arizona Medical Board ("Board"); and consents to the entry of this
10 Order by the Board.

11 Respondent consents to the entry of the Order set forth below as a compromise of
12 a disputed matter between Respondent and the Board, and does so only for the purpose
13 of terminating the disputed matter by agreement, in an economical and efficient manner.

14 While Respondent does not admit to or agree with the Findings of Fact and Conclusions of
15 law set forth below, Respondent agrees to resolve this disputed complaint by
16 acknowledging that it is the Board's position that, if this matter proceeded to formal
17 hearing, the Board could establish sufficient evidence to support a conclusion that certain
18 aspects of Respondent's conduct constituted unprofessional conduct. All agreements
19 herein are solely for final disposition of this matter and any subsequent related
20 administrative proceedings or civil litigation involving the Board and Respondent. The
21 agreements are not intended or made for any other use, such as in the context of another
22 state or federal government regulatory agency proceeding, or civil proceeding.

23 The Board believes that the following facts can be established at a formal hearing:

24 **FINDINGS OF FACT**

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

1 abnormal renal function. As a result of Respondent's conduct, PC developed acute renal
2 failure.

3 **PATIENT RY**

4 7. RY presented with shortness of breath, productive cough and signs and
5 symptoms of COPD exacerbation and chest x-ray evidence of congestive heart failure on
6 February 18, 2011. RY had mild persistent troponin elevation suggestive of non ST-
7 elevation MI, possibly due to the presence of renal failure. Left and right heart
8 catheterizations were performed showing lack of significant coronary disease.
9 Respondent performed ventriculography which revealed severe mitral regurgitation and
10 LVEF equal to 29%, aortogram, adding significant amount of contrast to the total contrast
11 load. RY did not receive any protective measures for his abnormal renal failure.
12 Additionally, RY received excessive anticoagulation. RY developed severe hemoptysis
13 and died.

14 8. The standard of care for a patient with low level troponin without angina and
15 known recent normal catheterization requires a physician to not perform angiography with
16 excessive anticoagulation and contrast use.

17 9. Respondent deviated from the standard of care in his treatment of RY by
18 performing unnecessary coronary angiography, ventriculography and aortogram with
19 excessive use of contrast and anticoagulation.

20 10. Excessive use of unnecessary contrast during angiography, left
21 ventriculography and aortogram with no protective measure, together with marked renal
22 insufficiency could have led to severe contrast induced nephropathy if RY had survived the
23 pulmonary bleed.

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2 **PATIENT WK**

3 11. Patient WK had severe COPD and following steroids, developed
4 symptomatology of closing feeling of throat, severe exertional chest pain, diarrhea,
5 dyspnea and nausea. She had normal ECGs and multiple sets of normal biomarkers. She
6 had numerous cardiac risk factors. Without first seeing the patient, Respondent ordered
7 and performed a pharmacological stress test and read it as negative for ischemia. He then
8 performed cardiac catheterization in an anticoagulated patient without waiting for the INR
9 to come down to less than 1.4. At cardiac catheterization, once he entered the artery,
10 within 15 minutes (at 4:48PM) it was evident that patient was bleeding with groin
11 hematoma. Instead of trying to find the etiology of bleed and control it, he went on with the
12 procedure. He did not stop Integrilin or take steps to control the bleeding until 5:24 PM
13 when he elected to stop Integrilin infusion. With the patient's status deteriorating,
14 Respondent gave blood products, pressors, hydration and manually compressed 20
15 minutes, then waited to call for surgical help at least 36 minutes from first notice of bleed
16 and 15 minutes from when he suspected the true site of bleed. All of this led ultimately to
17 coagulopathy and multi organ failure.

18 12. The Medical Board's consultant asserts the standard of care was not to
19 perform angiogram in a patient with clear non cardiac cause of chest pain, negative
20 troponin and normal myocardial perfusion study with high INR. Once bleeding was
21 recognized, the standard of care required that integrilin be stopped immediately and FFP
22 to be given immediately in order to reverse the Coumadin effect.

23 13. The Board's consultant states that Respondent deviated from the standard of
24 care by performing an angiogram in a patient with negative troponin and high INR, and .
25

1 further deviated from the standard of care by failing to give FFP, stop integrelin and stop
2 the bleed.

3 14. WK suffered excessive bleeding leading to multiple organ failure and death.

4 **PACE EVALUATION**

5 15. Respondent was evaluated in 2011 through Phase I and Phase II of the
6 Physician Assessment and Clinical Education (PACE) program. PACE concluded that
7 Respondent's overall performance was consistent with "clear pass," signifying good to
8 excellent performance in most or all areas measured and consistent with safe practice and
9 competency.

10 **CONCLUSIONS OF LAW**

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

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

16 3. The conduct and circumstances described above constitute unprofessional
17 conduct pursuant to A.R.S. § 32-1401(27)(ll) ("[c]onduct that the board determines is gross
18 negligence, repeated negligence or negligence resulting in harm to or the death of a
19 patient.").

20
21 **ORDER**

22 IT IS HEREBY ORDERED THAT:

23 1. Respondent is issued a Decree of Censure.

24 2. This Order vacates the Interim Order for Summary Restriction dated May 12,
25 2011.

1 3. Probation

2 Respondent is placed on probation for **three years** with the following terms
3 and conditions:

- 4 a. Respondent shall, within 30 days of the effective date of this Order,
5 enter into a contract with a Board pre-approved monitoring company
6 to provide all monitoring services. Respondent shall pay all costs of
7 monitoring requirements and services.
- 8 b. The monitoring company will conduct quarterly chart reviews for the
9 remainder of the probationary period and report results to the Board.
10 Respondent shall submit monthly logs of all invasive cardiac
11 procedures set forth in the Interim Order for Summary Restriction
12 dated May 12, 2011 to the monitoring company to determine which
13 patient charts to review. The monitoring shall commence upon
14 Respondent's re-initiation of performance of such invasive cardiac
15 procedures. Respondent shall notify the monitoring company within
16 ten days that he has re-initiated performance of such invasive cardiac
17 procedures. Respondent shall pay the expenses of the monitoring
18 company and all chart reviews and fully cooperate with any requests
19 made by the monitoring company in conducting the chart reviews.
- 20 c. After submission of eight quarterly chart reviews, Respondent may
21 seek review and reconsideration of the probation provisions within this
22 Order.

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d. Obey All Laws

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

e. Tolling

In the event Respondent should leave Arizona to reside or practice outside the State or for any reason should Respondent stop practicing medicine in Arizona, Respondent shall notify the Executive Director in writing within ten days of departure and return of the dates of non-practice within Arizona. Non-practice is defined as any period of time exceeding thirty days during which Respondent is not engaging in the practice of medicine. Periods of non-practice will not apply to reduction of the probationary period. If the Board has difficulty of any kind, for any reason, having to do with the monitoring of Respondents' out-of-state medical practice or the obtaining of any documents or information the board deems relevant, including but not limited to medical records, the Board will have the absolute right to exclude any periods of out-of-state medical practice from the probationary period.

DATED AND EFFECTIVE this 1ST day of AUGUST, 2012.

ARIZONA MEDICAL BOARD



By *Lisa S. Wynn*
Lisa S. Wynn
Executive Director

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CONSENT TO ENTRY OF ORDER

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

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

3. By consenting to this Order, Respondent voluntarily relinquishes any rights to a hearing, or to challenge this Order in its entirety as issued by the Board, and waives any other cause of action related thereto or arising from said Order.

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

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

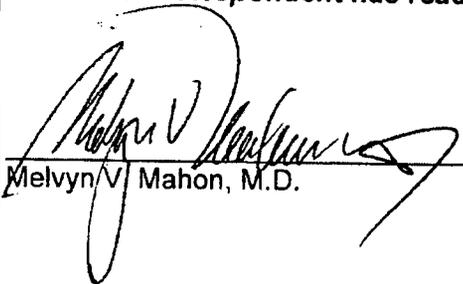
6. This Order is a public record that will be publicly disseminated as a formal disciplinary action of the Board and will be reported to the National Practitioner's Data Bank and on the Board's web site as a disciplinary action.

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

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

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

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

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8 
Melvyn V Mahon, M.D.

DATED: 2-17-12

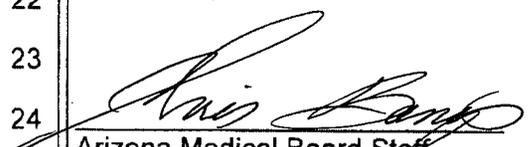
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10
11 EXECUTED COPY of the foregoing mailed
12 this 15 day of August, 2012 to:

13 Melvyn V. Mahon, M.D.
14 (Address of Record)
15 Respondent

16 Wm. Rinaudo Phillips
17 Broening, Oberg, Woods & Wilson
18 P.O. Box 20527
19 Phoenix, Arizona 85036
20 Attorney for Respondent

21 ORIGINAL of the foregoing filed
22 this 15 day of August, 2012 with:

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


Arizona Medical Board Staff
AF:yfl - #2626805