

1 **BEFORE THE ARIZONA MEDICAL BOARD**

2 In the Matter of

3 **Helen Watt, M.D.**

4 Holder of License No. 22016  
5 For the Practice of Allopathic Medicine  
6 In the State of Arizona.

Board Case No. MD-08-1263A

**FINDINGS OF FACT,  
CONCLUSIONS OF LAW AND ORDER**

(Letter of Reprimand)

7 The Arizona Medical Board ("Board") considered this matter at its public meeting on  
8 December 2, 2009. Helen Watt, M.D., ("Respondent") appeared with legal counsel, Peter  
9 Fisher, before the Board for a Formal Interview pursuant to the authority vested in the  
10 Board by A.R.S. § 32-1451(H). The Board voted to issue Findings of Fact, Conclusions of  
11 Law and Order after due consideration of the facts and law applicable to this matter.

12 **FINDINGS OF FACT**

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

15 2. Respondent is the holder of License No. 22016 for the practice of allopathic  
16 medicine in the State of Arizona. She is ABMS board certified in otolaryngology.

17 3. On January 9, 2004, Respondent saw SB, a 3 year-old male, who was  
18 brought to her by his grandmother for complaints of fever and coughing. Respondent's  
19 physical examination of SB did not include any vital signs and was limited to the head and  
20 neck. She did not listen to his lungs or remark upon his respiratory status.

21 4. Respondent documented that she was unable to take an accurate  
22 temperature secondary to mouth breathing and had no rectal thermometer. At the Formal  
23 Interview Respondent admitted that she does take axillary temperatures in her ear, nose  
24 and throat practice, but did not do so in the case of SB. Instead, she estimated SB's  
25 temperature to be 99.6. Respondent did not chart SB's weight, size, or nutritional status.

1           5.     Respondent's assessment was early strep throat and she prescribed  
2 Amoxicillin 125mg tid for ten days. She prescribed this antibiotic to SB without obtaining  
3 parental consent to provide treatment. There is no evidence that access to SB's parents  
4 was limited, and the treatment described was not in the context of an emergency.

5           6.     On October 6, 2005, Respondent wrote a "To Whom it May Concern" letter  
6 stating that SB was brought to her office by his grandmother who reported that he was not  
7 receiving enough nourishment. Respondent stated in her letter that she agreed and  
8 opined that he was small for his age and underweight. This statement is not supported by  
9 SB's medical record from the January 9, 2004 visit with Respondent. A notation in SB's  
10 chart indicated that Respondent provided his grandmother with the letter because all of  
11 the proper channels contacted had not removed him from his child abuse situation.  
12 Respondent failed to maintain a copy of the letter to place in SB's chart.

13           7.     On February 11, 2006, Respondent wrote another "To Whom it May  
14 Concern" letter regarding alleged sexual abuse. She described an incident that occurred  
15 two hours prior that involved a discussion regarding SB's mother's boyfriend whom SB  
16 alleged touched SB inappropriately. Respondent later stated in the letter that she believed  
17 this statement was the truth.

18           8.     Respondent told Board staff that she made a copy of the letter for the  
19 grandmother, but did not place a copy of the letter into SB's medical record. Respondent  
20 did not report this event to Child Protective Services (CPS) or any other authority that day.  
21 Sometime later, she contacted Child Help to make a report and was told to call CPS,  
22 which she claims she did. Respondent stated that she was told that the matter had  
23 already been checked into.

24           9.     The Board referred this matter to an outside Medical Consultant, who found  
25 that Respondent showed poor judgment and failed to meet the standard of care in the

1 areas of physical examination, recordkeeping, medical management, obtaining consent  
2 for treatment, and failing to report suspected child abuse.

3 10. In her response to the Board's investigation, Respondent submitted a letter  
4 from an ear, nose and throat physician that was "dictated, but not read." The physician  
5 was responding to a telephone call from Respondent, who apparently asked how he  
6 would handle "a clinical situation. " According to the letter, the clinical situation described  
7 to him was of "a young child who appeared ill with exam evidence of tonsillitis and low  
8 grade fever." Significantly, in the clinical situation presented to the physician, there was  
9 no mention of the child having a cough. The physician stated that he does not take  
10 pediatric blood pressures in the office or auscultate the chest to make a pediatric  
11 diagnosis. He stated that he would at times do a throat culture and then would use his  
12 clinical judgment as to whether to prescribe antibiotics while awaiting the tests results.

13 11. The standard of care for an office visit for a pediatric patient's medical  
14 complaint of fever and cough requires a physician to obtain vital signs, including  
15 temperature, respiratory rate, and heart rate. When there is a complaint of fever, a  
16 reasonable attempt to take a temperature should be made and when there is a complaint  
17 of cough, the lungs should be examined. During the Formal Interview, Respondent  
18 admitted that this standard of care is applicable to primary care physicians, pediatricians,  
19 and ear, nose and throat specialists.

20 12. Respondent deviated from the standard of care by failing to obtain vital  
21 signs for a child within the context of a sick visit, by failing to obtain a weight, and by  
22 failing to assess SB's respiratory status by obtaining a respiratory rate as well as oxygen  
23 saturation and performing an examination of his lungs/chest.

24 13. The standard of care for treatment of strep pharyngitis requires a physician  
25 to base the amount of Amoxicillin prescribed upon a formula of milligrams per kilograms

1 of weight per day. During the Formal Interview, Respondent conceded that the  
2 "milligrams per kilograms per day" standard applied to her prescription of antibiotics to  
3 SB.

4 14. Respondent deviated from the standard of care by failing to obtain the  
5 weight of SB before prescribing Amoxicillin to him.

6 15. The standard of care regarding medical treatment of a minor requires the  
7 physician to obtain parental consent. If the parent is unavailable, a reasonable attempt  
8 should be made to locate a parent and obtain consent to treat.

9 16. Respondent deviated from the standard of care by prescribing an antibiotic  
10 to SB without obtaining parental consent to provide treatment. There is no evidence that  
11 access to SB's parents was limited and the treatment described was not in the context of  
12 an emergency.

13 17. The standard of care regarding reporting possible child abuse requires the  
14 physician to immediately report or cause reports to be made of this information to a peace  
15 officer or to CPS.

16 18. Respondent deviated from the standard of care by failing to report her  
17 suspicion of child abuse to CPS in a timely manner.

18 19. SB could have been harmed by Respondent's failure to assess SB's  
19 respiratory status when he could have had pneumonia. If he had been hypoxic, she may  
20 not have recognized it and this would have delayed the diagnosis. Inadequate treatment  
21 of strep pharyngitis may lead to rheumatic fever. Prevention of rheumatic fever requires  
22 eradication of group A strep from the throat. Inadequate dosing may not eradicate the  
23 bacteria, therefore making the patient vulnerable to the sequelae of the infection. SB's  
24 parents may not have agreed with the medical plan and treatment per Respondent and  
25 SB may have been allergic to the antibiotic prescribed. SB could have been placed in



1 child protective services in the department of economic security, except if the report  
2 concerns a person who does not have care, custody or control of the minor, the report  
3 shall be made to a peace officer only. A member of the clergy, Christian science  
4 practitioner or priest who has received a confidential communication or a confession in  
5 that person's role as a member of the clergy, Christian science practitioner or a priest in  
6 the course of the discipline enjoined by the church to which the member of the clergy,  
7 Christian science practitioner or priest belongs may withhold reporting of the  
8 communication or confession of the member of the clergy, Christian science practitioner or  
9 priest determines that it is reasonable and necessary within the concepts of the religion.  
10 This exemption applies only to the communication or confession and not to personal  
11 observations the member of the clergy, Christian science practitioner or priest may  
12 otherwise make of the minor for the purposes of this subsection, "person" means:

13 1. Any physician, physician's assistant, optometrist, dentist, osteopath,  
14 chiropractor, podiatrist, behavioral health professional, nurse, psychologist, counselor or  
15 social worker who develops the reasonable believe in the course of treating the patient.");  
16 A.R.S. § 32-1401(27)(e) ("(f)ailing or refusing to maintain adequate records on a  
17 patient")("Adequate records" means legible medical records containing, at a minimum,  
18 sufficient information to identify the patient, support the diagnosis, justify the treatment,  
19 accurately document the results, indicate advice and cautionary warnings provided to the  
20 patient and provide sufficient information for another practitioner to assume continuity of  
21 the patient's care at any point in the course of treatment." A.R.S. §32-1401((2)); and  
22 A.R.S. § 32-1401(27)(q) ("[a]ny conduct that is or might be harmful or dangerous to the  
23 health of the patient or the public.")

#### 24 **ORDER**

25 Based upon the foregoing Findings of Fact and Conclusions of Law,

1 IT IS HEREBY ORDERED:

2 1. Respondent is issued a Letter of Reprimand.

3 2. The Board retains jurisdiction and may initiate new action based upon any  
4 violation of this Order.

5 **RIGHT TO PETITION FOR REHEARING OR REVIEW**

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

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

15 DATED this 11<sup>TH</sup> day of FEBRUARY



16 THE ARIZONA MEDICAL BOARD

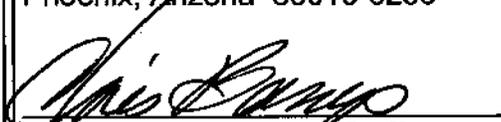
17 By [Signature]  
18 Lisa S. Wynn  
19 Executive Director

20 ORIGINAL of the foregoing filed this  
21 11<sup>th</sup> day of February with:

22 Arizona Medical Board  
23 9545 East Doubletree Ranch Road  
24 Scottsdale, Arizona 85258

25 Executed copy of the foregoing  
mailed by U.S. Mail this  
11<sup>th</sup> day of February to:

1 Peter Fisher  
2 Bradford Law Offices PLLC  
3 4131 N. 24th Street, Suite C201  
4 Phoenix, Arizona 85016-6256

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Arizona Medical Board Staff