



1 documentation of associated symptoms accompanying PG's elevated liver function tests.  
2 Also, Respondent's chart notes were sparse and often illegible and he did not perform  
3 testing to assess PG for Hepatitis B and C and hemochromatosis even though PG had  
4 persistently elevated LFTs.

5 5. Additionally, In 2003 and 2004, PG had persistently elevated fasting glucose;  
6 however, there was no documentation that Respondent addressed the elevated glucose or  
7 informed PG of the abnormal lab results. In 2004, Respondent diagnosed PG with  
8 diabetes and hyperkalemia and prescribed Avandamet and later substituted it with  
9 Glucophage without documenting or discussing the contraindications of the medications  
10 even though he was aware that PG had chronically elevated LFTs.

11 6. On July 25, 2005, PG obtained a second opinion from another physician who  
12 noted his history of a solitary gallstone, abnormal LFTs, and reduced platelets. The  
13 physician ordered an abdominal computed tomography (CT) scan with and without  
14 contrast. On July 30, 2005, PG was seen in the emergency room complaining of swollen  
15 stomach, legs, and feet. A non-contrast CT scan showed massive ascites and a possible  
16 retroperitoneal mass and a Hepatitis Panel showed a positive Hepatitis C, AB.

17 7. On August 1, 2005, an abdominal and pelvis CT scan with contrast showed  
18 massive ascites, no retroperitoneal mass, and a nodular and heterogeneous liver with a  
19 questionable filling defect of the portal vein. PG required repeated large volume ultrasound  
20 guided paracentesis procedures and in September 2005, a CT guided biopsy of the liver  
21 was performed that showed hepatocellular carcinoma and cirrhosis with marked fibrosis  
22 and bile duct proliferation. PG subsequently underwent hepatic artery chemotherapy  
23 infusion; however, his condition continued to decline and he was admitted to the hospital.  
24 PG subsequently died on October 21, 2005 and the immediate cause of death was listed  
25 as end stage liver failure due to or as a consequence of Hepatitis C.

1           8.     The standard of care requires a physician to assess a patient for Hepatitis B.  
2 and C and hereditary hemochromatosis when persistently elevated LFTs are noted. The  
3 standard of care also requires a physician to address a patient's elevated fasting glucose  
4 values by performing repeat testing of fasting glucose values greater than 126 and with a  
5 diagnosis of diabetes, to counsel the patient on this diagnosis and when a patient with  
6 chronically elevated LFTs is found to be diabetic the standard of care requires a physician  
7 to be aware of the contraindications for the use of Avandamet and Glucophage.

8           9.     Respondent deviated from the standard of care because he did not perform  
9 testing to assess PG for Hepatitis B and C and hemochromatosis, he did not address PG's  
10 elevated fasting glucose values, and he was not aware of the contraindications for the use  
11 of Avandamet and Glucophage for PG.

12          10.    PG was substantially delayed in the diagnosis of Hepatitis C and a  
13 subsequent biopsy confirmed marked fibrosis, cirrhosis, and hepatocellular carcinoma. PG  
14 died as a result of end state liver failure secondary to Hepatitis C. The delay in diagnosing  
15 diabetes put PG at increased risk for infection and hospitalization for dehydration and  
16 hyperglycemia. PG was at increased risk for lactic acidosis while on Metformin-containing  
17 medications.

18          11.    A physician is required to maintain adequate legible medical records  
19 containing, at a minimum, sufficient information to identify the patient, support the  
20 diagnosis, justify the treatment, accurately document the results, indicate advice and  
21 cautionary warnings provided to the patient and provide sufficient information for another  
22 practitioner to assume continuity of the patient's care at any point in the course of  
23 treatment. A.R.S. § 32-1401(2). Respondent's records were inadequate because he did  
24 not document a complete history and his chart notes were sparse and often illegible.  
25

1 **CONCLUSIONS OF LAW**

2 1. The Board possesses jurisdiction over the subject matter hereof and over  
3 Respondent.

4 2. The conduct and circumstances described above constitute unprofessional  
5 conduct pursuant to A.R.S. § 32-1401(27)(e) (“[f]ailing or refusing to maintain adequate  
6 records on a patient.”), A.R.S. § 32-1401(27)(q) (“[a]ny conduct or practice that is or might  
7 be harmful or dangerous to the health of the patient or the public.”) and A.R.S. § 32-1401  
8 (27)(ll) (“[c]onduct that the board determines is gross negligence, repeated negligence or  
9 negligence resulting in harm to or the death of a patient.”).

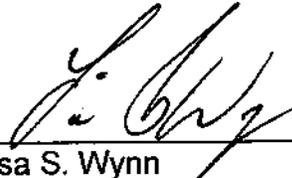
10 **ORDER**

11 IT IS HEREBY ORDERED THAT Respondent is issued a Letter of Reprimand.

12 DATED AND EFFECTIVE this 11<sup>TH</sup> day of FEBRUARY, 2009.



14 ARIZONA MEDICAL BOARD

15 By 

16 Lisa S. Wynn  
17 Executive Director

18 **CONSENT TO ENTRY OF ORDER**

19 1. Respondent has read and understands this Consent Agreement and the  
20 stipulated Findings of Fact, Conclusions of Law and Order (“Order”). Respondent  
21 acknowledges he has the right to consult with legal counsel regarding this matter.

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

24 3. By consenting to this Order, Respondent voluntarily relinquishes any rights to  
25 a hearing or judicial review in state or federal court on the matters alleged, or to challenge

1 this Order in its entirety as issued by the Board, and waives any other cause of action  
2 related thereto or arising from said Order.

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

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

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

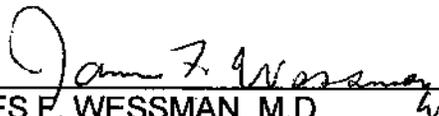
16 7. This Order is a public record that will be publicly disseminated as a formal  
17 disciplinary action of the Board and will be reported to the National Practitioner's Data  
18 Bank and on the Board's web site as a disciplinary action.

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

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

24 10. Any violation of this Order constitutes unprofessional conduct and may result  
25 in disciplinary action. A.R.S. § § 32-1401(27)(r) ("[v]iolating a formal order, probation,

1 consent agreement or stipulation issued or entered into by the board or its executive  
2 director under this chapter") and 32-1451.

3  
4   
5 JAMES F. WESSMAN, M.D.

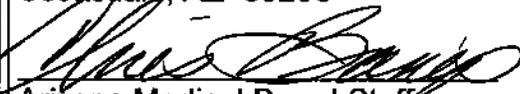
DATED: 11/27/09

6  
7 EXECUTED COPY of the foregoing mailed  
8 this 17th day of February 2009 to:

9 James F. Wessman, M.D.  
10 Address of Record

11 ORIGINAL of the foregoing filed  
12 this 17th day of February 2009 with:

13 Arizona Medical Board  
14 9545 E. Doubletree Ranch Road  
15 Scottsdale, AZ 85258

16   
17 Arizona Medical Board Staff