

1 BEFORE THE ARIZONA MEDICAL BOARD

2 In the Matter of

3 **JON SCHWARTZ, M.D.**

4 Holder of License No. 28211
5 For the Practice of Allopathic Medicine
6 In the State of Arizona

Case No. MD-12-0449A

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

7 Jon Schwartz, M.D. ("Respondent") elects to permanently waive any right to a
8 hearing and appeal with respect to this Order for Letter of Reprimand; admits the
9 jurisdiction of the Arizona Medical Board ("Board"); and consents to the entry of this Order
10 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 28211 for the practice of
15 allopathic medicine in the State of Arizona.

16 3. The Board initiated case number MD-12-0449A after receiving notification of
17 a malpractice settlement regarding Respondent's care and treatment of a 30 year-old
18 female patient ("JO") alleging failure to diagnose and treat Addison's Disease.

19 4. JO had been a long-time patient of Respondent. She suffered post-partum
20 depression in 2005 and again in January of 2007, seven months after giving birth to her
21 youngest child by C-section. On March 17, 2009, JO was seen by a physician assistant
22 (PA) who noted a 12 pound weight loss from August of 2007. The PA diagnosed JO with
23 recurrent depression and Zoloft was resumed.

24 5. JO was seen by the PA again on April 29, 2009 and was noted to have had
25 an additional 3 pound weight loss. JO complained of light-headedness and fatigue for two

1 months. Her TSH was 22.2 and treatment with Levoxyl was initiated. JO missed her follow
2 up appointment and was seen on June 28, 2009 at the emergency department (ED) with
3 complaints of severe headache, nausea, and lethargy. Respondent saw JO two days later
4 and diagnosed PTSD, anxiety, panic attacks, and depression secondary to marital discord.

5 6. Respondent saw JO again on August 5, 2009 with complaints of shortness of
6 breath and chest pain. Her weight had decreased, and her Levoxyl dose was increased.
7 The PA saw JO one week later with further weight loss noted. JO was referred for
8 psychiatric and marital counseling. JO's Levoxyl dose was again increased.

9 7. On August 12, 2009, JO presented to the ED with anorexia, nausea and
10 vomiting as well as dizziness. A weight loss of 35-40 pounds in a six month period was
11 noted. Respondent admitted JO to the hospital and noted anorexia, weakness, palpitations
12 on arising, shortness of breath, hyponatremia and polycythemia. Psychiatry and cardiology
13 were consulted.

14 8. The cardiologist felt that adrenal insufficiency was possible due to symptoms
15 of hyponatremia, and an ACTH stimulation test was recommended. Respondent
16 documented that he held off on the test as the patient did not appear in any crisis state
17 and he wanted to see improvement in her sodium and TSH.

18 9. Following heart catheterization on August 15, 2009, JO spiked a fever of 101
19 and had a severe headache. Infectious disease was consulted and IV antibiotics were
20 administered.

21 10. Respondent documented that he prescribed narcotics and the next day, JO
22 experienced apnea and Narcan was given. JO was intubated and she was transferred to
23 ICU where she was extubated. She was re-intubated 2½ hours later and Dopamine was
24 started due to hypotension. Respondent documented that Addisonian crisis was not
25 considered. Cortisol was administered and a CT was read as normal.

1 11. There was no neurologist available and JO was transferred to another facility
2 where a head CT the next day revealed cerebral edema and brain herniation. This was felt
3 to be due to anoxic brain injury, adrenal insufficiency, and possibly encephalitis. Additional
4 testing proved that JO was brain dead and the family requested comfort measures. JO
5 expired on August 17, 2009. An autopsy revealed cerebral edema with brainstem
6 herniation.

7 12. The initial Medical Consultant (MC) noted that Addison's disease is rare and
8 that JO did not have some of the classic findings. The initial MC stated that Respondent
9 did a very excellent and thorough history and physical for the last admission and got
10 essential consultations, considering no endocrinologist was available. The initial MC stated
11 that Respondent did not meet the standard of care, had Respondent limited his practice to
12 adult medicine or had he been an internist. Board staff determined that the initial MC's
13 report and summary was internally inconsistent and forwarded the case to a second MC
14 for a new quality of care review.

15 13. The second MC found that JO was a very complex patient with significant
16 medical and psychiatric issues. The second MC stated that the standard of care was not
17 met with regards to documentation of psychiatric or neurologic evaluation. The second MC
18 observed that when the cardiologist recommended and ordered a cortisol and ACTH test,
19 the standard of care would have been to either follow up on the values afterwards or
20 review reasons for not ordering them with the cardiologist and document the reasoning.
21 The second MC recognized that JO's illness was very complicated and stated that while
22 adrenal crisis was the most likely major cause of death, a poor outcome could have been
23 difficult to avoid even with ideal management.

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1 regulatory agency proceeding, civil or criminal court proceeding, in the State of Arizona or
2 any other state or federal court.

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

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

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

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

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

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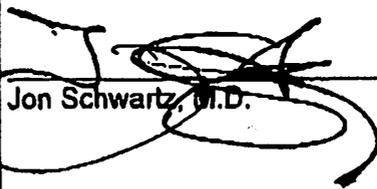
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Jon Schwartz, M.D.

DATED: 5/3/13

EXECUTED COPY of the foregoing mailed
this 10th day of June, 2013 to:

Jon Schwartz, M.D.

1 Address of Record

2 ORIGINAL of the foregoing filed
3 this 10th day of June, 2013 with:

4 Arizona Medical Board
5 9545 E. Doubletree Ranch Road
6 Scottsdale, AZ 85258

7 Mary Baker
8 Arizona Medical Board Staff

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