**BEFORE THE ARIZONA MEDICAL BOARD**

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| In the Matter of<br><br>**HELEN WATT, M.D.**<br><br>Holder of License No. **22016**<br>For the Practice of Allopathic Medicine<br>In the State of Arizona. | Board Case No. MD-08-1263A<br><br>**FINDINGS OF FACT,**<br>**CONCLUSIONS OF LAW AND ORDER**<br><br>(Letter of Reprimand) |

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

## FINDINGS OF FACT

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

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

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

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

5. Respondent's assessment was early strep throat and she prescribed Amoxicillin 125mg tid for ten days. She prescribed this antibiotic to SB without obtaining parental consent to provide treatment. There is no evidence that access to SB's parents was limited, and the treatment described was not in the context of an emergency. According to Respondent, it was her understanding that the parents left the child in the care of the grandmother on a regular basis.

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

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

8. Respondent told Board staff that she made a copy of the letter for the grandmother, but did not place a copy of the letter into SB's medical record. Respondent did not report this event to Child Protective Services (CPS) or any other authority that day. According to Respondent, she personally delivered the letter to the court appointed forensic examiner who was interviewing SB and family members regarding the alleged sexual abuse. Sometime later, she contacted Child Help to make a report and was told to

call CPS.. At her Formal Interview Respondent testified that she had reported to CPS in November even though it was her understanding that the allegations of abuse had previously been reported to CPA on numerous occasions. Respondent also stated that she was told that the matter had already been checked into.

9. The Board referred this matter to an outside Medical Consultant, who found that Respondent showed poor judgment and failed to meet the standard of care in the areas of physical examination, recordkeeping, medical management, obtaining consent for treatment, and failing to report suspected child abuse.

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

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

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

13. The standard of care for treatment of strep pharyngitis requires a physician to calculate the amount of Amoxicillin prescribed based upon a formula of milligrams per kilograms of weight per day. During the Formal Interview, Respondent conceded that the "milligrams per kilograms per day" standard applied to her prescription of antibiotics to SB.

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

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

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

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

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

19. SB could have been harmed by Respondent's failure to assess SB's respiratory status when he could have had pneumonia. If he had been hypoxic, she may not have recognized it and this would have delayed the diagnosis. Inadequate treatment of

strep pharyngitis may lead to rheumatic fever. Prevention of rheumatic fever requires eradication of group A strep from the throat. Inadequate dosing may not eradicate the bacteria, therefore making the patient vulnerable to the sequelae of the infection. SB's parents may not have agreed with the medical plan and treatment per Respondent and SB may have been allergic to the antibiotic prescribed. SB could have been placed in danger of continued sexual abuse if no report were made to authorities.

20. The Board issued a Letter of Reprimand to Respondent in December 2005 for inappropriate treatment of burns and an abdominoplasty, and inadequate medical records. The Board issued a second Letter of Reprimand to Respondent in April 2009 for failure to perform physical examinations, for inappropriately ordering labs, for failing to monitor a patient's TSH after adjusting thyroid medication, and for inadequate medical records.

## CONCLUSIONS OF LAW

1. The Arizona Medical Board possesses jurisdiction over the subject matter hereof and over Respondent.

2. The Board has received substantial evidence supporting the Findings of Fact described above and said findings constitute unprofessional conduct or other grounds for the Board to take disciplinary action.

3. The conduct and circumstances described above constitute unprofessional conduct pursuant to A.R.S. §32-1401(27)(a) – ("Violating any federal or state laws, rules or regulations applicable to the practice of medicine, namely, A.R.S. §13-3620(A), " Any person who reasonably believes that a minor is or has been the victim of physical injury, abuse, child abuse, a reportable offense or neglect that appears to have been inflicted on the minor by other than accidental means or that is not explained by the available medical history as being accidental in nature or who reasonably believes there has been a denial

or deprivation of necessary medical treatment or surgical care or nourishment with the intent to cause or allow the death of an infant who is protected under section 36-2281 shall immediately report or cause reports to be made of this information to a peace officer or to child protective services in the department of economic security, except if the report concerns a person who does not have care, custody or control of the minor, the report shall be made to a peace officer only. A member of the clergy, Christian science practitioner or priest who has received a confidential communication or a confession in that person's role as a member of the clergy, Christian science practitioner or a priest in the course of the discipline enjoined by the church to which the member of the clergy, Christian science practitioner or priest belongs may withhold reporting of the communication or confession of the member of the clergy, Christian science practitioner or priest determines that it is reasonable and necessary within the concepts of the religion. This exemption applies only to the communication or confession and not to personal observations the member of the clergy, Christian science practitioner or priest may otherwise make of the minor for the purposes of this subsection, "person" means: 1. Any physician, physician's assistant, optometrist, dentist, osteopath, chiropractor, podiatrist, behavioral health professional, nurse, psychologist, counselor or social worker who develops the reasonable believe in the course of treating the patient."); A.R.S. § 32-1401(27)(e) ("(f)ailing or refusing to maintain adequate records on a patient")("Adequate records" means legible medical records containing, at a minimum, sufficient information to identify the patient, support the diagnosis, justify the treatment, accurately document the results, indicate advice and cautionary warnings provided to the patient and provide sufficient information for another practitioner to assume continuity of the patient's care at any point in the course of treatment." A.R.S. §32-1401((2)); and A.R.S. § 32-1401(27)(q)

("[a]ny conduct that is or might be harmful or dangerous to the health of the patient or the public.")

## ORDER

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

IT IS HEREBY ORDERED:

1. Respondent is issued a Letter of Reprimand.

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

## RIGHT TO PETITION FOR REHEARING OR REVIEW

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

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

DATED AND EFFECTIVE this 1st day of MARCH, 2010.

(SEAL)

ARIZONA MEDICAL BOARD

By _____
Lisa S. Wynn
Executive Director

ORIGINAL of the foregoing filed this

15 day of March, 2010 with:

Arizona Medical Board
9545 East Doubletree Ranch Road
Scottsdale, Arizona 85258

Executed copy of the foregoing
mailed by U.S. Mail this
15 day of March, 2010 to:

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

Arizona Medical Board Staff