BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of **HOLLIS E. SHAW, M.D.** Holder of License No. 15515 For the Practice of Allopathic Medicine In the State of Arizona	Case No. MD-07-0441A **CONSENT AGREEMENT FOR LETTER OF REPRIMAND**

CONSENT AGREEMENT

By mutual agreement and understanding, between the Arizona Medical Board ("Board") and Hollis E. Shaw, M.D. ("Respondent"), the parties agreed to the following disposition of this matter.

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

2. By entering into this Consent Agreement, Respondent voluntarily relinquishes any rights to a hearing or judicial review in state or federal court on the matters alleged, or to challenge this Consent Agreement in its entirety as issued by the Board, and waives any other cause of action related thereto or arising from said Consent Agreement.

3. This Consent Agreement is not effective until approved by the Board and signed by its Executive Director.

4. The Board may adopt this Consent Agreement or any part thereof. This Consent Agreement, or any part thereof, may be considered in any future disciplinary action against Respondent.

5. This Consent Agreement does not constitute a dismissal or resolution of other matters currently pending before the Board, if any, and does not constitute any waiver,

express or implied, of the Board's statutory authority or jurisdiction regarding any other pending or future investigation, action or proceeding. The acceptance of this Consent Agreement does not preclude any other agency, subdivision or officer of this State from instituting other civil or criminal proceedings with respect to the conduct that is the subject of this Consent Agreement.

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

7. Upon signing this agreement, and returning this document (or a copy thereof) to the Board's Executive Director, Respondent may not revoke the acceptance of the Consent Agreement. 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.

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

9. This Consent Agreement, once approved and signed, is a public record that will be publicly disseminated as a formal action of the Board and will be reported to the National Practitioner Data Bank and to the Arizona Medical Board's website.

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

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

Hollis Shaw, MD

HOLLIS E. SHAW, M.D.

DATED: 3/28/2008

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 number 15515 for the practice of allopathic medicine in the State of Arizona.

3. The Board initiated case number MD-07-0441A after receiving notification of a malpractice settlement involving Respondent's care and treatment of a forty-nine year-old male patient ("TP").

4. On March 18, 2004, TP presented to Respondent with a history of Jessner's lymphocytic infiltrate (an autoimmune disorder characterized by benign collections of lesions on the skin), anemia and with complaints of persistent nasal symptoms and tightness of the skin. TP was taking prednisone for the Jessner's syndrome. A physical examination showed TP's skin was pink at the nail beds and palms of his hands. Respondent's assessment was macrocytic anemia. Respondent ordered several laboratories, which included a complete blood count (CBC), vitamin B12, homocystine, methylmalonic acid level and serum protein electrophoresis. However, Respondent did not order a Lactate Dehydrogenase (LDH) level, a Coombs' test or haptoglobin level to confirm the macrocytic anemia. Respondent also did not order a bone marrow aspiration and biopsy to determine whether ineffective erythropoiesis was a possible cause of TP's macrocytic anemia.

5. On April 4, 2004, TP returned for a follow up visit. Respondent performed a physical examination that revealed mild inflammation of the nasal passages and a lesion on the right nasal bridge and right thigh with one of the wounds open. Respondent reviewed the laboratory report from March 18, 2004 that revealed an elevated white blood count, reticulocyte count and serum protein electrophoresis. Respondent's assessment

was that TP had Jessner's infiltrate. Respondent did not consider ecthyma gangrenosum as a possible diagnosis of TP's skin lesions. Additionally, Respondent did not address TP's anemia. Respondent instructed TP to continue the prednisone therapy.

6. TP saw Respondent again for follow up visits on April 15, 2004 and April 22, 2004. TP's nasal passages were healing; however, the lesion on his right thigh remained the same with mild redness around the site. Respondent's assessment remained Jessner's infiltrate and Respondent did not address TP's anemia.

7. On May 13, 2004, TP reported two new sites of skin lesions on his right arm and the lesion on the right thigh grew bigger. Respondent again did not consider ecthyma gangrenosum as a possible diagnosis and he did not immediately admit or refer TP to an infectious disease consultant. Instead, Respondent decided to await a second opinion as to whether TP still had Jessner's infiltrate. Respondent again did not address TP's anemia even though TP's conditioned worsened.

8. On May 14, 2004, TP presented to the emergency room complaining of nausea, vomiting, intermittent abdominal pain and whole body pain. A chest x-ray indicated bilateral perihilar infiltrates; a computed tomography scan of the abdomen revealed stranding of the mesentery and a CBC showed an elevated white count and low hemoglobin, hematocrit and platelets, indicating leukemia. The hospitalist performed a bone marrow aspiration and biopsy that confirmed acute myeloblastic leukemia. TP was admitted to the hospital and subsequently began to deteriorate. TP went into shock requiring intubation and was transferred to another hospital where he died from complications of acute leukemia.

9. The standard of care requires a physician to fully evaluate a patient's anemia and if there is an assessment of hemolytic anemia, the physician is required to obtain an LDH level, a Coombs' test and haptoglobin level to confirm the diagnosis.

10. Respondent deviated from the standard of care because he did not fully evaluate TP's hemolytic anemia because he did not obtain an LDH level, a Coombs' test and haptoglobin level to confirm the diagnosis.

11. The standard of care requires a physician to include ineffective erythropoiesis as a possible cause of macrocytic anemia and take subsequent action that includes a bone marrow aspiration and biopsy.

12. Respondent deviated from the standard of care because he did not include ineffective erythropoiesis as a possible cause of TP's macrocytic anemia and take subsequent action that included a bone marrow aspiration and biopsy.

13. When a patient presents with severe skin lesions, the standard of care requires a physician to consider ecthyma gangrenosum as a possible diagnosis and immediately admit or refer the patient to an infectious disease consultant.

14. Respondent deviated from the standard of care because he did not consider ecthyma gangrenosum as a possible diagnosis and immediately admit or refer TP to an infectious disease consultant.

15. Respondent's failure to fully evaluate TP's anemia led to his suffering from infections, worsening skin ulcerations and a delay in diagnosis and treatment of acute leukemia. Respondent's prolonged prescribing of prednisone steroid therapy may have delayed the diagnostic process.

CONCLUSIONS OF LAW

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

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

(27)(ll) ("[c]onduct that the board determines is gross negligence, repeated negligence or negligence resulting in harm to or the death of a patient.").

ORDER

IT IS HEREBY ORDERED THAT:

1. Respondent is issued a Letter of Reprimand for failure to fully evaluate a patient's anemia, for failure to include ineffective erythropoiesis as part of the differential diagnosis for macrocytic anemia that required a bone marrow aspiration and for failure to consider ecthyma gangrenosum as a possible diagnosis of skin lesions.

2. This Order is the final disposition of case number MD-07-0441A.

DATED AND EFFECTIVE this 5TH day of JUNE, 2008.

(SEAL)

ARIZONA MEDICAL BOARD

By _____
Lisa S. Wynn
Executive Director

ORIGINAL of the foregoing filed this 5th day of June, 2008 with:

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

EXECUTED COPY of the foregoing mailed this 5th day of June, 2008 to:

Hollis E. Shaw, M.D.
Address of Record

_____
Investigational Review