

1 **BEFORE THE ARIZONA MEDICAL BOARD**

2 In the Matter of

3 **ANTHEA DIXON, M.D.**

4 Holder of License No. 11202
5 For the Practice of Allopathic Medicine
6 In the State of Arizona.

Board Case No. MD-04-1477A

**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 8, 2005. Anthea Dixon, M.D., ("Respondent") appeared before the Board with legal
9 counsel Tom Slutes for a formal interview pursuant to the authority vested in the Board by A.R.S.
10 § 32-1451(H). The Board voted to issue the following Findings of Fact, Conclusions of Law and
11 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 the
14 practice of allopathic medicine in the State of Arizona.

15 2. Respondent is the holder of License No. 11202 for the practice of allopathic
16 medicine in the State of Arizona.

17 3. The Board initiated case number MD-04-1477A after receiving a complaint
18 regarding Respondent's care and treatment of an eighty-seven year-old female patient ("RS").
19 The complaint alleged that Respondent failed to diagnose ovarian cancer, failed to evaluate a
20 swollen left ovary, and failed to diagnose fluid in the abdomen. According to the complaint, RS
21 presented to Respondent in June 2001 complaining that during a massage the day before the
22 massage therapist told RS she could feel a swollen ovary and fluid in the abdomen and that RS
23 should be evaluated by a physician. RS also complained of urinary frequency and pressure.
24 Respondent reported her examination of RS as normal and ordered no testing. RS subsequently
25 went to her primary care physician ("PCP") and was found to have ascites. The PCP ordered a

1 paracentesis and malignant cells were identified. In August 2001 RS was diagnosed with Stage
2 3C ovarian cancer with a sixteen centimeter mass.

3 4. Respondent was directed to her chart for RS and was asked the meaning of the
4 checkmarks for "examinations – Thyroid, Breast, Abdomen, Vulva, Vagina, Cervix." Respondent
5 testified it meant she did a physical examination of those areas and found no abnormalities.
6 Respondent was asked if she palpated RS's abdomen and, if so, was it a light or deep palpation.
7 Respondent testified her patients are completely undressed so she has a general feel of the
8 abdomen. Respondent was asked if she considered RS a large patient with her weight of 151
9 pounds and her height of approximately five feet. Respondent noted RS was quite large and
10 fairly elderly with a rather bent over spine. Respondent was asked how, if she palpated the
11 abdomen, she did not feel a sixteen centimeter mass and over two liters of fluid in RS's abdomen.
12 Respondent testified pelvic masses are notoriously difficult to evaluate, especially in a patient
13 who has had a hysterectomy because you do not have a fixed point to completely get at.
14 Respondent noted she was looking on the physical examination for something that was in the
15 pelvis and she knew that a short period of time before the exam RS had an intrapelvic procedure
16 done by another physician and, as a result, she was thinking more of things in the bladder rather
17 than things in the abdomen. Respondent testified on the CAT scan six weeks later the abdominal
18 mass was fifteen centimeters, but the examining oncologist also said that there was only a
19 probable pelvic mass at the time.

20 5. Respondent was asked about RS telling her the massage therapist felt something
21 in her abdomen. Respondent testified she has had other patients tell her this, but she does not
22 remember RS telling her this. Respondent testified her recollection of RS's description of her
23 symptoms at the time of the visit was about her urinary symptoms and the procedure she had
24 undergone with the other physician. The Board asked Respondent about RS's report to the
25 Board where she claims Respondent said "what does the massage therapist know? She's not a

1 physician." Respondent testified she would never be so insensitive. Respondent was asked if it
2 was her testimony that she did not fall below the standard of care when she was unable to
3 palpate a mass of sixteen centimeters. Respondent answered that was her testimony.
4 Respondent noted RS was seen by her PCP on another visit and he felt nothing. Respondent
5 testified it was not until six or eight weeks later that RS's PCP had a suspicion of fluid in RS's
6 abdomen and felt there was a possible small mass in the left lower quadrant of the abdomen.

7 6. Respondent was asked if when she performs an abdominal examination and the
8 patient is undressed (whether she has a history from a massage therapist or not) and there is a
9 suspicion of fluid, does she routinely do any tests abdominally that would elicit the presence or
10 non-presence of ascites, such as a fluid array or percussion. Respondent testified if she heard
11 RS's massage therapist's report she would have certainly done it. Respondent noted even
12 though with RS's bladder symptoms she would have done other tests if she had not known she
13 was already under the care of another physician who was evaluating her pelvis for other reasons.
14 Respondent was asked if she would agree the documentation in her office notes is sketchy.
15 Respondent testified she would and noted she is not verbose in the written form.

16 7. Respondent was asked her understanding of why RS presented to her in June
17 2001. Respondent testified RS came for a purely routine check-up and she was in the habit of
18 coming approximately once per year. Respondent testified she knew RS well and knew she had
19 a PCP who saw her on an extremely regular basis and so she thought RS was like many of her
20 elderly patients and was in essentially to have a pelvic examination. Respondent was asked
21 whether she attended to RS's complaint of "urinary frequency" and whether she wanted to find
22 out if anything in RS's pelvic region was causing the frequency. Respondent noted RS had seen
23 a urologist on May 21 and she had a follow-up appointment with him. Respondent was asked
24 whether, since the urinary complaint was RS's presenting complaint, was she was wondering
25 whether there were any causes other than urinary tract infection. Respondent testified that is

1 what is in one's mind and if RS had not been followed by other physicians she certainly would
2 have ordered other tests. The Board asked Respondent, with knowledge that RS was found four
3 or five weeks later to have ascites and two liters of fluid, which is a large amount of fluid for
4 ascites within four weeks time, did she think she did a routine abdominal examination and was
5 comfortable with the way she handled RS. Respondent testified she regretted intensely what
6 happened with RS.

7 8. Respondent was asked if she elicited any pain or blocking or anything in the
8 abdomen for doing any further workup on RS. Respondent testified there was nothing that
9 triggered her brain in any way to do anything other than being happy RS was also being seen by
10 another pelvic evaluator. Respondent testified she had been seeing RS for a long period of time
11 and she was under the impression RS was there in June 2001 for a routine examination.
12 Respondent noted she regrets greatly RS has had clinical problems and is unhappy that she did
13 not contribute to the timely diagnosis.

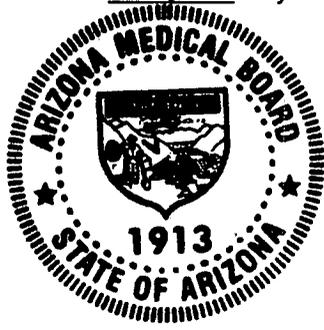
14 9. The Board asked its Medical Consultant if it is possible within four weeks of an
15 examination to have ascites of two liters of fluid in the abdomen. The Medical Consultant noted
16 the ascites experienced with ovarian cancer can accumulate rapidly. To put the size of the mass
17 in perspective, the Medical Consultant noted that a baby's head is approximately 10 centimeters
18 in size and RS's mass was sixteen centimeters. The Board asked the Medical Consultant if the
19 mass itself could grow to the sixteen centimeter size in a four week period. The Medical
20 Consultant noted that, depending on the type of tumor, certain ovarian tumors can accumulate
21 fluid rapidly, but that is not the standard and they usually would not grow to that size within a four
22 week period.

23 10. The standard of care required Respondent to perform an adequate palpation of the
24 abdomen to identify a large mass and large amount of fluid in the abdomen or order other studies
25 to evaluate the patient's complaints if an optimal examination was not possible.

1 petition for rehearing or review is not filed, the Board's Order becomes effective thirty-five (35)
2 days after it is mailed to Respondent.

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

5 DATED this 9th day of February, 2006.



7 THE ARIZONA MEDICAL BOARD

8
9 By [Signature]
10 TIMOTHY C. MILLER, J.D.
Executive Director

11 ORIGINAL of the foregoing filed this
12 10th day of February, 2006 with:

13 Arizona Medical Board
14 9545 East Doubletree Ranch Road
15 Scottsdale, Arizona 85258

16 Executed copy of the foregoing
17 mailed by U.S. Certified Mail this
18 10th day of February, 2006, to:

19 Tom Slutes
20 Slutes, Sakrison & Hill, P.C.
21 33 North Stone Avenue - Suite 1000
22 Tucson, Arizona 85701-1489

23 Executed copy of the foregoing
24 mailed by U.S. this 10th day
25 of February, 2006, to:

26 Anthea Dixon, M.D.
27 Address of Record

28 [Signature]