

1 BEFORE THE BOARD OF MEDICAL EXAMINERS
2 IN THE STATE OF ARIZONA

3 In the Matter of

4 **DIRK GESINK, M.D.**

5 Holder of License No. 26782
6 For the Practice of Medicine
7 In the State of Arizona.

Case No. MD-01-0094

**CONSENT AGREEMENT FOR A
LETTER OF REPRIMAND**

8 **CONSENT AGREEMENT**

9 By mutual agreement and understanding, between the Arizona Board of Medical
10 Examiners ("Board") and Dirk Gesink, M.D. ("Respondent"), the parties agreed to the
11 following disposition of this matter at the August 7, 2002 public meeting meeting.

12 1. Respondent acknowledges that he has read and understands this Consent
13 Agreement and the stipulated Findings of Fact, Conclusions of Law and Order.
14 Respondent acknowledges that he understands he has the right to consult with legal
15 counsel regarding this matter and has done so or chooses not to do so.

16 2. Respondent understands that by entering into this Consent Agreement for
17 the issuance of the foregoing Order, he voluntarily relinquishes any rights to a hearing or
18 judicial review in state or federal court on the matters alleged, or to challenge this Consent
19 Agreement and the Order in its entirety as issued by the Board, and waives any other
20 cause of action related thereto or arising from said Order.

21 3. Respondent acknowledges and understands that this Consent Agreement
22 and the Order will not become effective until approved by the Board and signed by its
23 Executive Director.

24 4. All admissions made by Respondent are solely for final disposition of this
25 matter and any subsequent related administrative proceedings or civil litigation involving
the Board and Respondent. Therefore, said admissions by Respondent are not intended

1 or made for any other use, such as in the context of another state or federal government
2 regulatory agency proceeding, civil or criminal court proceeding, in the State of Arizona or
3 any other state or federal court.

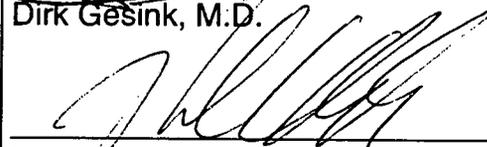
4 5. Respondent acknowledges and agrees that, although the Consent
5 Agreement has not yet been accepted by the Board and issued by the Executive Director,
6 upon signing this agreement, and returning this document (or a copy thereof) to the
7 Board's Executive Director, Respondent may not revoke his acceptance of the Consent
8 Agreement and Order. Respondent may not make any modifications to the document.
9 Any modifications to this original document are ineffective and void unless mutually
10 approved by the parties.

11 6. Respondent further understands that this Consent Agreement and Order,
12 once approved and signed, shall constitute a public record document that may be publicly
13 disseminated as a formal action of the Board.

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

17 
18 _____
19 Dirk Gesink, M.D.

Reviewed and accepted this 1st
day of August, 2002.

20 
21 _____
22 Neil Alden, Attorney at Law
23 (Counsel For Dr. Dirk Gesink)

Reviewed and approved as to
form this 1st day of August, 2002.

1 **FINDINGS OF FACT**

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

4 2. Respondent is the holder of license number 26782 for the practice of
5 allopathic medicine in the State of Arizona.

6 3. The Board initiated case number MD-01-0094 upon receiving a complaint
7 regarding Respondent's care and treatment of Patient M.G., a 49 year-old female.

8 4. On January 12, 1999, Patient M.G. sustained an open right distal tibia
9 fracture in a motor vehicle accident. On the same day, Patient M.G. was admitted into the
10 hospital, underwent an irrigation and debridement, and a large external fixator was placed.
11 A second irrigation and debridement was performed on January 15, 1999.

12 5. On January 21, 1999, Patient M.G. was transferred to Respondent's care.
13 Respondent performed a third irrigation and debridement, a limited open reduction and
14 internal fixation, and revised the external fixator with a hybrid ring fixator.

15 6. Patient M.G. followed-up with Respondent on February 2 and 18, March 10
16 and 31, 1999. There were no noted complications. Patient M.G. failed to appear for the
17 April 23, 1999, follow-up appointment.

18 7. On May 4, 1999, Patient M.G. presented to the Good Samaritan Regional
19 Medical Center ("Good Samaritan") emergency room with a possible infection. Nursing
20 notes indicated that the pin site was edematous, red, and warm to touch. The attending
21 physician noted significant cellulitis of the right ankle and foot.

22 8. During the May 4, 1999, emergency room visit, an orthopedic surgeon
23 consult noted erythema around the medial ankle but no drainage or fluctuance.
24 Intravenous antibiotics were administered. Both an x-ray and a bone scan were
25

1 conducted. The bone scan was consistent with a healing fracture. However, osteomyelitis
2 could not be excluded.

3 9. On May 19, 1999, Respondent examined Patient M.G., who informed
4 Respondent of the emergency room visit, that IV antibiotics were administered, and that
5 Dicloxacillin was prescribed. Patient M.G. also noted she had completed the Dicloxacillin.

6 10. Respondent failed to request the Good Samaritan emergency records and
7 failed to prescribe additional antibiotics. A four-week follow-up visit was scheduled.

8 11. On June 4 and 19, 1999, Patient M.G. returned for follow-up visits and
9 complained of redness over the medial aspect of the ankle. During the June 19th visit
10 Respondent prescribed Keflex and recommended a four-week follow-up.

11 12. On July 21, 1999 x-rays revealed that the fracture was healing adequately
12 with some osteopenia of the tibia/fibula and possible osteomyelitis. Respondent ordered
13 laboratory studies and again scheduled a four to six-week follow-up visit.

14 13. During an August 11, 1999 visit, fluctuant swelling was noted over the medial
15 aspect of the ankle. Cultures were obtained and revealed a staphylococcus infection of
16 the ankle.

17 14. Maxwell MacCollum, M.D., Board Medical Consultant, reviewed the case
18 and concluded that Respondent failed to meet the acceptable standard of care, in that he
19 failed to timely and accurately diagnose and treat a staphylococcus infection.

20 15. Dr. MacCollum noted that Respondent failed to obtain x-ray results from
21 Good Samaritan after Patient M.G.'s emergency room visit, failed to prescribe antibiotics,
22 and scheduled lengthy follow-up visits with a patient with possible osteomyelitis.

23 16. Respondent's failure to properly treat the staphylococcus infection and
24 lengthy follow-up visits resulted in an untimely diagnosis of osteomyelitis.

1 ORIGINAL of the foregoing filed this
2 9 day of August, 2002 with:

3 The Arizona Board of Medical Examiners
4 9545 E. Doubletree Ranch Road
5 Scottsdale, AZ 85258

6 EXECUTED COPY of the foregoing mailed by Certified
7 Mail this 9 day of August, 2002 to:

8 Neil Alden, Esq.
9 Sanders & Parks P C
10 3030 N. 3rd St., Ste. 1300
11 Phoenix, AZ 85012-3099

12 EXECUTED COPY of the foregoing mailed
13 this 9 day of August, 2002, to:

14 Dirk Gesink, M.D.
15 2620 N 3rd St Ste 100
16 Phoenix AZ 85004-1153

17 EXECUTED COPY of the foregoing
18 hand-delivered to each of the following
19 this 9 day of August, 2002, to :

20 Christine Cassetta, Assistant Attorney General
21 Management Analyst
22 Compliance Officer
23 Investigations (Investigation File)
24 Arizona Board of Medical Examiners
25 9545 E. Doubletree Ranch Road
Scottsdale, AZ 85258

