

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

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

12 7. Upon signing this agreement, and returning this document (or a copy thereof) to
13 the Board's Executive Director, Respondent may not revoke the acceptance of the
14 Consent Agreement. Respondent may not make any modifications to the document. Any
15 modifications to this original document are ineffective and void unless mutually approved
16 by the parties.

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

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

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

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

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Hollis E. Shaw, M.D.
HOLLIS E. SHAW, M.D.

DATED: 3/28/2008

FINDINGS OF FACT

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

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

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

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

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

4 6. TP saw Respondent again for follow up visits on April 15, 2004 and April 22,
5 2004. TP's nasal passages were healing; however, the lesion on his right thigh remained
6 the same with mild redness around the site. Respondent's assessment remained
7 Jessner's infiltrate and Respondent did not address TP's anemia.

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

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

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

1 (27)(II) ("conduct that the board determines is gross negligence, repeated negligence or
2 negligence resulting in harm to or the death of a patient.").

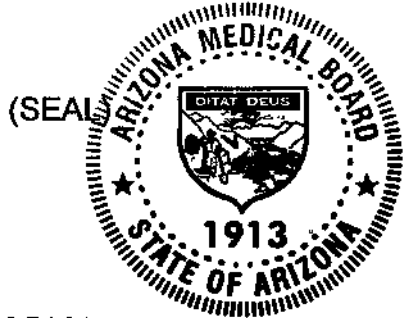
3 **ORDER**

4 IT IS HEREBY ORDERED THAT:

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

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

10 DATED AND EFFECTIVE this 5th day of JUNE, 2008.



11 ARIZONA MEDICAL BOARD

12
13
14 By [Signature]
15 Lisa S. Wynn
16 Executive Director

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

18 Arizona Medical Board
19 9545 E. Doubletree Ranch Road
20 Scottsdale, AZ 85258

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

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

25 [Signature]
Investigational Review