BEFORE THE BOARD OF MEDICAL EXAMINERS

OF THE STATE OF ARIZONA

In the Matter of **GEORGE EVERETT STAVROS, M.D.** Holder of License No. **4409** For the Practice of Medicine In the State of Arizona.	))))))))	**FINDINGS OF FACT, CONCLUSIONS OF LAW AND DECREE OF CENSURE**

On June 20, 1991 GEORGE E. STAVROS, M.D. appeared before the Board of Medical Examiners in Tucson, Arizona for an informal interview pursuant to A.R.S. §32-1451(G). After evaluating the evidence and arguments in this matter, IT IS HEREBY ORDERED entering the following Findings of Fact, Conclusions of Law and Order.

FINDINGS OF FACTS

1. The Board of Medical Examiners of the State of Arizona ("Board") is the duly constituted authority for the regulation and control of the practice of medicine in the State of Arizona, pursuant to A.R.S. §32-1401 et seq.

2. GEORGE E. STAVROS, M.D. is the holder of License No. 4409 for the practice of medicine in the State of Arizona.

3. The Board was notified on or about March 14, 1990 that the Executive Committee of a local hospital had summarily requested that Doctor STAVROS obtain mandatory consultation on every patient he admitted to that hospital. The Executive Committee had concluded that Doctor STAVROS provided inadequate patient care, patient visits, patient

coverage, consultation orders, and/or recordkeeping with respect to twelve patients.

4. Patient No. 07-82-15 was a 34-year old woman who was hospitalized for five days on November 30, 1989 because of an overdose of Tranxene and heroin. Doctor STAVROS treated her with methadone. Although the patient was suicidal and was transferred to Maricopa County Hospital psychiatric unit, Doctor STAVROS failed to write an order for the psychiatric consultation which had been performed.

5. Patient No. 53-79-36 was a 13-year old male admitted to the hospital by Doctor STAVROS for three days on September 17, 1989 with mental retardation, hyperactivity, vomiting, and headache. Doctor STAVROS failed to dictate the initial history and physical until October 31, 1989, six weeks after the patient's discharge. Doctor STAVROS' first and only progress note about the patient was written on September 19, 1989. When the patient was discharged on September 20, 1989 to Phoenix Children's Hospital, another physician, the Chairman of the Department of Medicine, had to be enlisted to see the patient because neither Doctor STAVROS could nor his on-call physician could be reached.

6. Patient No. 55-02-33, an 85-year old male AHCCCS patient with Downs Syndrome, was admitted to the hospital with severe agitation on January 24, 1990. He was initially given Valium for sedation and had a psychiatric interview the following day by a psychologist regarding the agitation. Three days after admission, when he developed fever and cough, he was thought to have an upper respiratory infection

and he was awaiting placement. On January 31, 1990, seven days after admission, he developed a temperature of 103 degrees in the early morning hours. CBC and blood cultures were drawn and Doctor STAVROS saw the patient later that morning, at which time the blood count was reported to be normal. Although the nurse had stated the patient had a swollen leg, he was sitting in a chair in the hallway eating breakfast when seen. Doctor STAVROS stated the patient did not have tenderness of the leg or a positive Homan's sign, but "it [the leg] was swollen on one side." At lunchtime, when the patient lost consciousness and had aspiration of fluid, he was seen by the emergency room physician for intubation and thereafter by a pulmonologist in consultation. The patient was found on V/Q scan to have many perfusion defects consistent with a high probability for pulmonary emboli. The consultant commented on a complete right bundle branch block and marked hypoxemia on the basis of blood gas studies. The chest x-ray taken before the V/Q scan showed cardiomegaly and prominence of the pulmonary artery. The patient died on January 31, 1990 of cardiac arrest after pulmonary emboli and possible fluid aspiration. From the records Doctor STAVROS does not appear to have considered the diagnosis of deep vein thrombosis.

7. Patient No. 45-25-45 was a 28-year old female with massive vaginal bleeding, hemoglobin of 9.3 grams and 28 hematocrit and was 20 days postpartum. When the patient arrived at the hospital, Doctor STAVROS was not available and his on-call physician could not be located. When the

on-call physician was finally located, that physician refused to care for the patient. Because no doctors could be located who would take care of this patient, she was transferred to another hospital for further care. The diagnosis on the pelvic sonogram done in the emergency room appeared to have been a retained clot and/or placental membrane.

8. Patient No. 18-53-32 was an 80-year old woman who was admitted to the hospital for three days with asthmatic bronchitis and coronary artery disease on December 28, 1989. When the patient came to the emergency room, Doctor STAVROS was not on call and his physician on call never returned the hospital's calls. Permission finally had to be obtained from an official at the patient's health plan to allow the emergency room doctor to treat and admit the patient in the absence of Doctor STAVROS.

9. Patient No. 48-20-86 was a 13-year old boy admitted to the hospital in November of 1989 with severe abdominal pain and persistent vomiting. Upon the patient's arrival at the hospital, Doctor STAVROS was not available and the hospital could not locate any doctor on call for him, and as a result, the patient was not seen for seven hours. The eventual diagnosis was acute viral enteritis.

10. Patient No. 53-71-13, a 61-year old female, was hospitalized for a month in September and October of 1989. She had a fractured hip after a fall, but was also found to have metastatic CA of the lung. Doctor STAVROS failed to do an admitting history and physical until the day she was

discharged, which was brought to light by the fact that the extended care facility would not accept the patient until the history and physical had been performed.

11. Patient No. 18-61-63 was a 60-year old woman with hyponatremia and hypokalemia which had been apparently caused by drinking excessive quantities of water. She was also manic depressive with essential hypertension and had been on diuretics. Doctor STAVROS was not available when the patient went to the hospital emergency room nor was any physician available on call for him. Doctor STAVROS eventually took over the patient's care the day after admission. A consultant had been contacted by the admitting physician, who had recommended considering a CT scan or MRI scan to rule out a hypothalamic lesion, causing polydipsia, but this suggestion was not carried out by Doctor STAVROS. From the records it appears that Doctor STAVROS believed that the patient's entire problem was due to psychiatric disturbances, and he consequently failed to perform a complete workup of the patient.

12. M.M. was a 75-year old male who was admitted to a nursing home by Doctor STAVROS for the purpose of intravenous antibiotics following a right knee replacement procedure. Although he did well the first week, he then had increasing lethargy and constipation and was given a laxative. On January 19, 1990, three weeks after admission to the nursing home, M.M. had severe abdominal cramps, was unable to communicate well, and could not swallow. When abdominal cramps and distension of the abdomen continued for

another week, the patient's wife called Doctor STAVROS' office and insisted that the patient be sent to a hospital for evaluation. Instead, Doctor STAVROS sent the patient to a hospital x-ray department for an ultrasound of the abdomen and the patient was returned to the nursing home. Although M.M. was diabetic, Doctor STAVROS had left no dietary orders. Neither Doctor STAVROS nor the physician he had left on call could be located. When the on-call doctor was located in the evening, apparently she refused to issue orders for the patient. At about 3:00 A.M. a nursing home nurse had the patient taken to the hospital because of his inability to breathe properly. After approximately six hours of medical workup at the hospital, the patient apparently could not be admitted there due to lack of bed space, and was transferred to another hospital.

The surgeon who examined M.M. at the second hospital found that he had pneumonia, distension of the abdomen, and obstruction or rupture, probably of the colon. The following day, on January 28, 1990, surgery was performed. The patient had multiple post operative problems and expired following surgery.

13. On or about October 15, 1990 the Board was notified that a second hospital had denied Doctor STAVROS staff privileges.

CONCLUSIONS OF LAW

14. The Arizona Board of Medical Examiners possess jurisdiction over the subject matter hereof and over Doctor STAVROS.

15. The conduct of Doctor STAVROS described above constitutes unprofessional conduct pursuant to A.R.S. §§32-1401(20)(e) (Failing or refusing to maintain adequate records on a patient or failing or refusing to make such records promptly available to another physician upon request and receipt of proper authorization) and A.R.S. §32-1401(20)(q) (Any conduct or practice which is or might be harmful or dangerous to the health of the patient or the public).

ORDER

Based on the Findings of Fact, Conclusions of Law set forth above, IT IS HEREBY ORDERED that GEORGE E. STAVROS, M.D. is hereby censured and shall pay to the Board of Medical Examiners within sixty (60) days of the date of this Order an administrative fine in the amount of two thousand five hundred ($2,500) dollars.

ENTERED this 20th day of June, 1991.

BOARD OF MEDICAL EXAMINERS
OF THE STATE OF ARIZONA

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By _____
DOUGLAS N. CERF
Executive Director