**BEFORE THE**
**DIVISION OF MEDICAL QUALITY**
**MEDICAL BOARD OF CALIFORNIA**
**DEPARTMENT OF CONSUMER AFFAIRS**
**STATE OF CALIFORNIA**

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| In the Matter of the Accusation Against: | No. 08-1997-76654 |
| **ARTHUR M. PARK, M.D.** | OAH No. L-1999070283 |
| Physician's and Surgeon's Certificate No. A-44597, | |
| Respondent. | |

## DECISION AND ORDER

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Division of Medical Quality, Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective on November 17, 2000 at 5:00 p.m.

Order Dated October 18, 2000.

**DIVISION OF MEDICAL QUALITY**
**MEDICAL BOARD OF CALIFORNIA**

IRA LUBELL, M.D.
President

BILL LOCKYER, Attorney General
of the State of California
ROBERT McKIM BELL (State Bar No. 56332)
Deputy Attorney General
California Department of Justice
300 South Spring Street, Suite 5212
Los Angeles, California 90013-1233
Telephone: (213) 897-2556

Attorneys for Complainant

**BEFORE THE**
**DIVISION OF MEDICAL QUALITY**
**MEDICAL BOARD OF CALIFORNIA**
**DEPARTMENT OF CONSUMER AFFAIRS**
**STATE OF CALIFORNIA**

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| In the Matter of the Accusation Against:<br><br>ARTHUR M. PARK, M.D.<br>3543 San Dimas Street<br>Bakersfield, California 93301<br><br>Physician's and Surgeon's Certificate No. A-44597,<br><br>Respondent. | Case No. 08-1997-76654<br><br>OAH No. L-1999070283<br><br>STIPULATED SETTLEMENT AND DISCIPLINARY ORDER |

**IT IS HEREBY STIPULATED AND AGREED** by and between the parties to the above-entitled proceedings that the following matters are true:

1. In the interest of a prompt and speedy settlement of this matter, consistent with the public interest and the responsibility of the Division of Medical Quality, Medical Board of California, the parties hereby agree to the following Stipulated Settlement and Disciplinary Order which will be submitted to the Division of Medical Quality for its approval and adoption as the final disposition of the pending Accusation.

2. An Accusation in case number 08-1997-76654 was filed with the Division of Medical Quality of the Medical Board of California (the "Division") and is currently pending against Arthur M. Park, M.D. (the "respondent").

3. The Accusation, together with all statutorily required documents, was duly served on the respondent, and respondent has filed a Notice of Defense contesting the Accusation.

4. Complainant, Ron Joseph, is the Executive Director of the Medical Board of California and brought this action solely in his official capacity. The Complainant is represented by the Attorney General of California, Bill Lockyer, by and through Deputy Attorney General Robert McKim Bell.

5. At all times relevant hereto, respondent has been licensed by the Medical Board of California under Physician's and Surgeon's Certificate No. A-44597.

6. Respondent is represented by Peter Osinoff, of Bonne, Bridges, Mueller, O'Keefe and Nichols, 3699 Wilshire Boulevard, 10th Floor, Los Angeles, California 90010.

7. Respondent and his attorney have read and discussed the charges contained in Accusation Number 08-1997-76654. Respondent has been fully advised regarding his legal rights and the effects of this Stipulated Settlement and Disciplinary Order.

8. Respondent understands the nature of the charges alleged in the Accusation and that, if proven at hearing, the charges and allegations would constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate. Respondent is fully aware of his right to a hearing, his right to confront and cross-examine witnesses against him, his right to the use of subpoenas to compel the attendance of witnesses and the production of documents in both defense and mitigation of the charges, his right to reconsideration, court review and any and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

9. Respondent knowingly, voluntarily and irrevocably waives and gives up each of these rights.

10. Respondent admits that in delivering obstetrical care to two patients in 1996 and 1997 he committed repeated negligent acts in violation of Business and Professions Code section 2234, subdivision (c), and agrees that he thereby subjected his Physician's and Surgeon's Certificate to disciplinary action. Respondent agrees to be bound by the Division's Disciplinary Order as set forth below.

11. The admissions made by Respondent herein are for the purposes of this proceeding, or any other proceedings in which the Division of Medical Quality, Medical Board of California, or other professional licensing agency is involved, and shall not be admissible in any other criminal or civil proceedings.

12. Based on the foregoing admissions and stipulated matters, the parties agree that the Division shall, without further notice or formal proceedings, issue and enter the following order:

## DISCIPLINARY ORDER

**IT IS HEREBY ORDERED** that Physician's and Surgeon's Certificate number A-44597 issued to Arthur M. Park, M.D. is revoked. However, the revocation is stayed and respondent is placed on probation for three (3) years on the following terms and conditions.

Within 15 days after the effective date of this decision the respondent shall provide the Division, or its designee, proof of service that he has served a true copy of this decision on the Chief of Staff or the Chief Executive Officer at every hospital where privileges or membership are extended to respondent or where respondent is employed to practice medicine and on the Chief Executive Officer at every insurance carrier where malpractice insurance coverage is extended to respondent.

1. **PACE PROGRAM** Within 90 days from the effective date of this decision, respondent, as his expense, shall enroll in The Physician Assessment and Clinical Education Program at the University of California, San Diego School of Medicine (hereinafter the "Pace Program") and shall undergo assessment, clinical training and examination. First, the respondent shall undergo the comprehensive assessment program including the measurement of medical skills and knowledge, the appraisal of physical health and psychological testing. After assessment, the PACE Evaluation Committee will review all results and make a recommendation to the Division or its designee, the respondent and other authorized personnel as to what clinical training is required, including scope and length, treatment of any medical or psychological condition, and any other

factors affecting the respondent's practice of medicine. The respondent shall undertake whatever clinical training and treatment of any medical or psychological condition as may be recommended by the PACE Program. Finally, at the completion of the PACE Program, respondent shall submit to an examination on its contends and substance. The examination shall be designed and administered by the PACE faculty. Respondent shall not be deemed to have successfully completed the program until he passes the examination. Respondent agrees that the determination of the PACE Program faculty as to whether or not he has passed the examination and/or successfully completed the PACE Program shall be binding.

Respondent shall complete the PACE Program no later than six months after his initial enrollment unless the Division or its Designee agrees in writing to a later time for completion.

If respondent successfully completes the PACE Program, including the examination referenced above, he agrees to cause the PACE representatives to forward a Certification of Successful Completion of the program to the Division or its designee.

If respondent fails to successfully complete the PACE Program within the time limits outlined above, he shall be suspended from the practice of medicine.

Failure to participate in, and successfully complete all phases of the PACE Program, as outlined above, shall constitute a violation of probation.

2. **MONITORING** Within 30 days of the effective date of this decision, Respondent shall submit to the Division for its prior approval the name of and qualifications of one or more California licensed physicians whose license is clear and current and who has agreed to serve as a practice monitor. Once approved, the monitor shall submit to the Division a plan by which Respondent's handling of high-risk pregnancies shall be monitored during probation. The monitor's education and experience shall be in the field of obstetrics. The monitor shall perform chart review (at least 20 quarterly) and engage in face-to-face consultation with the respondent on at least quarterly intervals to discuss cases and shall submit written reports to the Division on a quarterly basis verifying that monitoring has taken place and providing an evaluation of Respondent's performance during the preceding calendar quarter. It shall be Respondent's

responsibility to assure that the required reports are filed in a timely fashion. The Respondent shall provide unlimited access to the monitor of his client records, and the monitor shall be permitted to make direct contact with patients as the monitor may deem reasonable and prudent. Further, the monitor shall have no prior business, professional, personal or other relationship with Respondent. Respondent shall execute a release authorizing the monitor to divulge any information that the Division may request. In exercising his or her role, it is understood and agreed that the monitor shall be held harmless from legal liability for any communication of fact or of opinion made in good faith to the Division or its designees regarding Respondent and/or his care of patients.

If the monitor resigns or is no longer available, respondent shall, within fifteen (15) days, move to have a new monitor appointed, through nomination by respondent and approval by the Division as set forth above. The period of monitoring shall be tolled until a new monitor is approved. All costs of monitoring shall be borne by the Respondent.

3. **MEDI-CAL REIMBURSEMENT** Based upon a showing that removing Dr. Park from the pool of physicians providing obstetrical and gynecological services to Medi-Cal beneficiaries in the Bakersfield area would adversely impact the availability of such services to Medi-Cal patients, the Division has determined that compelling circumstances warrant the continued reimbursement of Medi-Cal claims during the probationary period.

4. **COST RECOVERY** The respondent is hereby ordered to reimburse the Division the amount of $8,394.03 within one year of the effective date of this decision for its investigative costs. Failure to reimburse the Division's costs shall constitute a violation of the probation order, unless the Division agrees in writing to payment by an installment plan because of financial hardship. The filing of bankruptcy by the respondent shall not relieve the respondent of his responsibility to reimburse the Division for its investigative and prosecution costs.

5. **OBEY ALL LAWS** Respondent shall obey all federal, state and local laws, all rules governing the practice of medicine in California, and remain in full compliance with any court ordered criminal probation, payments and other orders.

6. **QUARTERLY REPORTS** Respondent shall submit quarterly declarations

under penalty of perjury on forms provided by the Division, stating whether there has been compliance with all the conditions of probation.

7. **PROBATION SURVEILLANCE PROGRAM COMPLIANCE** Respondent shall comply with the Division's probation surveillance program. Respondent shall at all times keep the Division informed of his business and residence addresses which shall both serve as addresses of record. Changes of such addresses shall be immediately communicated in writing to the Division. Under no circumstances shall a post office box serve as an address of record.

Respondent shall also immediately inform the Division, in writing, of any travel to any areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty (30) days.

8. **INTERVIEW WITH THE DIVISION, ITS DESIGNEE OR ITS DESIGNATED PHYSICIAN(S)** Respondent shall appear in person for interviews with the Division, its designee or its designated physician(s) upon request at various intervals and with reasonable notice.

9. **TOLLING FOR OUT-OF-STATE PRACTICE, RESIDENCE OR IN-STATE NON-PRACTICE** In the event respondent should leave California to reside or to practice outside the State or for any reason should respondent stop practicing medicine in California, respondent shall notify the Division or its designee in writing within ten (10) days of the dates of departure and return or the dates of non-practice within California. Non-practice is defined as any period of time exceeding thirty (30) days in which respondent is not engaging in any activities defined in Sections 2051 and 2052 of the Business and Professions Code. All time spent in an intensive training program approved by the Division or its designee shall be considered as time spent in the practice of medicine. Periods of temporary or permanent residence or practice outside California or of non-practice within California, as defined in this condition, will not apply to the reduction of the probationary period.

10. **COMPLETION OF PROBATION** Upon successful completion of probation, respondent's certificate shall be fully restored.

11. **VIOLATION OF PROBATION** If respondent violates probation in any

respect, the Division, after giving respondent notice and the opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If an accusation or petition to revoke probation is filed against respondent during probation, the Division shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

12. **PROBATION COSTS** Respondent shall pay the costs associated with probation monitoring each and every year of probation, which are currently set at $2,304 annually, but may be adjusted on an annual basis. Such costs shall be payable to the Division of Medical Quality and delivered to the designated probation surveillance monitor at the beginning of each calendar year. Failure to pay costs within 30 days of the due date shall constitute a violation of probation.

13. **LICENSE SURRENDER** Following the effective date of this decision, if respondent ceases practicing due to retirement, health reasons or is otherwise unable to satisfy the terms and conditions of probation, respondent may voluntarily tender his certificate to the Board. The Division reserves the right to evaluate the respondent's request and to exercise its discretion whether to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the tendered license, respondent will not longer be subject to the terms and conditions of probation.

## CONTINGENCY

This stipulation shall be subject to the approval of the Division of Medical Quality. Respondent understands and agrees that Board staff and counsel for complainant may communicate directly with the Division regarding this stipulation and settlement, without notice to or participation by respondent or his counsel. If the Division fails to adopt this stipulation as its Order, the stipulation shall be of no force or effect, it shall be inadmissible in any legal action between the parties, and the Division shall not be disqualified from further action in this matter by virtue of its consideration of this stipulation.

## ACCEPTANCE

I have read the above Stipulated Settlement and Disciplinary Order. I have fully discussed the terms and conditions and other matters contained therein with my attorney, Peter Osinoff. I understand the effect this Stipulated Settlement and Disciplinary Order will have on my Physician's and Surgeon's Certificate, and agree to be bound thereby. I enter this stipulation freely, knowingly, intelligently and voluntarily.

DATED: 8/25/00

ARTHUR M. PARK, M.D.
Respondent

I have read and fully discussed the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order with respondent Arthur M. Park, M.D., and approve of its form and content.

DATED: 8/21/00

PETER OSINOFF
Attorney for Respondent

ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for the consideration of the Division of Medical Quality, Medical Board of California Department of Consumer Affairs.

DATED: September 18, 2000.

BILL LOCKYER, Attorney General
of the State of California

ROBERT McKIM BELL
Deputy Attorney General

Attorneys for Complainant

**EXHIBIT A**

**Accusation No. 08-1997-76654**

BILL LOCKYER, Attorney General
of the State of California
ROBERT McKIM BELL (State Bar No. 56332)
Deputy Attorney General
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Telephone: (213) 897-2556

Attorneys for Complainant

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO May 20 19 99
BY _____ ANALYST

**BEFORE THE**
**DIVISION OF MEDICAL QUALITY**
**MEDICAL BOARD OF CALIFORNIA**
**DEPARTMENT OF CONSUMER AFFAIRS**
**STATE OF CALIFORNIA**

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|---|---|
| In the Matter of the Accusation Against:<br><br>ARTHUR M. PARK, M.D.<br>3543 San Dimas Street<br>Bakersfield, California 93301<br><br>Physician and Surgeon's Certificate Number A-44597,<br><br>Respondent. | Case No. 08-1997-76654<br><br>A C C U S A T I O N |

The Complainant alleges:

PARTIES

1. Ron Joseph ("Complainant") brings this accusation solely in his official capacity as the Executive Director of the Medical Board of California (hereinafter the "Board").

2. On or about March 21, 1988, Physician and Surgeon's Certificate No. A-44597 was issued by the Board to Arthur M. Park, M.D. (hereinafter "respondent"). At all times relevant to the charges brought herein, this license has been in full force and effect. Unless renewed, it will expire on February 29, 2000.

JURISDICTION

3. This accusation is brought before the Division of Medical Quality of the Medical Board of California (hereinafter the "Division"), under the authority of the following sections of the Business and Professions Code (hereinafter "Code").

4. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or may have such other action taken in relation to discipline as the Division deems proper.

5. Section 2234 of the Code provides that unprofessional conduct includes, but is not limited to, the following:

(a) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provision of this chapter.

(b) Gross negligence.

(c) Repeated negligent acts.

(d) Incompetence.

(e) The commission of any act involving dishonesty or corruption which is substantially related to the qualifications, functions, or duties of a physician and surgeon.

(f) Any action or conduct which would have warranted the denial of a certificate.

6. Section 125.3 of the Code provides, in part, that the Division may request the administrative law judge to direct any licentiate found to have committed a violation or violations of the licensing act, to pay the Division a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

7. Section 14124.12 of the Welfare and Institutions Code provides,

in pertinent part, that: (a) Upon receipt of written notice from the Medical Board of California . . . that a licensee's license has been placed on probation as a result of a disciplinary action, the department may not reimburse any Medi-Cal claim for the type of surgical service or invasive procedure that gave rise to the probation . . . that was performed by the licensee on or after the effective date of probation and until the termination of all probationary terms and conditions or until the probationary period has ended, whichever occurs first. This section shall apply except in any case in which [the Board] determines that compelling circumstances warrant the continued reimbursement during the probationary period of any Medi-Cal claim . . . . In such a case, the department shall continue to reimburse the licensee for all procedures, except for those invasive or surgical procedures for which the licensee was placed on probation.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence - Patient Wynona)

8. Respondent is subject to disciplinary action under section 2234, subdivision (b) of the Code for gross negligence.

9. At the time of the acts in question, Dr. Park was a obstetrician practicing in Bakersfield.

10. On or about October 8, 1996, an 18-year-old female patient named Wynona W. (hereinafter, "Wynona") presented to respondent for pre-natal care in the Family Birthing Center at the San Joaquin Community Hospital (the "hospital") where he was serving as the on-call physician. Wynona was a primigravida (first pregnancy) who had been seen in other medical facilities, including Kern Medical Center, for false labor. After assessing the patient, Dr. Park made a follow-up appointment with her the same day in his office.

11. She returned to see Dr. Park in his office later that day. He

completed a medical history, family history and physical examination. Wynona told him that she had been a patient of a Dr. Kannappan and that she had a due date of October 27, 1996 confirmed by sonogram. She also provided a menstrual history consistent with that due date. Based upon the size of her uterus, Dr. Park recorded that she was at "35 week" size.[1/] He also recorded his impression that she "desires delivery of baby."

12. Without performing an ultrasound or otherwise confirming fetal age, Dr. Park then performed an in-office amniotomy by artificially rupturing her amniotic sac or bag of waters for the purpose of inducing labor, and sent her to the hospital's Family Birthing Center to have the baby.

13. At the hospital, because of lack of progress, Wynona's labor was stimulated by injections of intravenous pitocin. At 1:14 a.m., the next morning, October 9th, Dr. Park delivered a premature infant of approximately 4 pounds, 11 ounces (2,140 grams). After previously having a good APGAR score, the baby deteriorated rapidly and died with mass sepsis after transport to Kern Medical Center.

14. Respondent subjected his license to discipline for gross negligence in that, while treating this patient:

A. He performed an amniotomy in his office prior to the patient's hospital admission.

B. He failed to monitor fetal heart tones before or after artificially rupturing the patient's membranes, or to document having done so.

C. He induced or augmented labor in a patient with unsure dates and probable prematurity without undertaking measures such as amniocentesis to assess fetal maturity. The patient should have been re-hospitalized and an ultrasound performed to determine fetal age. Assessment of

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1. 37 to 42 weeks is considered full term.

fetal lung maturity was mandatory before irretrievably committing her to the delivery of the infant.

D. Stating on his admission note that the patient was 39 weeks pregnant when his own outpatient assessment showed that she was at 35-week size.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts - Patient Wynona)

15. By reason of the foregoing allegations, Respondent is subject to disciplinary action under section 2234, subdivision (c) of the Code for repeated acts of negligence in his care and treatment of Wynona.

THIRD CAUSE FOR DISCIPLINE

(Incompetence - Patient Wynona)

16. By reason of the foregoing allegations, Respondent is subject to disciplinary action under section 2234, subdivision (d) of the Code for incompetence in his care and treatment of Wynona.

FOURTH CAUSE FOR DISCIPLINE

(Gross Negligence - Patient Viola)

17. Respondent is subject to disciplinary action under section 2234, subdivision (b) of the Code for gross negligence.

18. Dr. Parks provided pre-natal care to Viola R. (hereinafter, "Viola"), a 29-year-old multiparous female patient starting in October 1996, when she was about 8 weeks pregnant. Respondent treated Viola throughout the remainder of her pre-natal period, until the delivery of her child on June 5, 1997.

19. The patient had a significant past history of gestational diabetes

(diabetes that occurs with pregnancy, placing both mother and fetus at increased risk if not controlled and appropriately monitored).

20. On June 5, 1997, Viola came to Dr. Park's office. At that time, she was at 38-weeks gestation. Her fundal height was 37 centimeters. The baby was in a head-down presentation. Fetal movement was present and fetal heart tones were in the 150's. Her cervix was 3 centimeters dilated[2/] and there were no contractions. While still in his office, Dr. Park performed a non-stress test in order to assess fetal well-being, recording in his clinical record that he observed "non-reassuring fetal heart tones."[3/]

21. Without performing an ultrasound or otherwise confirming fetal age, Dr. Park then performed an in-office amniotomy by artificially rupturing her bag of waters, and sent her to the hospital to have the baby.

22. At the hospital, Dr. Park admitted Viola to the Family Birth Center at 11:35 a.m. He wrote orders for a serum glucose level in addition to routine admission laboratory studies. He also ordered that "If patient is admitted for induction of labor start Oxytocin" (a medication to stimulate labor) and ordered external and internal fetal monitoring. The monitors were started three minutes later and showed late decelerations and diminished long-term variability, both potential signs of fetal stress or distress. Also, accelerations were absent and variable decelerations were noted. Dr. Park reviewed the tracing for a period of three to four minutes before leaving to assist a surgery in another part of the hospital.

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2. 10 centimeters is fully dilated when delivery can occur.

3. A non-stress test is based on the principle that a healthy fetus will demonstrate an acceleration in its heart rate following movement such as rubbing the mother's abdomen or making a loud noise above the abdomen with a special device. Two small electrodes are placed on the mother's abdomen and held in place using elastic belts. These are attached by cables to a larger machine, the electronic fetal monitor. One of these monitors records contractions while the other records the baby's heart rate. Both are recorded on a paper strip or tracing. The test normally takes about 20 to 60 minutes. The phrase "non-stress" refers to the fact that no medication is given to the mother to cause movement of the fetus or contraction of the uterus.

23. At 12:40 p.m., a nurse paged Dr. Park to tell him that the monitor strips did not look good. Dr. Park returned to labor and delivery at about 12:57 p.m. Within two minutes Viola was fully dilated to 10 centimeters and at the 0 to +1 station.[4/]

24. The baby was macrosomic (i.e., abnormally large, usually defined as weighing more than 4,000 grams or 8 pounds, 11 ounces at birth). To remove it, Dr. Park used vacuum extraction, and encountered the complication of shoulder dystocia. Shoulder dystocia occurs when delivery is prevented by impaction of the fetal shoulders behind the mother's pubic bone. The condition results from a size discrepancy between the fetal shoulders and the pelvic inlet.

25. Dr. Parks attempted to relieve this by placing Viola in the McRoberts position[5/]. After about six minutes of struggling, the delivery failed. The baby's shoulder was still stuck below the public bone. The doctor attempted to break the baby's collar, but failed. Fetal heart tones were no longer audible. At 1:11 p.m., the obstruction was cleared manually. As no episiotomy had been performed before delivery was attempted, the patient had a fourth degree tear of her birth canal into the rectum. With suprapubic pressure, the baby was finally delivered at 1:11 p.m.

26. Upon delivery, the baby weighed 10 pounds and 7 ounces. It had an APGAR score of zero, meaning that there was no muscle tone, pulse, reflexes, skin color or respiration.[6/] Resuscitation was started and a pediatrician was called, but the

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4. In obstetrics, this is technically the relationship in centimeters between the fetal head and the level of the ischial spines. -2 means the baby is not engaged, 0 means the baby is probably engaged, +2 means delivery is close.

5. The McRoberts maneuver is a maneuver to reduce fetal shoulder dystocia by flexion of the maternal hips.

6. APGAR is an acronym doctors use for scoring the viability of infants one minute and five minutes after birth. It stands for Activity, Pulse, Grimace (reflex irritability), Appearance (skin color) and Respiration. Each sign is given a value of zero, one or two. A score of 7-10 is considered normal, while 4-7 might require some resuscitative measures, and a baby with APGARs of 3 and below requires immediate resuscitation.

baby was pronounced dead.

27. Respondent subjected his license to discipline for gross negligence in that, while treating this patient:

A. He attempted to manage a high-risk, insulin-dependent diabetic obstetrical patient without consultation from specialists in internal medicine, diabetes or in perinatology.

B. He performed amniotomy in his private office prior to the patient's hospital admission in the presence of a non-reassuring fetal monitor pattern.

C. He failed to insure that Viola had achieved 39 weeks gestational age before inducing labor by rupturing her membranes.

D. He failed to monitor fetal heart tones before artificially rupturing the patient's membranes, or to document having done so.

E. He failed to adequately evaluate or to document the fetal heart rate of as diabetic patient in active labor.

F. He left Viola to attend another patient in surgery and was not immediately available to her in a potentially life-threatening situation.

G. He failed to consider macrosomia on admission or to plan in a timely fashion for a possible cephalopelvic disproportion.

H. He failed to assess fetal weight before attempting a vaginal delivery.

I. He failed to proceed with an emergency Cesarean section delivery when the fetal monitor showed an ominous and concerning pattern.

J. He altered Viola's medical records without identifying on the record what changes were made, dating when and by whom changes were made, and without documenting reasons for the changes.

FIFTH CAUSE FOR DISCIPLINE

(Repeated Negligent Acts - Patient Viola)

28. By reason of the foregoing allegations, Respondent is subject to disciplinary action under section 2234, subdivision (c) of the Code for repeated acts of negligence in his care and treatment of Viola.

SIXTH CAUSE FOR DISCIPLINE

(Incompetence - Patient Viola)

29. By reason of the foregoing allegations, Respondent is subject to disciplinary action under section 2234, subdivision (d) of the Code for incompetence in his care and treatment of Viola.

PRAYER

WHEREFORE, the complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Division issue a decision:

1. Revoking or suspending Physician and Surgeon's Certificate Number A-44597, heretofore issued to respondent Arthur M. Park, M.D.;

2. Revoking, suspending or denying approval of respondent's authority to supervise physician's assistants, pursuant to section 3527 of the Code;

3. Ordering respondent to pay the Division the reasonable costs of the investigation and enforcement of this case and, if placed on probation, the costs of probation monitoring;

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4. Taking such other and further action as the Division deems necessary and proper.

DATED: May 20, 1999.

Ron Joseph
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California

Complainant