## **BEFORE THE** MEDICAL BOARD OF CALIFORNIA **DEPARTMENT OF CONSUMER AFFAIRS** STATE OF CALIFORNIA

In the Matter of the Accusation Against:

William Dennison McIntyre, Jr., M.D.

Physician's & Surgeon's Certificate No. G 29828

Respondent.

Case No. 800-2018-041681

## DECISION

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

This Decision shall become effective at 5:00 p.m. on May 7, 2021.

IT IS SO ORDERED April 9, 2021.

MEDICAL BOARD OF CALIFORNIA

Richard E. Thorp, M.D., Chair

Panel B

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1	XAVIER BECERRA		
2	Attorney General of California  E. A. JONES III		
3	Supervising Deputy Attorney General CHRISTINE R. FRIAR		
4	Deputy Attorney General State Bar No. 228421		
5	California Department of Justice 300 So. Spring Street, Suite 1702		
6	Los Angeles, CA 90013 Telephone: (213) 269-6472	•	
7	Facsimile: (916) 731-2117 Attorneys for Complainant	·	
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9	BEFORE THE MEDICAL BOARD OF CALIFORNIA		
10	DEPARTMENT OF CONSUMER AFFAIRS STATE OF CALIFORNIA		
11	STATE OF CA	ALIFURNIA	
12			
13	In the Matter of the Accusation Against:	Case No. 800-2018-041681	
14	WILLIAM DENNISON McINTYRE JR., M.D.	OAH No. 2020080120	
15	2319 East Washington Blvd., #1 Pasadena, CA 91104	STIPULATED SETTLEMENT AND DISCIPLINARY ORDER	
16	Physician's and Surgeon's Certificate No. G 29828,		
17	Respondent.		
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19			
20	IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-		
21	entitled proceedings that the following matters are true:		
22	<u>PARTIES</u>		
23	1. Christine J. Lally brought this action solely in her official capacity as the Interim		
24	Executive Director of the Medical Board of California (Board). Since the filing of the Accusation		
25	in this matter, William Prasifka replaced Christine J. Lally as the Executive Director of the Board		
26	and Mr. Prasifka now maintains the complaint in his official capacity as the Executive Director of		
27	the Board. He is represented in this matter by Xavier Becerra, Attorney General of the State of		
28	California, by Christine R. Friar, Deputy Attorney General.		
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STIPULATED SETTLEMENT (800-2018-041681)

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- 2. Respondent William Dennison McIntyre Jr., M.D. (Respondent) is represented in this proceeding by attorney Kent T. Brandmeyer of Law + Brandmeyer, LLP, located at 2 North Lake Avenue, Suite 820, Pasadena, California 91101, Tel.: (626) 243-5500.
- 3. On or about July 1, 1975, the Board issued Physician's and Surgeon's Certificate No. G 29828 to William Dennison McIntyre Jr., M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2018-041681, and will expire on December 31, 2021, unless renewed.

## **JURISDICTION**

- 4. Accusation No. 800-2018-041681 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on May 7, 2020. Respondent timely filed his Notice of Defense contesting the Accusation.
- 5. A copy of Accusation No. 800-2018-041681 is attached as Exhibit A and incorporated herein by reference.

### **ADVISEMENT AND WAIVERS**

- 6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2018-041681. Respondent has also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.
- 7. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.
- 8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

#### **CULPABILITY**

- 9. Respondent admits the truth of each and every charge and allegation in Accusation No. 800-2018-041681.
- 10. Respondent agrees that his Physician's and Surgeon's Certificate is subject to discipline and he agrees to be bound by the Board's imposition of discipline as set forth in the Disciplinary Order below.

### **CONTINGENCY**

- 11. This stipulation shall be subject to approval by the Medical Board of California. Respondent understands and agrees that counsel for Complainant and the staff of the Medical Board of California may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent or his counsel. By signing the stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.
- 12. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.
- 13. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or opportunity to be heard by the Respondent, issue and enter the following Disciplinary Order:

## **DISCIPLINARY ORDER**

## A. <u>PUBLIC REPRIMAND</u>.

IT IS HEREBY ORDERED THAT Physician's and Surgeon's Certificate No. G 29828 issued to William Dennison McIntyre Jr., M.D., shall be and is hereby publicly reprimanded pursuant to California Business and Professions Code section 2227, subdivision (a)(4). This

public reprimand, which is issued in connection with the allegations set forth in Accusation No. 800-2018-041681, is as follows:

"You failed to timely and appropriately follow-up on significant abnormal diagnostic tests in your care and treatment of one patient, in violation of the Business and Professions Code, as more fully described in Accusation No. 800-2018-041681."

### B. <u>EDUCATION COURSE.</u>

IT IS FURTHER ORDERED THAT within 60 calendar days of the effective date of this Decision, Respondent shall submit to the Board or its designee for its prior approval educational program(s) or course(s), which shall not be less than 40 hours to be completed within one (1) year of the effective date of this Decision. The educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified. The educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65 hours of CME of which 40 hours were in satisfaction of this condition.

Respondent shall submit a certification of successful completion to the Board or its designee not later than fifteen (15) calendar days after successfully completing the education course requirement.

Failure to timely and successfully complete the education course requirement outlined above shall constitute unprofessional conduct and is grounds for further disciplinary action.

## C. <u>PRESCRIBING PRACTICES COURSE</u>.

IT IS FURTHER ORDERED THAT within sixty (60) calendar days of the effective date of this Decision, Respondent shall enroll in a course in prescribing practices approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully

complete any other component of the course within one (1) year of enrollment. The prescribing practices course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

A prescribing practices course taken after the acts that gave rise to the charges in the Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the course would have been approved by the Board or its designee had the course been taken after the effective date of this Decision.

Respondent shall submit a certification of successful completion to the Board or its designee not later than fifteen (15) calendar days after successfully completing the course, or not later than fifteen (15) calendar days after the effective date of the Decision, whichever is later.

Failure to timely and successfully complete the prescribing practices course outlined above shall constitute unprofessional conduct and is grounds for further disciplinary action.

## D. <u>MEDICAL RECORD KEEPING COURSE</u>.

IT IS FURTHER ORDERED THAT within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in medical record keeping approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The medical record keeping course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

A medical record keeping course taken after the acts that gave rise to the charges in the Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the course would have been approved by the Board or its designee had the course been taken after the effective date of this Decision.

Respondent shall submit a certification of successful completion to the Board or its designee not later than 15 calendar days after successfully completing the course, or not later than 15 calendar days after the effective date of the Decision, whichever is later.

Failure to timely and successfully complete the medical record keeping course outlined above shall constitute unprofessional conduct and is grounds for further disciplinary action.

## E. PROFESSIONALISM PROGRAM (ETHICS COURSE).

IT IS FURTHER ORDERED THAT within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a professionalism program, that meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1. Respondent shall participate in and successfully complete that program. Respondent shall provide any information and documents that the program may deem pertinent. Respondent shall successfully complete the classroom component of the program not later than six (6) months after Respondent's initial enrollment, and the longitudinal component of the program not later than the time specified by the program, but no later than one (1) year after attending the classroom component. The professionalism program shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

A professionalism program taken after the acts that gave rise to the charges in the Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the program would have been approved by the Board or its designee had the program been taken after the effective date of this Decision.

Respondent shall submit a certification of successful completion to the Board or its designee not later than 15 calendar days after successfully completing the program or not later than 15 calendar days after the effective date of the Decision, whichever is later.

Failure to timely and successfully complete the professionalism program outlined above shall constitute unprofessional conduct and is grounds for further disciplinary action.

## **ACCEPTANCE**

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully

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1	discussed it with my attorney, Kent. T. Brandmeyer. I understand the stipulation and the effect it		
2	will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and		
3	Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the		
4	Decision and Order of the Medical Board of California.		
5	11/11/2 2 3000		
6	DATED: 12/02/2020 Willen Demison Michty 2000		
7	WILLIAM DENNISON MCINTYRE 3R2, M.D. Respondent		
8	I have read and fully discussed with Respondent William Dennison McIntyre Jr., M.D. the		
9			
10	terms and conditions and other matters contained in the above Stipulated Settlement and		
11	Disciplinary Order. I approve its form and content.		
12	DATED: 12-2-20		
13	DATED: 12'2 KENT T. BRANDMEYER		
14	Attorney for Respondent		
15	ENDORSEMENT		
16	The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully		
17	submitted for consideration by the Medical Board of California.		
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19	DATED: December 7, 2020 Respectfully submitted,		
20	XAVIER BECERRA Attorney General of California		
21	E. A. JONES III Supervising Deputy Attorney General		
22	Christine R. Frian		
23	CHRISTINE R. FRIAR		
24	Deputy Attorney General Attorneys for Complainant		
25	Autorneys for Complantant		
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# Exhibit A

Accusation No. 800-2018-041681

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1 2	XAVIER BECERRA Attorney General of California E. A. JONES III	
3	Supervising Deputy Attorney General CHRISTINE R. FRIAR	
4	Deputy Attorney General State Bar No. 228421	
5	California Department of Justice 300 South Spring Street, Suite 1702	
6	Los Angeles, CA 90013 Telephone: (213) 269-6472	
7	Facsimile: (916) 731-2117 Attorneys for Complainant	
8		
9	BEFORE THE MEDICAL BOARD OF CALIFORNIA	
10	DEPARTMENT OF CONSUMER AFFAIRS STATE OF CALIFORNIA	
11	STATE OF CA	LII OMUA
12	In the Matter of the Accusation Against:	Case No. 800-2018-041681
13	WILLIAM DENNISON McINTYRE JR., M.D.	ACCUSATION
14	2319 East Washington Blvd., #1 Pasadena, CA 91104	·
15 16	Physician's and Surgeon's Certificate No. G 29828,	
17	Respondent.	
18		<u>.</u>
19		
20	PARTIES	
21	1. Christine J. Lally (Complainant) brings this Accusation solely in her official capacity	
22	as the Interim Executive Director of the Medical Board of California, Department of Consumer	
23	Affairs (Board).	
24	2. On or about July 1, 1975, the Board issued Physician's and Surgeon's Certificate	
25	Number G 29828 to William Dennison McIntyre Jr., M.D. (Respondent). That license was in ful	
26	force and effect at all times relevant to the charges brought herein and will expire on December	
27	31, 2021, unless renewed.	
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(WILLIAM DENNISON McINTYRE, JR., M.D.) ACCUSATION NO. 800-2018-041681

#### JURISDICTION

3. This Accusation is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

#### STATUTORY PROVISIONS

- 4. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Board deems proper.
  - 5. Section 2234 of the Code states:

The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

- (b) Gross negligence.
- (c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.
- (1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.
- (2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.
  - (d) Incompetence.
- 6. Section 2266 of the Code states: "The failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients constitutes unprofessional conduct."

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### FIRST CAUSE FOR DISCIPLINE

## (Gross Negligence)

- 7. Respondent William Dennison McIntyre Jr., M.D. is subject to disciplinary action under Code section 2234, subdivision (b), in that he committed gross negligence in the care and treatment of Patient 1<sup>1</sup> when he failed to timely and appropriately follow-up on significant abnormal diagnostic tests. The circumstances are as follows:
- 8. On or about May 31, 2012, Patient 1, a sixty-six (66) year old female, established care with Respondent, a primary care physician practicing in Pasadena, California.
- 9. At all times relevant herein, Patient 1 suffered from bipolar disorder, among other ailments, and was on long-term Lithium treatment.<sup>2</sup>
- 10. At all relevant times herein, Patient 1 treated with Respondent, as her primary care provider, concurrent with a psychiatrist, who managed her bipolar disorder and Lithium prescription. Respondent, as her primary care provider, monitored Patient 1's serum Lithium levels.
- 11. Although Respondent was monitoring Patient 1's Lithium levels, he did not routinely send the results to Patient 1's psychiatrist. Instead, Respondent's practice was to hand the paper copy of the lab results with the Lithium levels to Patient 1, who was then expected to deliver the results to her psychiatrist.
- 12. On or about April 24, 2017, Respondent saw Patient 1 for new neurologic symptoms, specifically, confusion. His assessment was "disorientation." As part of his evaluation, Respondent ordered a Lithium level. Patient 1's Lithium level was elevated to 1.9 mmol/L, which was an increase from her level of 1.4 mmol/L on April 12, 2017. (The upper limit of normal for that laboratory is 1.2 mmol/L.) Respondent did not follow-up with Patient 1 or her psychiatrist regarding these abnormal results. Instead, Respondent, knowing that Patient 1 was

<sup>&</sup>lt;sup>1</sup> The patient is designated as "Patient 1" to address privacy concerns. Patient 1's identity is known to Respondent.

<sup>&</sup>lt;sup>2</sup> Lithium is a prescription medication used to treat and prevent manic episodes associated with bipolar disorder. Lithium affects the flow of sodium through nerve and muscle cells in the body, which in turn affects excitation and mania.

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suffering from confusion, assumed she had a copy of her lab results and had delivered them to her psychiatrist.

- 13. Respondent did not document in Patient 1's records his assessment of the significance of her abnormal Lithium result, any attempt to communicate with Patient 1's prescribing psychiatrist regarding the result or even any attempt to transmit the results to her psychiatrist.
- 14. Respondent saw Patient 1 again on May 23 and May 24, 2017, with Patient 1 continuing to suffer from confusion and disorientation.
- 15. From May 24 to June 1, 2017, Patient 1 was hospitalized at USC Verdugo Hills Hospital, requiring hemodialysis for a diagnosis of chronic Lithium toxicity. Notably, her admission Lithium level on May 24, 2017, was 2.2. mmol/L. After removal of the Lithium from her system, Patient 1's neurologic status greatly improved.
- 16. The standard of care in the medical community requires a physician to follow up on diagnostic tests by taking appropriate and timely action on the results. The standard of care requires a physician, where indicated, to route diagnostic tests to appropriate specialists directly and in a timely fashion, generally electronically, and to discuss those results. It is not within the standard of care to rely on the patient as the sole courier to transport important diagnostic tests between providers.
- 17. Respondent's failure to either act on important diagnostic tests in a timely manner or communicate with the relevant specialist, in the setting of a symptomatic and confused patient, and his reliance on that patient to courier diagnostic tests between her physicians, while disabled, constitutes an extreme departure from the standard of care.
- 18. Respondent's acts and/or omissions as set forth in paragraphs 8 through 17, inclusive above, whether proven individually, jointly, or in any combination thereof, constitute gross negligence pursuant to section 2234, subdivision (b), of the Code. As such, cause for discipline exists.

### SECOND CAUSE FOR DISCIPLINE

## (Repeated Negligent Acts)

- 19. Respondent William Dennison McIntyre Jr., M.D. is subject to disciplinary action under Code section 2234, subdivision (c), in that he committed repeated negligent acts in the care and treatment of Patient 1. The circumstances are as follows:
- 20. Paragraphs 8 through 17 are incorporated by reference and re-alleged as if fully set forth herein.
- 21. The standard of care in the medical community requires a physician to document in a patient's medical record a referral to the Emergency Room.
- 22. On or about May 24, 2017, Respondent referred Patient 1 to the Emergency Room. Specifically, he requested that the staff of her facility arrange for an ambulance for her and called the referring hospital in advance to inform them of her pending arrival. Respondent did not document this referral in his progress note for Patient 1.
- 23. Respondent's failure to document in his progress note his referral of Patient 1 to the Emergency Room constitutes a simple departure from the standard of care.
- 24. Respondent's acts and/or omissions as set forth in paragraphs 20 through 23, inclusive above, whether proven individually, jointly, or in any combination thereof, constitute repeated negligent acts in violation of section 2234, subdivision (c), of the Code. As such, cause for discipline exists.

#### THIRD CAUSE FOR DISCIPLINE

## (Incompetence)

- 25. Respondent William Dennison McIntyre Jr., M.D. is subject to disciplinary action under Code section 2234, subdivision (d), in that his care and treatment of Patient 1 constituted incompetence. The circumstances are as follows:
- 26. Paragraphs 8 through 17 and 20 through 23 are incorporated by reference and realleged as if fully set forth herein.
- 27. In April 2017, Patient 1 presented to Respondent with new neurologic symptoms, including word-finding difficulty and "blank stares." As part of his evaluation, Respondent

ordered a Lithium level, which returned elevated at 1.9 mmol/L. Respondent saw Patient 1 again, on both May 23 and 24, 2017, noting ongoing disorientation. During those evaluations, Respondent failed to recognize that the patient's new neurologic symptoms were due to Lithium toxicity, despite her serum level being elevated.

- 28. The standard of care in the medical community requires that a physician recognize that neurologic symptoms can be a sign of Lithium toxicity.
- 29. Respondent's failure to recognize that Patient 1's neurologic symptoms were due to Lithium toxicity, despite an elevated level, constitutes a lack of knowledge.
- 30. Respondent's acts and/or omissions as set forth in paragraphs 26 through 29, inclusive above, whether proven individually, jointly, or in any combination thereof, constitute incompetence in violation of section 2234, subdivision (d), of the Code. As such, cause for discipline exists.

## FOURTH CAUSE FOR DISCIPLINE

## (Inadequate Record Keeping)

- 31. Respondent William Dennison McIntyre Jr., M.D. is subject to disciplinary action under Code section 2266, in that he failed to maintain adequate records concerning his care and treatment of Patient 1. The circumstances are as follows:
- 32. Paragraphs 8 through 17, 20 through 23, and 26 through 29 are incorporated by reference and re-alleged as if fully set forth herein.
- 33. Respondent's acts and/or omissions as set forth in paragraph 32, inclusive above, whether proven individually, jointly, or in any combination thereof, constitute inadequate record keeping in violation of section 2266 of the Code. As such, cause for discipline exists.

## PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Medical Board of California issue a decision:

1. Revoking or suspending Physician's and Surgeon's Certificate Number G 29828, issued to William Dennison McIntyre Jr., M.D.;

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