

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

In the Matter of the First Amended  
Accusation Against:

Lolita Vernet Palmer, M.D.

Physician's and Surgeon's  
Certificate No. A 112491

Respondent.

Case No.: 800-2017-032704

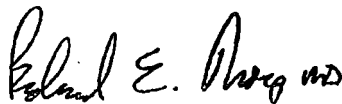
DECISION

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 August 20, 2021.

IT IS SO ORDERED: July 22, 2021.

MEDICAL BOARD OF CALIFORNIA



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Richard E. Thorp, M.D., Chair  
Panel B

1 ROB BONTA  
Attorney General of California  
2 STEVEN D. MUNI  
Supervising Deputy Attorney General  
3 JANNSEN TAN  
Deputy Attorney General  
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7 *Attorneys for Complainant*

8  
9 **BEFORE THE**  
**MEDICAL BOARD OF CALIFORNIA**  
10 **DEPARTMENT OF CONSUMER AFFAIRS**  
11 **STATE OF CALIFORNIA**

12 In the Matter of the First Amended Accusation  
13 Against:

14 **LOLITA VERNETTE PALMER, M.D.**  
15 **5406 Crossings Dr., Ste. 102-175**  
**Rocklin, CA 95677-3932**

16 **Physician's and Surgeon's Certificate No. A**  
17 **112491**

18 Respondent.

Case No. 800-2017-032704

OAH No. 2020010654

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

19  
20  
21  
22 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-  
23 entitled proceedings that the following matters are true:

24 **PARTIES**

25 1. William Prasifka (Complainant) is the Executive Director of the Medical Board of  
26 California (Board). He brought this action solely in his official capacity and is represented in this  
27 matter by Rob Bonta, Attorney General of the State of California, by Jannsen Tan, Deputy  
28 Attorney General.





1 stipulation, Respondent understands and agrees that she may not withdraw her agreement or seek  
2 to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails  
3 to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary  
4 Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal  
5 action between the parties, and the Board shall not be disqualified from further action by having  
6 considered this matter.

7 15. Respondent agrees that if she ever petitions for early termination or modification of  
8 probation, or if an accusation and/or petition to revoke probation is filed against her before the  
9 Board, all of the charges and allegations contained in the First Amended Accusation No. 800-  
10 2017-032704 shall be deemed true, correct and fully admitted by respondent for purposes of any  
11 such proceeding or any other licensing proceeding involving Respondent in the State of  
12 California.

13 **ADDITIONAL PROVISIONS**

14 16. This Stipulated Settlement and Disciplinary Order is intended by the parties herein  
15 to be an integrated writing representing the complete, final, and exclusive embodiment of  
16 the agreements of the parties in the above-entitled matter.

17 17. The parties agree that copies of this Stipulated Settlement and Disciplinary Order,  
18 including copies of the signatures of the parties, may be used in lieu of original documents and  
19 signatures and, further, that such copies shall have the same force and effect as originals.

20 18. The parties understand and agree that Portable Document Format (PDF) and facsimile  
21 copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile  
22 signatures thereto, shall have the same force and effect as the originals.

23 19. In consideration of the foregoing admissions and stipulations, the parties agree the  
24 Board may, without further notice to or opportunity to be heard by Applicant, issue and enter the  
25 following Disciplinary Order below.

26  
27 **DISCIPLINARY ORDER**

28 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 112491 issued

1 to Respondent Lolita Vernet Palmer, M.D. is revoked. However, the revocation is stayed and  
2 Respondent is placed on probation for five (5) years on the following terms and conditions:

3 1. EDUCATION COURSE. Within 120 calendar days of the effective date of this  
4 Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee  
5 for its prior approval educational program(s) or course(s) which shall not be less than 40 hours  
6 per year, for each year of probation. The educational program(s) or course(s) shall be aimed at  
7 correcting any areas of deficient practice or knowledge and shall be Category I certified. The  
8 educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to  
9 the Continuing Medical Education (CME) requirements for renewal of licensure. Following the  
10 completion of each course, the Board or its designee may administer an examination to test  
11 Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65  
12 hours of CME of which 40 hours were in satisfaction of this condition.

13 2. MEDICAL RECORD KEEPING COURSE. Within 120 calendar days of the  
14 effective date of this Decision, Respondent shall enroll in a course in medical record keeping  
15 approved in advance by the Board or its designee. Respondent shall provide the approved course  
16 provider with any information and documents that the approved course provider may deem  
17 pertinent. Respondent shall participate in and successfully complete the classroom component of  
18 the course not later than six (6) months after Respondent's initial enrollment. Respondent shall  
19 successfully complete any other component of the course within one (1) year of enrollment. The  
20 medical record keeping course shall be at Respondent's expense and shall be in addition to the  
21 Continuing Medical Education (CME) requirements for renewal of licensure.

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

27 Respondent shall submit a certification of successful completion to the Board or its  
28 designee not later than 15 calendar days after successfully completing the course, or not later than

1 15 calendar days after the effective date of the Decision, whichever is later.

2 3. PROHIBITED PRACTICE. During probation, Respondent is prohibited from  
3 performing laparoscopic surgery.

4 4. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the  
5 Respondent shall provide a true copy of this Decision and First Amended Accusation to the  
6 Administrator, Chief of Staff or the Chief Executive Officer at every hospital where privileges or  
7 membership are extended to Respondent, at any other facility where Respondent engages in the  
8 practice of medicine, including all physician and locum tenens registries or other similar agencies,  
9 and to the Chief Executive Officer at every insurance carrier which extends malpractice insurance  
10 coverage to Respondent. Respondent shall submit proof of compliance to the Board or its  
11 designee within 15 calendar days.

12 This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

13 5. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE  
14 NURSES. During probation, Respondent is prohibited from supervising physician assistants and  
15 advanced practice nurses. Respondent is allowed to teach mid-level practitioners including but  
16 not limited to bedside rounds, didactic and preceptorship.

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

20 7. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations  
21 under penalty of perjury on forms provided by the Board, stating whether there has been  
22 compliance with all the conditions of probation.

23 Respondent shall submit quarterly declarations not later than 10 calendar days after the end  
24 of the preceding quarter.

25 8. GENERAL PROBATION REQUIREMENTS.

26 Compliance with Probation Unit

27 Respondent shall comply with the Board's probation unit.

28 Address Changes

1 Respondent shall, at all times, keep the Board informed of Respondent's business and  
2 residence addresses, email address (if available), and telephone number. Changes of such  
3 addresses shall be immediately communicated in writing to the Board or its designee. Under no  
4 circumstances shall a post office box serve as an address of record, except as allowed by Business  
5 and Professions Code section 2021, subdivision (b).

6 Place of Practice

7 Respondent shall not engage in the practice of medicine in Respondent's or patient's place  
8 of residence, unless the patient resides in a skilled nursing facility or other similar licensed  
9 facility.

10 License Renewal

11 Respondent shall maintain a current and renewed California physician's and surgeon's  
12 license.

13 Travel or Residence Outside California

14 Respondent shall immediately inform the Board or its designee, in writing, of travel to any  
15 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty  
16 (30) calendar days.

17 In the event Respondent should leave the State of California to reside or to practice,  
18 Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of  
19 departure and return.

20 9. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be  
21 available in person upon request for interviews either at Respondent's place of business or at the  
22 probation unit office, with or without prior notice throughout the term of probation.

23 10. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or  
24 its designee in writing within 15 calendar days of any periods of non-practice lasting more than  
25 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is  
26 defined as any period of time Respondent is not practicing medicine as defined in Business and  
27 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct  
28 patient care, clinical activity or teaching, or other activity as approved by the Board. If



1 Respondent resides in California and is considered to be in non-practice, Respondent shall  
2 comply with all terms and conditions of probation. All time spent in an intensive training  
3 program which has been approved by the Board or its designee shall not be considered non-  
4 practice and does not relieve Respondent from complying with all the terms and conditions of  
5 probation. Practicing medicine in another state of the United States or Federal jurisdiction while  
6 on probation with the medical licensing authority of that state or jurisdiction shall not be  
7 considered non-practice. A Board-ordered suspension of practice shall not be considered as a  
8 period of non-practice.

9 In the event Respondent's period of non-practice while on probation exceeds 18 calendar  
10 months, Respondent shall successfully complete the Federation of State Medical Boards' Special  
11 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program  
12 that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model  
13 Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

14 Respondent's period of non-practice while on probation shall not exceed two (2) years.

15 Periods of non-practice will not apply to the reduction of the probationary term.

16 Periods of non-practice for a Respondent residing outside of California will relieve  
17 Respondent of the responsibility to comply with the probationary terms and conditions with the  
18 exception of this condition and the following terms and conditions of probation: Obey All Laws;  
19 General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or  
20 Controlled Substances; and Biological Fluid Testing.

21 11. COMPLETION OF PROBATION. Respondent shall comply with all financial  
22 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the  
23 completion of probation. Upon successful completion of probation, Respondent's certificate shall  
24 be fully restored.

25 12. VIOLATION OF PROBATION. Failure to fully comply with any term or condition  
26 of probation is a violation of probation. If Respondent violates probation in any respect, the  
27 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and  
28 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation,

1 or an Interim Suspension Order is filed against Respondent during probation, the Board shall have  
2 continuing jurisdiction until the matter is final, and the period of probation shall be extended until  
3 the matter is final.

4 13. LICENSE SURRENDER. Following the effective date of this Decision, if  
5 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy  
6 the terms and conditions of probation, Respondent may request to surrender his or her license.  
7 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in  
8 determining whether or not to grant the request, or to take any other action deemed appropriate  
9 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent  
10 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its  
11 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject  
12 to the terms and conditions of probation. If Respondent re-applies for a medical license, the  
13 application shall be treated as a petition for reinstatement of a revoked certificate.

14 14. PROBATION MONITORING COSTS. Respondent shall pay the costs associated  
15 with probation monitoring each and every year of probation, as designated by the Board, which  
16 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of  
17 California and delivered to the Board or its designee no later than January 31 of each calendar  
18 year.

19 15. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for  
20 a new license or certification, or petition for reinstatement of a license, by any other health care  
21 licensing action agency in the State of California, all of the charges and allegations contained in  
22 the First Amended Accusation No. 800-2017-032704 shall be deemed to be true, correct, and  
23 admitted by Respondent for the purpose of any Statement of Issues or any other proceeding  
24 seeking to deny or restrict license.

25  
26 ACCEPTANCE

27 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully  
28 discussed it with my attorney, Lawrence S. Giardina Esq. I understand the stipulation and the

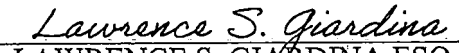
1 effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated  
2 Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be  
3 bound by the Decision and Order of the Medical Board of California.

4  
5 DATED: 5-21-2021

  
6 LOLITA VERNETTE PALMER, M.D.  
7 Respondent

8 I have read and fully discussed with Respondent Lolita Vernetto Palmer, M.D. the terms  
9 and conditions and other matters contained in the above Stipulated Settlement and Disciplinary  
10 Order. I approve its form and content.

11 DATED: May 21, 2021

  
12 LAWRENCE S. GIARDINA ESQ.  
13 Attorney for Respondent

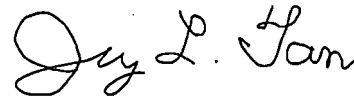
14 **ENDORSEMENT**

15 The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully  
16 submitted for consideration by the Medical Board of California.

17 DATED: May 25, 2021

18 Respectfully submitted,

19 ROB BONTA  
20 Attorney General of California  
21 STEVEN D. MUNI  
22 Supervising Deputy Attorney General



23 JANNSEN TAN  
24 Deputy Attorney General  
25 Attorneys for Complainant

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**Exhibit A**

**First Amended Accusation No. 800-2017-032704**

1 XAVIER BECERRA  
Attorney General of California  
2 STEVEN D. MUNI  
Supervising Deputy Attorney General  
3 JANNSEN TAN  
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4 State Bar No. 237826  
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Facsimile: (916) 327-2247  
7 *Attorneys for Complainant*

8  
9  
10 **BEFORE THE**  
**MEDICAL BOARD OF CALIFORNIA**  
**DEPARTMENT OF CONSUMER AFFAIRS**  
11 **STATE OF CALIFORNIA**  
12

13 In the Matter of the First Amended Accusation  
14 Against:

Case No. 800-2017-032704

15 **LOLITA VERNETTE PALMER, M.D.**  
16 **5406 Crossings Dr., Ste. 102-175**  
**Rocklin, CA 95677-3932**

**FIRST AMENDED ACCUSATION**

17 **Physician's and Surgeon's Certificate**  
18 **No. A 112491,**

19 Respondent.

20  
21 **PARTIES**

22 1. William Prasifka (Complainant) brings this First Amended Accusation solely in his  
23 official capacity as the Executive Director of the Medical Board of California, Department of  
24 Consumer Affairs (Board).

25 2. On or about May 21, 2010, the Medical Board issued Physician's and Surgeon's  
26 Certificate No. A 112491 to Lolita Vernet Palmer, M.D. (Respondent). The Physician's and  
27 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought  
28 herein and will expire on September 30, 2021, unless renewed.

JURISDICTION

1  
2       3.     This First Amended Accusation is brought before the Board, under the authority of  
3 the following laws. All section references are to the Business and Professions Code (Code)  
4 unless otherwise indicated.

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

9       5.     Section 2234 of the Code states, in pertinent part:

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

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

15       “(b) Gross negligence.

16       “(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or  
17 omissions. An initial negligent act or omission followed by a separate and distinct departure from  
18 the applicable standard of care shall constitute repeated negligent acts.

19       “(1) An initial negligent diagnosis followed by an act or omission medically appropriate for  
20 that negligent diagnosis of the patient shall constitute a single negligent act.

21       “(2) When the standard of care requires a change in the diagnosis, act, or omission that  
22 constitutes the negligent act described in paragraph (1), including, but not limited to, a  
23 reevaluation of the diagnosis or a change in treatment, and the licensee’s conduct departs from the  
24 applicable standard of care, each departure constitutes a separate and distinct breach of the  
25 standard of care.

26       “(d) Incompetence.

27       “...”

28       6.     Section 2266 of the Code states:



1 should Patient A's heart stop beating or lungs stop moving air). Additionally, Respondent failed  
2 to mention in her notes whether Patient A had a cholecystectomy tube (tube for drainage of the  
3 gallbladder) as the indication for the operation. Moreover, Respondent failed to address alternate  
4 explanations and interventions, other than performing a laparoscopic cholecystectomy on Patient  
5 A—which, based on Patient A's age; heavy alcohol consumption; and other morbidities,  
6 presented an increased risk to Patient A.

7 11. During the laparoscopic cholecystectomy, Respondent discovered that Patient A was  
8 suffering from cirrhosis of the liver, as well as moderate estimated blood loss, with a subscapular  
9 hematoma from a small liver laceration, which required cautery (surgical burning to mitigate  
10 bleeding). Following the operation, Patient A was admitted to the hospital for observation.

11 12. On or about December 2, 2016, Patient A reported uncontrolled abdominal pain. As  
12 the day progressed, Patient A experienced increased white blood cell count, indicating a potential  
13 hidden infection. Additionally, Patient A's oxygen requirements increased.

14 13. Between December 2, 2016, and December 7, 2016, Patient A's health continued to  
15 worsen, and he was placed on a BiPAP machine (a ventilation machine that pushes  
16 supplementary oxygen into the lungs). On December 6, 2016, Patient A signed a "Do Not  
17 Resuscitate / Do Not Intubate (DNR/DNI)" order. Patient A continued to worsen, and had  
18 marked hypoxia with saturation in the 70's on 45 liters of high flow oxygen. On or about  
19 December 7, 2016, Patient A expired.

20 14. Respondent committed gross negligence in her care and treatment of Patient A, as  
21 more particularly alleged hereinafter:

22 A. Failing to address and/or document alternate explanations and interventions for  
23 Patient A's pancreatitis and pseudocyst in the decision to operate—including a non-surgical  
24 option, that could have avoided the need for surgery.

25 **Patient B:**

26 15. Patient B was a seventy (70) year old male with hypertension, peripheral vascular  
27 disease, and osteoarthritis. Patient B additionally had a ten (10) year history of bloating, gas, and  
28 indigestion that was unimproved with dietary changes.



1           16. On or about March 22, 2017, Respondent performed a laparoscopic cholecystectomy  
2 on Patient B. During the procedure, an intra-operative common bile duct injury was discovered,  
3 in which bile appeared to flow out of the defect. Respondent conferred with a colleague by  
4 telephone, and decided not to convert to an open procedure (when an endoscopic service is  
5 attempted and fails and another surgical service is sometimes necessary) or place a T-tube<sup>4</sup> in  
6 Patient B's bile duct. Instead, Respondent performed a primary laparoscopic suture repair on  
7 Patient B. Following the procedure, Patient B was found to have a mild white blood cell increase.

8           17. On or about March 23, 2017, Patient B was seen by a gastroenterologist, who  
9 performed an endoscopic sphincteromy<sup>5</sup> / Endoscopic retrograde cholangiopancreatography  
10 (ERCP)<sup>6</sup> on Patient B and placed a stent<sup>7</sup> into Patient B's bile duct. Following the ERCP, the  
11 gastroenterologist conferred with Respondent and recommended that Patient B be transferred to  
12 the care of an expert hepatobiliary surgeon, after expressing concerns that Patient B had a right  
13 hepatic duct<sup>8</sup> injury.

14           18. Patient B received a physical examination, which revealed no biliary dilation or fluid  
15 collection, which would have indicated that the attempted laparoscopic suture repair was  
16 unsuccessful.

17           19. On or about March 24, 2017, Patient B received a hepatobiliary iminodiacetic acid<sup>9</sup>

18 \_\_\_\_\_  
19           <sup>4</sup> A T-tube is a plastic "T" shaped tube, placed into the common bile duct, through the  
20 skin, and used to drain bile while the patient is healing.

21           <sup>5</sup> Endoscopic sphincteromy is a procedure where instruments and a camera are inserted  
22 through small incisions, in order to allow a physician to correct a problem with the common bile  
23 duct, which is located between the pancreas and liver.

24           <sup>6</sup> Endoscopic retrograde cholangiopancreatography is a procedure used to diagnose and  
25 treat certain problems of the pancreatic ductal systems. Through an endoscope (a small, tubular,  
26 internally placed device, equipped with a small camera), the physician can see the inside of the  
27 stomach and duodenum. The physician can additionally inject dye into the ducts in the pancreas  
28 to assist imaging on radiographs.

<sup>7</sup> A biliary stent is a tube that is inserted into the common bile duct of the liver in cases  
when the duct has become blocked. The stent is inserted after surgery to unblock the duct and  
ensure that it remains inflated and operative.

<sup>8</sup> The right hepatic duct extends outside of the liver. The right hepatic duct leaves the  
liver, carrying bile that eventually ends up in the small intestine to aid in digestion.

<sup>9</sup> A HIDA scan is an imaging procedure used to diagnose problems of the liver,  
gallbladder and bile ducts, in which a radioactive tracer is injected into a vein in the patient's arm.  
The tracer travels through the bloodstream to the liver, into the gallbladder and through the bile  
ducts to the small intestine, and creates computer images.

1 (HIDA) scan, which did not reveal evidence of a bile leak. A magnetic resonance  
2 cholangiopancreatography<sup>10</sup> (MRCP) was additionally performed on Patient B, which did not  
3 reveal bile duct dilation. (Bile leak could be indicative of damage from the previous operation).

4 20. On or about March 25, 2017, Patient B was discharged to his home. Although the  
5 gastroenterologist recommended involving a hepatobiliary expert, Respondent failed to retain the  
6 services of one, following radiological imaging on Patient B, and additionally failed to consult  
7 with one, prior to Patient B's discharge.

8 21. On or about April 5, 2017, Patient B was seen in an outpatient setting, in which his  
9 post-operative drain (Jackson-Pratt Drain) was removed. Patient B was then re-admitted to  
10 Sutter, following a diagnosis of leukocytosis.<sup>11</sup> A computed tomography<sup>12</sup> scan revealed that  
11 Patient B had a subhepatic fluid collection, which was indicative of the failure of the March 22,  
12 2017 suture repair.

13 22. On or about April 7, 2017, a HIDA scan was repeated on Patient B, which showed a  
14 leak of tracer into his gallbladder fossa. Patient B was placed on intravenous therapy, and  
15 accepted for transfer to California Pacific Medical Center (CPMC) in San Francisco, California,  
16 by a hepatobiliary expert. On or about April 9, 2017 Patient B was transferred to CPMC, where  
17 he was managed with a longer stent, repeat ERCP, and his drain was removed, with no additional  
18 medical issues.

19 23. Respondent committed gross negligence in her care and treatment of Patient B, as  
20 more particularly alleged hereinafter:

21 A. Attempting to try to suture Patient B's common bile duct injury laparoscopically and  
22 not converting to an open procedure.

23 ///

24 ///

25 <sup>10</sup> An MRCP is a special type of magnetic resonance imaging (MRI) exam that produces  
26 detailed images of the hepatobiliary and pancreatic systems.

27 <sup>11</sup> Leukocytosis is white cells above the normal range in the blood. It is frequently a sign  
of an inflammatory response, most commonly the result of infection.

28 <sup>12</sup> A computed tomography scan makes use of computer-processed combinations of many  
X-ray measurements taken from different angles to produce cross-sectional images of specific  
areas of a scanned object, allowing the user to see inside the object without cutting.

**SECOND CAUSE FOR DISCIPLINE**  
**(Repeated Negligent Acts)**

24. Respondent's license is subject to disciplinary action under section 2234, subdivision (c), of the Code, in that she committed repeated negligent acts during the care and treatment of Patients A, B, and C, as more fully described in paragraphs 7 through 23, above, and those paragraphs are incorporated by reference as if fully set forth herein.

**Patient C:**

25. Patient C was a 70-year-old obese male with a fairly significant cardiac history. He had a history of coronary artery disease (CAD), CABG x2, and pacemaker with history of atrioventricular block, hypothyroidism, multi-joint DJD and multiple previous inguinal hernia repairs (Right Inguinal Hernia [RIH] repair at age 12 and Left Inguinal Hernia [LIH] repair with mesh in 1998) who complained about a right groin bulge for at least 3 years and appeared to have minimal symptoms from it.

26. On or about December 7, 2015, Respondent saw Patient C at her office at Sutter Roseville Medical Center (Sutter). After a physical exam was performed by Respondent, she confirmed that Patient C had a recurrent right inguinal hernia (RRIH). She also mentioned that Patient C's scrotum appeared normal with bilateral, normally descended testes. She also did not find any recurrent inguinal hernia on the left side. As she had planned to perform Patient C's RRIH repair later that same day, Respondent spent some time discussing the pathophysiology of inguinal hernias and obtained an informed consent from Patient C. Respondent failed to discuss the possibility of a laparoscopic approach and the risks and benefits of this approach. Respondent planned to perform an open RRIH repair with mesh. Respondent failed to assess Patient C's perioperative Venous Thromboembolism (VTE) risk correctly and did not order sequential compression devices (SCD) and/or any pharmacologic agent as VTE prophylaxis for a redo open recurrent right inguinal hernia repair with mesh in a patient with moderate risks for developing a Deep Vein Thrombosis (DVT) or Pulmonary Embolism (PE) intra or postoperatively.

27. At 10:26 am on December 7, 2015, Respondent began her open recurrent right inguinal hernia repair using a medium sized prolene hernia system (PHS) mesh. Monitored

1 Anesthesia Care (MAC) was used for deep sedation and a Foley catheter was placed prior to  
2 starting the procedure due to the patient's reported h/o postoperative urinary retention. In her  
3 operative report, Respondent documented that the dissection of the subcutaneous fatty tissue  
4 down to the external oblique was routine. Respondent documented that she could not find the  
5 superficial inguinal ring immediately and felt that it was secondary to the scarring from the  
6 previous surgery. After that, Respondent documented that she was able to isolate the cord  
7 structure (with a penrose drain), incised the cremasteric muscles, identified and isolated the hernia  
8 sac, dilated the internal ring and was securely able to place the inner leaflet of the PHS mesh  
9 without issue. Respondent then tailored the outer leaflet of the PHS mesh around the cord  
10 structures at the internal ring and then fixed the mesh to the ilioinguinal ligament laterally, to the  
11 conjoint ligament medially and tucked the upper wing of the mesh under the intact external  
12 oblique. The split mesh was then sutured to itself along the floor of the inguinal with prolene  
13 sutures. After use of local anesthesia, Respondent closed the wound in multiple layers without  
14 any problems. Patient C was discharged the next day without issue.

15 28. On or about December 10, 2015, Patient C contacted his primary care doctor, Dr. Q,  
16 complaining that he was experiencing increasing scrotal pain and swelling and that he also had a  
17 worsening right inner groin rash which was not responding to the OTC antifungal cream he was  
18 using. Dr. Q ordered an ultrasound of the scrotum which revealed that the right testicle showed  
19 no internal vascularity and the findings were highly suspicious for a testicular torsion. Patient C  
20 was sent directly to the Sutter Emergency Department, where Dr. K and Dr. P found Patient C to  
21 be mildly febrile with a white blood cell count (WBC) of 12.0K. Patient C was immediately  
22 admitted and was evaluated by a urologist, Dr. M. Dr. M agreed with the assessment that Patient  
23 C had a very painful and swollen right testicle and that the scrotal ultrasound showed the right  
24 testicle to be avascular. These findings were most consistent with a right testicular torsion which  
25 had been symptomatic for over 48 hours. Patient C was taken to the operating room emergently  
26 where Dr. M performed a right orchiectomy versus a right detorsion and orchiopexy.

27 29. Dr. M documented delivering the right testicle through an incision made in the  
28 median raphe of the scrotum to reveal a black and extremely necrotic right testicle. After

1 establishing that the right testicle had no dopplerable blood flow and there was no torsion of the  
2 cord, a high ligation of the cord was performed and the testicle was removed from the field. On  
3 further examination of the testicular artery, it was found that the artery was completely  
4 thrombosed. After thorough irrigation of the wound, it was closed in multiple layers without  
5 issue. Respondent assisted in the procedure.

6 30. Postoperatively, Patient C did well with resolution of the severe right testicular pain.  
7 He was in the hospital for 2 days, during which time he was eating well, ambulating  
8 independently and his surgical wound was healing as expected. He was discharged from the  
9 hospital on December 12, 2015.

10 31. Respondent committed repeated negligent acts in her care and treatment of Patients  
11 A, B, and C, as more particularly alleged hereinafter:

12 A. Respondent failed to document discussions with Patient A regarding perioperative  
13 risk – including code status, and possible need for reintubation and Intensive Care Unit stay.

14 B. Respondent failed to transfer Patient B to a hepatobiliary expert in a timely manner.

15 C. Respondent failed to give Patient C complete informed consent when she failed to  
16 discuss all of the surgical options available to repair Patient C's recurrent right inguinal hernia.  
17 The laparoscopic approach, which Respondent did not discuss with Patient C, is the preferred  
18 approach by many surgeons for the repair of recurrent inguinal hernias and is associated with less  
19 spermatic cord injuries when compared to an open redo RRIH.

20 D. Respondent failed to assess Patient C's perioperative VTE risk correctly and did not  
21 order SCDs and/or any pharmacologic agent as VTE prophylaxis for a redo open recurrent right  
22 inguinal hernia repair with mesh for Patient C who was at moderate risk for developing DVT or  
23 PE intra or postoperatively.

24 **THIRD CAUSE FOR DISCIPLINE**  
25 **(Failure to Maintain Adequate and Accurate Records)**

26 32. Respondent's license is subject to disciplinary action under section 2266 of the Code  
27 in that she failed to maintain adequate and accurate medical records relating to her care and  
28

1 treatment of Patient A, B, and C as more fully described in paragraphs 7 through 31, above, and  
2 those paragraphs are incorporated by reference as if fully set forth herein.

3 **FOURTH CAUSE FOR DISCIPLINE**  
4 **(General Unprofessional Conduct)**

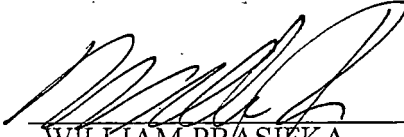
5 33. Respondent is further subject to disciplinary action under sections 2227 and 2234, as  
6 defined by section 2234, of the Code, in that she has engaged in conduct which breaches the rules  
7 or ethical code of the medical profession, or conduct which is unbecoming of a member in good  
8 standing of the medical profession, and which demonstrates an unfitness to practice medicine, as  
9 more particularly alleged in paragraphs 7 through 32, above, which are hereby realleged and  
10 incorporated by reference as if fully set forth herein.

11 **PRAYER**

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

- 14 1. Revoking or suspending Physician's and Surgeon's Certificate No. A 112491, issued  
15 to Lolita Vernet Palmer, M.D.;
- 16 2. Revoking, suspending, or denying approval of Lolita Vernet Palmer, M.D.'s  
17 authority to supervise physician assistants and advanced practice nurses;
- 18 3. Ordering Lolita Vernet Palmer, M.D., if placed on probation, to pay the Board the  
19 costs of probation monitoring; and
- 20 4. Taking such other and further action as deemed necessary and proper.

21  
22 DATED: AUG 25 2020

23   
24 WILLIAM PRASIFKA  
25 Executive Director  
26 Medical Board of California  
27 Department of Consumer Affairs  
28 State of California  
*Complainant*

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