

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

In the Matter of the Accusation
Against:

Edwin Hyun-Kyu Choi, M.D.

Physician's and Surgeon's
Certificate No. A 54943

Respondent.

Case No.: 04-2013-231757

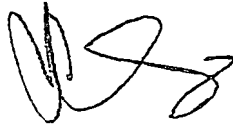
DECISION

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 July 19, 2023.

IT IS SO ORDERED: June 19, 2023.

MEDICAL BOARD OF CALIFORNIA



Laurie Rose Lubiano, J.D., Chair
Panel A

1 ROB BONTA
Attorney General of California
2 ROBERT MCKIM BELL
Supervising Deputy Attorney General
3 TRINA L. SAUNDERS
Deputy Attorney General
4 State Bar No. 207764
California Department of Justice
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8
9 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:
13 EDWIN HYUN-KYU, CHOI, M.D.
14 3545 Wilshire Boulevard, Suite 247
15 Los Angeles, California 90010
16
17 Physician's and Surgeon's Certificate A54943,
18 Respondent.

Case No. 04-2013-231757
OAH No. 2022030739
**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

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 **PARTIES**

23 1. This matter was brought by William Prasifka in his official capacity as the Executive
24 Director of the Medical Board of California (Board). The Complainant is represented in this
25 matter by Rob Bonta, Attorney General of the State of California, by Trina L. Saunders, Deputy
26 Attorney General.

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1 CULPABILITY

2 9. Respondent understands and agrees that the charges and allegations in Accusation
3 No. 04-2013-231757, if proven at a hearing, constitute cause for imposing discipline upon his
4 Physician's and Surgeon's Certificate.

5 10. Respondent agrees that, at a hearing, Complainant could establish a prima facie case
6 or factual basis for the charges in the Accusation, and that Respondent hereby gives up his right
7 to contest those charges.

8 11. Respondent does not contest that at an administrative hearing the Complainant could
9 establish a prima facie case with respect to the charges and allegations in Accusation No. 04-
10 2013-231757, a copy of which is attached hereto as Exhibit A, and that he has thereby subjected
11 his Physician's and Surgeon's Certificate No. A54943 to disciplinary action. Respondent does not
12 otherwise admit the truth or correctness of the allegations included in Accusation No. 04-2013-
13 231757, for any purpose other than resolution of the Accusation by the Medical Board of
14 California or other health care agencies.

15 12. Respondent agrees that his Physician's and Surgeon's Certificate is subject to
16 discipline and he agrees to be bound by the Board's probationary terms as set forth in the
17 Disciplinary Order below.

18 CONTINGENCY

19 13. This stipulation shall be subject to approval by the Medical Board of California.
20 Respondent understands and agrees that counsel for Complainant and the staff of the Medical
21 Board of California may communicate directly with the Board regarding this stipulation and
22 settlement, without notice to or participation by Respondent or his counsel. By signing the
23 stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek
24 to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails
25 to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary
26 Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal
27 action between the parties, and the Board shall not be disqualified from further action by having
28 considered this matter.

1 with any information and documents that the approved course provider may deem pertinent.
2 Respondent shall participate in and successfully complete the classroom component of the course
3 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully
4 complete any other component of the course within one (1) year of enrollment. The medical
5 record keeping course shall be at Respondent's expense and shall be in addition to the Continuing
6 Medical Education (CME) requirements for renewal of licensure.

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

12 Respondent shall submit a certification of successful completion to the Board or its
13 designee not later than 15 calendar days after successfully completing the course, or not later than
14 15 calendar days after the effective date of the Decision, whichever is later.

15 3. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of
16 the effective date of this Decision, Respondent shall enroll in a professionalism program, that
17 meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1.
18 Respondent shall participate in and successfully complete that program. Respondent shall
19 provide any information and documents that the program may deem pertinent. Respondent shall
20 successfully complete the classroom component of the program not later than six (6) months after
21 Respondent's initial enrollment, and the longitudinal component of the program not later than the
22 time specified by the program, but no later than one (1) year after attending the classroom
23 component. The professionalism program shall be at Respondent's expense and shall be in
24 addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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1 been approved by the Board or its designee had the program been taken after the effective date of
2 this Decision.

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

6 4. CLINICAL COMPETENCE ASSESSMENT PROGRAM. Within 60 calendar days
7 of the effective date of this Decision, Respondent shall enroll in a clinical competence assessment
8 program approved in advance by the Board or its designee. Respondent shall successfully
9 complete the program not later than six (6) months after Respondent's initial enrollment unless
10 the Board or its designee agrees in writing to an extension of that time.

11 The program shall consist of a comprehensive assessment of Respondent's physical and
12 mental health and the six general domains of clinical competence as defined by the Accreditation
13 Council on Graduate Medical Education and American Board of Medical Specialties pertaining to
14 Respondent's current or intended area of practice. The program shall take into account data
15 obtained from the pre-assessment, self-report forms and interview, and the Decision(s),
16 Accusation(s), and any other information that the Board or its designee deems relevant. The
17 program shall require Respondent's on-site participation for a minimum of three (3) and no more
18 than five (5) days as determined by the program for the assessment and clinical education
19 evaluation. Respondent shall pay all expenses associated with the clinical competence
20 assessment program.

21 At the end of the evaluation, the program will submit a report to the Board or its designee
22 which unequivocally states whether the Respondent has demonstrated the ability to practice
23 safely and independently. Based on Respondent's performance on the clinical competence
24 assessment, the program will advise the Board or its designee of its recommendation(s) for the
25 scope and length of any additional educational or clinical training, evaluation or treatment for any
26 medical condition or psychological condition, or anything else affecting Respondent's practice of
27 medicine. Respondent shall comply with the program's recommendations.

28 Determination as to whether Respondent successfully completed the clinical competence

1 assessment program is solely within the program's jurisdiction.

2 If Respondent fails to enroll, participate in, or successfully complete the clinical
3 competence assessment program within the designated time period, Respondent shall receive a
4 notification from the Board or its designee to cease the practice of medicine within three (3)
5 calendar days after being so notified. The Respondent shall not resume the practice of medicine
6 until enrollment or participation in the outstanding portions of the clinical competence assessment
7 program have been completed. If the Respondent did not successfully complete the clinical
8 competence assessment program, the Respondent shall not resume the practice of medicine until a
9 final decision has been rendered on the accusation and/or a petition to revoke probation. The
10 cessation of practice shall not apply to the reduction of the probationary time period.

11 5. PROHIBITED PRACTICE. During probation, Respondent is prohibited from
12 performing liposuction procedures. After the effective date of this Decision, any new or returning
13 patients seeking a cosmetic procedure must be provided notification of this prohibition on
14 Respondent's license. Any new patients must be provided this notification at the time of their
15 initial appointment.

16 Respondent shall maintain a log of all patients to whom the required oral notification was
17 made. The log shall contain the: 1) patient's name, address and phone number; 2) patient's
18 medical record number, if available; 3) the full name of the person making the notification; 4) the
19 date the notification was made; and 5) a description of the notification given. Respondent shall
20 keep this log in a separate file or ledger, in chronological order, shall make the log available for
21 immediate inspection and copying on the premises at all times during business hours by the Board
22 or its designee, and shall retain the log for the entire term of probation.

23 6. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the
24 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the
25 Chief Executive Officer at every hospital where privileges or membership are extended to
26 Respondent, at any other facility where Respondent engages in the practice of medicine,
27 including all physician and locum tenens registries or other similar agencies, and to the Chief
28 Executive Officer at every insurance carrier which extends malpractice insurance coverage to

1 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15
2 calendar days.

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

4 7. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE
5 NURSES. During probation, Respondent is prohibited from supervising physician assistants and
6 advanced practice nurses.

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

10 9. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby
11 ordered to reimburse the Board its costs of investigation and enforcement, including, but not
12 limited to, expert review, amended accusations, legal reviews, investigation(s), and subpoena
13 enforcement, as applicable, in the amount of \$10,960.00 (ten thousand nine hundred and sixty
14 dollars and zero cents). Costs shall be payable to the Medical Board of California. Failure to pay
15 such costs shall be considered a violation of probation.

16 Payment must be made in full within 30 calendar days of the effective date of the Order, or
17 by a payment plan approved by the Medical Board of California. Any and all requests for a
18 payment plan shall be submitted in writing by respondent to the Board. Failure to comply with
19 the payment plan shall be considered a violation of probation.

20 The filing of bankruptcy by respondent shall not relieve respondent of the responsibility to
21 repay investigation and enforcement costs.

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

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

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1 11. GENERAL PROBATION REQUIREMENTS.

2 Compliance with Probation Unit

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

4 Address Changes

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

10 Place of Practice

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

14 License Renewal

15 Respondent shall maintain a current and renewed California physician's and surgeon's
16 license.

17 Travel or Residence Outside California

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

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

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

27 13. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
28 its designee in writing within 15 calendar days of any periods of non-practice lasting more than

1 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
2 defined as any period of time Respondent is not practicing medicine as defined in Business and
3 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
4 patient care, clinical activity or teaching, or other activity as approved by the Board. If
5 Respondent resides in California and is considered to be in non-practice, Respondent shall
6 comply with all terms and conditions of probation. All time spent in an intensive training
7 program which has been approved by the Board or its designee shall not be considered non-
8 practice and does not relieve Respondent from complying with all the terms and conditions of
9 probation. Practicing medicine in another state of the United States or Federal jurisdiction while
10 on probation with the medical licensing authority of that state or jurisdiction shall not be
11 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
12 period of non-practice.

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

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

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

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

25 14. COMPLETION OF PROBATION. Respondent shall comply with all financial
26 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the
27 completion of probation. This term does not include cost recovery, which is due within 30
28 calendar days of the effective date of the Order, or by a payment plan approved by the Medical

1 Board and timely satisfied. Upon successful completion of probation, Respondent's certificate
2 shall be fully restored.

3 15. VIOLATION OF PROBATION. Failure to fully comply with any term or condition
4 of probation is a violation of probation. If Respondent violates probation in any respect, the
5 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and
6 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation,
7 or an Interim Suspension Order is filed against Respondent during probation, the Board shall have
8 continuing jurisdiction until the matter is final, and the period of probation shall be extended until
9 the matter is final.

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

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

25 18. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for
26 a new license or certification, or petition for reinstatement of a license, by any other health care
27 licensing action agency in the State of California, all of the charges and allegations contained in
28 Accusation No. 04-2013-231757 shall be deemed to be true, correct, and admitted by Respondent

1 for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict
2 license.

3
4 ACCEPTANCE

5 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
6 discussed it with my attorney, Gary Wittenberg. I understand the stipulation and the effect it will
7 have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and
8 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the
9 Decision and Order of the Medical Board of California.

10
11

12 DATED: _____
13 EDWIN HYUN-KYU, CHOI, M.D.
14 *Respondent*

15 I have read and fully discussed with Respondent Edwin Hyun-Kyu, Choi, M.D. the terms
16 and conditions and other matters contained in the above Stipulated Settlement and Disciplinary
17 Order. I approve its form and content.

18
19

20 DATED: 1/6/23 _____
21 *GARY WITTENBERG*
22 *Attorney for Respondent*

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24 ///
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26 ///
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ENDORSEMENT

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

DATED: January 9, 2022

Respectfully submitted,

ROB BONTA
Attorney General of California
ROBERT MCKIM BELL
Supervising Deputy Attorney General


TRINA L. SAUNDERS
Deputy Attorney General
Attorneys for Complainant

LA2015602529
Choi Stipulation SDAG Reviewed2.docx

Exhibit A

Accusation No. 04-2013-231757

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO Oct. 19, 2015
BY D. Richards ANALYST

1 KAMALA D. HARRIS
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8 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
9 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

10 In the Matter of the Accusation Against:

Case No. 04-2013-231757

11 Edwin Hyun-Kyu Choi, M.D.
12 3545 Wilshire Blvd., Suite 247
13 Los Angeles, CA 90010

A C C U S A T I O N

14 Physician's and Surgeon's Certificate
No. A54943,

15 Respondent.

16
17
18 Complainant alleges:

19 **PARTIES**

20 1. Kimberly Kirchmeyer ("Complainant") brings this Accusation solely in her official
21 capacity as the Executive Director of the Medical Board of California, Department of Consumer
22 Affairs ("Board").

23 2. On or about October 11, 1995, the Medical Board issued Physician's and Surgeon's
24 Certificate number A54943 to Edwin Hyun-Kyu Choi, M.D. ("Respondent"). The Physician's and
25 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein
26 and will expire on August 31, 2017, unless renewed.
27
28

1 **JURISDICTION**

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

4 4. Section 2234 of the Code, states:

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

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

10 “(b) Gross negligence.

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

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

16 “(2) When the standard of care requires a change in the diagnosis, act, or omission that
17 constitutes the negligent act described in paragraph (1), including, but not limited to, a
18 reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the
19 applicable standard of care, each departure constitutes a separate and distinct breach of the
20 standard of care.

21 “(d) Incompetence.

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

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

25 “(g) The practice of medicine from this state into another state or country without meeting
26 the legal requirements of that state or country for the practice of medicine. Section 2314 shall not
27 apply to this subdivision. This subdivision shall become operative upon the implementation of the
28 proposed registration program described in Section 2052.5.

1 date, nor were intraoperative vital signs recorded, and no formal operative note was prepared.
2 There is a liposuction procedure log in the records signed by "Ms. Lee," describing the total
3 amount of tumescent solution used as 1700cc, and the total fat aspirated from the abdomen,
4 flanks, low back, bra line and under the patient's arms, as 1650cc. It also describes the amount
5 and time of the administration of the intravenous medications mentioned previously, as well as
6 ondansetron.

7 10. There is no documentation related to the patient's recovery. There are no recovery
8 room records and no discharge records contained in the patient chart.

9 11. Following the liposuction procedure, patient H.L. was driven to a local hotel, where
10 she was left to care for herself.

11 12. On the following day, September 18, 2012, at approximately 8:40 a.m., patient H.L.
12 returned to Respondent's office with complaints of dizziness, cold sweats and incisional pain. She
13 was hypotensive with a blood pressure of 83/50. Shortly after arrival her heart rate was 104 and
14 she had a temperature of 102 degrees.

15 13. Ms. Lee's documentation showed that over the next 19 hours, patient H.L. was
16 persistently hypotensive with blood pressures in the 60's/40's and heart rates of up to 112. No
17 bladder catheter was placed and 2L of IV fluids were administered.

18 14. A note dated September 18, 2012, at 3:00 p.m. states that the patient is
19 hemodynamically stable with normal hemoglobin. There were additional notes written, but the
20 time of those notes was not indicated. The notes show continuing low blood pressures running
21 64/48 to 80/50, with continued complaints of pain. Temperatures of 95.4 and 92.7 were recorded.
22 Patient H.L. remained tachycardiac throughout this time with pulse rates as high as 112. Despite
23 these findings, notes in the chart say, "most symptoms getting better."

24 15. At 5:00 p.m., lab studies supported a clinical picture of overwhelming sepsis and acute
25 renal failure. Patient H.L.'s white blood count was 1,100, bands of 14, and a BUN/Cr of 28/1.4.

26 16. The patient chart consists of documentation that Respondent purports to be his
27 concurrent measurements of blood pressure that he states he personally took manually. Those
28

1 readings are in the 90s/60s. Respondent indicates that he took the readings because his manual
2 readings were more accurate.

3 17. On September 19, 2012, at 6:53 a.m., patient H.L. was admitted to La Palma Hospital
4 Emergency Room. She had been transported by personal car, from Respondent's office. Patient
5 H.L. was severely hypotensive. Patient H.L. was placed on vasopressors. Her respiratory status
6 continued to deteriorate. Patient H.L. experienced multisystem failure. She experienced septic
7 shock and expired at 8:30 p.m.

8 18. On September 19, 2012, Respondent told the Orange County Coroner investigator
9 that when patient H.L. presented to his office on September 18, 2012, she had a temperature of
10 101.9 and blood pressure of 80/40. These readings are not recorded in the patient chart, but do
11 closely resemble the clinical picture provided by Ms. Lee's notes of that day.

12 **Failure to Follow Law Governing Liposuction**

13 19. The rules for the amount of liposuction extraction have been mandated by the
14 legislature in 16 California Code of Regulations Section 1356.6, which provides:

15 “(a) A liposuction procedure that is performed under general
16 anesthesia or intravenous sedation or that results in the extraction of 5,000 or
17 more cubic centimeters of total aspirate shall be performed in a general acute-
care hospital or in a setting specified in Health and Safety Code Section
1248.1.” (Cal. Code Regs., tit. 16, § 1356.6.)

18 “(b) The following standards apply to any liposuction procedure
19 not required by subsection (a) to be performed in a general acute-care
hospital or a setting specified in and Safety Code Section 1248.1:

20 (1) Intravenous Access and Emergency Plan. Intravenous
21 access shall be available for procedures that result in the extraction of less
22 than 2,000 cubic centimeters or total aspirate and shall be required for
23 procedures that result in the extraction of 2,000 or more cubic centimeters
24 of total aspirate. There shall be a written detailed plan for handling
25 medical emergencies and all staff shall be informed of that plan. The
26 physician shall ensure that trained personnel, together with adequate and
appropriate equipment, oxygen, and medication, are onsite and available
to handle the procedure being performed and any medical emergency that
may arise in connection with that procedure. The physician shall either
have admitting privileges at a local general acute-care hospital or have a
written transfer agreement with such a hospital or with a licensed
physician who has admitting privileges at such a hospital.

27 (2) Anesthesia. Anesthesia shall be provided by a qualified
28 licensed practitioner. The physician who is performing the procedure shall
not also administer or maintain the anesthesia or sedation unless a licensed

1 person certified in advanced cardiac life support is present and is
2 monitoring the patient.

3 (3) Monitoring. The following monitoring shall be
4 available for volumes greater than 150 and less than 2,000 cubic
5 centimeters of total aspirate and shall be required for volumes between
6 2,000 and 5,000 cubic centimeters of total aspirate:

7 (A) Pulse oximeter

8 (B) Blood pressure (by manual or automatic means)

9 (C) Fluid Loss and replacement monitoring and recording

10 (D) Electrocardiogram

11 (4) Records. Records shall be maintained in the manner
12 necessary to meet the standard of practice and shall include sufficient
13 information to determine the quantities of drugs and fluids infused and the
14 volume of fat, fluid and supernatant extracted and the nature and duration
15 of any other surgical procedures performed during the same session as the
16 liposuction procedure.

17 (5) Discharge and Postoperative-care Standards

18 (A) A patient who undergoes any liposuction
19 procedure, regardless of the amount of total aspirate extracted, shall
20 not be discharged from professionally supervised care unless the patient
21 meets the discharge criteria described in either the Aldrete Scale or the
22 White Scale. Until the patient is discharged, at least one staff person
23 who holds a current certification in advanced cardiac life support shall
24 be present at the facility.

25 (B) The patient shall only be discharged to a
26 responsible adult capable of understanding postoperative instructions.”
27 (Cal. Code Regs., tit. 16, § 1356.6.)

28 20. Respondent violated the provisions of the 16 California Code of Regulations Section
1356.6 subdivision (b), as neither he nor his “nurse” were certified in Advanced Cardiac Life
Support. Respondent performed liposuction in his office and there was no ongoing monitoring of
patient H.L.’s blood pressure and oxygen saturations. His record keeping was poor to non-
existent; he did not appropriately monitor and record vital signs every fifteen minutes and he failed
to note vital signs and intake and output on a separate document. The untrained personnel present
and providing post-operative care to patient H.L. did not meet the provisions of the California
Code of Regulations.

1 **Inappropriate Pre-Operative Evaluation**

2 21. Elective cosmetic surgery, as with any surgical procedure in a patient over 50 years of
3 age, requires a pre-operative evaluation.

4 22. Per patient H.L.'s chart, she had pre-existing hypertension with no recorded medical
5 therapy as well as a new diagnosis of diabetes, given her preoperative blood glucose recording of
6 162. Her blood pressure on the morning of surgery was 160/95. Despite this clinical picture, her
7 surgical procedure was commenced. Respondent failed to cancel the elective surgical procedure
8 and work up and medically treat the patient's new diagnosis of diabetes. He failed to determine
9 the reason that her diastolic blood pressure was well over 90 and manage her hypertension. He
10 also failed to obtain a surgical clearance from the patient's primary care physician to ensure that
11 H.L. was sufficiently stable to undergo a surgical procedure. Respondent's failure to perform a
12 complete and proper pre-operative evaluation on H.L., control her pre-existing and newly
13 diagnosed health conditions, and obtain a surgical clearance from her physician is an extreme
14 departure from the standard of care.

15 **Qualifications of Staff**

16 23. When an invasive procedure is performed, the standard of care requires the presence
17 of qualified staff to: assist with the procedure; perform intra-operative monitoring of the patient;
18 assist with any complications that might arise; and to perform post-operative monitoring of the
19 patient. Respondent did not have qualified staff on the premises to perform any of these described
20 functions.

21 24. The only staff present during patient H.L.'s procedure was Respondent's "nurse", Ms.
22 Lee. Ms. Lee was unlicensed in the state of California and lacked advanced cardiac life support
23 certification. Respondent had Ms. Lee serve as a nurse anesthetist. She provided medications to
24 H.L. during surgery. She was also charged with monitoring the patient's vital signs.

25 25. Ms. Lee also served as the recovery room nurse following H.L.'s surgery.

26 26. Respondent allowed Ms. Lee to perform these duties despite the fact that she lacked
27 the requisite training of a nurse and a nurse anesthetist or patient monitor. The patient's vital signs
28 were not appropriately monitored every five minutes or even every fifteen minutes. The patient's

1 fluid intake and output were not accurately monitored. No competent physician or surgeon would
2 perform any type of procedure without the assistance of appropriately trained staff.

3 **Inadequate Equipment**

4 27. When performing out-patient liposuction procedures, the standard of care requires that
5 the appropriate equipment be on hand for patient monitoring and for potential emergencies.

6 28. Respondent, however, did not have any equipment to properly monitor the patient.
7 Respondent did not have a pulse oximeter to measure if the patient was receiving proper
8 oxygenation. Respondent did not have an automatic blood pressure cuff which would provide a
9 constant read-out of the patient's blood pressure. This would be extremely useful during
10 tumescent liposuction when the patient's fluid balance is in constant flux. Most importantly,
11 Respondent did not have a "crash cart." He did not maintain equipment to start an intravenous line
12 or keep emergency life-saving medications on his premises.

13 29. Respondent's treatment of H.L. as set forth above in paragraphs 7 through 28 includes
14 the following acts and/or omissions which constitute extreme departures from the standard of
15 practice:

16 A. Respondent's failure to comply with the provisions of 16 California Code of
17 Regulations Section 1356.6.

18 B. Respondent's failure to have qualified staff to assist with the surgical procedures he
19 performed on H.L.

20 C. Respondent's failure to have qualified staff to perform intra-operative monitoring of
21 H.L.

22 D. Respondent's failure to have qualified staff to assist with complications that might arise
23 during the surgical procedures he performed on patient H.L.

24 E. Respondent's failure to have qualified staff to assist with post-operative monitoring of
25 patient H.L.

26 F. Respondent's failure to have the appropriate equipment for intra-operative monitoring
27 of H.L. and his failure to continuously monitor patient H.L., while she was intravenously sedated.
28

1 G. Respondent's failure to have life-saving emergency equipment available during the
2 procedures he performed on patient H.L.

3 H. Respondent delayed in diagnosing the patient post-operatively. He failed to recognize
4 that the patient's post-operative presentation was inconsistent with the procedure performed the
5 day before, that she was hypotensive, and that she was rapidly declining and required transfer to
6 the hospital by ambulance.

7 30. Respondent's acts and/or omissions as set forth in paragraphs 7 through 28, inclusive,
8 above, whether proven individually, jointly, or in any combination thereof, constitute gross
9 negligence pursuant to section 2234 subdivision (b) of the Code. Therefore, cause for discipline
10 exists.

11 **SECOND CAUSE FOR DISCIPLINE**

12 (Repeated Negligent Acts)

13 31. Respondent is subject to disciplinary action under section 2234, subdivision (c) of the
14 Code in that his care and treatment of patient H.L. constitutes repeated negligent acts. The
15 circumstances are as follows:

16 32. The allegations of the First Cause for Discipline are incorporated herein by reference as
17 if fully set forth.

18 33. Respondent's acts and/or omissions as set forth in paragraphs 7-29, inclusive, above,
19 whether proven individually, jointly, or in any combination thereof, constitute repeated negligent
20 acts pursuant to section 2234 subdivision (c) of the Code. Therefore, cause for discipline exists.

21 **THIRD CAUSE FOR DISCIPLINE**

22 (Aiding and Abetting and Unlicensed Person)

23 34. Respondent is subject to disciplinary action under section 2264 of the Code in that he
24 aided and abetted the unlicensed practice of medicine. The circumstances are as follows:

25 35. The allegations in the First Cause for Discipline are incorporated herein by reference as
26 if fully set forth.

1 36. As specifically set forth in paragraphs 7 and 8, Respondent allowed an unlicensed
2 person, Ms. Lee to practice medicine without a license, in that she was allowed to provide patient
3 H.L. with intravenous medications and injectables.

4 **FOURTH CAUSE FOR DISCIPLINE**

5 (Failure to Maintain Adequate Records)

6 37. Respondent is subject to disciplinary action under section 2266 of the Code in that
7 Respondent failed to maintain adequate records of his care and treatment of patient H.L. The
8 circumstances are as follows:

9 38. The allegations set forth in the First Cause for Discipline are incorporated by reference.

10 **PRAYER**

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

- 13 1. Revoking or suspending Physician's and Surgeon's Certificate Number A54943, issued
14 to Edwin Hyun-Kyu Choi, M.D.;
- 15 2. Revoking, suspending or denying approval of Edwin Hyun-Kyu Choi, M.D.'s authority
16 to supervise physician assistants, pursuant to section 3527 of the Code;
- 17 3. Ordering Edwin Hyun-Kyu Choi, M.D., if placed on probation, to pay the Board the
18 costs of probation monitoring; and
- 19 4. Taking such other and further action as deemed necessary and proper.

20
21 DATED: October 19, 2015


22 KIMBERLY KIRCHMEYER
23 Executive Director
24 Medical Board of California
25 Department of Consumer Affairs
26 State of California
27 Complainant

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