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

In the Matter of the Accusation Against: William George Stone, M.D. Physician's and Surgeon's Certificate No. C 167208 Respondent.	Case No.: 800-2020-073912

DECISION

The attached Stipulated Settlement and Disciplinary 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 3, 2024.

IT IS SO ORDERED: April 4, 2024.

MEDICAL BOARD OF CALIFORNIA

Richard E. Thorp, Chair
Panel B

ROB BONTA
Attorney General of California
STEVE DIEHL
Supervising Deputy Attorney General
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BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **WILLIAM GEORGE STONE, M.D.** **680 Guzzi Ln, Ste 101** **Sonora, CA 95370** **Physician's and Surgeon's Certificate No. C 167208** Respondent.	Case No. 800-2020-073912 OAH No. 2023040918 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

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

PARTIES

1. Reji Varghese (Complainant) is the Executive Director of the Medical Board of California (Board). He brought this action solely in his official capacity and is represented in this matter by Rob Bonta, Attorney General of the State of California, by Marianne A. Pansa, Deputy Attorney General.

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2. Respondent William George Stone, M.D. (Respondent) is represented in this proceeding by attorney Amelia F. Burroughs, whose address is: 1600 Humboldt Rd., Suite 1, Chico, CA 95928.

3. On or about December 19, 2019, the Board issued Physician's and Surgeon's Certificate No. C 167208 to 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. 800-2020-073912, and will expire on December 31, 2023, unless renewed.

JURISDICTION

4. Accusation No. 800-2020-073912 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 March 3, 2023. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2020-073912 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. 800-2020-073912. 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.

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CULPABILITY

9. Respondent understands and agrees that the charges and allegations in Accusation No. 800-2020-073912, if proven at a hearing, constitute cause for imposing discipline upon his Physician and Surgeon's Certificate.

10. Respondent agrees that, at a hearing, Complainant could establish a prima facie case or factual basis for the charges in Accusation No. 800-2020-073912, a true copy of which is attached as Exhibit A, that Respondent hereby gives up his right to contest those charges, and that he has thereby subjected his Physician's and Surgeon's Certificate, No. C 167208 to disciplinary action

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

CONTINGENCY

12. 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.

13. Respondent agrees that if he ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against him before the Board, all of the charges and allegations contained in Accusation No. 800-2020-073912 shall be deemed true, correct and fully admitted by Respondent for purposes of any such proceeding or any other licensing proceeding involving Respondent in the State of California.

14. 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.

15. 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

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. C 167208 issued to Respondent WILLIAM GEORGE STONE, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for three (3) years on the following terms and conditions:

1. EDUCATION COURSE. Within 60 calendar days of the effective date of this Decision, and on an annual basis thereafter, 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 per year, for each year of probation. 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.

2. MONITORING - PRACTICE. Within 30 calendar days of the effective date of this Decision, Respondent shall submit to the Board or its designee for prior approval as a practice monitor(s), the name and qualifications of one or more licensed physicians and surgeons whose licenses are valid and in good standing, and who are preferably American Board of Medical Specialties (ABMS) certified. A monitor shall have no prior or current business or personal relationship with Respondent, or other relationship that could reasonably be expected to compromise the ability of the monitor to render fair and unbiased reports to the Board, including

but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

The Board or its designee shall provide the approved monitor with copies of the Decision(s) and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the signed statement for approval by the Board or its designee.

Within 60 calendar days of the effective date of this Decision, and continuing throughout probation, Respondent's practice shall be monitored by the approved monitor. Respondent shall make all records available for immediate inspection and copying on the premises by the monitor at all times during business hours and shall retain the records for the entire term of probation.

If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective date of this Decision, Respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. Respondent shall cease the practice of medicine until a monitor is approved to provide monitoring responsibility.

The monitor(s) shall submit a quarterly written report to the Board or its designee which includes an evaluation of Respondent's performance, indicating whether Respondent's practices are within the standards of practice of medicine, and whether Respondent is practicing medicine safely, billing appropriately or both. It shall be the sole responsibility of Respondent to ensure that the monitor submits the quarterly written reports to the Board or its designee within 10 calendar days after the end of the preceding quarter.

If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of such resignation or unavailability, submit to the Board or its designee, for prior approval, the name and qualifications of a replacement monitor who will be assuming that responsibility within 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60

calendar days of the resignation or unavailability of the monitor, Respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. Respondent shall cease the practice of medicine until a replacement monitor is approved and assumes monitoring responsibility.

In lieu of a monitor, Respondent may participate in a professional enhancement program approved in advance by the Board or its designee that includes, at minimum, quarterly chart review, semi-annual practice assessment, and semi-annual review of professional growth and education. Respondent shall participate in the professional enhancement program at Respondent's expense during the term of probation.

3. PROHIBITED PRACTICE. During probation, Respondent is prohibited from thoracic surgeries until successful completion of a Clinical Competence Assessment Program evaluation in this area of specialty. The program shall consist of a comprehensive assessment of Respondent's clinical competence in the area of thoracic surgeries as defined by the Accreditation Council on Graduate Medical Education and the American Board of Medical Specialties. At the end of the evaluation, the program will submit a report to the Board or its designee which unequivocally states whether Respondent has demonstrated the ability to perform thoracic surgeries safely and independently. Based on Respondent's performance on the clinical assessment competency assessment, the program will advise the Board or its designee of its recommendation(s) for the scope and length of any additional educational or clinical training, evaluation or treatment for any medical condition or psychological condition, or anything else affecting Respondent's practice of medicine. Respondent shall comply with the program's recommendation before performing thoracic surgeries. Determination as to whether Respondent successfully completed the clinical competence assessment program is solely within the program's jurisdiction. Respondent shall not perform thoracic surgeries until he has successfully completed the program and has been so notified by the Board or its designee in writing.

4. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the Chief Executive Officer at every hospital where privileges or membership are extended to

Respondent, at any other facility where Respondent engages in the practice of medicine, including all physician and locum tenens registries or other similar agencies, and to the Chief Executive Officer at every insurance carrier which extends malpractice insurance coverage to Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15 calendar days.

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

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

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

7. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby ordered to reimburse the Board its costs of investigation and enforcement, including, but not limited to, expert review, amended accusations, legal reviews, investigation(s), and subpoena enforcement, as applicable, in the amount of $49,034.75 (forty-nine thousand thirty-four dollars and seventy-five cents). Costs shall be payable to the Medical Board of California. Failure to pay such costs shall be considered a violation of probation.

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

The filing of bankruptcy by Respondent shall not relieve Respondent of the responsibility to repay investigation and enforcement costs, including expert review costs (if applicable).

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

Respondent shall submit quarterly declarations not later than 10 calendar days after the end

of the preceding quarter.

9. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

Address Changes

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

Place of Practice

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

License Renewal

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

Travel or Residence Outside California

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

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

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

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

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

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

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

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

12. COMPLETION OF PROBATION. Respondent shall comply with all financial obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the

completion of probation. This term does not include cost recovery, which is due within 30 calendar days of the effective date of the Order, or by a payment plan approved by the Medical Board and timely satisfied. Upon successful completion of probation, Respondent's certificate shall be fully restored.

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

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

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

16. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care

licensing action agency in the State of California, all of the charges and allegations contained in Accusation No. 800-2020-073912 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict license.

ACCEPTANCE

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

DATED: 11/8/2023

WILLIAM GEORGE STONE, M.D.
Respondent

I have read and fully discussed with Respondent William George Stone, M.D. the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: 11/8/2023

AMELIA F. BURROUGHS
Attorney for Respondent

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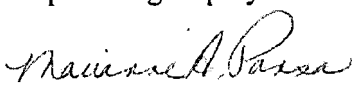
ENDORSEMENT

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

DATED: November 8, 2023

Respectfully submitted,

ROB BONTA
Attorney General of California
STEVE DIEHL
Supervising Deputy Attorney General



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

In the Matter of the Accusation Against: **William George Stone, M.D.** **680 Guzzi Lane, Suite 101** **Sonora, CA 95370-5288** **Physician's and Surgeon's Certificate No. C 167208,** Respondent.	Case No. 800-2020-073912 **ACCUSATION**

PARTIES

1. Reji Varghese (Complainant) brings this Accusation solely in his official capacity as the Interim Executive Director of the Medical Board of California, Department of Consumer Affairs (Board).

2. On or about December 19, 2019, the Medical Board issued Physician's and Surgeon's Certificate Number C 167208 to William George Stone, M.D. (Respondent). The Physician and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on December 31, 2023, unless renewed.

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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.

4. Section 2227 states:

> (a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:
>
> (1) Have his or her license revoked upon order of the board.
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> (2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.
>
> (3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.
>
> (4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.
>
> (5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.
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> [¶] . . . [¶]

STATUTORY PROVISIONS

5. Unprofessional conduct under section 2234 is conduct that breaches the rules or ethical code of the medical profession, or conduct which is unbecoming to a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine.[1]

6. 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:
>
> (a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.

[1] *Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564, 575.

(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.

[¶] . . . [¶]

COST RECOVERY

7. Section 125.3 of the Code provides, in pertinent part, that the Board may request the administrative law judge to direct a licensee found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case, with failure of the licensee to comply subjecting the license to not being renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be included in a stipulated settlement.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

8. Respondent William George Stone, M.D. has subjected his Physician's and Surgeon's Certificate No. C 167208 to disciplinary action under sections 2227 and 2234, as defined by section 2234 subdivision (b) of the Code, in that he committed act(s) and/or omission(s) constituting gross negligence in his care and treatment of Patients A and B, as more particularly alleged hereinafter:

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PATIENT A

9. Patient A[2], a male of unspecified age, presented to the emergency room (ER) at a hospital on or about August 2, 2020, with a history of cough, shortness of breath, and an inability to eat for two weeks. Respondent's vital signs in the ER were stable. On or about August 2, 2020, a chest CT scan[3] was performed and showed a large (approximately 7 by 10 centimeters) emphysema.[4] Patient A was started on an IV[5] of antibiotics including Recephin and Flagyl, and later Ceftriaxone.[6]

10. On August 2, 2020, an ultrasound was completed, which showed loculated empyema.[7] Respondent was consulted and on or about August 4, 2020, he performed a video-assisted thoracoscopic surgery (VATS)[8] drainage of the empyema on the right chest with decortication.[9] When attempting to place the first trocar,[10] Respondent made an incision just

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[2] To protect the privacy of the patients involved, the patients' names have not been included in this pleading. Respondent is aware of the identities of the patients referred to herein.

[3] A CT scan is a series of X-ray images taken from different angles to produce images of a cross-section of the body.

[4] Emphysema occurs when the inner walls of the lung's air sacs (alveoli) are damaged, causing them to eventually rupture. This process creates one larger air space instead of many small spaces and reduces the surface area available for gas exchange in the lungs. Emphysema is a lung condition that causes shortness of breath.

[5] IV fluids are liquids that are injected into a person's veins through an intravenous (IV) tube.

[6] Recephin (ceftriazone), Flagyl (metronidazole) and Ceftriaxone are antibiotics used to treat bacterial infections.

[7] Loculated empyema are pus-filled pockets that develop in the space between the lungs and the inside of the chest wall. Empyema is commonly caused by pneumonia.

[8] A VATS decortication is a minimally invasive procedure. During the procedure, a tiny camera (thoracoscope) and surgical instruments are inserted into the chest using small incisions (approximately 2 centimeters in length) to remove infected material/pus from the thoracic cavity so that the lung can re-expand.

[9] Decortication, generally, involves the removal of the thick fibrous peel from the pleural surface that can occur in advanced empyema, thereby permitting the expansion of the underlying lung.

[10] Trocars are used during laparoscopic procedures and other minimally invasive procedures to make small, puncture-like incisions in the outer tissue layers. These incisions allow a surgeon to insert cannulas, which are small plastic tubes to drain fluid.

below the tip of the right scapula[11] and Patient A's right lung was injured. Respondent subsequently entered anteriorly, through the right lung via the front of the chest, close to the nipple. Respondent attempted to free the adhesions[12] and after approximately one hour, it was apparent he could not free up the lower right lobe completely due to adhesions to the diaphragm. In the process, Respondent lacerated some of the lung tissue, and felt he had caused enough damage. Patient A lost approximately 1300 milliliters of blood and had low blood pressure. A re-inflation of the lung showed expansion of the middle and upper lobes, but there was no lower lobe expansion. Respondent terminated the procedure, inserted two chest tubes, and closed Patient A's chest. Patient A was taken to the Intensive Care Unit.

11. On or about August 6, 2020, two days after the VATS procedure, Patient A's hemoglobin dropped to 6 grams,[13] and Patient A was given two units of packed red blood cells.[14] The chest tubes were removed on or about August 8, 2020.

12. On or about August 10, 2020, Respondent ordered another chest CT scan, after a chest X-ray revealed there may be re-bleeding and Patient A may be worse. The chest CT scan showed complex right pleural effusion[15] suspicious for empyema, which had increased in size from the prior CT scan; small areas of necrosis;[16] and cavitation[17] in the right lower lobe area of

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[11] The scapula is one of a pair of triangular bones on the back of the shoulder.

[12] Adhesions are bands of scar-like tissue that form between two surfaces inside the body and cause them to stick together.

[13] The healthy hemoglobin range for a man is between 13.2 to 16.6 grams per deciliter.

[14] Packed red blood cells are red blood cells that have been separated for blood transfusion.

[15] Pleural effusion is an accumulation of fluid in the space between the lung and the inside of the chest wall.

[16] Necrosis is when cells within an organ begin to die. Necrosis is due to a lack of blood flow to the tissue and is the result of injury, infection, or trauma.

[17] Cavitation is a gas-filled cavity in the lung.

consolidation.[18] There was a small right apical pneumothorax[19] and extensive subcutaneous emphysema.[20] The pathology specimen indicated a pleural peel parenchyma[21] with patchy chronic inflammation of the parenchyma, and no malignancy. The CT scan revealed extensive chest wall emphysema, which indicated a continued air leak from the right lung. Despite these conditions, Patient A was discharged from the hospital and did not return for follow-up treatment. Respondent believes that Patient A got lost for follow-up, because he did not see Patient A after discharge.

13. The standard of care requires that when drainage of loculated empyema using the VAT procedure with decortication is unsuccessful, the surgeon should convert to an open thoracotomy,[22] to ensure the trapped lobe gets freed. When the lower right lobe remained trapped and unventilated, the operation should have been converted to a thoracotomy, which would ensure better visibility, and the ability to remove the peels. Respondent's failure to convert the procedure to a thoracotomy constitutes an extreme departure from the standard of care.

14. Following a VATS procedure for drainage of empyema with decortications, there is usually air leak from the lung that requires suction on the Pluer-evac drainage system,[23] before

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[18] Consolidation is when normal air-filled spaces in the lung are filled with something else. Depending on the cause, the air may be replaced with a fluid such as pus, blood, or water, or solids such as stomach contents or cells.

[19] An apical pneumothorax is a collapsed lung and occurs when air leaks into the space between the lungs and the chest wall.

[20] Subcutaneous emphysema occurs when air gets into tissues under the skin.

[21] The lung parenchyma comprises a large number of thin-walled alveoli (tiny air sacs at the end of the tiny branches of air tubes in the lungs where the lungs and the blood exchange oxygen and carbon dioxide during the process of breathing in and out), forming an enormous surface which serves to maintain proper gas exchange.

[22] Thoracotomy is a surgical incision into the chest wall that lets the surgeon see into the thoracic cavity to diagnose or treat an illness.

[23] A Pluer-evac is a chest drainage system used for continuous suction of the pleural space for post-operative care. The system consists of a suction control chamber to control patient-applied suction, a water seal chamber to provide the patient isolation for the ambient environment, and a fluid collection chamber for collection of fluids from the chest cavity.

converting to a water seal.[24] The standard of care requires that, prior to discharge, there should be no more air leak, and any subcutaneous emphysema should be decreased, stabilized, or gone. Proper follow-up after discharge should also be established. Here, Patient A's right lower lobe remained trapped and air leak continued, as evidenced on the CT scan, however, Patient A was discharged. Moreover, Patient A was not seen for follow-up treatment after release from the hospital. Failure to ensure satisfactory expansion of the right lung prior to discharge and failure to ensure proper follow-up after discharge constitute an extreme departure from the standard of care.

PATIENT B

15. On or about August 25, 2020, a chest X-ray of Patient B, a male of an unspecified age, revealed a mass approximately 2.5 centimeters in size in the upper right lobe of his lung. Patient B had a history of cardiomyopathy,[25] atrial fibrillation,[26] and coronary artery disease.[27] An echocardiogram[28] performed on the same day showed advanced artheroscleritic calcification[29] of the coronary arteries, reduced ventricular function[30] and severe left atrial dilatation.[31]

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[24] A water seal is the middle chamber of a traditional chest drainage system. The main purpose of the water seal is to allow air to exit from the pleural space on exhalation and prevent air from entering the pleural cavity on inhalation. A water seal is utilized after all the air is suctioned from the chest, and the air leaking from the lung is slowed down or stopped, and the lung expels the air independently without the need for suction.

[25] Cardiomyopathy is a disease of the heart muscle that makes it harder for the heart to pump blood to the rest of the body. Cardiomyopathy can lead to heart failure.

[26] Atrial fibrillation (A-Fib) is an irregular and often very rapid heart rhythm (arrhythmia) that can lead to blood clots in the heart. A-Fib increases the risk of stroke, heart failure and other heart-related complications.

[27] Coronary artery disease is a condition that affects the heart and is caused by plaque buildup in the walls of the arteries that supply blood to the heart.

[28] An echocardiogram uses sound waves to produce images of the heart. It is used by physicians to diagnose heart conditions.

[29] Atherosclerotic calcification is a collection of calcium in the heart's two main arteries, also called the coronary arteries. Atherosclerosis forms after there has been plaque (fat and cholesterol) forming in the arteries for about five years.

[30] Ventricular function measures are used to quantify how well the ventricles (the two lower chambers of the heart) are able to pump blood throughout the body with each heartbeat.

16. A follow-up CT scan performed on or about September 3, 2020, revealed a 3.8-centimeter mass in the right upper lobe that was adjacent to the upper right lobe pulmonary artery[32] and may have involved the artery. A biopsy of the mass revealed squamous cell carcinoma.[33] A further PET scan[34] taken on or about September 17, 2020, showed the mass adjacent to the azygos vein[35] and inferior vena cava[36] without definite metastasis.[37] Patient B was seen by his oncologist on or about October 1, 2020, who suggested obtaining a brain MRI,[38] which was done and reported as normal. Patient B continued his tobacco habit after the cancer diagnosis.

17. On or about October 14, 2020, Respondent met with Patient B for a consultative visit. Pulmonary function tests showed Patient B was a reasonable candidate to undergo a right lobectomy, and Patient B agreed to a resection/lobectomy.[39]

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[31] Left atrial dilatation, or left atrial enlargement, is a warning sign that one of the heart's upper chambers is handling high blood pressure and too much blood. Individuals with this condition often have high blood pressure, heart valve problems, or other heart issues.

[32] The pulmonary arteries to the lungs carry oxygen-poor blood from the heart to the lungs. The pulmonary arteries serve the vital function of carrying blood to the lungs to gain oxygen and remove waste products like carbon dioxide. The oxygenated blood then returns to the heart and is pumped through the rest of the body.

[33] Squamous cell carcinoma is a slow-growing type of non-small-cell lung cancer. Symptoms are a persistent cough and shortness of breath. Treatment includes surgery. If the cancer is widespread or aggressive, chemotherapy or radiation may be recommended.

[34] A positron emission tomography (PET) scan is an imaging test that can help reveal the metabolic or biochemical function of tissues and organs. A PET scan can often detect diseases before they show up on CT or MRI scans.

[35] The azygos vein is located on the right side of the back of the chest. It helps move blood from the chest and the abdomen to the heart, where it is re-oxygenated.

[36] The vena cava is a vein that carries deoxygenated blood from the lower and middle body into the right atrium, one of the four chambers of the heart. It has two parts: the superior vena cava and the inferior vena cava. The superior vena cava carries blood from the heart, neck, arms, and chest. The inferior vena cava carries blood from the legs, feet, and organs in the abdomen and pelvis. The vena cava is the largest vein in the body.

[37] Metastasis is when the cancer spreads to a different part of the body than where it originated.

[38] A magnetic resonance imaging (MRI) scan is a medical imaging technique used in radiology to form pictures of the anatomy and physiological processes of the body.

[39] A lung resection is a type of surgery where surgeons remove part or all of the lung to diagnose

18. On or about November 11, 2020, Respondent operated on Patient B. During the bronchoscopy,[40] Respondent noted that the orifice of the right upper lobe was narrowed shut by extrinsic compression, but he determined there was enough room for resection. The lung was adhered to the superior mediastinum,[41] but the hilum[42] appeared accessible. Respondent started by cutting the branches of the superior vein to the upper lobe. After noting the mass in the area of origin of the pulmonary artery, Respondent decided to convert the thoracoscopy[43] to a thoracotomy. He stapled across the right main stem bronchus[44] and then cut the right upper lobe artery with the stapler.[45] The artery was completely cut but the stapler did not completely seal the incisions and the staple line started bleeding. Patient B bled approximately four liters of blood. Respondent completed the operation by suturing the high main stem bronchial[46] to the bronchus intermedius.[47]

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or treat lung disorders. A lobectomy is a surgery to remove one of the lobes of the lung.

[40] A bronchoscopy is a procedure that allows physicians to examine the lungs and air passages. During a bronchoscopy, a thin tube (bronchoscope) is passed through the nose and mouth, down the throat, and into the lungs. A healthcare provider can then see the voice box (larynx), trachea, large airways to the lungs (bronchi), and smaller branches of the bronchi (bronchioles).

[41] The mediastinum is the space in the chest that holds the thoracic organs including the heart, esophagus, thymus, trachea and other important structures and blood vessels. It is the middle section of the thoracic cavity located between the right and left pleural sacs (which hold the lungs).

[42] The hilum is what connects the lungs to their support structure and where the pulmonary vessels enter and the lungs.

[43] A thoracoscopy is a procedure utilized to examine the space inside and outside of the lungs. A thoracoscope, which is a thin flexible tube with a light and small video camera on the end, is inserted through a small cut made near the lower end of the shoulder blade between the ribs.

[44] The right main stem bronchus is a short, wide air passageway leading into the right lung. The main bronchi are the widest branch from the trachea. After entering the lungs, the bronchi continue to branch further into the secondary bronchi, known as the lobar bronchi, which then branch into the tertiary (segmental) bronchi.

[45] The stapler used during this procedure is a surgical instrument that contains a knife and two rows of staples so that when a surgeon staples, the vein or artery is cut and stapled at the same time.

[46] At its lower end, the trachea divides into an inverted "Y" into the two stem (or main) bronchi, one each for the left and right lung. The right main bronchus has a larger diameter, is oriented more vertically, and is shorter than the left main bronchus.

19. Patient B was admitted to the Intensive Care Unit overnight. He was in metabolic and respiratory acidosis[48] and acute renal failure.[49] The EKG was suggestive of significant cardiac damage including anterior and inferior myocardial infarction[50] and coagulopathy.[51] On or about November 12, 2020, Patient B's prognosis was discussed with the family and they decided to withdraw care. Patient B expired on or about November 12, 2020.

20. During an interview with investigators, Respondent stated that he had a proctor review the case prior to surgery, but no proctor was present in the operating room during the surgery.[52] There was also a significant delay in getting the blood and blood products to the operating room during the bleeding. Respondent stated that he did not realize the difficulty in obtaining blood products at this facility.

21. The standard of care requires that prior to completing a resection of the right upper lobe for cancer, the surgeon should perform a bronchoscopy to assess whether the cuff of the right upper lobe bronchus[53] is free of tumor. If thoracoscopy is the initial procedure, it is important to assess the feasibility of getting at the important structures and cutting them successfully by way

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[47] The bronchus intermedius is the continuation of the right main stem bronchus. It begins at the base of the right upper lobe bronchus and gives rise to the middle lobe and lower lobe branch.

[48] Respiratory acidosis is a condition that occurs when the lungs cannot remove all of the carbon dioxide the body produces. This causes body fluids, especially the blood, to become too acidic.

[49] Acute renal (kidney) failure occurs when the kidneys suddenly become unable to filter waste products from the blood. When the kidneys lose their filtering ability, dangerous levels of waste may accumulate resulting in an alteration in the blood's chemical make-up. Acute kidney failure develops rapidly (usually within a few days) and requires extensive treatment.

[50] Anterior myocardial infarction is a heart attack or cessation of blood flow to the heart muscle that involves the anterior side of the heart. Inferior myocardial infarction is a heart attack or cessation of blood flow to the heart muscle that involves the inferior side of the heart.

[51] Coagulopathy is a condition in which the blood's ability to form clots is impaired. The condition can cause a tendency toward prolonged or excessive bleeding, which may occur spontaneously, or following an injury or medical or dental procedures.

[52] On or about November 9, 2020, the medical staff leadership at the hospital required that Respondent's next six thoracic surgery cases must be proctored concurrently.

[53] The right upper lobe bronchus is one of the major air passages that diverge from the windpipe to the upper right lobe and divides into three bronchopulmonary segments that supply the superior lobe of the right lung with blood.

of the upper lobe bronchus, pulmonary vein tributaries,[54] and pulmonary artery branches[55] to the upper lobe. If visibility is not satisfactory, the surgeon may then convert to a thoracotomy. During a thoracotomy, it is important to assess the positions of the above named structures and any adhesions that may make resection difficult or not feasible. If there are dense adhesions or infiltrations that may cause massive bleeding through a tear in the pulmonary artery, or dissection of the main pulmonary artery at the hilum, then securing this with a vessel loop[56] is necessary to control bleeding. All of these steps are required before cutting any vessels. Additionally, in the course of surgery, a surgeon should assess the likelihood of success of the surgery, and if the surgical risks are too high, or are not likely to be effective, the surgeon should evaluate whether the surgery should be terminated, and the cancer treated with a different modality.

22. During the bronchoscopy, Respondent noted that the right upper lobe orifice was narrowed and closed by extrinsic compression. At that time, Respondent should have realized that he could not obtain a tumor-free margin with a lobectomy, and he should have then prepared for either a sleeve lobectomy,[57] or a pneumonectomy.[58] By cutting the tributaries of the pulmonary veins as soon as he started the thoracoscopy using the VATS procedure, he committed himself to a resection. Once it was discovered that the mass was in the area of the origin of the pulmonary artery, Respondent should have secured a vessel loop around the main pulmonary artery at the hilum to restrict blood loss, before cutting the right main stem bronchus and the right

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[54] Pulmonary vein tributaries are blood vessels that carry oxygen-rich blood from the lungs to the heart.

[55] The pulmonary artery branches are two short and wide structures (about 5 centimeters in length and 3 centimeters in diameter), which branch into 2 pulmonary arteries: the left and right pulmonary arteries, which deliver deoxygenated blood into its respective lung.

[56] Vessel loops are disposable, single-use medical devices made of soft silicone rubber having multiple uses in different surgical specialties. Common uses of vessel loops are the identification of tagged structures as per the color of the loops, or attachment to blood vessels to restrict or stop the blood flow through blood vessels.

[57] A sleeve lobectomy is surgery to remove a long tumor in a lobe of the lung and part of the main bronchus (airway). The ends of the bronchus are enjoined and any remaining lobes are reattached to the bronchus.

[58] A pneumonectomy is the removal of the entire lung on one side of the chest, or two lobes of the lung.

pulmonary artery, which resulted in massive bleeding. Respondent's decision to cut the pulmonary venous tributaries at the beginning of the VATS procedure, and Respondent's failure to place a vessel loop on the main pulmonary artery when he entered the right upper lobe pulmonary artery, which would have limited the blood loss, is an extreme departure from the standard of care.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

23. Respondent William George Stone, M.D. has subjected his Physician's and Surgeon's Certificate No. C 167208 to disciplinary action under sections 2227 and 2234, as defined by section 2234 subdivision (c), of the Code in that he committed repeated negligent acts in his care and treatment of Patient A, Patient B, and Patient C. The circumstances giving rise to the cause for discipline are set forth in paragraphs 8 through 22 above, which are incorporated here by reference as if fully set forth herein. Additional circumstances are as follows:

PATIENT B

24. The standard of care requires that blood be made available either through the patient's own blood donations prior to surgery, or through other blood donations, when performing major thoracic surgery, especially a lobectomy. The blood should be available in the operating room, or readily available from the blood bank during the operation. Here, Respondent's failure to ensure that blood was available prior to operating on Patient B so it was immediately available when urgently needed, constitutes a simple departure from the standard of care.

PATIENT C

25. On or about June 15, 2020, Patient C, a female of an unspecified age, with a history of coronary artery disease and peripheral vascular disease, presented at a hospital for treatment of a pelvic abscess[59] due to diverticular disease.[60] A CT scan of the abdomen and pelvis on June 15,

[59] An abscess is a painful collection of pus, usually caused by a bacterial infection. Abscesses can develop anywhere in the body.

[60] Diverticulitis, or diverticular disease, is an infection in the tiny pouches in the colon called diverticula. These pouches bulge through weak spots in the colon and can become red, swollen, or infected.

2020, revealed a pelvic abscess approximately 3.5 x 3.4 centimeters in the presacral region[61] surrounded by bowel, which was not amenable to image-guided drainage.[62] Respondent was consulted, and he recommended and performed a laparoscopic drainage of the abscess on or about July 9, 2020. Patient C's post-operative recovery was uneventful and she was discharged home.

26. Patient C presented to the ER again on or about August 12, 2020, with recurrent abdominal pain. A CT scan performed on or about August 17, 2020, showed an abscess in the pelvis in front of the sigmoid colon,[63] smaller in size than in June. Respondent evaluated Patient C on or about August 14, 2020. At that time, the pain had stopped. Patient C was tolerating an oral diet and having regular bowel movements. The plan was to proceed with a sigmoid colectomy[64] in two weeks.

27. On or about August 25, 2020, Respondent performed a laparoscopic[65] sigmoid colectomy. Respondent ordered a clear liquid diet the same day the surgery was performed. The next day, on August 26, 2020, the Respondent examined Patient C and noted mild abdominal distension[66] and nausea. The abdominal distention was not addressed with a nasogastric tube.[67] Respondent ordered that Patient C take no fluids or solids by mouth (NPO), and IV fluids were

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[61] The presacral region is the area between the rectum and the lowest part of the spine, called the sacrum.

[62] Image-guided drainage is a minimally invasive procedure where fluid is drained from the body using real-time images inside of the body during an operation. These images are generally produced by a combination of X-rays, computers, or other equipment.

[63] The sigmoid colon is the last section of the bowel, approximately a foot and a half long and is shaped like the letter "s."

[64] Sigmoid colectomy is an operation to remove the diseased part of the sigmoid colon.

[65] Laparoscopic surgery uses the aid of a laparoscope, a thin rod with a camera attached, to visualize the abdominal and pelvic cavities through tiny keyhole incisions. This minimally invasive surgical technique is associated with faster recovery and better patient outcomes.

[66] Distension is swelling and becoming large caused by pressure from the inside.

[67] A nasogastric tube is a tube that is inserted through the nose, down the throat and esophagus, and into the stomach. It can be used to give drugs, liquids, and liquid food, or used to remove substances from the stomach.

resumed. Later that date, after Respondent's examination, Patient C was found unresponsive and asystole.[68] A code blue was called, but Patient C's heartbeat failed to return with any viable rhythm in spite of maximal efforts. Pathologic reports revealed acute serositis[69] and abscess. There was no malignancy noted. No autopsy was performed to determine the cause of death.

28. The post-operative standard of care after a sigmoid colon resection requires that an oral diet, even clear liquids, be delayed until good bowel function returns, as there may be persistent ileus.[70] The premature initiation of an oral diet after a sigmoid colon resection may cause aspiration.[71] Here, Respondent rushed to start an oral diet after the sigmoid colon resection. The premature initiation of an oral diet is a simple departure from the standard of care.

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[68] Asystole is a cessation of electrical and mechanical activity of the heart.

[69] Serositis is an inflammation of the serous membranes, which are membranes that make up the outer lining of organs in the abdomen and chest, including the stomach.

[70] Ileus is when the large intestine is no longer able to use muscle contractions that move in a wave-like motion that push food and waste down the digestive tract so that waste can be expelled from the body.

[71] Aspiration is when food, liquid, or other material enters a person's airway and eventually enters the airway or lungs.

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 C 167208, issued to William George Stone, M.D.;

2. Revoking, suspending or denying approval of William George Stone, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering William George Stone, M.D., to pay the Board the costs of the investigation and enforcement of this case, and if placed on probation, the costs of probation monitoring;

4. Taking such other and further action as deemed necessary and proper.

DATED: MAR 0 3 2023

REJI VARGHESE
Interim Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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