

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

In the Matter of the Accusation Against:

Roger William Lewis, M.D.

Physician's & Surgeon's  
Certificate No. G 65192

Respondent.

Case No. 800-2022-088741

DECISION

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

This Decision shall become effective at 5:00 p.m. on May 2, 2025.

IT IS SO ORDERED: April 2, 2025.

MEDICAL BOARD OF CALIFORNIA

*Michelle A. Bholat, MD*

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Michelle A. Bholat, M.D., Chair  
Panel A

ROB BONTA  
Attorney General of California  
STEVE DIEHL  
Supervising Deputy Attorney General  
SARAH J. JACOBS  
Deputy Attorney General  
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*Attorneys for Complainant*

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

**In the Matter of the Accusation Against:**

Case No. 800-2022-088741

**ROGER WILLIAM LEWIS, M.D.**  
**1729 N Olive #3**  
**Turlock, CA 95382**

OAH No. 2024070669

**Physician's and Surgeon's Certificate No. G  
65192**

## **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

**Respondent.**

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 Sarah J. Jacobs, Deputy Attorney General.

2. Respondent Roger William Lewis, M.D. (Respondent) is represented in this proceeding by attorney Derek F. O'Reilly-Jones, Esq., whose address is: 355 South Grand Ave., Suite 1750, Los Angeles, CA 90071-1562.

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## JURISDICTION

3. On or about February 27, 1989, the Board issued Physician's and Surgeon's Certificate No. G 65192 to Roger William Lewis, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2022-088741, and will expire on October 31, 2026, unless renewed.

4. Accusation No. 800-2022-088741 was filed before the Board and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on May 15, 2024. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2022-088741 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. 800-2022-088741. Respondent has also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

## **CULPABILITY**

9. Respondent understands and agrees that the charges and allegations in Accusation No. 800-2022-088741, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

10. Respondent does not contest that, at an administrative hearing, complainant could establish a *prima facie* case or factual basis with respect to the charges and allegations in Accusation No. 800-2022-088741, a true and correct copy of which is attached hereto as Exhibit A, and that he has thereby subjected his Physician's and Surgeon's Certificate, No. G 65192 to disciplinary action, and that Respondent hereby gives up his right to contest those charges.

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

## **RESERVATIONS**

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

## **CONTINGENCY**

13. 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.

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

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

4        16. In consideration of the foregoing admissions and stipulations, the parties agree that  
5        the Board may, without further notice or opportunity to be heard by the Respondent, issue and  
6        enter the following Disciplinary Order:

## **DISCIPLINARY ORDER**

8        **PUBLIC REPRIMAND.** IT IS HEREBY ORDERED that Physician's and Surgeon's  
9        Certificate No. G 65192 issued to Respondent ROGER WILLIAM LEWIS, M.D. shall be and is  
10        hereby publicly reprimanded pursuant to California Business and Professions Code section 2227,  
11        subdivision (a)(4). This Public Reprimand is issued in connection with the allegations, as set  
12        forth in Accusation No. 800-2022-088741, which are summarized as follows:

#### A. PATIENT A

14 On or about March 7, 2022, Respondent failed to document his role in the shared decision-  
15 making with the admitting physician to defer a Cesarean delivery in favor of a trial of labor, for a  
16 diabetic patient with fetal macrosomia, and to separately document Patient A's consent for outlet  
17 vacuum-assisted delivery in her chart.

## B. PATIENT B

19 On or about April 21, 2021, Respondent failed to perform a vaginal examination on Patient  
20 B to determine if she had cuff abscess or cellulitis of the cuff and two days later, on or about  
21 April 23, 2021, failed to recommend that the ER physician, who called him advising of the  
22 patient's planned discharge, order additional workup, including imaging, to rule out a possible  
23 ureter injury or other possible diagnoses.

24       1. EDUCATION COURSE. Within 60 calendar days of the effective date of this  
25      Decision, Respondent shall submit to the Board or its designee for its prior approval educational  
26      program(s) or course(s) which shall not be less than 40 hours. The educational program(s) or  
27      course(s) shall be aimed at correcting any areas of deficient practice or knowledge and shall be  
28      Category I certified. The educational program(s) or course(s) shall be at Respondent's expense

1 and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of  
2 licensure. Following the completion of each course, the Board or its designee may administer an  
3 examination to test Respondent's knowledge of the course. Respondent shall provide proof of  
4 attendance for 65 hours of CME of which 40 hours were in satisfaction of this condition.

5       2. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective  
6 date of this Decision, Respondent shall enroll in a course in medical record keeping approved in  
7 advance by the Board or its designee. Respondent shall provide the approved course provider  
8 with any information and documents that the approved course provider may deem pertinent.  
9 Respondent shall participate in and successfully complete the classroom component of the course  
10 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully  
11 complete any other component of the course within one (1) year of enrollment. The medical  
12 record keeping course shall be at Respondent's expense and shall be in addition to the Continuing  
13 Medical Education (CME) requirements for renewal of licensure.

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

19       Respondent shall submit a certification of successful completion to the Board or its  
20 designee not later than 15 calendar days after successfully completing the course, or not later than  
21 15 calendar days after the effective date of the Decision, whichever is later.

22       3. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of  
23 the effective date of this Decision, Respondent shall enroll in a professionalism program, that  
24 meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1.  
25 Respondent shall participate in and successfully complete that program. Respondent shall  
26 provide any information and documents that the program may deem pertinent. Respondent shall  
27 successfully complete the classroom component of the program not later than six (6) months after  
28 Respondent's initial enrollment, and the longitudinal component of the program not later than the

1 time specified by the program, but no later than one (1) year after attending the classroom  
2 component. The professionalism program shall be at Respondent's expense and shall be in  
3 addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

12 4. PATIENT COMMUNICATION COURSE. Within 60 calendar days of the effective  
13 date of this Decision, Respondent shall enroll in a patient communication course approved in  
14 advance by the Board or its designee. Respondent shall provide the approved course provider  
15 with any information and documents that the approved course provider may deem pertinent.  
16 Respondent shall participate in and successfully complete the classroom component of the course  
17 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully  
18 complete any other component of the course within one (1) year of enrollment. The course shall  
19 be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME)  
20 requirements for renewal of licensure.

21 5. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby  
22 ordered to reimburse the Board its costs of investigation and enforcement, including, but not  
23 limited to, expert review, amended accusations, legal reviews, investigation(s), and subpoena  
24 enforcement, as applicable, in the amount of \$46,206.13. Costs shall be payable to the Medical  
25 Board of California.

26 Payment must be made in full within 30 calendar days of the effective date of the Order, or  
27 by a payment plan approved by the Medical Board of California. Any and all requests for a  
28 payment plan shall be submitted in writing by respondent to the Board.

1           The filing of bankruptcy by respondent shall not relieve respondent of the responsibility to  
2 repay investigation and enforcement costs, including expert review costs.

3         6. **FUTURE ADMISSIONS CLAUSE.** If Respondent should ever apply or reapply for  
4 a new license or certification, or petition for reinstatement of a license, by any other health care  
5 licensing action agency in the State of California, all of the charges and allegations contained in  
6 Accusation No. 800-2022-088741 shall be deemed to be true, correct, and admitted by  
7 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or  
8 restrict license.

9         7. **FAILURE TO COMPLY CLAUSE.** If Respondent fails to enroll in, participate in, or  
10 successfully complete the agreed upon program(s) and/or course(s), and/or complete the term(s)  
11 and condition(s) as described above, within the designated time period as set forth in the Decision  
12 and Order, Respondent shall receive and comply with a notification from the Board or its  
13 designee to cease the practice of medicine within three (3) calendar days after being so notified.  
14 Respondent shall not resume the practice of medicine until enrollment or participation or  
15 fulfillment in the agreed upon program(s) and/or course(s), and/or completion of the term(s) and  
16 condition(s) has been provided to the Board as required by the express language of the Decision  
17 and Order. In addition, failure to successfully complete said program(s) and/or course(s), and/or  
18 complete the term(s) and condition(s) outlined above shall also constitute separate grounds for  
19 general unprofessional conduct and will be grounds for further immediate disciplinary action  
20 against Respondent's license.

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## ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Derek F. O'Reilly-Jones, Esq. I understand the stipulation and the effect it will have on my Physician's 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: *[Signature]*

~~ROGER WILLIAM LEWIS, M.D.~~  
*Respondent*

I have read and fully discussed with Respondent Roger William Lewis, 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: 02/18/2025

Derek O'Reilly-Jones

**DEREK F. O'REILLY-J**  
*Attorney for Respondent*

## **ENDORSEMENT**

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

DATED: 2/18/2025

Respectfully submitted,

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

SARAH J. JACOBS  
Deputy Attorney General  
*Attorneys for Complainant*

**Exhibit A**

**Accusation No. 800-2022-088741**

1      ROB BONTA  
2      Attorney General of California  
3      STEVE DIEHL  
4      Supervising Deputy Attorney General  
5      LYNETTE D. HECKER  
6      Deputy Attorney General  
7      State Bar No. 182198  
8      California Department of Justice  
9      2550 Mariposa Mall, Room 5090  
10     Fresno, CA 93721  
11     Telephone: (559) 705-2320  
12     Facsimile: (559) 445-5106  
13     *Attorneys for Complainant*

14  
15     BEFORE THE  
16     MEDICAL BOARD OF CALIFORNIA  
17     DEPARTMENT OF CONSUMER AFFAIRS  
18     STATE OF CALIFORNIA

19     In the Matter of the Accusation Against:      Case No. 800-2022-088741  
20     **Roger William Lewis, M.D.**      ACCUSATION  
21     **1729 N Olive #3**  
22     **Turlock, CA 95382**  
23     **Physician's and Surgeon's Certificate**  
24     **No. G 65192,**  
25          Respondent.

26  
27     PARTIES

28     1. Reji Varghese (Complainant) brings this Accusation solely in his official capacity as

29     the Executive Director of the Medical Board of California, Department of Consumer Affairs  
30     (Board).

31     2. On or about February 27, 1989, the Medical Board issued Physician's and Surgeon's  
32     Certificate Number G 65192 to Roger William Lewis, M.D. (Respondent). The Physician's and  
33     Surgeon's Certificate was in full force and effect at all times relevant to the charges brought  
34     herein and will expire on October 31, 2024, 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 of the Code 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.

(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.

(b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, continuing education activities, and cost reimbursement associated therewith that are agreed to with the board and successfully completed by the licensee, or other matters made confidential or privileged by existing law, is deemed public, and shall be made available to the public by the board pursuant to Section 803.1.

## **STATUTORY PROVISIONS**

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

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.

(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.

6. Section 2266 of the Code states: The failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients constitutes unprofessional conduct.

## 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.

## **FACTUAL ALLEGATIONS**

8. On or about May 29, 2023, the Board received a report from Emanuel Medical Center regarding the restriction of Respondent's privileges related to obstetrics and gynecology, following concerns over two fetal demise cases that occurred less than one year apart. Respondent was placed under immediate proctoring and restricted from performing complicated deliveries.

### Patient A<sup>1</sup>

9. On or about January 22, 2022, Patient A, a 35-year-old pregnant female, with a 12-year history of insulin dependent diabetes, presented to Livingston Community Clinic for obstetric care.

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<sup>1</sup> The names of the patients are redacted herein for privacy, but are known to all parties.

1       10. On or about February 3, 2022, at 34 weeks pregnant, Patient A transferred her  
2 obstetric care to Ob-Gyn Associates of Turlock, and was seen initially by a physician other than  
3 Respondent. Another physician at that facility saw Patient A for a routine prenatal visit on or  
4 about February 16, 2022. Respondent saw Patient A for routine prenatal visits on or about  
5 February 23, 2022, and on or about March 4, 2022. Though Respondent had a discussion with  
6 Patient A on or about March 4, 2022, about risks, benefits, and alternative for macrosomia<sup>2</sup> in  
7 mothers with diabetes, Respondent did not enter his notes for the visit in Patient A's chart at the  
8 facility for the visit on or about March 4, 2022; until on or about March 9, 2022.

9       11. On or about March 7, 2022, at 37 weeks and 4-days pregnant, at approximately 11:20  
10 a.m., Patient A presented at Emanuel Medical Center with leaking of fluid. The first physician  
11 who had seen Patient A at Ob-Gyn Associates of Turlock saw Patient A at the hospital and had  
12 her admitted. At approximately 5:55 p.m., Patient A was 7 cm dilated. At or around an hour  
13 later, Patient A was 10 cm dilated. Patient A's blood sugars were monitored and she received 3  
14 units total of insulin on a sliding scale during labor. Patient A requested an epidural, but the  
15 admitting physician deferred the epidural due to rapid dilation and concerns that this was her  
16 second delivery.

17       12. The admitting physician consulted with Respondent about fetal heart tracing and the  
18 possibility of assisted delivery. Due to where the fetal head was in relation to the pelvis and  
19 reassuring fetal heart status overall, mid pelvic operative delivery (i.e. a Cesarean section, C-  
20 section) was deferred, but Respondent did not document the basis for his part in this decision.

21       13. Respondent took over Patient A's care at approximately 7:30 p.m. that same day.  
22 Respondent consulted with Patient A about the plan of care and recommended a C-section  
23 delivery by about 8:30 p.m., if there was insufficient progress in Patient A's labor. At  
24 approximately 7:53 p.m., Patient A informed a nurse that she was ready for a C-section; the nurse  
25 consulted Respondent, who instructed the nurse to re-explain to Patient A the care plan of waiting  
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<sup>2</sup> The infant of a diabetic mother is often larger than expected for the gestational age. This  
is called "fetal macrosomia."

1 until 8:30 p.m. for a C-section delivery. Respondent did not document acknowledging Patient  
2 A's request for a C-section, nor did he document the reasons for his decision to wait until 8:30  
3 p.m. for a C-section delivery.

4 14. At approximately 8:42 p.m., Respondent was called to Patient A for delivery.

5 Respondent arrived at or around 8:58 p.m., and Patient A was prepped for vaginal delivery.

6 15. Vacuum suction was applied at or about 9:00 p.m., and with one pull and no pop off,  
7 a sign of ease, the head was delivered at or about 9:02 p.m. Shoulder dystocia<sup>3</sup> was noted and the  
8 baby was unable to be delivered, so an emergency C-section was called at or around 9:12 p.m.  
9 Respondent did not document Patient A's consent for vacuum assisted delivery.

10 16. At or around 9:17 p.m., Patient A arrived at the operating room, and an incision for  
11 the C-section was initiated at or around a few minutes later.

12 17. At or around 9:39 p.m., with the assistance of two additional physicians, the baby was  
13 delivered, weighing 13 lbs. 1.4 oz. The baby was limp and blue, with no tone, heart rate, or  
14 respiratory effort. Resuscitation efforts were unsuccessful, and the baby's death was recorded at  
15 or around 9:53 p.m.

16 **Patient B**

17 18. On or about April 13, 2021, Patient B, a 48-year-old female, presented to Emanuel  
18 Medical Center with acute exacerbation of menstrual discomfort and left flank pain. Patient B  
19 had a history of two prior C-section deliveries, diabetes, hyperlipidemia, and had been followed  
20 by her gynecologist for abnormal uterine bleeding. Patient B had received narcotics for pain  
21 control. Other than slight anemia, Patient B had no significant laboratory abnormalities. A pelvic  
22 ultrasound and CT scan were ordered for Patient B which confirmed the presence of a nearly 17  
23 cm pelvic mass, likely a uterine fibroid,<sup>4</sup> with no additional abnormalities and normal renal  
24 system.

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26 <sup>3</sup> Shoulder dystocia is a condition that happens when one or both of the baby's shoulders  
27 get stuck during vaginal delivery.

28 <sup>4</sup> Uterine fibroids are growths made of muscle and tissue that form in or on the wall of the  
uterus. These growths are usually not cancerous and are the most common noncancerous tumor in  
women.

1       19. On or about April 14, 2021, Patient B was determined to be a candidate for a  
2 hysterectomy. Respondent admitted Patient B and scheduled surgery for the next morning.

3       20. On or about April 15, 2021, Respondent performed a total abdominal hysterectomy  
4 on Patient B with the assistance of another physician. During and incidental to the hysterectomy,  
5 a ventral hernia<sup>5</sup> was discovered and repaired. The surgery was uncomplicated and Patient B was  
6 discharged on or about April 16, 2021.

7       21. On or about April 21, 2021, Patient B presented to Respondent's office for staple  
8 removal and reported a low-grade temperature, nausea, diarrhea, and malaise. Respondent  
9 performed an abdominal exam, but did not perform a vaginal exam. Respondent started Patient B  
10 on antibiotics for possible cuff cellulitis<sup>6</sup> and told Patient B to return the next day for follow-up  
11 treatment.

12       22. Patient B did not return to Respondent's office the next day as instructed. Instead, on  
13 or about April 23, 2021, Patient B presented to the hospital's emergency department with  
14 complaints of abdominal pain, nausea, body aches, and diarrhea. Respondent reviewed and  
15 annotated the lab slips for this visit, and documented that Patient B was "not septic, no surgical  
16 abdomen."<sup>7</sup> Respondent consulted with the ER physician, though Patient B was given  
17 intravenous (IV) hydration for presumed dehydration from a gastrointestinal infection, no  
18 additional imaging was ordered. Patient B was discharged and instructed to continue the  
19 antibiotics which Respondent had previously prescribed for her.

20       23. On or about April 25, 2021, Patient B presented to a different hospital's emergency  
21 department, where she was found to have evidence of abdominal wall infection, pelvic fluid

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25       <sup>5</sup> A ventral (abdominal) hernia refers to any protrusion of intestine or other tissue through  
26 a weakness or gap in the abdominal wall.

26       <sup>6</sup> Vaginal cuff cellulitis is an infection of the superficial tissues at the vaginal surgical  
margin after vaginal hysterectomy.

27       <sup>7</sup> Intra-abdominal sepsis is an inflammation of the peritoneum caused by pathogenic  
28 microorganisms and their products. Not a surgical abdomen means that surgery was not required.

1 collection, and bilateral ureter injuries. Patient B underwent an interventional radiology drainage  
2 of the fluid, placement of a pelvic drain, left nephrostomy tube placement,<sup>8</sup> and right ureter stent.<sup>9</sup>

3 **FIRST CAUSE FOR DISCIPLINE**

4 **(Repeated Negligent Acts)**

5 24. Respondent, Roger William Lewis, M.D., is subject to disciplinary action under  
6 section 2234, subdivision (c), of the Code, in that Respondent committed repeated acts of  
7 negligence in his care and treatment of Patients A and B. The circumstances are detailed in  
8 paragraphs 8 through 23, above, and are incorporated herein by reference as if fully set forth.

9 Additional circumstances are as follows:

10 **Patient A**

11 25. The standard of care is for physicians to keep timely, accurate, and legible medical  
12 records. Respondent did not document a discussion with Patient A on or about March 4, 2022  
13 about the risks, benefits, and alternative for macrosomia in the setting of diabetes, until on or  
14 about March 9, 2022, approximately two days after the baby passed away, which constitutes a  
15 simple departure from the standard of care. Respondent failed to document the following in his  
16 care and treatment of Patient A, each of which constitutes separate simple departures from the  
17 standard of care:

18 - shared decision making with the admitting physician on or about March 7, 2022, to  
19 defer a C-section delivery for a trial of labor of Patient A who was an insulin-requiring  
20 diabetic with known fetal macrosomia; and  
21 - Patient A's consent for vacuum-assisted delivery.

22 / / /

23 / / /

24 / / /

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26 <sup>8</sup> A nephrostomy tube is a tube placed through the skin of the lower back into the kidney.  
27 A nephrostomy tube is put in to drain the urine directly from a kidney.

28 <sup>9</sup> A ureteral stent is a thin tube that's placed in the ureter to help drain urine from the  
kidney. One end of the tube is inside the kidney and the other end is in the bladder.

1                   Patient B

2       26. A significant fever after gynecological surgery is usually attributable to infection of  
3       the urinary tract, wound (including vaginal cuff and necrotizing fasciitis<sup>10</sup>), or pelvic cellulitis<sup>11</sup>  
4       and abscess. In this circumstance, the standard of care requires that, after the first two  
5       postoperative days, a thorough inspection of the wound and rectovaginal examination be  
6       performed. Empiric broad spectrum antibiotics may then be started. It is appropriate to obtain an  
7       intravenous pyelogram<sup>12</sup> to look for ureteral obstruction in women who are still feverish after 24  
8       hours of antibiotics. Ureteral obstruction should be treated by percutaneous (x-ray assisted) stent  
9       placement. Persistent fever despite antibiotics can be a sign of septic pelvic thrombophlebitis,<sup>13</sup>  
10      which requires heparin<sup>14</sup> therapy. Ureteral injury after a hysterectomy is a rare, but serious,  
11      complication. Any postoperative patient with complaints suspicious for urinary tract injury  
12      should be promptly assessed. Patients who have been discharged will most likely need to return  
13      to a medical setting for evaluation.

14       27. Respondent's failure to perform a vaginal examination of Patient B to determine if  
15       she had a cuff abscess or cellulitis of the cuff, when she presented with a fever on or about April  
16       21, 2021, constitutes a simple departure from the standard of care.

17       28. Respondent failed to order additional workup for Patient B, including imaging to rule  
18       out ureter injury or other causes for the fever and elevated white blood count when she presented  
19       to the emergency department on or about April 23, 2021. This constitutes a simple departure  
20       from the standard of care.

21       ///

22       ///

23       ///

24       25      <sup>10</sup> Necrotizing fasciitis is a rare bacterial infection that spreads quickly in the body and can  
cause death.

26       <sup>11</sup> Pelvic cellulitis is an abscess or infection of the vulva or surrounding anatomic  
structures.

27       <sup>12</sup> An intravenous pyelogram is an imaging test used to look at the kidneys and ureters.

28       <sup>13</sup> Septic pelvic thrombophlebitis is a blood clot that blocks one or more pelvic veins.

<sup>14</sup> Heparin is an anticoagulant, taken to prevent blood clots or to keep an existing clot from  
getting worse.

**SECOND CAUSE FOR DISCIPLINE**

29. Respondent Roger William Lewis, M.D. is subject to disciplinary action under section 2234 of the Code, as further described in section 2266 of the Code, in that Respondent failed to keep adequate and/or accurate records for his care and treatment of Patient A. The circumstances are detailed in paragraphs 10, 12, 13, and 15 above, and incorporated herein by reference as if fully set forth.

## PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number G 65192, issued to Respondent Roger William Lewis, M.D.;
2. Revoking, suspending, or denying approval of Respondent Roger William Lewis, M.D.'s authority to supervise physician assistants and advanced practice nurses;
3. Ordering Respondent Roger William Lewis, 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; and
4. Taking such other and further action as deemed necessary and proper.

DATED: MAY 15 2024

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

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