

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

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

Gregory Paul Bowerman, M.D.

**Physician's & Surgeon's
Certificate No. G 49911**

Respondent.

Case No. 800-2019-055798

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 September 30, 2022.

IT IS SO ORDERED: August 31, 2022.

MEDICAL BOARD OF CALIFORNIA



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

1 ROB BONTA
Attorney General of California
2 STEVE DIEHL
Supervising Deputy Attorney General
3 MICHAEL C. BRUMMEL
Deputy Attorney General
4 California Department of Justice
State Bar No. 236116
5 2550 Mariposa Mall, Room 5090
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Attorneys for Complainant

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

13 In the Matter of the First Amended Accusation
Against:

14 **GREGORY PAUL BOWERMAN, M.D.**
15 **3100 W. Christoffersen Pkwy**
Turlock, CA 95382-9547

16 **Physician's and Surgeon's Certificate**
17 **No. G 49911**

18 Respondent.

Case No. 800-2019-055798

OAH No. 2021100071

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

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

21 **PARTIES**

22 1. William Prasifka (Complainant) is the Executive Director of the Medical Board of
23 California (Board). He brought this action solely in his official capacity and is represented in this
24 matter by Rob Bonta, Attorney General of the State of California, by Michael C. Brummel,
25 Deputy Attorney General.

26 2. Respondent Gregory Paul Bowerman, M.D. (Respondent) is represented in this
27 proceeding by attorney Thomas E. Still, whose address is: 12901 Saratoga Avenue
28 Saratoga CA 95070-4110.

1 CULPABILITY

2 9. Respondent understands and agrees that the charges and allegations in First Amended
3 Accusation No. 800-2019-055798, if proven at a hearing, constitute cause for imposing discipline
4 upon his Physician's and Surgeon's Certificate.

5 10. Respondent agrees that, at a hearing, Complainant could establish a prima facie case
6 or factual basis for the charges in the First Amended Accusation, and that Respondent hereby
7 gives up his right to contest those charges. Respondent agrees that if in any future case he ever
8 petitions for early termination or modification of probation, or if the Board ever petitions for
9 revocation of probation, all of the charges and allegations contained in First Amended Accusation
10 No. 800-2019-055798 shall be deemed true, correct, and fully admitted by Respondent for
11 purposes of that proceeding or any other licensing proceeding involving Respondent in the State
12 of California.

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

16 CONTINGENCY

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

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

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

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

14 3. FAILURE TO COMPLY. Any failure by Respondent to comply with the terms and
15 conditions of the Disciplinary Order set forth above shall constitute unprofessional conduct and
16 grounds for further disciplinary action.

17 4. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for
18 a new license or certification, or petition for reinstatement of a license, by any other health care
19 licensing action agency in the State of California, all of the charges and allegations contained in
20 First Amended Accusation No. 800-2019-055798 shall be deemed to be true, correct, and
21 admitted by Respondent for the purpose of any Statement of Issues or any other proceeding
22 seeking to deny or restrict licensee.

23 5. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby
24 ordered to reimburse the Board its costs of investigation and enforcement, including, but not
25 limited to, expert review, amended accusations, legal reviews, joint investigations, and subpoena
26 enforcement, as applicable, in the amount of \$4,612.50 (four thousand six hundred twelve dollars
27 and fifty cents). Costs shall be payable to the Medical Board of California. Failure to pay such
28 costs shall be considered a violation of probation.


1 Any and all requests for a payment plan shall be submitted in writing by Respondent to the
2 Board.

3 The filing of bankruptcy by Respondent shall not relieve Respondent of the responsibility
4 to repay investigation and enforcement costs, including expert review costs.

5 ACCEPTANCE


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

11
12 DATED: 2/10/2022


13 _____
14 GREGORY PAUL BOWERMAN, M.D.
15 Respondent

16 I have read and fully discussed with Respondent Gregory Paul Bowerman, M.D. the terms
17 and conditions and other matters contained in the above Stipulated Settlement and Disciplinary
18 Order. I approve its form and content.

19 DATED: 2/10/2022


20 _____
21 THOMAS E. STILL
22 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: February 10, 2022

Respectfully submitted,

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



MICHAEL C. BRUMMEL
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

First Amended Accusation No. 800-2019-055798

1 ROB BONTA
Attorney General of California
2 STEVE DIEHL
Supervising Deputy Attorney General
3 MICHAEL C. BRUMMEL
Deputy Attorney General
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14 **GREGORY PAUL BOWERMAN, M.D.**
15 **3100 W. Christoffersen Pkwy.**
Turlock, CA 95382-9547

FIRST AMENDED ACCUSATION

16 **Physician's and Surgeon's Certificate**
17 **No. G 49911,**

18 Respondent.

19
20 **PARTIES**

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

24 2. On or about May 16, 1983, the Board issued Physician's and Surgeon's Certificate
25 No. G 49911 to Gregory Paul Bowerman, M.D. (Respondent). The Physician's and Surgeon's
26 Certificate was in full force and effect at all times relevant to the charges brought herein and will
27 expire on December 31, 2022, unless renewed.

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1 **JURISDICTION**

2 3. This First Amended Accusation, which supersedes the Accusation filed on June 4,
3 2021, is brought before the Board, under the authority of the following laws. All section
4 references are to the Business and Professions Code (Code) unless otherwise indicated.

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

9 **STATUTORY PROVISIONS**

10 5. Section 2234 of the Code, states:

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

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

16 (b) Gross negligence.

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

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

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

(d) Incompetence.

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

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

(g) The failure by a certificate holder, in the absence of good cause, to attend
and participate in an interview by the board. This subdivision shall only apply to a
certificate holder who is the subject of an investigation by the board.

1 **COST RECOVERY**

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

8 **FACTUAL ALLEGATIONS**

9 **Patient A¹**

10 7. On or about July 17, 2015, Patient A presented to Memorial Medical Center of
11 Modesto ("MMC") and was diagnosed with an acute appendicitis. Patient A received a
12 laparoscopic appendectomy, and was discharged in stable condition the next day on July 18,
13 2015.

14 8. On or about July 19, 2015, Patient A returned to the MMC emergency room with
15 vomiting and hiccups. The physician assistant that evaluated him noted that he had a rapid heart
16 rate, quiet abdominal sounds, and erythema around the umbilical incision. Patient A's
17 temperature was normal, but his heart rate, respiratory rate, and blood pressure were all slightly
18 elevated. Prior to completion of the entire evaluation, Patient A left the emergency room. That
19 night, following his departure, the laboratory results revealed that Patient A had an elevated white
20 blood cell count. Upon returning home, his family stated that he experienced worsening
21 symptoms, including frequent vomiting through the night.

22 9. On or about July 20, 2015, Patient A returned to the MMC emergency room at 10:13
23 a.m., presenting to Respondent for the first time. Patient A's vitals included an elevated heart rate
24 at 172, low oxygen saturation at 91%, normal respiratory rate, blood pressure, and temperature.
25 Twenty-eight minutes later, Patient A's heart rate had increased to 177. The records documented
26 that Patient A was vomiting and weak, presenting following a recent appendectomy, and
27 experiencing shortness of breath. Patient A's history included hyperlipidemia, hyperglycemia,

28 ¹ To protect the privacy of the patients, names are not identified in this Accusation.

1 and acute appendicitis. In the triage vitals, the records state "very tachy" and that he was slightly
 2 tender in the right lower quadrant, and over the suprapubic area for the abdominal exam.
 3 Respondent performed an ECG at 10:24 a.m., which the machine automatically identified as sinus
 4 tachycardia, showing short PR segment, anterior infarct and rightward axis. Patient A was
 5 provided with ondansetron, adenosine, and saline in the emergency room.

6 10. During the course of his treatment, Patient A's blood work evinced an improving
 7 white blood cell count and increase in the bicarbonate, resulting in a larger anion gap and
 8 worsening of the renal function. Patient A's glucose was elevated on both sets of labs. The
 9 results of the laboratory tests from July 19, 2015, and July 20, 2015, are included below for
 10 comparison.

Lab Test	Reference Range	Results 7/19/2015 at 21:45	Results 7/20/2015 at 10:35
WBC	4.0-11.0 K/uL	19.8	9.3
Hemoglobin	13.5-18.0 g/dL	15.9	17.6
Sodium	136-145 mmol/L	136	136
Potassium	3.5-5.1 mmol/L	3.8	3.5
Chloride	98-107 mmol/L	94	94
Bicarbonate	21-32 mmol/L	32	19
Anion Gap	10-20 mmol/L	13.8	23.5
Creatinine	0.60-1.10 mg/dL	0.91	2.12
Glucose	70-99 mg/dL	248	369

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Venous Blood Gas Results				
Lab Test	Reference Range	Results 7/20/2015 at 14:11	Results 7/20/2015 at 14:41	Results 7/20/2015 at 14:56
pH Venous, Corrected	7.350-7.450	6.783	6.984	6.993
pCO2	35-45 mmHg	90.9	79.8	78
pO2	80-100 mmHg	134	71	84
Bicarbonate	20.0-26.0 mmol/L	13.3	17.9	17.9
Lactate	0.4-2.0 mmol/L	15.2	15.4	14.0

11. Respondent believed that Patient A had an AV node arrhythmia, rather than sepsis. Respondent unsuccessfully attempted to slow Patient A's elevated heart rate with chemical cardioversion using 6 mg, then 12 mg, of Adenosine. Following the failed chemical cardioversion with adenosine, Respondent administered two liters of normal saline. Patient A's pulse remained unchanged, but he was slightly short of breath following the saline. Respondent focused on the possibility that the tachycardia was causing myocardial distress, and elected to proceed with an electrical cardioversion with synchronized cardioversion. Respondent sedated Patient A, administered 39 Joules of electricity, followed by 50 Joules in the second attempt. Following the failed electrical cardioversion, Respondent administered diltiazem, a blood pressure medication. Patient A aspirated on his gastrointestinal contents after the electrical cardioversion, likely due to his yet undiagnosed bowel obstruction. Patient A became hypoxic, with an oxygen saturation of 76%, and vomited 2-3 liters on the floor. When Patient A awoke, he developed a new cough and left infiltrate on his chest x-ray. Respondent made another unsuccessful attempt at chemical cardioversion, ordering the antiarrhythmic diltiazem. During the following 30-40 minutes, Patient A's hypoxia worsened, his dyspnea progressed, and his mental state became increasingly altered.

12. At approximately 13:50, Patient A suffered a cardiac arrest, loss of consciousness, his blood pressure dropped to 94/69, and his oxygen saturation fell to 56%. Patient A received CPR and was resuscitated. Patient A was given medication for his blood pressure, severe acidosis,

1 elevated glucose, and possible diabetic ketoacidosis. Patient A underwent three venous blood gas
2 tests following his cardiac arrest, revealing a mixed respiratory acidosis and metabolic acidosis.
3 Patient A was transferred to the ICU, where he received a CAT scan that revealed a small bowel
4 obstruction secondary to a new/enlarged umbilical hernia containing small bowel. Patient A's
5 care was transferred from Respondent to a hospitalist for further care. Patient A received
6 additional surgery to reduce the small bowel incarceration and repair the umbilical incision.
7 Following surgery, Patient A remained unstable, continued to decline, and went into Acute
8 Respiratory Distress Syndrome. Patient A suffered from asystole and died on July 23, 2015.

9 13. On or about November 12, 2020, Respondent participated in a subject interview with
10 investigators from the Board. Respondent stated that he was not following any specific treatment
11 protocols in the treatment of Patient A's tachycardia and that he was not following any ACLS
12 protocol.

13 14. Respondent failed to adequately manage Patient A's tachycardia. Respondent
14 believed Patient A was suffering from SVT, rather than sinus tachycardia. Respondent attempted
15 to correct Patient A's heart rate through medication, rather than identifying the underlying cause
16 for the elevated heart rate. When that failed, Respondent attempted to correct Patient A's heart
17 rate with cardioversion, but did not utilize sufficient electricity as indicated by the standard of
18 care. Respondent used 30 Joules followed by 50 Joules of electricity, when the standard of care
19 requires 50 Joules followed by 100 Joules for synchronized cardioversion. Respondent failed to
20 consider that Patient A's tachycardia could be related to infection, pulmonary embolism, post-
21 operative ileus, or hemorrhage. Respondent failed to obtain an initial lactate, blood cultures,
22 initiate broad-spectrum antibiotics, and imaging of Patient A's abdomen and pelvis.
23 Respondent's management of Patient A's tachycardia constitutes a departure from the standard of
24 care.

25 15. Respondent failed to adequately manage Patient A's presentation of sepsis.
26 Respondent failed to order sufficient fluids for Patient A, who was hypoxic during the entire visit,
27 was vomiting, recently underwent surgery, and had elevated heart rate, respiratory rate, and
28 creatinine. Respondent narrowly focused his treatment on Patient A's elevated heart rate, failing

1 to recognize Patient A's worsening systemic inflammatory response that lead to septic shock.
2 Respondent's management of Patient A's sepsis constitutes a departure from the standard of care.

3 **CAUSE FOR DISCIPLINE**

4 **(Repeated Negligent Acts)**


5 16. Respondent's Physician's and Surgeon's Certificate No. G 49911 is subject to
6 disciplinary action under section 2227, as defined by section 2234, subdivision (c) of the Code, in
7 that he committed act(s) and/or omissions(s) constituting negligence, as more particularly alleged
8 in paragraphs 7 through 15, which are hereby incorporated by reference and realleged as if fully
9 set forth herein.

10 **PRAYER**

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

- 13 1. Revoking or suspending Physician's and Surgeon's Certificate Number G 49911,
14 issued to Respondent;
- 15 2. Revoking, suspending or denying approval of Respondent's authority to supervise
16 physician assistants and advanced practice nurses;
- 17 3. Ordering Respondent, if placed on probation, to pay the Board the costs of probation
18 monitoring;
- 19 4. Ordering Respondent, to pay the Medical Board of California the reasonable costs of
20 the enforcement of this case, pursuant to Business and Professions Code section 125.3; and
- 21 5. Taking such other and further action as deemed necessary and proper.

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23 DATED: MAR 14 2022



WILLIAM PRASIFKA
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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27 FR2021302140