

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
BOARD OF MEDICINE**

IN RE:

**RONALD ANDERSON, M.D.
License No. MD25663**

Respondent

:
:
:
:
:
:
:

CONSENT ORDER

This matter comes before the District of Columbia Board of Medicine (the “Board” or “D.C. Board”) pursuant to the Health Occupations Revision Act (HORA). D.C. Official Code § 3-1201.01, *et seq.* (2012 Repl.). The HORA authorizes the Board to regulate the practice of medicine in the District of Columbia and, in doing so, the Board has broad jurisdiction to impose a variety of disciplinary sanctions upon a finding of a violation of the HORA. D.C. Official Code, § 3-1201.03; *Mannan v. District of Columbia Board of Medicine*, 558 A.2d 329, 333 (D.C.1989). The Council of the District of Columbia, in amending the HORA, “intended to strengthen enforcement of its licensing laws.” *Davidson v. District of Columbia Board of Medicine*, 562 A.2d 109, 113 (D.C.1989). And the HORA “was designed to ‘address modern advances and community needs *with the paramount consideration of protecting the public interest.*’” *Joseph v. District of Columbia Board of Medicine*, 587 A.2d 1085, 1088 (D.C.1991) (*quoting* Report of the D.C. Council on Consumer and Regulatory Affairs on Bill 6-317, at 7 (November 26, 1985)) (emphasis added by court).

FACTUAL AND PROCEDURAL BACKGROUND

Respondent has been licensed to practice medicine in the District of Columbia since 1968. The following provides the factual basis for this Consent Order.

1. Patient A

On or about January 7, 2012, the Board received a complaint from Patient A, alleging that Respondent performed cataract surgery on Patient A's left eye, which resulted in serious complications immediately following the surgery. Specifically, on August 12, 2011, Respondent performed cataract surgery on the left eye of Patient A. During the procedure, a rent occurred in the capsule. On the following day, Patient A met Respondent during a post-operation appointment, and Patient A allegedly informed Respondent that he (Patient A) suffered pain and discomfort in the left eye. Respondent allegedly told Patient A that his eye "Looked okay" as there were no floaters, cells, or flair in vitreous, and scheduled a follow-up appointment for the following week.

At the follow-up appointment, Patient A complained of floaters and decreased vision in the left eye and Respondent then referred Patient A to a retina specialist, who determined that there was a tear of the capsule in the left eye and that there was still some cortex within the eye. The retina specialist performed corrective surgery and Patient A received treatment and medical care from the retina specialist thereafter. After the corrective surgery, Patient A allegedly continued to suffer pain and decreased vision in the left eye. At the time of the procedure performed by Respondent, Patient A's pre-surgical best corrected vision was allegedly 20/40 - 20/100; after the cataract surgery performed by Respondent and subsequent retina surgery performed by a retina surgeon, Patient A's vision was reduced to 20/70 - 20/100. Patient A was sent back to Respondent and retina for glasses but was upset when Respondent recommended

“temporary readers” until vision became stable. The patient never returned for a follow-up examination. On December 11, 2012, Patient A filed a complaint in the District of Columbia Superior Court for medical malpractice.

The Board obtained Patient A’s medical records from Washington Hospital Center (WHC) so that those records could be reviewed by an independent peer review. The peer reviewer concluded that the “overall patient management did not meet the standard of care.” Specifically, the peer reviewer found that Respondent failed to provide a comprehensive evaluation of Patient A prior to cataract surgery. The patient’s medical records did not reflect a complete eye examination with vision acuity, refraction for best correct vision, pupil evaluation, slit lamp evaluation for rubeosis iridis, or posterior segment evaluation. In view of Patient A’s pre-surgical vision of 20/100, the peer reviewer noted Respondent’s inadequate discussion of the surgery, the reasons for the surgery, possible complications, and alternative management.

2. Disciplinary History at WHC

The Board’s review of Patient A’s complaint was preceded by WHC’s investigation into Respondent’s alleged failure to adhere to the standard of care at WHC with respect to two other surgery cases. As the results of the WHC peer review are confidential, those results are not recited here.

On December 18, 2012, the Respondent’s surgical privileges were summarily suspended based upon concerns of significant surgical morbidity associated with Respondent’s surgical procedures. WHC placed Respondent on temporary surgical suspension for significant quality of care issues pending further review by the Practice Committee of the Department of Ophthalmology. (Practice Committee). On January 2, 2013, the Practice Committee reviewed cases involving several of Respondent’s patients who had suffered significant complications

post-cataract surgery. The Practice Committee also reviewed audits of ophthalmology surgeries in which Respondent's practice differed from his peers resulting in higher rates of complications between June, 2010 and December, 2012. Respondent asserts that during that time period, he was the only ophthalmology attending physician denied an assisting physician during surgeries.

Consequently, the Practice Committee made several findings to include:

- Confirmation of significant complications post-cataract surgery by several patients who filed lawsuits;
- A high rate of complications resulting from Respondent's cataract surgeries necessitating anterior vitrectomy compared to Respondent's peers at WHC and to the resident surgical cases at WHC between June, 2010 through December, 2012;
- Respondent's consistent use of the incorrect intraocular lens type when a posterior capsule tear occurred; and
- Inadequate record documentation in Respondent's office notes for patients with surgical complications, including no documentation of visual acuity from post-operative visits of at least one patient.

Based upon the foregoing, the Practice Committee recommended that Respondent's surgical privileges be withdrawn.

3. Medical Malpractice Actions

Respondent has been the subject of numerous surgical malpractice claims, including Patient A's claim. As required under D.C. Official Code § 3-1205.13a (a)(1)(A), Respondent reported the resolution of seven medical malpractice suits filed against him in the District of Columbia Superior Court. The suits are as follows:

Benjamin Pressley v. Ronald L. Anderson, Case No. 2012-CA-007307

Vicie Burgess v. Ronald L. Anderson, Case No. 2012-CA-008159

Ernest Tucker v. Ronald L. Anderson, Case No. 2012-CA-008160

Robert Yarbough v. Ronald L. Anderson, Case No. 2012-CA-008161

Jean Duren v. Ronald L. Anderson, Case No. 2013-CA-003121

Jean Jones v. Ronald L. Anderson, Case No. 2014-CA-00440

Ronald Gardner v. Ronald L. Anderson, Case No. 2014-CA-000623

Based upon the foregoing factual background, the Board issued a Notice of Intention to Take Disciplinary Action (NOI), in which the Board charged Respondent with violating among others such provisions as: 1) D.C. Official Code § 3-1205.14(a)(3), because he was disciplined by WHC, a disciplinary authority or peer review body for conduct that would be grounds for disciplinary action under the HORA; and 2) D.C. Official Code § 3-1205.14(a)(41), because he has been the subject of recurrent health claims or client liability claims with regard to his surgical abilities, which in the Board's opinion evidences professional surgical incompetence likely to injure the public. Respondent timely requested a hearing on the NOI, denied any culpability as to any of the charges and asserted that his surgical history from 2010 through 2012 was not relevant to his practice now restricted to medical ophthalmology.

The Board convened a hearing on July 9, 2015, and the Government commenced its case in chief. Prior to the completion of the Government's case in chief, the parties engaged in a settlement conference, resulting in the instant Consent Order. Accordingly, the proceeding in this matter has been stayed pending the finalization of the instant Consent Order.

CONCLUSIONS OF LAW

The Board is authorized to sanction Respondent under the HORA for his actions, which are related to the practice of medicine. The HORA provides, in pertinent part:

Each board, subject to the right of a hearing as provided by this subchapter, on an affirmative vote of a quorum of its appointed members may take one or more of the disciplinary actions provided in subsection (c) of this section against any applicant for a license, registration, or certification, an applicant to establish or operate a school of nursing or nursing program, or a person permitted by this subchapter to practice a health occupation regulated by the board in the District who:

* * *

(41) Is subject to recurrent health claims or client-liability claims, which is a board's opinion evidences professional incompetence likely to injure the public[.] during surgery between 2010 and 2012.
D.C. Official Code § 3-1205.14(a)(41).

Based upon the factual allegations, Respondent's: 1) conduct at WHC, resulting in the withdrawal of his surgical privileges at WHC; 2) alleged sub-standard surgical treatment and care of Patient A; and 3) foregoing malpractice claims that have been filed and settled, would constitute grounds upon which the Board may take action under D.C. Official Code § 3-1205.14. In lieu of proceeding further with the charges alleged in the NOI, however, Respondent enters into the instant Consent Order to resolve all pending matters with the Board to date.¹ While Respondent enters into this Consent Order without admitting the alleged facts of the NOI,² this Consent Order is entered into and issued pursuant to DCMR § 17-4108.5 ("The parties . . . may enter into a negotiated settlement or consent decree that is binding on all parties; Provided, that the settlement or consent decree is approved by the board.").

¹ This Consent Order may not be construed to reflect any resolution of any matter not currently known to the Board. Any matter that is referred to the Board following the entry of this Consent Order shall be considered separately from the instant case.

²See n.3, *supra*.

ORDER

ACCORDINGLY, based upon the foregoing, it is by the District of Columbia Board of Medicine hereby,

ORDERED, that while licensed to practice medicine in the District of Columbia, Respondent's license to practice medicine in the District of Columbia SHALL BE RESTRICTED and Respondent SHALL NOT perform any procedure on any patient, including any surgical procedures. He may continue to practice at any office in the District under the terms of this Consent Order; and it is further

ORDERED, that Respondent's license to practice medicine SHALL BE RESTRICTED to only a MEDICAL OPHTHALMIC PRACTICE that meets the standard of care of ophthalmologists who do not perform any procedures, including surgical procedures; and it is further

ORDERED, that Respondent shall make any and all appropriate and/or necessary referrals for his patients based on the standard of care; and it is further

ORDERED, that within sixty (60) days of execution of this Order, Respondent will be required to have an assessment and audit of his practice by a provider or practice Monitor proposed by him and approved by the Board. Respondent shall meet with the Monitor on a quarterly basis and cause a quarterly assessment report (every three (3) months) to be submitted directly to the Board by the Monitor, which shall state whether Respondent's practice is consistent with standards of practice and competency in his field during the monitoring period. The report shall also include a list of all patients proctored. Respondent will additionally be required to submit five (5) practice charts and records for quarterly record review along with the quarterly reports from the provider or practice Monitor approved by the Board for a period of at

least one (1) year. No earlier than one (1) year after the commencement of Respondent's monitored clinical practice shall Respondent petition the Board to terminate this requirement. Respondent shall continue the monitored practice requirement until such a time as he receives written notification from the Board that this requirement has been terminated. The Board reserves jurisdiction, in connection with any request to terminate this requirement, to meet with the Respondent to consider whether any additional conditions or restrictions on Respondent's license are necessary to protect the public; and it is further


ORDERED, that any violation of this Order shall result in the re-instatement of the proceedings instituted pursuant to the NOI; and it is further

ORDERED, that Respondent shall maintain a course of conduct in his practice of medicine commensurate with the requirements of all laws and regulations of the District of Columbia regarding the practice of medicine.

ORDERED, that this is a public document.

DISTRICT OF COLUMBIA BOARD OF MEDICINE

2/22/2017
Date

 MIS Denson
By: Janis M. Orłowski, M.D., M.A.C.P.
Chairperson

CONSENT OF RESPONDENT

• My signature on the foregoing Consent Order signifies my acceptance of the terms and conditions of the Consent Order and my agreement to be bound by its provisions. WS

(initial)

• I acknowledge the validity of this Consent Order, as if made after a hearing in which I would have had the right to counsel, to confront witnesses, to give testimony, to call witnesses on my behalf, and to all other substantive and procedural due process protections provided by the laws of the District of Columbia and the United States of America. WS (initial)

• I also recognize that I am waiving my right to appeal any adverse ruling of the Board had this matter gone to a hearing. WS (initial)

• I expressly acknowledge that by signing this Consent Order, I am voluntarily waiving my right to require the Board to charge me through a notice of intent to take disciplinary action with a violation of this agreement and to require the government to prove such violation by a preponderance of the evidence before suspending my license based upon the failure to satisfactorily fulfill the terms of the Consent Order. WS (initial)

• I also expressly acknowledge by signing this Consent Order, I am waiving my right to confront witnesses, give testimony, to call witnesses on my behalf, and to other substantive and procedural due process protections provided by the laws of the District of Columbia and the United States of America. WS (initial)

• I further expressly acknowledge that by signing this Consent Order, I am waiving my right to appeal this Consent Order, as well as waiving any and all rights, whatsoever, I would have to challenge or appeal that Board's decision to suspend my license based on the failure to satisfactorily fulfill the terms of the Consent Order. WS (initial)

