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

In the Matter of the Accusation Against: **JOHN RAMSAY WALTERS, M.D.** **703 North A Street** **Oxnard, California 93030** **Physician's and Surgeon's Certificate No. G 36595,** Respondent.	Case No. 800-2023-095597 **ACCUSATION**

PARTIES

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

2. On or about May 30, 1978, the Board issued Physician's and Surgeon's Certificate No. G 36595 to John Ramsay Walters, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on July 31, 2025, unless renewed.

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 2220 of the Code states, in relevant part:

> Except as otherwise provided by law, the board may take action against all persons guilty of violating this chapter. The board shall enforce and administer this article as to physician and surgeon certificate holders, including those who hold certificates that do not permit them to practice medicine, such as, but not limited to, retired, inactive, or disabled status certificate holders, and the board shall have all the powers granted in this chapter for these purposes ...

STATUTORY PROVISIONS

5. 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:
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> (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.
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> (3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.
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> (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.
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> (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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> (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.

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6. Section 2234 of the Code states, in relevant 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:
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> (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.
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> (b) Gross negligence.
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> (c) Repeated negligent acts.
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> ...

7. Unprofessional conduct under Business and Professions Code section 2234 is conduct which 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. (*Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564, 575.)

8. Section 2234 of the Code requires the Board to take action against any licensee charged with unprofessional conduct.

9. 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

10. 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.

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FACTUAL ALLEGATIONS

11. Patient A[1]

(a) Between in or around September 2021, through in or around December 2022, Respondent documented seven (7) clinical visits at his office with Patient A. During this timeframe, Respondent saw Patient A primarily for pulmonary care involving Patient A's diagnosis of Idiopathic Pulmonary Fibrosis (IPF).

(b) Patient A had been diagnosed with IPF more than ten (10) years before his first clinical visit with Respondent. Patient A had been stable for several years and with minimal pulmonary symptoms until after suffering a bout of pneumonia in 2019. After the pneumonia, Patient A began using supplemental oxygen on a minimal and intermittent basis.

(c) On or about September 24, 2021, Patient A had his first clinical visit at Respondent's office. Respondent documented in a progress note that Patient A was "presently on 2-3 liters of oxygen during the day (using more than previously) and continuous at night." Respondent documented that Patient A had an at home room air saturation of 88% and as low as 80% with walking. Patient A's oxygen saturation recorded at this visit was 90% on three (3) liters of supplemental oxygen. A physical examination indicated decreased breath sounds. The progress note documented weight loss and recorded Patient A's then current weight as one hundred thirty-six (136) pounds. Notably, the progress note does not mention an evaluation of the recently increased oxygen requirement or weight loss. Nor did Respondent issue orders for imaging studies, pulmonary function testing (PFT), or six (6) minute walk testing.

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[1] For patient privacy purposes, Patient A's true name has not been used in the instant Accusation to maintain patient confidentiality. The patient's identity is either known to Respondent or will be disclosed to Respondent upon receipt of a duly issued request for discovery in accordance with Government Code section 11507.6.

(d) On or about January 20, 2022, Respondent documented in a progress note that Patient A was now on oxygen "at rest," but that his oxygen saturation was stable. Oxygen saturation was noted at 99% on three (3) liters of supplemental oxygen. Respondent documented additional weight loss and recorded Patient A's then current weight as one hundred thirty-four (134) pounds. Respondent documented under plan "old records" and that lab work was being ordered.[2] Notably, Respondent did not issue orders for imaging studies or pulmonary function testing at this visit.

(e) On or about February 15, 2022, Respondent received medical records from Patient A's prior treating primary care physician, but Respondent did not document when he reviewed them in the patient's chart.[3] These records included CT scans of Patient A's chest from 2017 and 2018. The 2018 CT scan documented negative changes in Patient A's lungs.

(f) Medical records from Patient A's former pulmonologist were not found in Respondent's chart for this patient. No pulmonary function tests were found in Respondent's chart for Patient A.

(g) On or about May 27, 2022, Respondent documented in a progress note that Patient A was not using portable oxygen and his saturation was recorded at 92%. The assessment noted "weight loss-ongoing" and recorded Patient A's then current weight as one hundred twenty-five (125) pounds.[4] Under plan, Respondent documented only "chronic lung disease – will continue to monitor." No other orders were documented in the progress note, and there is no notation of review and/or acknowledgement of Patient A's "old records" or any plans to follow up on the imaging findings.

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[2] As of the date of this visit, Respondent had not yet received or reviewed Patient A's records from prior physicians.

[3] During an interview with Board investigators about this case, Respondent stated that he did review these specific records, but he could not remember when.

[4] This amounted to a loss of nine (9) pounds since the prior visit on January 20, 2022.

(h) On or about August 26, 2022, Respondent documented oxygen saturation at 93% on two (2) liters of supplemental oxygen. The assessment again noted "weight loss-ongoing" and recorded Patient A's then current weight as one hundred fifteen (115) pounds.[5] Respondent's documented plan was to repeat lab work including thyroid, consider a colonoscopy, and refer to surgery for evaluation of an inguinal hernia.

(i) On or about September 23, 2022, Respondent saw Patient A at his clinic. The purpose of the visit was to "follow up" on lab results, but Respondent did not document any information involving a review of lab results in the progress note of this visit. The oxygen saturation was recorded at 96% on two (2) liters of supplemental oxygen. Patient A's then current weight was one hundred thirteen (113) pounds.[6] Patient A advised Respondent that he was "not eating as much as in the past." Respondent's documented plan was for an "elective EKG, Ensure one can bid, and a chest x-ray."

(j) On or about September 27, 2022, a chest x-ray of Patient A was done. The report of the x-ray noted "slight progression of interstitial disease" from a prior x-ray taken on or about November 18, 2019.

(k) On or about October 21, 2022, Respondent saw Patient A for a pre-op evaluation prior to hernia surgery. Respondent documented oxygen saturation at 99% on two (2) liters of supplemental oxygen. A physical examination documented clubbing of fingers for the first time. The assessment again noted ongoing weight loss and recorded Patient A's then current weight as one hundred eleven (111) pounds.[7] Respondent did not document a specific plan to evaluate the cause(s) of ongoing weight loss or the new finding of clubbing of fingers.

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[5] This amounted to a loss of ten (10) pounds since the prior visit on May 27, 2022.

[6] This amounted to a loss of two (2) pounds since the prior visit on August 26, 2022.

[7] This amounted to a loss of two (2) pounds since the prior visit on September 23, 2022.

(l) On or about December 8, 2022, Respondent saw Patient A for a follow up after the hernia surgery. Respondent documented that Patient A's pulmonary fibrosis was "ok now" despite recording the patient's oxygen saturation at only 90% on that visit. The assessment again noted ongoing weight loss and recorded Patient A's then current weight as one hundred seven (107) pounds.[8] Respondent's documented plan was for Patient A to "walk each day on oxygen, increase Ensure to 1 can tid, high resolution CT, well eye exam and diabetic test strips."

(m) On or about December 13, 2022, the CT scan of Patient A's chest ordered by Respondent was performed. The CT results were recorded in the chart as having been received by Respondent's office on December 14, 2022, at 15:27 hours. There was no date or time noted in the chart as to when the CT results were first reviewed.

(n) Notably, parts of the CT results received by Respondent's office had been highlighted, including, the following parts: "1. Worsening severe pulmonary fibrosis in a pattern suggestive of fibrotic NSIP versus chronic hypersensitivity pneumonia. 2. Dilated main pulmonary artery suggests pulmonary hypertension." Significantly, the chart does not indicate whether the CT results were communicated to Patient A or if Respondent planned any follow up based upon the results.

(o) A telehealth visit (by phone) was scheduled to occur on January 27, 2023. A progress note template found in Respondent's chart for Patient A indicates the purpose of the visit as "results of CT chest, questions on oxygen and pulmonary fibrosis clinical trial." The records indicate a medical assistant from Respondent's office called Patient A on the scheduled date of the telehealth visit and took vital signs and recorded them in the progress note. Patient A's weight was recorded at one hundred four (104) pounds.[9] Patient A was advised that Respondent would be calling him later that day.

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[8] This amounted to a loss of four (4) pounds since the prior visit on October 21, 2022.

[9] This amounted to a loss of three (3) pounds since the prior visit on December 8, 2022.

(p) Respondent never met with Patient A on January 27, 2023. The progress note does not document why Respondent never met with Patient A for the scheduled telehealth visit on this date.

(q) On or about January 30, 2023, Patient A called Respondent's office to find out what happened and to again request results of his CT chest scan. A note concerning Patient A's phone message was placed in the chart for Respondent to read. Respondent did not return Patient A's call to his office.

(r) On or about February 2, 2023, Patient A called Respondent's office and left a second message for Respondent to return his call. Respondent did not return Patient A's second call to his office that week.

(s) On or about February 6, 2023, Patient A sent a letter to Respondent's office stating, "I am very concerned about not being able to reach you and not hearing from you. I had a CAT scan on December 13, 2022, and still don't have the results. It has been 10 additional days, and I still haven't heard from you." Respondent did not respond to Patient A's letter.

(t) On or about February 9, 2023, Patient A was admitted to the hospital at St. John's Regional Medical Center (SJRMC) for a week due to worsening shortness of breath.[10] While admitted at SJRMC, Patient A was seen by several pulmonologists to address his worsening pulmonary condition.

(u) On or about February 10, 2023, Dr. MH, a pulmonologist at SJRMC, informed Patient A that he was very close to the end of his life. That same day, Dr. MH sent a text message to Respondent asking to discuss Patient A's care. Respondent never replied to Dr. MH's text message.[11]

(v) On or about February 13, 2023, Respondent travelled to SJRMC where he has hospital privileges. Respondent printed hospital records concerning Patient A's

[10] Patient A was discharged from SJRMC on or about February 16, 2023.

[11] During an interview with Board investigators about this case, Respondent stated that he did not recall responding to the text message or discussing Patient A with Dr. MH. Respondent also did not recall speaking to any other pulmonologist at SJRMC about Patient A.

admission, but he did not visit or speak to Patient A while at the hospital. While at SJRMC, Respondent did not consult with any of the attending medical providers, including pulmonologists, about Patient A's condition.

(w) On or about February 15, 2023, Patient A sent a second letter to Respondent stating, "I am still in the hospital, dying, due in large part to [Respondent's] abandonment of me as a patient. I will need a copy of all the medical records and tests you have for me as soon as possible." Respondent did not respond to Patient A's letter.

(x) On or about March 17, 2023, Patient A was admitted again to SJRMC due to increased shortness of breath and profound hypoxemia.

(y) On or about March 23, 2023, Patient A was transferred as an inpatient to Cedars Sinai Medical Center for expedited transplant evaluation. He was discharged back to SJRMC on March 31, 2023, after it was determined he was not a suitable candidate.

(z) From March 31, 2023, through April 23, 2023, Patient A remained admitted at SJRMC and continued on high flow oxygen and BiPAP (ventilator) for respiratory failure.

(aa) On or about April 23, 2023, Patient A was transferred as an inpatient to USC Keck Hospital for a second opinion on transplant evaluation. He was discharged back to SJRMC on April 28, 2023, after it was determined he was too frail to be considered for transplant and would not be a suitable candidate.

(bb) Patient A passed away on May 1, 2023.

(cc) Although Respondent treated Patient A for IPF and related symptoms, he never ordered PFTs; he never reviewed results of prior PFTs from other pulmonologists; he never ordered a six (6) minute walk test to assess functional status; he obtained only one CT chest scan for Patient A while under his care despite previous reports of Patient A's disease progression and increased symptoms; and from the beginning of Respondent's IPF care of Patient A he did not objectively establish and stage the disease severity.

(dd) While Patient A was under Respondent's care and treatment for IPF, he never discussed with Patient A (or documented discussion of) the following: stage of disease; possible disease trajectory; prognosis; antifibrotic therapy; and/or possible clinical trials.

(ee) Respondent's records for Patient A do not include an assessment of comorbidities.

(ff) Respondent never referred Patient A for pulmonary rehabilitation.

(gg) Respondent never established a formal treatment plan for Patient A.

(hh) Significantly, Respondent never discussed with Patient A (or documented discussion of) the consideration of a referral for a lung transplant.

(ii) While under Respondent's care, Patient A suffered significant unexplained and unintended weight loss. Respondent did not perform a thorough clinical assessment of the potential causes of Patient A's ongoing weight loss while under his care and treatment for IPF.[12]

(jj) Respondent did not relay the results of the December 13, 2022, CT chest scan to Patient A, at any point in time, despite the CT chest scan results indicating "worsening severe pulmonary fibrosis."

(kk) Respondent did not document why the telehealth visit with Patient A to discuss results of the abnormal CT chest scan, scheduled to occur on January 27, 2023, did not occur. Respondent did not attempt at any point in time to contact Patient A to reschedule this visit.

(ll) Respondent did not reply to Patient A at any point in time following Patient A's multiple attempts requesting results of the December 13, 2022, CT chest scan and other information regarding his worsening symptoms.

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[12] While under Respondent's care, Patient A lost thirty-two (32) pounds in approximately sixteen (16) months.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

12. Respondent has subjected his Physician's and Surgeon's Certificate No. G 36595 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of the Code, in that Respondent committed gross negligence in his care and treatment of Patient A, as more particularly alleged hereinafter:

13. Paragraph 11, above, is hereby incorporated by reference and realleged as if fully set forth herein.

14. Respondent committed gross negligence in his care and treatment of Patient A, including, but not limited to, the following:

(a) Respondent failed to adequately assess and properly manage Patient A's IPF.

(b) Respondent failed to adequately assess Patient A's unintentional weight loss.

(c) Respondent failed to relay to Patient A the abnormal results of the December 13, 2022, CT chest scan; failed to personally discuss with Patient A the concerns Patient A had regarding his worsening symptoms; and failed to respond to the multiple requests from Patient A regarding the CT chest scan results and other pertinent medical information about his IPF disease.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

15. Respondent has further subjected his Physician's and Surgeon's Certificate No. G 36595 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of the Code, in that Respondent committed repeated negligent acts in his care and treatment of Patient A, as more particularly alleged hereinafter:

16. Paragraphs 11 through 14, above, are hereby incorporated by reference and realleged as if fully set forth herein.

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THIRD CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Records)

17. Respondent has further subjected his Physician's and Surgeon's Certificate No. G 36595 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the Code, in that Respondent failed to maintain adequate and accurate records in connection with his care and treatment of Patient A, as more particularly alleged in paragraphs 11 through 16, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

FOURTH CAUSE FOR DISCIPLINE

(Unprofessional Conduct)

18. Respondent has further subjected his Physician's and Surgeon's Certificate No. G 36595 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivisions (a), (b), and (c), of the Code, in that Respondent has engaged in conduct which 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, as more particularly alleged in paragraphs 11 through 17, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

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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 No. G 36595, issued to Respondent John Ramsay Walters, M.D.;

2. Revoking, suspending or denying approval of Respondent John Ramsay Walters, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Respondent John Ramsay Walters, M.D., to pay the Board the costs of the investigation and enforcement of this case;

4. Ordering Respondent John Ramsay Walters, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

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

DATED: OCT 04 2024

JENNA JONES for
REJI VARGHESE
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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