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FILED  
STATE OF CALIFORNIA  
MEDICAL BOARD OF CALIFORNIA  
SACRAMENTO May 23 20 12  
BY H. Park ANALYST

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

In the Matter of the Accusation Against:  
  
ASHIQ V. PATEL, M.D.  
1331 W. Avenue J, Suite 206  
Lancaster, California 93534  
  
Physician's and Surgeon's Certificate No. A  
66156,  
  
Respondent.

Case No. 05-2011-213420

**A C C U S A T I O N**

Complainant alleges:

**PARTIES**

1. Linda K. Whitney (Complainant) brings this Accusation solely in her official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs.
2. On or about July 31, 1998, the Medical Board of California issued Physician's and Surgeon's Certificate Number A 66156 to Ashiq V. Patel, 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 March 31, 2014, unless renewed.

JURISDICTION

3. This Accusation is brought before the Medical Board of California (Board), Department of Consumer Affairs, 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 provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Board deems proper.

5. Section 2234 of the Code states:

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

"(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter [Chapter 5, the Medical Practice Act].

"(b) Gross negligence.

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

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

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

". . . ."

1 FIRST CAUSE FOR DISCIPLINE

2 (Gross Negligence)

3 6. Respondent is subject to disciplinary action under section 2234, subdivision (b), in  
4 that Respondent was grossly negligent in his care and treatment of patient V.G. The  
5 circumstances are as follows:

6 7. On or about August 2, 2010, Patient V.G. underwent a thyroidectomy at Antelope  
7 Valley Hospital.

8 8. On or about August 3, 2010, Respondent assumed responsibility for V.G.'s endocrine  
9 care. In order to maintain her normal thyroid metabolic state, Respondent prescribed 125  
10 micrograms of Levothyroxine.<sup>1</sup>

11 9. Lab test results dated August 26, 2010, revealed normal thyroid function.

12 10. On or about September 7, 2010, Respondent saw V.G. in his office. V.G. complained  
13 of dizziness, dry skin and fatigue. She also reported she had been experiencing nervousness,  
14 palpitations and weakness. The medical record further notes obesity as a comorbidity.  
15 Respondent reviewed the lab test results and continued the prescription for 125 micrograms of  
16 Levothyroxine. He counseled V.G. on diet and exercise.

17 11. Lab test results dated September 27, 2010, indicated a thyroid stimulating hormone  
18 (TSH) level within normal limits. Respondent described a "just slightly elevated" thyroxine (T4)  
19 level, and a triiodothyronine (T3) level at the "low end."<sup>2</sup>

20 12. On or about October 5, 2010, Respondent again saw V.G. in his office. V.G.  
21 continued to complain of dizziness, dry skin, fatigue, nervousness, palpitations and weakness.  
22 Obesity is again noted, and Respondent again counseled V.G. on diet and exercise. Respondent

23 <sup>1</sup> Levothyroxine is a replacement for the hormone normally produced by the thyroid  
24 gland to regulate the body's energy and metabolism.

25 <sup>2</sup> Thyroid hormone production is regulated by TSH. TSH is made by the pituitary gland,  
26 which is located in the brain. From the pituitary gland, TSH travels to the thyroid where it  
27 stimulates the production of T3 and T4 and their release into the bloodstream. (See  
28 <http://www.endocrine.niddk.nih.gov/pubs/thyroidtests/index.aspx#whatis.>)

1 reviewed the lab results. Respondent did not feel that the medication was causing V.G.'s  
2 symptoms, but agreed to reduce the Levothyroxine dose to see if there would be a difference in  
3 the symptoms. He reduced the dose to 100 micrograms.

4 13. Lab test results dated October 28, 2010, indicated V.G. was hypothyroid, suggesting  
5 not enough thyroid replacement hormone.

6 14. On or about November 2, 2010, Respondent saw V.G. in his office. The medical  
7 record provides that V.G. continues to experience dizziness, dry skin and fatigue. Obesity is  
8 again noted, and Respondent again counseled V.G. on diet and exercise. Without explanation in  
9 the medical record, Respondent switched V.G.'s medication to Armour Thyroid,<sup>3</sup> two grains per  
10 day.

11 15. Lab test results dated November 24, 2010, indicated that THS levels were suppressed,  
12 suggesting that V.G. was receiving too much thyroid hormone. However, at V.G.'s subsequent  
13 office visit of November 30, 2010, Respondent made no change to V.G.'s thyroid medication.

14 16. Lab test results dated December 17, 2010, demonstrated normal thyroid hormone  
15 levels. The lab test results also demonstrated elevated cholesterol, elevated testosterone and an  
16 "off" ratio of follicle stimulating hormone to luteinizing hormone that led Respondent to suspect  
17 polycystic ovarian syndrome (PCOS) or insulin resistance.<sup>4</sup> No hemoglobin A1c<sup>5</sup> test was  
18 ordered. At V.G.'s subsequent office visit of December 23, 2010, Respondent increased the  
19 Armour Thyroid to three grains per day. At that visit, obesity was again noted, and Respondent  
20 again counseled V.G. on diet and exercise.

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23 <sup>3</sup> Armour Thyroid is the brand name of natural thyroid hormone replacement.

24 <sup>4</sup> PCOS is a condition in which there is an imbalance of a woman's female sex hormones,  
25 which may cause changes in the menstrual cycle, skin changes, small ovarian cysts, trouble  
26 getting pregnant and other problems. (See  
[http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0001408/.](http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0001408/))

27 <sup>5</sup> The hemoglobin A1c test is used to measure blood sugar levels. (See  
28 [http://www.nlm.nih.gov/medlineplus/ency/article/003640.htm.](http://www.nlm.nih.gov/medlineplus/ency/article/003640.htm))

1 17. Lab test results dated January 25, 2011, showed slight lowering of cholesterol levels,  
2 suppressed levels of TSH, indicating that V.G. was receiving too much thyroid hormone, and  
3 triglycerides within normal range. The lab test results were consistent with PCOS.

4 18. The medical record of V.G.'s February 4, 2011, visit with Respondent indicates that  
5 Respondent diagnosed V.G. with dysmetabolic syndrome<sup>6</sup> and prescribed Victoza, an injectible  
6 medication used for the treatment of type 2 diabetes. At this visit, V.G.'s heart rate was 118 beats  
7 per minute. There was no change in the prescription for Armour Thyroid.

8 19. Respondent was grossly negligent in the care and treatment of V.G. when he failed to  
9 recognize abnormal thyroid function tests and failed to properly adjust thyroid medications.

10 SECOND CAUSE FOR DISCIPLINE

11 (Repeated Negligent Acts)

12 20. Respondent is subject to disciplinary action under section 2234, subdivision (c), in  
13 that Respondent committed repeated negligent acts in his care and treatment of V.G. The  
14 circumstances are as follows:

15 21. The facts and circumstances contained in paragraphs 7 through 18 are incorporated as  
16 if fully set forth.

17 22. Respondent was negligent in his care and treatment of V.G. as follows:

- 18 a. Respondent failed to recognize abnormal thyroid function tests and failed to  
19 properly adjust thyroid medications;
- 20 b. Respondent improperly diagnosed prediabetes and dysmetabolic syndrome;  
21 and
- 22 c. Respondent improperly prescribed Victoza to treat dysmetabolic syndrome.

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27 <sup>6</sup> Metabolic syndrome, also known as dysmetabolic syndrome, is the name for a group of  
28 risk factors that raises the risk for heart disease and other health problems, including diabetes.  
(See [http://www.nhlbi.nih.gov/health/health-topics/topics/ms/.](http://www.nhlbi.nih.gov/health/health-topics/topics/ms/))

1 PRAYER

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

- 4 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 66156,  
5 issued to Ashiq V. Patel, M.D.
- 6 2. Revoking, suspending or denying approval of his authority to supervise physician  
7 assistants, pursuant to section 3527 of the Code;
- 8 3. If placed on probation, ordering him to pay the Medical Board of California the costs  
9 of probation monitoring; and
- 10 4. Taking such other and further action as deemed necessary and proper.

11  
12 DATED: May 23, 2012

  
13 LINDA K. WHITNEY  
14 Executive Director  
15 Medical Board of California  
16 Department of Consumer Affairs  
17 State of California

18 *Complainant*

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