

Mclaughlin, James (DOH)

From: Mclaughlin, James (DOH)
Sent: Tuesday, February 12, 2013 3:45 PM
To: Hopkins, Bruce (DOH); Hopkins, Bruce G (DOH)
Subject: FW: Addendum to case summary

Dr. Hopkins,

Near the end of last week I had a telephone conversation with Dr. Philip Welch. He expressed a willingness to enter the STID, but had some concerns regarding the ways certain allegations were characterized. I asked Dr. Welch to email me his concerns in written form. I expressed that I would review his comments and consider making some changes to the allegations. However, he asked whether these considerations might change the panel's decision to offer a STID rather than close the case. I said that I did not think that they would, but that I would interact with you on that issue. Dr. Welch's email is below.

In his comments below, Dr. Welch does identify one error in the allegations. The h&p by Dr. Welch was actually done on 5/30/12, not on the same day of surgery, which was 6/18/12. I mistakenly obtained the h&P date from the field labeled "Filed." So, all of this did not occur in one day.

1 - Attorney Work Product - RCW 42.56.290

However, I

will certainly correct this error.

One issue seems to be that he relied upon the patient's assertion that she had recently had a normal pap smear at Planned Parenthood. In his initial reply letter, Dr. Welch acknowledges that he did not go back and look at the Planned Parenthood records to verify the accuracy of the patient's statement on this issue.

On the issue of the previous abnormal, approximately 10 years earlier, I can redraft the language to be more suitable to Respondent. His view is that the current language suggests that this information was readily available and he simply did not consider it. That was not the case, and I can re-characterize the description of the facts on this issue.

The central question that I have promised to ask you is whether this would change your recommendation for a STID. Please read Respondent's comments below. If it does not, I will simply reword some of the language and remove the inaccurate reference to the exam and surgery occurring on the same day—again, your review and recommendation did not include my error.

If you can get back to me at your earliest convenience, hopefully we can wrap this up in time for the meeting.

Thank you.

Jim

From: Philip Welch [mailto:philw100@hotmail.com]
Sent: Friday, February 08, 2013 8:21 AM
To: Mclaughlin, James (DOH)
Subject: FW: Addendum to case summary

Jim,
Thanks for your reply. I sent this yesterday afternoon, absent a critical dot in the address apparently.
Appreciate your efforts.
Phil Welch

From: philw100@hotmail.com
To: james.mclaughlin@dohwa.gov
Subject: Addendum to case summary
Date: Thu, 7 Feb 2013 15:37:43 -0800

Dear Mr. McLaughlin,

To follow up on our conversation just completed regarding the Allegations and Stipulation of the June 2012 case, no. 2012-6387/M2012-1260.

We reviewed the actual occurrences during the work-up of the involved patient and discussed a potential mismatch with what is written in the allegations, both implicit and explicit.

Per our discussion I am submitting a succinct clarification of the facts around her pap smear history. Though I thought I said basically these same things in the original summary I submitted 8/24/12 it appears things may have been a bit unclear. And that that clarity might indeed carry weight in the review of this case.

Specifically, when the patient presented I did indeed ask her about her pap history, both recent and past, as part of her evaluation.

She did state that she had had a recent normal pap smear at the referring facility and specifically recalled the conversation confirming this. (That conversation also included the recommendation for referral that led to my seeing her).

She stated regarding the more distant past that it had been a long time since her previous pap smears but was not aware of ever having an abnormal.

Both of these statements later, upon investigation, turned out to be untrue.

The notification of recent pap normal was in fact a reference to cultures. She was confused about what was done and a pap had actually not been done.

The farther distant pap history took a good bit of detective work to go back and uncover, by a combined effort of the path lab and the referring Planned Parenthood. I did not hear about it until several days after the surgery and our surprising findings. No clear record could be found that demonstrated contact with the patient regarding her significantly abnormal pap approximately a decade ago. It appears she may have been lost to follow up in that time frame.

Either of these central bits of information, the lack of recent pap and the history of the old one, would have clearly led me to pursue this whole area further and not looked elsewhere, her fibroid situation etc, for explanation of her bleeding.

Patients are incorrect about their own medical histories every day in clinical practice. Sometimes they lie to us, though this was clearly not the case here. We must deal with these expressions of human frailty day in and day out, and make frequent, often unconscious, decisions as to when to challenge and when to accept. I fault myself (especially when kicked by hindsight) for not having more suspicion here. But at the same time I sympathize with myself as the clinician in this situation that took this aspect of history at face value.

Planned Parenthood always *does* do a pap smear in the intake evaluation of a new patient like this. No reason to doubt.

The patient *did* say she was notified, appeared to have very specific recollection of it. No real reason to doubt. Most people *do* remember if they've been notified years ago about an abnormal pap, and have been brought back for further evaluation and treatment. No real reason to doubt her statement on that either.

As I stated when we talked, there is a "connect" the dots aspect to this also, one which I genuinely do fault myself despite all of the above understandable considerations. Overall, I just really do think I should have been more suspicious, though I can't point to any one specific factor as to why.

Two other points that may merit clarification.

Somewhere, perhaps in the original review statement, I believe I saw mention of "visible cervical lesion" being noted. To clarify: neither I nor the referring clinician saw a visible cervical lesion.

Secondly, the allegation summary states that the "Patient A went to surgery that day". In fact it was approximately two weeks between when she was seen by me for evaluation and her subsequent surgery. The allegation misstates the date she was originally seen by me as June 8 when it in fact was May 30. This is not just a formality to correct because, taken with the other issues that may have gotten lost in translation, it gives the impression that good clinical judgment was ignored and the patient was "rushed off to surgery". This was by no means the case. There are situations in which urgent or even emergent surgery is done for bleeding, but this person was not one of them.

I do wonder whether the sum of these clarifications might indeed have led to a different outcome of the review. I await your thoughts and thank you for the opportunity to shed further light on the events.

Sincerely,
Philip Welch MD

McLaughlin, James (DOH)

From: McLaughlin, James (DOH)
Sent: Thursday, February 07, 2013 4:28 PM
To: 'philw100@hotmail.com'
Subject: Our Telephone Discussion

Dr. Welch,

Please feel free to send me the comments we discussed on the telephone, in written form via responsive email. I will forward them to the reviewing commission member and talk to him about whether that changes his recommendation (the panel has already ordered an offer of a Stipulation to Informal Disposition, which you now have). If it does not, I will consider your comments, further review the materials, and make proposed changes to the language within 1.3 that we discussed.

I will not likely be able to get you a revised document until early next week. Please consider this an extension of the timeline for response, beyond the February 8th date mentioned in our cover letter.

Jim

Jim McLaughlin, J.D.
Staff Attorney
Department of Health, Medical Commission
P.O. Box 47866
Olympia, WA 98504-7866
(360) 236-2790 (direct line)
(360) 586-4573 (fax)



Always working for a safer and healthier Washington

McLaughlin, James (DOH)

From: 7 - Public Agency Employee/Volunt...
Sent: Wednesday, October 31, 2012 4:50 AM
To: McLaughlin, James (DOH)
Subject: 2012-6387MD

Hi Jim: 2 - Consulting expert case review - RCW 42.56.290; 42.56.070 (1); CR 26(b)(5)(B) . The respondent was referred the pt. from planned parenthood for intra and postcoital bleeding. This was heavy enough to require several pad changes per hour @ times. A known fibroid had been Dx by PE ^ U/S; therefore the referral. On obtaining the pt's hx the respondent assumed that a pap smear had been done and was normal despite the bleeding. "It looked normal on PE by respondent. In fact pt. had not had a pap smear in 10 years and that one was abnormal with dysplasia. Pt. denies ever being told that. She also had a confirmed Chlamydia infection in 1987 & was treated apparently. In his assessment the respondent states "It is possible that intercourse related bleeding is actually NOT related to the fibroid. altho the bleeding pattern with recent menorrhagia suggests onset of the multifaceted atypical bleeding related to fibroid involvement and involvement of uterus of significant size." In his response letter, he states "I was dismayed to realize my own errors in judgement and evaluation." He admits to a lack of higher suspicion of other etiology of bleeding other than the fibroid. Altho he admits to this misdiagnosis and seem humbled and sorry for it, 2 - Consulting expert case review - RCW 42.56.29... We will present this to panel Nov. 15. Bruce HopkinsMD

Philip Welch
2012-6387

RCM = Hopkins

dob: 4/5/49 (63 yo)

Bd cert OB/GYN

interest = Crowell

licensed 1/8/81 M 000018862

3 prior closed cases

Compl. (3 -)

C: 6 - Identity - Whistleblower Regarding Health ...

[Confid. ?]

Pt:

5 - Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1)

6/18/12

- pt presented w classic symptoms of cervical CA
- taken to OR 3rd having pap smear
- last pap > 10 yrs and abnormal
- Supracervical hysterectomy
- postop d1, pathology rep'd pt had large cervical tumor that was cut through

M.Rs for pt.

- Hx P

- R

- 6/18/12

- 44 yo gravida 4, para 3, top 1, white female referred fr Planned Parenthood for fibroids and bleeding issues

- pt. congenitally blind

- recent menses very heavy

- bleed during & p intercourse

- U/S obt fr PP read as showing 260 cc uterus & 5.4 cm (E) posterior maximum dimension fibroid

- several approaches discussed w pt, incl. cryoablation of cervix & observation

- pt. very desirous of definitive tx

- specifically requested to proceed to hysterectomy

[Welch, cont.]

- OP. Rept. (7-)

- 6/18/12

- Dx: Fibroids, menometrorrhagia

- Procedure: Abdominal subtotal hysterectomy

- Surgical Pathology Rept (9)

- 6/18/12

- Uterus, Subtotal-Hysterectomy

- invasive carcinoma of cervix

- 3.5 x 3 x 3 cm (tumor transected at margin)

- Squamous

- Lymph-vascular invasion: widely present

- margins: Carcinoma present at cut cervical mucosal and stromal margins

- Lt Fr R (12-)

- 8/24/12

- Surprising finding expl. to pt & consult to gyn oncology

- dismayed to realize my own errors in judgment and evaluation

- referring fac. had NOT done a pap smear

- pt recounted being informed her cultures were negative

- these recds were not avail. at time I saw her (had only U/S) but were avail. later

- I did not verify what she said was true

- h/o of "never having a previous abnormal" subseq. found to not be true

- U/S: does not take but a second's glance back to realize that dx was there all along, in finding of sonographically abnormal cervix

- How could I have missed this?

[No doc. of neg. cultures]

MQAC CASE REVIEW DISPOSITION
Commission Meeting RCM Presentation

Respondent: Welch, Phillip D.

Case Number: 2012-6387

Date Presented: <u>11-15-12</u>	RCM: <u>Hopkins</u>	License#: <input type="checkbox"/> MD/ <input type="checkbox"/> PA _____
Panel Chair: <u>Ruiz</u>	Staff Attorney: <u>McLaughlin</u>	MQAC Clerk: <u>Creighton</u>

PANEL A	Concannon, Brantner, Clower, Cullen, Elders, Green, Johnson, Pattison, Winslow
PANEL B	Ruiz, Burger, Cvitanovic, Gotthold, Hander , Hensley, Hopkins, Marsh, Schneeweiss, Terry

A. REQUEST FOR LEGAL ACTION:

☐ Summary Suspension

☐ Practice Restriction

<input type="checkbox"/> Statement of Charges	<input checked="" type="checkbox"/> Statement of Allegations /Stipulation to Informal Disposition
<input type="checkbox"/> Withdrawal of SOC	<input type="checkbox"/> SOA/STID for Voluntary Surrender
<input type="checkbox"/> Notice of Decision on Application: (Denied)	<input type="checkbox"/> Withdrawal of SOA
<input type="checkbox"/> Notice of Decision on Application (Granted with conditions)	<input type="checkbox"/> Notice of Correction

Alleged Violations—RCW 18.130.180:

<input type="checkbox"/> (1) Moral turpitude	<input type="checkbox"/> (10) Aiding and abetting	<input type="checkbox"/> (19) Treating by secret methods
<input type="checkbox"/> (2) Misrepresentation of facts	<input type="checkbox"/> (11) Violation of rules	<input type="checkbox"/> (20) Betrayal of patient privilege
<input type="checkbox"/> (3) False advertising	<input type="checkbox"/> (12) Practice beyond scope	<input type="checkbox"/> (21) Rebating
<input type="checkbox"/> (4) Incompetence	<input type="checkbox"/> (13) Misrepresentation or fraud	<input type="checkbox"/> (22) Interference with investigation
<input type="checkbox"/> (5) Out of state action	<input type="checkbox"/> (14) Failure to supervise	<input type="checkbox"/> (23) Current drug/alcohol misuse
<input type="checkbox"/> (6) Illegal use of drugs	<input type="checkbox"/> (15) Public health risk	<input type="checkbox"/> (24) Sexual contact/patient abuse
<input type="checkbox"/> (7) Violated state or federal law	<input type="checkbox"/> (16) Unnecessary or inefficacious drugs	<input type="checkbox"/> (25) Acceptance of more than nominal gratuity
<input type="checkbox"/> (8) Failure to cooperate	<input type="checkbox"/> (17) Criminal conviction	
<input type="checkbox"/> (9) Failure to comply	<input type="checkbox"/> (18) Criminal abortion	

Other Violations of Relevant State or Federal Law or RCW 18.130.170: _____

☐ Mental Impairment

☐ Physical Impairment

B. CLOSED AFTER INVESTIGATION:

<input type="checkbox"/> Application investigation only - Panel decides to grant without conditions	<input type="checkbox"/> A7-Mistaken identity
<input type="checkbox"/> A1-Care rendered was within standard of care	<input type="checkbox"/> A8-No jurisdiction
<input type="checkbox"/> A2-Complainant withdrew	<input type="checkbox"/> A11- No whistleblower
<input type="checkbox"/> A3- Unique closure (Panel must explain)	<input type="checkbox"/> A12-Risk minimal, not likely to reoccur
<input type="checkbox"/> A5-Evidence does not support a violation	<input type="checkbox"/> Sexual Misconduct: RCW 18.130.062 Standard of care-MQAC to retain. No clinical issues-Refer to Sec.

OTHER EXPLANATIONS (Legal Review, Return to Investigation, etc.)

1)

2)

MQAC Case Review Panel (green) 11-8-12

GUIDE FOR CLOSURE CODES

November 2012

CODE	CLOSURE	DESCRIPTION
	Application	Decision to grant an unrestricted license.
A-1	Care rendered was within standard of care	The evidence establishes that the respondent met or exceeded the standard of care.
A-2	Complainant withdrew complaint	The complainant withdrew the complaint, and the complainant's testimony is necessary to meet the burden of proof.
A-3	Unique closure (Panel must explain)	Any concerns regarding Respondent have been resolved through corrective action, license revocation, and suspension, death of respondent, or other circumstances. Explain: _____ _____ _____
A-5	Evidence does not support a violation	<ul style="list-style-type: none"> • The evidence is not sufficient to establish by clear, cogent, and convincing evidence that Respondent violated any UDA provision. • This includes situations in which the investigator was unable to obtain all material evidence.
A-7	Mistaken Identity	The case was opened under the wrong Respondent's name.
A-8	No Jurisdiction	Respondent is not licensed in Washington, has never been licensed in Washington, and is not applying for a license in Washington.
A-11	No Whistleblower Release	Complainant would not sign a whistleblower release AND the release of complainant's identity is necessary to prove a UDA violation.
A-12	Risk Minimal – Not Likely to Reoccur	<p>There is sufficient evidence that Respondent violated the UDA, but the evidence indicates that:</p> <ul style="list-style-type: none"> (a) The violation is not likely to reoccur; and (b) Closure poses no more than a minimal risk to public

Revised 11/09/2012

CONFIDENTIAL INVESTIGATIVE REPORT
PREPARED FOR THE
MEDICAL QUALITY ASSURANCE COMMISSION

CASE #2012-6387MD

Respondent:

Philip D. Welch, MD
801 Broadway, Suite 628
Seattle, WA 98122

(3 - DOH Licensee Health... cell

Attorney:

None

Specialty: OBSTETRICS AND GYNECOLOGY

Board Certification: OBSTETRICS AND GYNECOLOGY

Type of Practice: Office based

DOB: 04/05/1949

Licenses: WA

Medical School: 1978—U of WA Sch of Med; Seattle, WA

Residency: 07/1978-06/1979—Swedish Med Ctr; WA—GENERAL SURGERY
07/1979-06/1982—U of WA Med Ctr; WA—OBSTETRICS AND
GYNECOLOGY

Complainant:

Confidential

Attorney:

Investigative Case File completed by Investigator Bill N. Crowell
Date:

APPROVED: _____

James H. Smith

DATE: _____

9-6-12

PRIOR CASE HISTORY:

96-05-0027MD – Due to case age, specific details are not available. ***Closed NCFA.***

02-08-0055MD -- The Complainant, age 43, reports her PCP referred her to the Respondent for fertility testing on May 24, 2002. The Complainant, when asked by the Respondent what was going on with her health, notes she replied by saying she was struggling with heavy metal toxicity, and the need for chelation therapy. Whereupon the Respondent allegedly became defensive, saying he didn't necessarily believe in the type of illness or treatment she had undergone, and was quite opinionated in his remarks and beliefs, using the term "mumbo jumbo."

The Complainant goes on to say the Respondent seemed "threatened" when she told him she was aware of her own body, symptoms, cycles, and her having knowledge of same. The Complainant notes that the Respondent had a condescending attitude about the fact that she was 43 and that she "might only have a handful of good ovulations left." The Complainant states that the Respondent then went on to describe the test she had been referred for and a series of procedures she would undergo if the first test didn't work, seeming confident that she would become pregnant. When the Respondent wanted to do a pelvic exam, the Complainant states she said no, as she had just undergone one by her PCP.

The Complainant notes that after this, the Respondent seemed unable to quit focusing on her participation in natural medicine and that he badgered her, making it clear that he felt threatened by things he hadn't been trained for and didn't know much about. The Complainant notes that she did not have the test done that the Respondent ordered and wrote the Respondent a letter saying how upset she was about his unprofessional manner. Although the Complainant did not hear back from the Respondent, she notes the Respondent called her PCP saying he couldn't understand what had upset her, and that the Respondent was trying to save his face professionally, and that he really didn't care about the effect he had on her.

Closed Below Threshold (not investigated).

07-10-0038MD – The patient filed an assault report against the respondent at the local city police department. The patient stated that she made an appointment for a physician exam for Uterine Fibroids. She alleges the exam was forceful and painful and that the respondent would not listen to her concerns during the exam. She alleges that the traumas incident has triggered past sexual assault memories. After the incident she immediately went to her therapist for counseling due to the emotional trauma she experienced. ***Closed NCFA. Investigator: Pyles; Staff Atty: Weisman; RCM: Harvey.***

GENERAL CASE SUMMARY

COMPLAINT / ALLEGATIONS: The Complainant writes that the Respondent performed a supracervical hysterectomy on a 44 y/o patient without first performing a Pap test. Pathology showed a cervical tumor that was transected during the surgery. On physical exam some three weeks before the surgery the Respondent described the cervix as visually normal.

CASE REVIEW: The Respondent replies by saying the patient was a 44-year-old G4 P3 TOP 1 female who had been referred for intermittent bleeding, that included intracoital and postcoital bleeding. The Respondent also noted that the patient is congenitally blind due to birth hydrocephalus and optic nerve damage.

In discussing the case, the Respondent relates that the patient's health care had been episodic and she had given no history of previous bleeding or abnormal pap smears.

The Respondent notes that the patient's physical exam was remarkable for an enlarged uterus, approximately 8-10 weeks in size, and that the cervix was unremarkable in appearance.

The Respondent goes on to say that the patient had a previous ultrasound at the referring facility that revealed several abnormalities (**page 25**) and that the patient underwent a supracervical hysterectomy on June 18, 2012 without difficulty. The post-op course was uneventful.

The Respondent notes that the path report showed the patient had invasive cervical cancer with margins cut through. The Respondent says this was a surprising finding which was explained to the patient in addition to obtaining a GYN consult. The patient underwent a robotic radical trachelectomy with lymph node dissection four days later. The Respondent notes that the final path report placed the patient at a stage 1 B II squamous cell carcinoma and that the patient will receive subsequent radiation/chemo therapy.

The Respondent, in closing is extremely apologetic and deeply dismayed in the ensuing events that occurred.

CONTACTS:

Respondent

Complainant

Bill N. Crowell, Investigator
Department of Health
PO Box 47874
Olympia, WA 98504-7874
(360) 236-2773

ACTIVITY:

<u>Date</u>	<u>Activity</u>
07-11-12	Case received in MQAC Investigations.
07-11-12	Case assigned.
08-01-12	Case received in in-box.
08-03-12	Case opened and preliminary preparation initiated.
08-03-12	LOC mailed to Respondent.
08-16-12	4:28 PM. Respondent called and left voice message with regards to the complaint and requested that I call him back.
08-17-12	8AM. Called Respondent and left voice mail saying I had received his voice mail from 08/16/12 and that I would be in the office all this morning.
08-22-12	2:07 PM. Received voice mail from Respondent saying he was perplexed in that he had called the patient, the referring provider, and the surgeon who did the follow-up surgery, all who related that they had not made the complaint.
08-23-12	10:44 AM. Called and spoke with Respondent, saying that the Complainant was confidential at this time. In addition, since the Respondent was leaving on vacation, I told him that he could have until next week to get his statement and copy of the Complainant's medical to the Commission.
09-04-12	Received Respondent's statement.
09-04-12	Case completed in MQAC Investigations and forwarded to Program Management.

EVIDENCE / ATTACHMENTS:

<u>Page</u>	<u>Description</u>
001	WAC 246-15-030 notice
002-011	Letter of complaint with copy of follow-up surgery report.
012-014	Respondent's statement.
015-025	Copy of patient's medical record from Respondent.
026-032	Copy of Letter of notification of complaint to Respondent, letter of acknowledgment of complaint to Complainant; Whistleblower waiver and signed Whistleblower waiver, and LOC to Respondent.

7-19-12 11:31 call

from Phillip Welch 6387

3 - DOH Licensee Health Professional Home Address ...

Dr. [redacted] is ok
with releasing her
identity at that
time. Will sign
WB.

12:05 TL ↑ EXP PROCESS

will contact him AS SOON

AS WB comes in and

we are able to

PHILLIPS HAS

7/31/12 11:49 TL FROM

C, DR. [redacted] DISCLOSED

WB. wishes to remain

CONFIDENTIAL through

investigation - if comes

to charges/learnings/discovery

MQAC ASSIGNMENT MEMO

Case #: 12-6387 MD

Respondent: Welch, Philip D. MD

Date Received: 7-11-12 Date Assigned: 7-11-12

Investigator: Bill Crowell

Priority: A B C X D Code: 04

X Respondent Notification Letter

X Complainant Acknowledgement Letter

X Whistleblower Letter & Waiver

 Malpractice Letter

Abandonment	Health & Safety Violations	Neglect	Possible Summary Action	Sexual Misconduct
Abduction	High visibility	No Patient Harm	Practice Beyond Scope	Single Complaint Process
Abuse	Imminent Harm	Non-Compliance	Prohibition in another state	Standard of Care <u>X</u>
Action w/other state/jurisdiction	Inappropriate Communication	Other	Sanitation	Substance Abuse
Credential Application	Inspection Issues	Patient Abuse	Serious Injury	Testing Issues
EMTALA	Jurisdictional Questions	Patient Death	Serious Physical Harm	Transfusion Fatality
Exposure to physical/fire hazards	Mandatory Suspension	Physical Plant	Sexual Contact	Unlicensed Practice

Comments: _____

Background Check Processed SW

JUL 11 2012 Report

NPDB/HIPDB
 DEPARTMENT OF HEALTH
 MEDICAL COMMISSION

MQAC REVIEW
Case Number: 2012-6387

Date: July 2, 2012

Presented by: **George Heye, MD**

Respondent:	WELCH, PHILIP DAVID, MD	King County
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Complainant:	6 - Identity - Whistleblower Reg... MD
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CASE SUMMARY

The Respondent:

Board Certified:	OBSTETRICS AND GYNECOLOGY
DOB:	04-05-1949
Licensed since:	01-08-1981
Expiration date:	04-05-2013
Medical School:	1978—U of WA Sch of Med; Seattle, WA
Residency:	07/1978-06/1979—Swedish Med Ctr; WA— GENERAL SURGERY 07/1979-06/1982—U of WA Med Ctr; WA— OBSTETRICS AND GYNECOLOGY

The Complainant: An MD

Malpractice Settlement:

The Complaint: The complainant writes that the respondent performed a supracervical hysterectomy on a 44 y/o patient without first performing a Pap test. Pathology showed a cervical tumor that was transected during the surgery. On physical exam some three weeks before the surgery the respondent described the cervix as visually normal.

RCM Review

Prior Cases:

96-05-0027MD -- Due to case age, specific details are not available.
Closed NCFA.

02-08-0055MD -- The Complainant, age 43, reports her PCP referred her to the Respondent for fertility testing on May 24, 2002. The Complainant, when asked by the Respondent what was going on with her health, notes she replied by saying she was struggling with heavy metal toxicity, and the need for chelation therapy. Whereupon the Respondent allegedly became defensive, saying he didn't necessarily believe in the type of illness or treatment she had undergone, and was quite opinionated in his remarks and beliefs, using the term "mumbo jumbo."

The Complainant goes on to say the Respondent seemed "threatened" when she told him she was aware of her own body, symptoms, cycles, and her having knowledge of same. The Complainant notes that the Respondent had a condescending attitude about the fact that she was 43 and that she "might only have a handful of good ovulations left." The Complainant states that the Respondent then went on to describe the test she had been referred for and a

series of procedures she would undergo if the first test didn't work, seeming confident that she would become pregnant. When the Respondent wanted to do a pelvic exam, the Complainant states she said no, as she had just undergone one by her PCP.

The Complainant notes that after this, the Respondent seemed unable to quit focusing on her participation in natural medicine and that he badgered her, making it clear that he felt threatened by things he hadn't been trained for and didn't know much about. The Complainant notes that she did not have the test done that the Respondent ordered and wrote the Respondent a letter saying how upset she was about his unprofessional manner. Although the Complainant did not hear back from the Respondent, she notes the Respondent called her PCP saying he couldn't understand what had upset her, and that the Respondent was trying to save his face professionally, and that he really didn't care about the effect he had on her.

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Closed NCFA. Investigator: Pyles; Staff Atty: Weisman; RCM: Harvey.

Recommendation:

MEDICAL QUALITY ASSURANCE COMMISSION

CMT

Review of Cases

CMT DATE/
Panel Members/
Decision:

MQAC CMT - JULY 11, 2012
Richard Brantner, MD, Chair
Bruce Hopkins, MD
Terri Elders, Public Member

DECISION: ***Investigation authorized***

Case No.: 2012-6387

The attached pages were reviewed:

100-111

MQAC REVIEW
Case Number: 2012-6387

Date: July 2, 2012

Presented by: George Heye, MD

Respondent:	WELCH, PHILIP DAVID, MD	King County
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Complainant:	<small>6 - Identity - Whistleblower Reg...</small> MD	
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CASE SUMMARY

The Respondent:

Board Certified:	OBSTETRICS AND GYNECOLOGY
DOB:	04-05-1949
Licensed since:	01-08-1981
Expiration date:	04-05-2013
Medical School:	1978—U of WA Sch of Med; Seattle, WA
Residency:	07/1978-06/1979—Swedish Med Ctr; WA— GENERAL SURGERY 07/1979-06/1982—U of WA Med Ctr; WA— OBSTETRICS AND GYNECOLOGY

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Closed NCFA.

02-08-0055MD – The Complainant, age 43, reports her PCP referred her to the Respondent for fertility testing on May 24, 2002. The Complainant, when asked by the Respondent what was going on with her health, notes she replied by saying she was struggling with heavy metal toxicity, and the need for chelation therapy. Whereupon the Respondent allegedly became defensive, saying he didn't necessarily believe in the type of illness or treatment she had undergone, and was quite opinionated in his remarks and beliefs, using the term "mumbo jumbo."

The Complainant goes on to say the Respondent seemed "threatened" when she told him she was aware of her own body, symptoms, cycles, and her having knowledge of same. The Complainant notes that the Respondent had a condescending attitude about the fact that she was 43 and that she "might only have a handful of good ovulations left." The Complainant states that the Respondent then went on to describe the test she had been referred for and a

series of procedures she would undergo if the first test didn't work, seeming confident that she would become pregnant. When the Respondent wanted to do a pelvic exam, the Complainant states she said no, as she had just undergone one by her PCP.

The Complainant notes that after this, the Respondent seemed unable to quit focusing on her participation in natural medicine and that he badgered her, making it clear that he felt threatened by things he hadn't been trained for and didn't know much about. The Complainant notes that she did not have the test done that the Respondent ordered and wrote the Respondent a letter saying how upset she was about his unprofessional manner. Although the Complainant did not hear back from the Respondent, she notes the Respondent called her PCP saying he couldn't understand what had upset her, and that the Respondent was trying to save his face professionally, and that he really didn't care about the effect he had on her.

Closed Below Threshold (not investigated).

07-10-0038MD – The patient filed an assault report against the respondent at the local city police department. The patient stated that she made an appointment for a physician exam for Uterine Fibroids. She alleges the exam was forceful and painful and that the respondent would not listen to her concerns during the exam. She alleges that the trauma incident has triggered past sexual assault memories. After the incident she immediately went to her therapist for counseling due to the emotional trauma she experienced.

Closed NCFA. Investigator: Pyles; Staff Atty: Weisman; RCM: Harvey.

Recommendation:

Hamilton, Cindy (DOH)

From: DOH OS MQAC
Sent: Tuesday, June 26, 2012 7:17 AM
To: Hamilton, Cindy (DOH)
Subject: FW: Medical Complaint to the Board- HIPPA sensitive information
Attachments: H+P from Admission.pdf; Operative report.pdf; Pathology.pdf; Complaint.pdf

*Betty Elliott, Licensing Manager
Medical Quality Assurance Commission
WA State Department of Health
111 Israel Rd SE, Tumwater WA 98501
Email: betty.elliott@doh.wa.gov
Phone: 360 236-2766
Fax Number: 360 236-2795
Web Address: www.doh.wa.gov/hsqa/mqac*

"Promoting Patient Safety and Enhancing the Integrity of the Profession through licencing, discipline, rule-making, and education."

From: 6 - Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56....
Sent: Monday, June 25, 2012 5:39 PM
To: DOH OS MQAC
Subject: Medical Complaint to the Board- HIPPA sensitive information

Please see the attached complaint and supporting documentation.

Please let me know if I can help in any further way in the investigation of this matter

6 - Identity - Whistleblower Regarding Health Care Provider - RCW 43...



Washington State Department of
Health
Medical Quality Assurance Commission
Intake Coordinator
PO Box 47866
Olympia, WA 98504-7866
Phone: 360.236.2762 Fax: 360.586.4573
E-mail: medical.commission@doh.wa.gov

Complaint Form

Today's Date: 6/25/2012

1. Your Information

Name: 6 - Identity - Whistleblower Regarding H...

Address: 6 - Identity - Whistleblower Regarding Health Care Provider - RCW 4...

City: 6 - Identity - Wh... State: 6 - Ide... Zip: 6 - Identity - ...

Phone: Home: () - Work: 6 - Identity - Whistleblower Regar...

Cell Phone: 6 - Identity - Whistleblower Regar... E-mail: 6 - Identity - Whistleblower Regarding Health Care Provide...

2. Information about the Physician (MD) or Physician Assistant

Name of Physician (MD) or Physician Assistant: _____

PHILIP D. WELCH, MD

Clinic or Facility: Swedish Medical Center, First Hill Campus

Address: 747 Broadway

City: Seattle State: WA Zip: 98122

3. Patient Information

Full name: 5 - Healthcare Information Readily Identifiable to a Per...

Date of Birth: 5 - Healthcare Infor...

Date of incident: June 18, 2012

4. Scheduling problems or personality conflicts are usually not within the Commission's ability to take action.
5. Reports involving fee for fee disputes or insurance claims are only investigated if there appears to be fraud involved.
6. Please describe your complaint in the space below. Include the names, title and phone number of any witnesses that were involved in the complaint.
7. Please attach any supporting documentation or additional information you may have.

You may submit a complaint to the Medical Commission by mail, fax or email at:

Medical Quality Assurance Commission
Intake Coordinator
PO Box 47866
Olympia, WA 98504-7866
Fax: .360.586.4573

Please describe your complaint in the space below. Include names, titles and phone numbers of any witnesses. Please attach copies of documents to support your complaint. You may mail, email or fax this form to the Medical Quality Assurance Commission at the physical address, email address, or fax number above.

This patient was a victim of gross malpractice. She presented with symptoms that were absolutely classic textbook example of cervical cancer. She was taken to the OR without first having a pap smear. In fact it would turn out she had not had a pap in over 10 years and the last one she had was abnormal. She was not unstable in any way, and not taken to the or emergently.

She underwent a SUPRACERVICAL hysterectomy. On post op day #1 the surgeon was called by pathology who reported that the patient had a large cervical tumor that was cut through. Subsequent exam by a specialist would reveal a visible lesion on the cervix.

I have attached her admission H+P, operative report and pathology report

Please include additional sheets as necessary.

Case View Screen [update]



Case Status	2012-6387 (PUBLIC: Internal) Intake	Date Created	07/02/2012	Audit Entry Items Documents Notes Master Cases Participants Add Master Case Timeline History
Respondent ID	291648	Date Received	06/25/2012	
Respondent	PHILIP DAVID WELCH	How Received	Email	
Credential	MD.MD.00018862	Receiving Board	COMMISSION	
Address	<input type="radio"/> Public <input checked="" type="radio"/> Mail PHILIP DAVID WELCH 801 BROADWAY SUITE 628 SEATTLE, WA 98122	Receiving Profession	Physician And Surgeon License	
		Receiving Department	Case Intake	
		Received By	Cynthia R Hamilton	
Complainant ID	895178	Alleged Issues		
Complainant	6 - Identity - Whistleblower ...	Incompetence Negligence Patient Care Patient Neglect Substandard or Inadequate Skill Level		
		Case Nature		
		Standard of Care/Services		

Comments:

- Action Items
- Resolution
- Participants
- Priority History
- HIPDB Reports
- TimeTracker

Action Items [add] [add group]

Type	Assigned To	Activity	Track Time	Due Effective	Completed	Order Signed	Created ▼	User
Intake	Case Intake, Hamilton, Cynthia R		[add]	07/02/2012	07/02/2012		07/02/2012	Hamilton, Cynthia R
Target: PHILIP DAVID WELCH								
Warning: Warning Type: CASE PENDING								
Warning Effective Date: 07/02/2012								
Suppress License Print: NO								
Warning: 2012-6387								
Case Status: Status Changed To: Intake								
Action Info: Complaint Source Health Care Provider								
Possible Imminent Danger? No								
Single Complaint								
Process Coordination Needed? No								



AMA Physician Profile

Name and Mailing Address:

PHILIP DAVID WELCH MD
STE 628
801 BROADWAY
SEATTLE WA 98122-4336

Primary Office Address:

106 E E ST
YAKIMA WA 98901-2312

Phone: 1-206-622-1055

Birthdate: 04/05/1949

Physician's Major Professional Activity: OFFICE BASED PRACTICE

Practice Specialties Self Designated by the Physician*:

Primary Specialty: GYNECOLOGY

Secondary Specialty: UNSPECIFIED

*Self-Designated Practice Specialties/Areas of Practice (SDPS) listed on the AMA Physician Profile do not imply "recognition" or "endorsement" of any field of medical practice by the Association, nor does it imply, certification by a Member Medical Specialty Board of the American Board of Medical Specialties, or that the physician has been trained or has special competence to practice the SDPS.

AMA membership: NON MEMBER

_____ All Information from this Point Forward is Provided by the Primary Source _____

Current and/or Historical Medical School:

UNIV OF WA SCH OF MED, SEATTLE WA 98195

Degree Awarded: Yes

Degree Year: 1978



AMA Physician Profile

Current and/or Historical Post Graduate Medical Training Programs Accredited by the Accreditation Council for Graduate Medical Education (ACGME):

Beginning with the 2010 cycle of the National GME Census, post-graduate training segments will include the name of the program attended in addition to the sponsoring institution. Program-level information prior to 2010 will not be available for reporting. Future training dates, as reported by the program, should be interpreted as "in progress" or "current" with the projected date of completion.

Post-graduate training performed at accredited osteopathic institutions or in Canada are updated on the AMA Physician Masterfile only upon verification by the program. US licensing authorities accept graduate medical education from both entities as equivalent to training performed in a US program accredited by ACGME.

Sponsoring Institution: UNIV WA MED CTR
Sponsoring State: WASHINGTON
Specialty: OBSTETRICS & GYNECOLOGY
Dates: 07/1979 - 06/1982 (VERIFIED)

Sponsoring Institution: SWEDISH MED CTR
Sponsoring State: WASHINGTON
Specialty: GENERAL SURGERY
Dates: 07/1978 - 06/1979 (VERIFIED)

Note: If you have discrepant information, please submit a Request for Investigation to the AMA so that we may verify the information with the primary source(s). See the last page of this Profile for instructions on how to report a data discrepancy.

NATIONAL BOARD OF MEDICAL EXAMINERS (NBME) CERTIFICATION YEAR: MD: 1979

Current and/or Historical Medical Licensure:

<u>Jurisdiction</u>	<u>MD/ DO</u>	<u>Date Granted</u>	<u>Expiration Date</u>	<u>Status</u>	<u>License Type</u>	<u>Last Reported</u>
WASHINGTON	MD	01/08/1981	04/05/2013	ACTIVE	UNLIMITED	06/01/2012

Current and/or Historical NPI Information:

<u>NPI Number</u>	<u>Enumeration Date</u>	<u>Deactivation Date</u>	<u>Reactivation Date</u>	<u>Replacement Number</u>	<u>Last Reported Date</u>
1801850284	04/13/2006	NOT RPTD	NOT RPTD	NOT RPTD	05/04/2012



AMA Physician Profile

ECFMG Certification:

Applicant Number:

Note: The Educational Commission for Foreign Medical Graduates (ECFMG) applicant identification number does not imply current ECFMG certification status. To verify ECFMG status, contact the ECFMG Certification Verification Service in writing at P.O. Box 13679, Philadelphia, PA 19101.

Federal Drug Enforcement Administration:

** Only the last three characters of active DEA number(s) are displayed.*

<u>DEA Number *</u>	<u>Schedule</u>	<u>Expiration Date</u>	<u>Last Reported</u>
XXXXXX712	22N 33N 4 5	05/31/2015	06/12/2012
Address: 801 Broadway Ste 628, Seattle, WA 98122-4336			
XXXXXX346	22N 33N 4 5	05/31/2014	06/12/2012
Address: 106 E E St, Yakima, WA 98901-2312			

Note: Many states require their own controlled substances registration/license. Please check with your state licensing authority for requirement information as the AMA does not maintain this information.

Specialty Board Certification(s)*:

Specialty Board Certification(s) by one or more of the 24 boards recognized by the American Board of Medical Specialties (ABMS) and the American Medical Association (AMA) through the Liaison Committee on Specialty Boards, as reported by the ABMS:

The AMA Physician Profile has been designated by the ABMS as an Official ABMS Display Agent of Member Board Certification data. Therefore, the ABMS Board certification information on the AMA Physician Profile is considered a designated equivalent source in regard to credentialing standards set forth by Joint Commission. The AMA is also an NCQA-approved source for verification of medical school, postgraduate medical training, ABMS Board certification, and Federal DEA registration.



AMA Physician Profile

Certifying Board: AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY

Certificate: OBSTETRICS & GYNECOLOGY

Certificate Type: GENERAL

<u>Duration</u>	<u>Effective</u>	<u>Expiration</u>	<u>Reverification</u>	<u>Occurrence</u>	<u>Last Reported</u>
LIFETIME	12/13/1985			INITIAL	06/07/2012

Note: For certification dates, a default value of "01" appears in the day or month field if data were not provided to AMA. Please contact the appropriate specialty board directly for this information. (**) Indicates an expired certificate.

*This information is proprietary data maintained in a copyrighted database compilation owned by the American Board of Medical Specialties. Copyright 2012 American Board of Medical Specialties. All right reserved.

Medicare/Medicaid Sanction(s):

TO DATE, THERE HAVE BEEN NO SUCH SANCTIONS REPORTED TO THE AMA BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES.

Other Federal Sanction(s):

TO DATE, THERE HAVE BEEN NO FEDERAL SANCTIONS REPORTED TO THE AMA BY ANY BRANCH OF THE US MILITARY, THE VETERAN'S ADMINISTRATION OR THE US PUBLIC HEALTH SERVICE.

Additional Information:

TO DATE, THERE IS NO ADDITIONAL INFORMATION FOR THIS PHYSICIAN ON FILE.

The content of the Physician Profile is intended to assist with credentialing. Appropriate use of the data contained in the AMA Physician Masterfile by an organization meets selected primary source verification requirements of the Joint Commission, the Accreditation Association for Ambulatory Health Care (AAAHC), and the American Accreditation Health Care Commission (AAHCC)/Utilization Review Accreditation Commission (URAC). The AMA is also an NCQA-approved source for verification of medical school, postgraduate medical training, ABMS Board certification and Federal DEA registration.

If you note any discrepancies, please log onto our web site (<http://www.ama-assn.org/go/amaprofiles>) and go to the order detail page, select the D following the physician's name and enter the data in question. Or you can mark the issues on a copy of the profile and mail or fax to:

Division of Database Products and Licensing
Attn: Credentialing Products
515 N. State Street
Chicago, IL 60654
800-665-2882
312 464-5900 (fax)

If you have questions or need additional information, please call the AMA Profile Service customer support line at 800-665-2882.

Credential View Screen

PHILIP DAVID WELCH

Address:

☐ Public ☒ Mail

PHILIP DAVID WELCH
801 BROADWAY SUITE 628
SEATTLE, WA 98122

ID 291648
Warnings
SSN/FEIN 4 - DOH Licen...
Contact Standing Living
Contact Type INDIVIDUAL
Birth Date 04/05/1949
Public File YES
Mailing List
US Citizen
Legacy Licensure Name WELCH, PHILIP DAVID

Contact
Audit
Enforcement View
Cont. Edu
Documents
Owned By/Key Mgmt
Exams
Experience
Notes
Schools
Librarian
Other State License
Online Information

07-10-38

NFA

Pyleg

Weisman
Harvey

Comments:

Physician And Surgeon License [form letter]

Credential # MD.MD.00018862
Legacy License # MD00018862
Application Date
Effective Date 03/11/2011
Expiration Date 04/05/2013
First Issuance Date 01/08/1981
Last Date Of Contact
CE Due Date 04/05/2013

Credential Status ACTIVE (03/14/2011)
Status Reason ACTIVE
Amount Due \$0.00
Date Last Activity 5/21/2012 10:04:32 AM
Last Updated by System
Certificate Sent Date 03/14/2011
Work Queue LEGACYDATA, DOH

Audit
Documents
Verification
Workflow
Key Mgmt
Fees
Notes
Print Docs
Comp. Audit
Renewal
Legacy
License Status History

Comments:

- Supervised By
- Supervises
- User Defined License Data
- Workflow
- Legacy

Supervised By [update] [Show All]

Legacy Authority History
Legacy Complaint History
Legacy Contact Information
Legacy Credential History
Legacy Renewal Information
Legacy Revenue History
Legacy-Ontrack-Complainant

202-6387

Complainant View for 2012-6387 [back]

[6 - Identity - Whistleblower ...](#)**[change address]**☐ Public ☒ Mail[6 - Identity - Whistleblower Regarding Health Care Pr...](#)

ID
Contact Standing
DOB:
Cell #
Email
SSN/FEIN
Public File
Mailing List
Contact Type

895178
Living

[6 - Identity - Whistleblower Regarding...](#)

YES
INDIVIDUAL

Email: [6 - Identity - Whistleblower Regarding ...](#)

Comments:

- Credentials
- Personal Information

Credential	Sub	License Type	License Issue	Expiration Date	Status	Reason
6 - Identity - Whistleblow...		Physician And Surgeon License	07/29/2011	09/20/2013	ACTIVE	ACTIVE

Personal Information [update]

Field	Value
Birth Date	6 - Identity - ...
Birth City	Montreal
Birth State	
Birth Country	
Gender	F
Height	
Weight	
Eye Color	
Hair Color	
Race	
Deceased Date	

[Return to Case](#)[Update Contact](#)[Change Contact](#)



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

RECEIVED

MAR 15 2013

DEPARTMENT OF HEALTH
MEDICAL COMMISSION

March 14, 2013

Philip D. Welch, MD
801 Broadway Suite 628
Seattle, WA 98122

RE: Master Case No. M2012-1260

Dear Dr. Welch:

Enclosed please find Declaration of Service by Mail and Stipulation to Informal Disposition dated March 6, 2013.

Any questions regarding the terms and conditions of the Stipulation to Informal Disposition should be directed to Mike Kramer, Compliance Officer at (360) 236-2781.

Sincerely,

Michelle Singer
Adjudicative Clerk
Adjudicative Service Unit
PO Box 47879
Olympia, WA 98504-7879

cc: Dani Newman, Case Manager
Mike Kramer, Compliance Officer

Enclosure

DECLARATION OF SERVICE BY MAIL



**STATE OF WASHINGTON
DEPARTMENT OF HEALTH
ADJUDICATIVE SERVICE UNIT**

In the Matter of:

PHILIP D. WELCH, MD,
Credential No. MD00018862

Respondent.

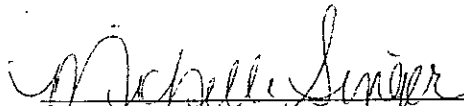
)
) Master Case No. M2012-1260
)
) DECLARATION OF SERVICE
) BY MAIL
)
)

I declare under penalty of perjury, under the laws of the state of Washington, that the following is true and correct:

On March 14, 2013, I served a true and correct copy of the Stipulation to Informal Disposition, signed by the Panel Chair on March 12, 2013, by placing same in the U.S. mail by 5:00 p.m., postage prepaid, on the following parties to this case:

Philip D. Welch, MD
801 Broadway Suite 628
Seattle, WA 98122

DATED: This 14th day of March, 2013.


Michelle Singer, Adjudicative Service Unit
Adjudicative Clerk

cc: Dani Newman, Case Manager
James McLaughlin, Legal Unit

DECLARATION OF SERVICE BY MAIL

**STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION**

In the Matter of the License to Practice
as a Physician and Surgeon of:

PHILIP D. WELCH, MD
License No. MD00018862

Respondent

No. M2012-1260

**STIPULATION TO INFORMAL
DISPOSITION**

Pursuant to the Uniform Disciplinary Act, Chapter 18.130 RCW, the Medical Quality Assurance Commission (Commission) issued a Statement of Allegations and Summary of Evidence (Statement of Allegations) alleging the conduct described below. Respondent does not admit any of the allegations. This Stipulation to Informal Disposition (Stipulation) is not formal disciplinary action and shall not be construed as a finding of unprofessional conduct or inability to practice.

1. ALLEGATIONS

1.1 On January 8, 1981, the state of Washington issued Respondent a license to practice as a physician and surgeon. Respondent is board certified in obstetrics and gynecology. Respondent's license is currently active.

1.2 On May 30, 2012, Patient A, a 44 year old female, was referred to Respondent by Planned Parenthood for fibroids and heavy bleeding during menses and during and after intercourse. Patient A reported that a recent pap smear obtained by Planned Parenthood was normal, and that she had no known previous gynecologic abnormalities. The records from Planned Parenthood that recorded this information were not available at the time of Respondent's examination, but were subsequently available to Respondent. Respondent examined Patient A, including a pelvic examination, reviewed ultrasound results provided by Planned Parenthood, and diagnosed Patient A with fibroids and menometrorrhagia (prolonged or excessive uterine bleeding). Respondent discussed treatment options with Patient A, including fibroid observation, cryocautery of the cervix and observation, and hysterectomy.

ORIGINAL

Patient A expressed a strong preference for a definitive treatment and elected to have a hysterectomy.

1.3 On June 18, 2012, Respondent performed a subtotal hysterectomy on Patient A. The pathology report regarding the uterine and cervical tissues obtained during this procedure indicated that Patient A had cervical cancer and that the tumor was transected during the hysterectomy.

1.4 Respondent failed to obtain a pap smear and missed the diagnosis of cervical cancer. Upon receipt of the Planned Parenthood records, Respondent did not verify Patient A's assertion that a recent pap smear was normal, and therefore did not himself obtain a pap smear before performing the hysterectomy. A subsequent thorough investigation by the pathologist also revealed that Patient A was in error regarding her report of no previous abnormal pap smears. It was learned that a pap smear from approximately ten years ago revealed dysplasia, and that no follow-up had occurred perhaps due to miscommunication between the providers at that time and Patient A. In Respondent's subsequent review of this matter he acknowledged his error in failing to obtain a pap smear despite the patient's representations about negative cultures, and that a cervical abnormality was apparent on a subsequent review of the ultrasound.

2. STIPULATION

2.1 The Commission alleges that the conduct described above, if proven, would constitute a violation of RCW 18.130.180(4).

2.2 The parties wish to resolve this matter by means of a Stipulation to Informal Disposition (Stipulation) pursuant to RCW 18.130.172(1).

2.3 Respondent agrees to be bound by the terms and conditions of this Stipulation.

2.4 This Stipulation is of no force and effect and is not binding on the parties unless and until it is accepted by the Commission.

2.5 If the Commission accepts the Stipulation it will be reported to the Health Integrity and Protection Databank (HIPDB)(45 CFR Part 61), the Federation of State Medical Board's Physician Data Center, and elsewhere as required by law. HIPDB will report this Stipulation to the National Practitioner Data Bank (45 CFR Part 60).

2.6 The Statement of Allegations and this Stipulation are public documents. They will be placed on the Department of Health web site, disseminated via the Commission's electronic mailing list, and disseminated according to the Uniform Disciplinary Act (Chapter 18.130 RCW). They are subject to disclosure under the Public Records Act, Chapter 42.56 RCW, and shall remain part of Respondent's file according to the state's records retention law and cannot be expunged.

2.7 The Commission agrees to forego further disciplinary proceedings concerning the allegations.

2.8 Respondent agrees to successfully complete the terms and conditions of this informal disposition.

2.9 A violation Section 3 of this Stipulation, if proved, would constitute grounds for discipline under RCW 18.130.180 and the imposition of sanctions under RCW 18.130.160.

3. INFORMAL DISPOSITION

The Commission and Respondent stipulate to the following terms.

3.1 **Probation.** Respondent's license to practice as a physician and surgeon in the state of Washington is placed on probation for a period of at least six months from the effective date of this Stipulation.

3.2 **Paper.** Respondent shall submit a type written report of at least 1,000 words with an annotated bibliography on the appropriate diagnosis and treatment of abnormal pap smears. This report shall be submitted to the Commission for approval within ninety (90) days from the effective date of this Stipulation. This provision is not satisfied until Respondent submits a paper that is approved by the Commission or its designee.

3.3 **Cost Recovery.** Respondent shall reimburse costs to the Commission in the amount of one thousand dollars (\$1,000) which must be received by the Commission within 90 days of the effective date of this Stipulation to Informal Disposition. The reimbursement shall be paid by certified or cashier's check or money order, made payable to the Department of Health and mailed to the Department of Health, Medical Quality Assurance Commission at P.O. Box 1099, Olympia, Washington 98507-1099.

3.4 **Obey Laws.** Respondent must obey all federal, state and local laws and all administrative rules governing the practice of the profession in Washington.

3.5 **Costs.** Respondent must assume all costs that he incurs in complying with this Stipulation.

3.6 **Violations.** If Respondent violates any provision of this Stipulation in any respect, the Commission may initiate further action against Respondent's license.

3.7 **Change of Address.** Respondent must inform the Commission and the Adjudicative Clerk Office in writing, of changes in his residential and/or business address within thirty (30) days of such change.

3.8 **Termination.** Upon a determination by the Commission that Respondent has successfully completed the terms of this Stipulation, including the minimum six month period of probation, the Commission *may* terminate this Stipulation without petition or appearance by Respondent. The Commission reserves the right to require Respondent to petition and appear for termination, and to extend the period of probation and require an additional appearance.

3.9 **Effective Date.** The effective date of this Stipulation to Informal Disposition is the date the Adjudicative Clerk Office places the signed Stipulation into the U.S. mail. If required, Respondent shall not submit any fees or compliance documents until after the effective date of this Stipulation.

4. COMPLIANCE WITH SANCTION RULES

4.1 The Commission applies WAC 246-16-800, *et seq.*, to determine appropriate terms for stipulations to informal disposition. Tier B of the "Practice Below Standard of Care" schedule, WAC 246-16-810, applies to cases where substandard practices result in moderate patient harm or the risk of moderate to severe patient harm. In this case we do not know whether Respondent's missed diagnosis of cervical cancer prior to performing a subtotal hysterectomy caused harm to Patient A, but the delay in diagnosis and the procedure performed without a pap smear did create the risk of moderate to severe harm.

4.2 Tier B requires the imposition of sanctions ranging from two years of oversight to five years of oversight, unless revocation. However, under WAC 246-16-800(3)(d)(iii), the Commission may deviate from the range if deviation is justified by

mitigating or aggravating factors, and the Commission explains the reasons for deviating. This Stipulation can be completed in six months, and therefore represents a possible deviation. This deviation is justified by the following mitigating factors: (a) Respondent has been licensed in Washington for 32 years with no previous disciplinary action; (b) Respondent has acknowledged his oversight and expressed dedication to ensuring that a similar event does not occur in the future; and (c) Respondent was cooperative with the Commission's investigation.

5. RESPONDENT'S ACCEPTANCE

I, Philip D. Welch, Respondent, certify that I have read this Stipulation to Informal Disposition in its entirety; that my counsel of record, if any, has fully explained the legal significance and consequence of it; that I fully understand and agree to all of it; and that it may be presented to the Commission without my appearance. If the Commission accepts the Stipulation to Informal Disposition, I understand that I will receive a signed copy.

Philip D. Welch MD
PHILIP D. WELCH
RESPONDENT

7.21.13
DATE

_____, WSBA #
ATTORNEY FOR RESPONDENT

DATE

6. COMMISSION'S ACCEPTANCE

The Commission accepts this Stipulation to Informal Disposition. All parties shall be bound by its terms and conditions.

DATED: March 16, 2013.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION

Linda A. Ring
PANEL CHAIR

PRESENTED BY:

Jim McLaughlin
JAMES MCLAUGHLIN, WSBA #27349
DEPARTMENT OF HEALTH STAFF ATTORNEY



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
PO Box 47866, Olympia, WA 98504-7866

January 25, 2013

Philip D. Welch, MD
801 Broadway, Suite 628
Seattle, WA 98122

Re: Statement of Allegations and Stipulation to Informal Disposition
Case No. 2012-6387/M2012-1260

Dear Dr. Welch:

After reviewing the investigative file, the Medical Quality Assurance Commission (Commission) has decided that an appropriate way to resolve this matter is by issuing a Statement of Allegations and proposing a Stipulation to Informal Disposition (Stipulation). This is an informal way of settling the allegations against you without a hearing and does not require you to admit to any unprofessional conduct or wrongdoing.


I have enclosed the Statement of Allegations and the proposed Stipulation for your review and consideration. If you agree to this proposal, please sign and **return all pages** of the Stipulation no **later than February 8, 2013**, to the following address:

Department of Health
Medical Quality Assurance Commission
PO Box 47866
Olympia WA 98504-7866

The Stipulation will be presented to the Commission for acceptance at the next regularly scheduled Commission meeting.

If you have any questions, please contact the staff attorney, Jim McLaughlin, at (360) 236-2790.

Sincerely,


Carolyn Bradley
Paralegal

Enclosures

cc: Case Management Unit
Reviewing Commission Member



**STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION**

In the Matter of the License to Practice
as a Physician and Surgeon of:

PHILIP D. WELCH, MD
License No. MD00018862

Respondent

No. M2012-1260

**STATEMENT OF ALLEGATIONS
AND SUMMARY OF EVIDENCE**

The Disciplinary Manager of the Medical Quality Assurance Commission (Commission), on designation by the Commission, makes the allegations below, which are supported by evidence contained in program file number 2012-6387. The patient referred to in this Statement of Allegations and Summary of Evidence is identified in the attached Confidential Schedule.

1. ALLEGATIONS

1.1 On January 8, 1981, the state of Washington issued Respondent a license to practice as a physician and surgeon. Respondent's license is currently active. Respondent is board certified in obstetrics and gynecology.

1.2 On June 18, 2012, Patient A, a 44 year old female, was referred to Respondent by Planned Parenthood for fibroids and heavy bleeding during menses and during and after intercourse. Respondent examined Patient A, including a pelvic examination, reviewed ultrasound results provided by Planned Parenthood, and diagnosed Patient A with fibroids and menometrorrhagia (prolonged or excessive uterine bleeding). Respondent discussed treatment options with Patient A, including fibroid observation, cryocautery of the cervix and observation, and hysterectomy. The patient elected to have a hysterectomy and Respondent took Patient A to surgery that day and performed a subtotal hysterectomy.

1.3 Respondent did not obtain a pap smear, and relied upon Patient A's recollection that pap smear cultures were negative. Also undetermined by Respondent was that Patient A apparently had an abnormal pap smear approximately ten years earlier. The pathology report regarding the uterus and cervix indicated that Patient A had cervical cancer and that the tumor was transected during the hysterectomy. In Respondent's

ORIGINAL

subsequent review of this matter he acknowledged his error in failing to obtain a pap smear despite the patient's representations about negative cultures, and that a cervical abnormality was apparent on a subsequent review of the ultrasound.

2. SUMMARY OF EVIDENCE

2.1 Medical records pertaining to Patient A from Respondent and Swedish Medical Center.

2.2 Letter from Respondent to the Commission investigator, dated August 24, 2012.

3. ALLEGED VIOLATIONS

3.1 The facts alleged in Section 1, if proven, would constitute unprofessional conduct in violation of RCW 18.130.180(4) which provides in part:

RCW 18.130.180 Unprofessional conduct. The following conduct, acts, or conditions constitute unprofessional conduct for any license holder or applicant under the jurisdiction of this chapter:

...

(4) Incompetence, negligence, or malpractice which results in injury to a patient or which creates an unreasonable risk that a patient may be harmed. The use of a nontraditional treatment by itself shall not constitute unprofessional conduct, provided that it does not result in injury to a patient or create an unreasonable risk that a patient may be harmed;

...

4. NOTICE TO RESPONDENT

4.1 The Commission has determined that this case may be appropriate for resolution through a Stipulation to Informal Disposition pursuant to RCW 18.130.172(2). A proposed Stipulation to Informal Disposition is attached, which contains the disposition the Commission believes is necessary to address the conduct alleged in this Statement of Allegations and Summary of Evidence.

4.2 If Respondent agrees that the disposition imposed by the Stipulation to Informal Disposition is appropriate, Respondent should sign and date the Stipulation to Informal Disposition and return it within fourteen (14) days to the Medical Quality Assurance Commission at PO Box 47866, Olympia, WA 98504-7866.

4.3 If Respondent does not agree that the terms and conditions contained in the Stipulation to Informal Disposition are appropriate, Respondent should contact Jim McLaughlin, Staff Attorney for the Medical Quality Assurance Commission, PO Box 47866, Olympia, WA 98504-7866, (360) 236-2790 within fourteen (14) days.


4.4 If Respondent does not respond within fourteen (14) days, the Commission will assume Respondent has declined to resolve the allegations by means of a Stipulation to Informal Disposition.


4.5 If Respondent declines to resolve the allegations by means of a Stipulation to Informal Disposition pursuant to RCW 18.130.172(2), the Commission may proceed to formal disciplinary action against Respondent by filing a Statement of Charges, pursuant to RCW 18.130.172(3).

4.6 The cover letter enclosed with this Statement of Allegations and Summary of Evidence was mailed to the name and address currently on file for Respondent's license. Respondent must notify, in writing, the Commission if Respondent's name and/or address changes.

DATED: January 25, 2013.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE
COMMISSION


MARYELLA E. JANSEN
EXECUTIVE DIRECTOR


JAMES MCLAUGHLIN, WSBA #27349
DEPARTMENT OF HEALTH STAFF ATTORNEY

CONFIDENTIAL SCHEDULE

This information is confidential and is NOT to be released without the consent of the individual or individuals named herein. RCW 42.56.240(1)

Patient A

5 - Healthcare Information Re...

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION

In the Matter of the License to Practice
as a Physician and Surgeon of:

PHILIP D. WELCH, MD
License No. MD00018862

Respondent

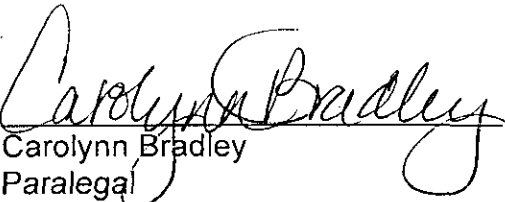
No. M2012-1260

DECLARATION OF MAILING

Under penalty of perjury under the laws of the state of Washington, I declare that the following is true and correct:

On January 25, 2013, I deposited in the United States mail, a properly addressed and stamped envelope containing a true and correct copy of the Statement of Allegations and Summary of Evidence and the Stipulation to Informal Disposition on the following parties:

Philip D. Welch, MD
801 Broadway, Suite 628
Seattle, WA 98122


Carolynn Bradley
Paralegal

Original filed with:
Department of Health
Adjudicative Clerk Office
Adjudicative Service Unit
PO Box 47879
Olympia WA 98504-7879

**STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION**

In the Matter of the License to Practice
as a Physician and Surgeon of:

PHILIP D. WELCH, MD
License No. MD00018862

Respondent

No. M2012-1260

**STIPULATION TO INFORMAL
DISPOSITION**

Pursuant to the Uniform Disciplinary Act, Chapter 18.130 RCW, the Medical Quality Assurance Commission (Commission) issued a Statement of Allegations and Summary of Evidence (Statement of Allegations) alleging the conduct described below. Respondent does not admit any of the allegations. This Stipulation to Informal Disposition (Stipulation) is not formal disciplinary action and shall not be construed as a finding of unprofessional conduct or inability to practice.

1. ALLEGATIONS

1.1 On January 8, 1981, the state of Washington issued Respondent a license to practice as a physician and surgeon. Respondent is board certified in obstetrics and gynecology. Respondent's license is currently active.

1.2 On June 18, 2012, Patient A, a 44 year old female, was referred to Respondent by Planned Parenthood for fibroids and heavy bleeding during menses and during and after intercourse. Respondent examined Patient A, including a pelvic examination, reviewed ultrasound results provided by Planned Parenthood, and diagnosed Patient A with fibroids and menometrorrhagia (prolonged or excessive uterine bleeding). Respondent discussed treatment options with Patient A, including fibroid observation, cryocautery of the cervix and observation, and hysterectomy. The patient elected to have a hysterectomy and Respondent took Patient A to surgery that day and performed a subtotal hysterectomy.

1.3 Respondent did not obtain a pap smear, and relied upon Patient A's recollection that pap smear cultures were negative. Also undetermined by Respondent was that Patient A apparently had an abnormal pap smear approximately ten years

earlier. The pathology report regarding the uterus and cervix indicated that Patient A had cervical cancer and that the tumor was transected during the hysterectomy. In Respondent's subsequent review of this matter he acknowledged his error in failing to obtain a pap smear despite the patient's representations about negative cultures, and that a cervical abnormality was apparent on a subsequent review of the ultrasound.

2. STIPULATION

2.1 The Commission alleges that the conduct described above, if proven, would constitute a violation of RCW 18.130.180(4).

2.2 *The parties wish to resolve this matter by means of a Stipulation to Informal Disposition (Stipulation) pursuant to RCW 18.130.172(1).*

2.3 Respondent agrees to be bound by the terms and conditions of this Stipulation.

2.4 This Stipulation is of no force and effect and is not binding on the parties unless and until it is accepted by the Commission.

2.5 If the Commission accepts the Stipulation it will be reported to the Health Integrity and Protection Databank (HIPDB)(45 CFR Part 61), the Federation of State Medical Board's Physician Data Center, and elsewhere as required by law. HIPDB will report this Stipulation to the National Practitioner Data Bank (45 CFR Part 60).

2.6 The Statement of Allegations and this Stipulation are public documents. They will be placed on the Department of Health web site, disseminated via the Commission's electronic mailing list, and disseminated according to the Uniform Disciplinary Act (Chapter 18.130 RCW). They are subject to disclosure under the Public Records Act, Chapter 42.56 RCW, and shall remain part of Respondent's file according to the state's records retention law and cannot be expunged.

2.7 The Commission agrees to forego further disciplinary proceedings concerning the allegations.

2.8 Respondent agrees to successfully complete the terms and conditions of this informal disposition.

2.9 A violation Section 3 of this Stipulation, if proved, would constitute grounds for discipline under RCW 18.130.180 and the imposition of sanctions under RCW 18.130.160.

3. INFORMAL DISPOSITION

The Commission and Respondent stipulate to the following terms.

3.1 **Probation.** Respondent's license to practice as a physician and surgeon in the state of Washington is placed on probation for a period of at least six months from the effective date of this Stipulation.

3.2 **Paper.** Respondent shall submit a type written report of at least 1,000 words with an annotated bibliography on the appropriate diagnosis and treatment of abnormal pap smears. This report shall be submitted to the Commission for approval within ninety (90) days from the effective date of this Stipulation. This provision is not satisfied until Respondent submits a paper that is approved by the Commission or its designee.

3.3 **Cost Recovery.** Respondent shall reimburse costs to the Commission in the amount of one thousand dollars (\$1,000) which must be received by the Commission within 90 days of the effective date of this Stipulation to Informal Disposition. The reimbursement shall be paid by certified or cashier's check or money order, made payable to the Department of Health and mailed to the Department of Health, Medical Quality Assurance Commission at P.O. Box 1099, Olympia, Washington 98507-1099.

3.4 **ObeY Laws.** Respondent must obey all federal, state and local laws and all administrative rules governing the practice of the profession in Washington.

3.5 **Costs.** Respondent must assume all costs that he incurs in complying with this Stipulation.

3.6 **Violations.** If Respondent violates any provision of this Stipulation in any respect, the Commission may initiate further action against Respondent's license.

3.7 **Change of Address.** Respondent must inform the Commission and the Adjudicative Clerk Office in writing, of changes in his residential and/or business address within thirty (30) days of such change.

3.8 **Termination.** Upon a determination by the Commission that Respondent has successfully completed the terms of this Stipulation, including the minimum six month period of probation, the Commission *may* terminate this Stipulation without petition or appearance by Respondent. The Commission reserves the right to require

Respondent to petition and appear for termination, and to extend the period of probation and require an additional appearance.

3.9 **Effective Date.** The effective date of this Stipulation to Informal Disposition is the date the Adjudicative Clerk Office places the signed Stipulation into the U.S. mail. If required, Respondent shall not submit any fees or compliance documents until after the effective date of this Stipulation.

4. COMPLIANCE WITH SANCTION RULES

4.1 The Commission applies WAC 246-16-800, *et seq.*, to determine appropriate terms for stipulations to informal disposition. Tier B of the "Practice Below Standard of Care" schedule, WAC 246-16-810, applies to cases where substandard practices result in moderate patient harm or the risk of moderate to severe patient harm. In this case we do not know whether Respondent's missed diagnosis of cervical cancer prior to performing a subtotal hysterectomy caused harm to Patient A, but the delay in diagnosis and the procedure performed without a pap smear did create the risk of moderate to severe harm.

4.2 Tier B requires the imposition of sanctions ranging from two years of oversight to five years of oversight, unless revocation. However, under WAC 246-16-800(3)(d)(iii), the Commission may deviate from the range if deviation is justified by mitigating or aggravating factors, and the Commission explains the reasons for deviating. This Stipulation can be completed in six months, and therefore represents a possible deviation. This deviation is justified by the following mitigating factors: (a) Respondent has been licensed in Washington for 32 years with no previous disciplinary action; (b) Respondent has acknowledged his oversight and expressed dedication to ensuring that a similar event does not occur in the future; and (c) Respondent was cooperative with the Commission's investigation.

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5. RESPONDENT'S ACCEPTANCE

I, Philip D. Welch, Respondent, certify that I have read this Stipulation to Informal Disposition in its entirety; that my counsel of record, if any, has fully explained the legal significance and consequence of it; that I fully understand and agree to all of it; and that it may be presented to the Commission without my appearance. If the Commission accepts the Stipulation to Informal Disposition, I understand that I will receive a signed copy.

PHILIP D. WELCH
RESPONDENT

DATE

_____, WSBA #
ATTORNEY FOR RESPONDENT

DATE

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6. COMMISSION'S ACCEPTANCE

The Commission accepts this Stipulation to Informal Disposition. All parties shall be bound by its terms and conditions.

DATED: _____, 2013.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION

PANEL CHAIR

PRESENTED BY:

JAMES MCLAUGHLIN, WSBA #27349
DEPARTMENT OF HEALTH STAFF ATTORNEY

NOTICE

WAC 246-15-030, procedures for filing, investigation, and resolution of whistleblower complaints.

(1)(b) Instructs that staff will affix a permanent cover to the letter of complaint or other form of notice in the complaint file, noting the statutory citation concerning protecting the identity of the complainant.

(3)(c) Ensure upon case closure, that the permanent cover affixed in subsection (1)(c) of this section will remain.

RCW 43.70 provides that the identity of a whistleblower who complains in good faith to the Department of health about the improper quality of care by a health care provider as defined in RCW 43.72.010 **shall remain confidential**.

Pursuant to the above RCW and WAC it is staff's duty to see that the complainant's name or any information which may identify the complainant is not disclosed.

NOTICE

Hamilton, Cindy (DOH)

From: DOH OS MQAC
Sent: Tuesday, June 26, 2012 7:17 AM
To: Hamilton, Cindy (DOH)
Subject: FW: Medical Complaint to the Board- HIPPA sensitive information
Attachments: H+P from Admission.pdf; Operative report.pdf; Pathology.pdf; Complaint.pdf

*Betty Elliott, Licensing Manager
Medical Quality Assurance Commission
WA State Department of Health
111 Israel Rd SE, Tumwater WA 98501
Email: betty.elliott@doh.wa.gov
Phone: 360 236-2766
Fax Number: 360 236-2795
Web Address: www.doh.wa.gov/hsqa/mqac*

"Promoting Patient Safety and Enhancing the Integrity of the Profession through licencing, discipline, rule-making, and education."

From: 6 - Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.5...
Sent: Monday, June 25, 2012 5:39 PM
To: DOH OS MQAC
Subject: Medical Complaint to the Board- HIPPA sensitive information

Please see the attached complaint and supporting documentation.

Please let me know if I can help in any further way in the investigation of this matter

6 - Identity - Whistleblower Regarding Health Care Provider - RCW ...



Washington State Department of
Health
Medical Quality Assurance Commission
Intake Coordinator
PO Box 47866
Olympia, WA 98504-7866
Phone: 360.236.2762 Fax: 360.586.4573
E-mail: medical.commission@doh.wa.gov

Complaint Form

Today's Date: 6/25/2012

1. Your Information

Name: 6 - Identity - Whistleblower Regarding H...

Address: 6 - Identity - Whistleblower Regarding Health Care Provider - RCW 43.7...

City: 6 - Identity - Wh... State: 6 - ... Zip: 6 - Identity ...

Phone: Home: (____) ____ - ____ Work: 6 - Identity - Whistleblower Regar...

Cell Phone: 6 - Identity - Whistleblower Regarding ... E-mail: 6 - Identity - Whistleblower Regarding Health Care Provider - ...

2. Information about the Physician (MD) or Physician Assistant

Name of Physician (MD) or Physician Assistant: _____

PHILIP D. WELCH, MD

Clinic or Facility: Swedish Medical Center, First Hill Campus

Address: 747 Broadway

City: Seattle State: WA Zip: 98122

3. Patient Information

Full name: 5 - Healthcare Information Readily Identifiable to a Perso...

Date of Birth: 5 - Healthcare Informa...

Date of incident: June 18, 2012

4. Scheduling problems or personality conflicts are usually not within the Commission's ability to take action.
5. Reports involving fee for fee disputes or insurance claims are only investigated if there appears to be fraud involved.
6. Please describe your complaint in the space below. Include the names, title and phone number of any witnesses that were involved in the complaint.
7. Please attach any supporting documentation or additional information you may have.

You may submit a complaint to the Medical Commission by mail, fax or email at:

Medical Quality Assurance Commission
Intake Coordinator
PO Box 47866
Olympia, WA 98504-7866
Fax: 360.586.4573

Please describe your complaint in the space below. Include names, titles and phone numbers of any witnesses. Please attach copies of documents to support your complaint. You may mail, email or fax this form to the Medical Quality Assurance Commission at the physical address, email address, or fax number above.

This patient was a victim of gross malpractice. She presented with symptoms that were absolutely classic textbook example of cervical cancer. She was taken to the OR without first having a pap smear. In fact it would turn out she had not had a pap in over 10 years and the last one she had was abnormal. She was not unstable in any way, and not taken to the or emergently.

She underwent a SUPRACERVICAL hysterectomy. On post op day #1 the surgeon was called by pathology who reported that the patient had a large cervical tumor that was cut through. Subsequent exam by a specialist would reveal a visible lesion on the cervix.

I have attached her admission H+P, operative report and pathology report

Please include additional sheets as necessary.

PHILIP D WELCH, MD
Heath Building
801 Broadway, Suite 628
Seattle, WA 98122

Ph: 206.215.6565
Fax: 206.215.6566

RECEIVED

SEP 04 2012

**DEPARTMENT OF HEALTH
MEDICAL COMMISSION**

8/24/12
Bill N. Crowell
Medical Quality Assurance Commission
PO Box 47866
Olympia, WA 98504-7866

RE: 5 - Healthcare Information ...

Dear Sir:

Per the complaint process outlined in your letter and further clarified in our subsequent phone conversations you have asked me to provide a summary of the events of the care of this patient, and copies of her medical records from my office.

Please find the latter attached following this letter.

5 - Healt... is a 44 year old G4 P3 TOP1 white female who was seen 5/30/12, referred from a Planned Parenthood facility in north Seattle to address her complaint of intermittent bleeding, including bleeding during and after intercourse.

She is congenitally blind due to birth hydrocephalus and optic nerve damage.

Her health care had been episodic in the past but she had been seen several times recently and stated that she had no history of previous bleeding episodes, known fibroids until recent care, abnormal pap smears, and that recent pap at the referring facility was normal. She stated she had been treated at the facility for recent vaginal infection in addition to evaluation for the bleeding.

Her physical exam was remarkable for an enlarged uterus, approximately 8-10 weeks size. Her cervix was unremarkable in appearance.

Ultrasound had been obtained by the referring facility (see full report), with the Impression reading as follows:

"1. Uterine fibroid posterior on the left. This is transmural and does indent underlying endometrial strip extending into the submucosal region. This could cause irregular bleeding pattern.

2. Hypervascular and marked heterogeneous appearing cervix. Nonspecific finding. Increased vascularity may represent residual or persistent inflammation in this patient with recent treatment for infection/cervicitis. Followup is recommended to assess for resolution and exclude underlying mass."

Owing to patients desire for definitive treatment, after discussing alternatives a plan was made for hysterectomy and, in keeping with something of a trend toward pelvic floor preservation, a supracervical hysterectomy was performed without difficulty or complication on 6/18/12. Her post op course was uneventful.

Path report was returned promptly while the patient was still in hospital showing invasive cervical cancer with margins cut through. This surprising finding was explained to the patient and consultation with gyn oncology was obtained. Planning and scheduling was accomplished very quickly and she underwent the completion robotic radical trachelectomy and lymph node dissection 4 days later. Final path places her staging a 1BII squamous cell carcinoma and she will receive subsequent radiation/chemotherapy treatment. I have been in contact with the patient and her short term post-op recovery has been as expected from a surgical point of view.

Needless to say, I was more than surprised - stunned would be a better term - by these findings and outcome. And long before this inquiry arrived I set about review and seeking to uncover, both in terms of further history and my own steps in work-up, what allowed this to happen. Some facts not known to me came to light, but overall I was dismayed to realize my own errors in judgment and evaluation.

The referring facility had in fact NOT done a pap smear and what the patient had mistakenly recounted was being informed that her *cultures* were negative. These records were not available at the time I saw her (I only had the ultrasound) but were indeed available later. Regrettably, lacking a higher degree of suspicion about the diagnosis other than the fibroid status, I did not go back and carefully review them when they arrived to verify if what she had said was true.

In fairness to the referrer, it is common and quite logical to treat what was presumed to be infection and subsequently perform the pap. But the patient never did go back for that. Her history of "never having a previous abnormal" subsequently was found not to be true also. Through extensive sleuthing by the pathologist later, it was discovered that in fact the decade or so old pap she last had did indeed show dysplasia and no follow up occurred. The patient upon being asked about this after the fact has no recollection of a notification of an abnormal or request to return, etc.

Mention has been made in the complaint regarding a cervical finding or abnormality. My exam did not show such, and subsequent review and personal discussion with the referring provider confirm that she didn't either.

The Ultrasound. It does not take but a second's glance back to realize that the diagnosis was there along, in the finding of a sonographically abnormal cervix. How could I have missed this? How could any experienced, or inexperienced for that matter, clinician overlook this? I truly fault my own blinders and "rush to judgment", mono-diagnosis mentality for this. It is such a principle drummed into our heads in training - "Common things are common". "If you hear hoof beats, think of horses, not zebras". Combined with years (three decades in my case) of seeing the "common things", eg fibroids causing this type of bleeding, it can clearly lead to not thinking further than repetitive past experience. Like police investigating a crime and focusing too much on a presumed suspect leading them to overlook the real culprit. It is certainly no excuse in the least, but I have never seen a case of outright cervical cancer in my entire years of practice. The classic pre-pap era symptom of such - intra- or post-coital bleeding? Ultrasound diagnosis of invasive cervical cancer? Neither of these have I seen.

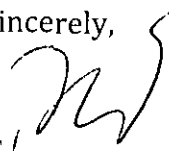
But I am utterly humbled to recognize that that rarity in personal experience blended with too certain obvious diagnosis provided the basis for *mis*-diagnosis and inadequate work-up in this patient. And that I am wholly responsible for that.

The fact that I was in part put on the wrong track at the outset by the patient's misstatement about her pap history does not excuse this. And the patients excellent and rapid follow-up care and completion of surgery within days does not equate to no consequence.

Review of this case ws undertaken at the referring facility, with my participation, long before this inquiry began. This covered heightening awareness of suspicion of patient verbal history, healthy skepticism when long periods of episodic care are involved, careful attention to the "old-fashioned" signs and symptoms of cervical cancer, and respect for unusual cervical findings on ultrasound.

But the main beneficiary of those reminders and lessons is myself. Referrers and of course patients themselves have a right to expect the best and most diligent pursuit of diagnosis and appropriate treatment they can get. I am terribly chastened by this case and only find peace in the recognition that I am human, make mistakes, but hopefully can genuinely learn, grow, internalize the lessons, and never be complacent about applying the principles learned.

Sincerely,



Philip Welch MD



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
PO Box 47866, Olympia, WA 98504-7866

July 16, 2012

Philip D. Welch, MD
801 Broadway
Ste 628
Seattle, WA 98122



COPY

SUBJECT: Case No: 2012-6387MD

Dear Dr. Welch:

The purpose of this letter is to inform you that the Medical Quality Assurance Commission received a report concerning an allegation of unprofessional conduct as defined in RCW 18.130.180(4), the Uniform Disciplinary Act. RCW 18.130.050, of the Uniform Disciplinary Act, authorizes the Medical Quality Assurance Commission to investigate complaints of unprofessional conduct.

A preliminary investigation to gather the facts will be conducted by a Health Care Investigator from the Medical Quality Assurance Commission, Medical Investigations Unit. The investigator will contact you as soon as possible during the investigation if a statement or other information from you is required.

Please note that the Medical Quality Assurance Commission is bound by statute to comply with two different laws, which may seem to conflict. The first requires that we immediately notify a practitioner that a complaint has been filed. ***The second, the whistleblower law RCW 43.70.075, prohibits us from releasing the name of the complainant or any specific details about the report which could identify the complainant until we have received a signed waiver authorizing us to do so. We are sensitive to the fact that it can be very disconcerting to know a complaint has been filed against you, but not know any details about it. Therefore, once the waiver has been obtained, an investigator will contact you as soon as possible and all issues will be discussed as fully as allowed by law so that you will have an opportunity to respond.*** In a very small percentage of cases, a statement from you will not be required and no investigator will contact you.

You may submit a written statement about the complaint at any time, however, you may choose to wait until after you have been contacted by an investigator and advised of the nature of the complaint. You may consult with legal counsel at your expense prior to making a statement. Any statement that you make may be used in an adjudicative proceeding concerning this case. If the Commission receives any inquiries about the status of your license while this case is still open, only the existence of a complaint will be disclosed. Once the Investigation and case review process has been completed, the case will either be closed or acted upon. The contents of the closed case file, including any statements submitted by you, will be subject to release according to Washington's public disclosure laws. Most public disclosure requests come from insurance companies and employers.

We have enclosed our informational brochure What Happens Next? along with a copy of RCW 18.130.180 Unprofessional Conduct. Please be aware that this process can take three to six months and in some cases longer. If you have questions, please contact me at 360-236-2770.

Respectfully,

James H. Smith, Chief Investigator
Medical Quality Assurance Commission

Enclosure: What Happens Next, RCW 18.130.180



MD 2012-0007-000020



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
PO Box 47866, Olympia, WA 98504-7866

July 16, 2012

6 - Identity - Whistleblower Regardin...



COPY

RE: Philip D. Welch, MD
Case No. 2012-6387MD

Dear Dr. 6 - Iden...

Thank you for your recent letter in which you express concerns regarding medical care provided by Philip D. Welch, MD. Your complaint has been assigned case number 2012-6387MD.

Your complaint will be investigated to determine if a violation of the Uniform Disciplinary Act, RCW 18.130.180, Unprofessional Conduct, has occurred. If you have any additional information pertaining to your complaint, please forward it along with a copy of this letter to me at the address listed below. Please understand that you may not hear from us during the investigation. If we need additional information from you, one of the Commission's investigators will contact you.

Enclosed for your information is the brochure, *What Happens Next?* along with a copy of RCW 18.130.180, the statute that identifies Unprofessional Conduct. Once the investigation is complete, a panel of the Medical Quality Assurance Commission will review the facts of the case and make a decision. You will be notified in writing of the decision.

Please be aware that this process can take three to six months, and in some cases, longer. If you wish to amend your complaint, you may send supplemental information to me at the address below.

Thank you for bringing your concerns to the attention of the Medical Quality Assurance Commission. If you have any questions or need additional information, please call me at 360-236-2770, or contact me by email at jim.smith@doh.wa.gov.

Sincerely,

James H. Smith, Chief Investigator
Medical Quality Assurance Commission
PO Box 47866
Olympia, WA 98506-7866

Enclosures: What Happens Next?
RCW 18.130.180



MD 2012-0007-000007



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
PO Box 47866, Olympia, WA 98504-7866

July 16, 2012

6 - Identity - Whistleblower Regardin...



COPY

RE: Philip D. Welch, MD
Case No. 2012-6387MD

Dear Dr. 6 - Id...:

Washington state law, RCW 43.70.075, pertains to the "Whistleblower Law" which requires that the identity of a complainant/whistleblower who complains in good faith to the Department of Health about improper quality of care by a health care provider shall be kept confidential. Your voluntary waiver of confidentiality in the form of a written Authorization to Release Complainant's Name will be necessary for the investigation to proceed. This is necessary so the provider can respond appropriately to the allegations of your complaint and provide records specific to your complaint. I have enclosed this form for your signature, along with a postage paid envelope for its return. Once your waiver is received, your identity will be released solely for the purposes of investigation and potential adjudication. Your identity will be protected in all other instances and will not be released in response to public disclosure requests. **Your signed waiver is due back to this office no later than July 31, 2012.**

If you have any questions, please contact me at (360) 236-2770.

Thank you for your cooperation.

Sincerely,

James H. Smith, Chief Investigator
Medical Quality Assurance Commission
Medical Investigations

Attachments: Return Envelope
Waiver of Confidentiality of Identity



MD 2012-0387-000000

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
MEDICAL INVESTIGATIONS



COPY

**AUTHORIZATION TO RELEASE COMPLAINANT'S NAME
PURSUANT TO RCW 43.70.075**

RCW 43.70.075 provides in part: "The identity of a whistleblower who complains, in good faith, to the Department of Health about the improper quality of care by a health care provider, or in a health care facility, shall remain confidential."

I understand that my identity is confidential pursuant to RCW 43.70.075 unless waived.

By signing this document, I waive my right to confidentiality and authorize the Department of Health to release my identity to **Philip D. Welch, MD**, and to other persons who are reasonably necessary to the investigation, and for use in any subsequent administrative proceeding regarding my complaint. I understand that my identity will not be released for any other purpose.

APPROVAL OF CONFIDENTIALITY WAIVER

For the sole purpose of investigating my complaint and pursuing disciplinary/adverse action proceedings, I hereby waive confidentiality and consent to the release of my identity.

Signature: _____
Date: _____
Home Phone: _____
Day Phone: _____

Printed name: _____
Please include middle initial
Date of birth: _____
PLEASE RETURN NO LATER THAN July 31, 2012

DENIAL OF CONFIDENTIALITY WAIVER

I refuse to waive my right to confidentiality and deny consent to the release of my identity. I understand this denial may impair the Department of Health's ability to pursue investigation of this matter and any disciplinary/adverse actions.

Signature: _____
Date: _____
Home Phone: _____
Day Phone: _____

CASE #: 2012-6387MD
RESPONDENT: Philip D. Welch, MD

MD 2012-0387-000020

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
MEDICAL INVESTIGATIONS

AUTHORIZATION TO RELEASE COMPLAINANT'S NAME
PURSUANT TO RCW 43.70.075

RCW 43.70.075 provides in part: "The identity of a whistleblower who complains, in good faith, to the Department of Health about the improper quality of care by a health care provider, or in a health care facility, shall remain confidential."

I understand that my identity is confidential pursuant to RCW 43.70.075 unless waived.

By signing this document, I waive my right to confidentiality and authorize the Department of Health to release my identity to **Philip D. Welch, MD**, and to other persons who are reasonably necessary to the investigation, and for use in any subsequent administrative proceeding regarding my complaint. I understand that my identity will not be released for any other purpose.

APPROVAL OF CONFIDENTIALITY WAIVER

For the sole purpose of investigating my complaint and pursuing disciplinary/adverse action proceedings, I hereby waive confidentiality and consent to the release of my identity.

Signature: _____
Date: 8/19/12
Home Phone: ~
Day Phone: _____

Printed name: _____
Date of birth: _____
PLEASE RETURN NO LATER THAN July 31, 2012

DENIAL OF CONFIDENTIALITY WAIVER

I refuse to waive my right to confidentiality and deny consent to the release of my identity. I understand this denial may impair the Department of Health's ability to pursue investigation of this matter and any disciplinary/adverse actions.

Signature: _____
Date: _____
Home Phone: _____
Day Phone: _____

ASE #: 2012-6387MD
SPONDENT: Philip D. Welch, MD

RECEIVED

AUG 01 2012

DEPARTMENT OF HEALTH
MEDICAL COMMISSION

MD 2012-6387-000000



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
PO Box 47866, Olympia, WA 98504-7866

CONFIDENTIAL

August 3, 2012

Philip Welch, MD
801 Broadway, Suite 628
Seattle, WA 98122

RE: Our File #2012-6387MD

Dear Dr. Welch,

The Washington State Medical Quality Assurance Commission has received a complaint regarding your care of Ms. 5 - Healthcare Information Readily Identi.... It has been reported that on June 18, 2012, the patient presented with symptoms of cervical cancer, was taken to the OR for a supracervical hysterectomy without having a pap smear; that she had not had a pap smear in over ten years, and the last one returned as abnormal. Following your surgery, you were notified by pathology the following day that the patient had a large cervical tumor that was cut through. Subsequent exam by a specialist revealed a visible lesion on the cervix.

The Washington State Medical Quality Assurance Commission is the entity within State government with legislated authority and responsibility to assure the delivery of safe medical care. Under the provisions of RCW 18.130.050, the Washington State Medical Quality Assurance Commission is empowered to investigate all allegations and complaints to determine whether such allegations are substantiated and to take disciplinary or corrective action, if warranted.

Please be advised that this is a preliminary investigation only and that no charges have been issued in connection with this investigation.

Under the provisions of RCW 18.130.180 (8) and WAC 246-919-620, a health care provider shall cooperate by providing a full and complete explanation covering the matter under investigation and/or request for records and documents in his/her possession. Failure to cooperate may be deemed to be unprofessional conduct pursuant to RCW 18.130.180 (8).

Page 2
Dr. Philip Welch

The Health Care Information Act, RCW 70.02.050 (2) (a), authorizes and requires that a health care provider disclose health care information about a patient without patient authorization when that information is needed to determine compliance with state licensure regulations and laws when needed to protect the public health. Pursuant to the Health Care Information Act compulsory process (subpoena) is no longer required to obtain health care information.

Under the provisions of the laws mentioned, you are requested to provide a response to the following:

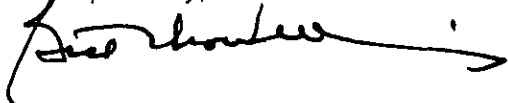
- A statement regarding the allegations and your treatment rationale.
- A complete copy of Ms. 5 - Healthcare Information Readily Identifi...'s medical record.

Under the provisions of RCW 18.130.180 (8), a health care provider shall cooperate with an investigation and comply with a request for a full and complete explanation regarding the matter under investigation and/or request for records and documentation in his or her possession. Failure to cooperate may be deemed unprofessional conduct pursuant to RCW 18.130.180(8)

You are free to consult with and engage an attorney, at your expense, to represent you in this matter prior to making your response. Your response may be used if disciplinary action is deemed necessary. If you wish to have an attorney represent you, please have the attorney file a "Notice of Representation" at the address listed below. The Letter of Representation will allow us to speak with them if necessary, about the complaint against you and ensure they are copied on any correspondence to you.

Please provide the information requested within **fourteen days** after your receipt of this letter. Mail your response to the below address. If you have any questions or comments, please contact me at (360) 236-2773, by FAX at (360) 586-4573, or by writing to the address listed below. Thank you for your anticipated cooperation.

Respectfully,



Bill N. Crowell, PA-C, MPAS,
Health Care Investigator III
Medical Quality Assurance Commission
PO Box 47866
Olympia, WA 98504-7866

Redaction Summary (57 redactions)

7 Privilege / Exemption reasons used:

- 1 -- "Attorney Work Product - RCW 42.56.290" (1 instance)
- 2 -- "Consulting expert case review - RCW 42.56.290; 42.56.070 (1); CR 26(b)(5)(B)" (2 instances)
- 3 -- "DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2)" (2 instances)
- 4 -- "DOH Licensee Social Security Number - RCW 42.56.350(1)" (1 instance)
- 5 -- "Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1)" (10 instances)
- 6 -- "Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1)" (40 instances)
- 7 -- "Public Agency Employee/Volunteer - Personal Contact Information, Social Security Number and Emergency Contact Information - RCW 42.56.250(3)" (1 instance)



Page 1, Attorney Work Product - RCW 42.56.290, 1 instance
Page 5, Consulting expert case review - RCW 42.56.290; 42.56.070 (1); CR 26(b)(5)(B), 2 instances
Page 5, Public Agency Employee/Volunteer - Personal Contact Information, Social Security Number and Emergency Contact Information - RCW 42.56.250(3), 1 instance
Page 6, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 1 instance
Page 6, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance
Page 10, DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2), 1 instance
Page 16, DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2), 1 instance
Page 16, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 2 instances
Page 18, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance
Page 26, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance
Page 28, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 2 instances
Page 29, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 2 instances
Page 29, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 8 instances
Page 38, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance
Page 43, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance
Page 44, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 6 instances
Page 57, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 1 instance
Page 66, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 2 instances
Page 67, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 2 instances
Page 67, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 8 instances
Page 76, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 2 instances
Page 91, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 2 instances
Page 92, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 2 instances
Page 94, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 4 instances
Page 95, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 1 instance
Page 96, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 1 instance