

**INITIAL REVIEW PANEL  
CASE REVIEW  
Case Number: 98-12-0051MD**

Date: March 22, 1999  
Presented by: Lynn Larsen-LeVier, PA-C

**Respondent: Marci L. Bowers MD**

**Complainant: Physicians Insurance Exchange**

**CASE SUMMARY**

**The Respondent:** Board Certified OB/Gyn  
DOB: 1/18/58  
Licensed since: 3/90

**The Complainant:**  
Mandatory Medical Malpractice

**Malpractice Settlement:**  
6 - National Practition... Settlement

**The Complaint:**

A 50-year-old female required a BSO to evaluate an ovarian mass. During the surgery a microperforation of the small bowel occurred which required additional surgical intervention.

**Complaint Review:**

The Patient, a 50-year-old female with a history of hypertension and migraines, was seen by her PCP for a physical in July of 1997. She had a hysterectomy 15 years earlier. As part of the evaluation, the PCP recommended a repeat pelvic ultrasound to check an ovarian cyst that had been discovered the December before. The ultrasound was performed on 8/6/97, and showed interval enlargement and increasing complexity of a dominant right ovarian cystic lesion. A surgical consult with the Respondent was requested.

The Respondent saw the Patient on 8/8/97, and recommended a bilateral salpingo-oophorectomy with frozen sections and possible staging laparotomy. On 8/14/97, the Patient was taken to the OR and the Respondent performed an exploratory laparotomy, extensive lysis of adhesions, and bilateral salpingo-oophorectomy. The Respondent noted that the right ovary contained a 3 cm hemorrhagic cyst and a large hydrosalpinx was also noted to be significantly adhered to the pelvis. Following removal of both ovaries, the peritoneum was irrigated and then closed with a running non-locking suture of #2-0 chromic; the fascia was closed with running non-locking suture of #0 Maxon carried from caudad to cephalad. The subcutaneous tissue was irrigated, inspected for bleeders, and the skin closed with staples.

Health Professions Section 5  
**Transmittal Sheet To  
 Legal Unit**



FROM: <input checked="" type="checkbox"/> IRP <input type="checkbox"/> CASESTAFFING <input type="checkbox"/> PROGRAM		RCM: IRWIN	MC: HEYE
CASE NUMBER: 98-12-0051MD		DATE LEGAL RECEIVED: 3-30-99	DATE ASSIGNED: 3-30-99
RESPONDENT LAST NAME: BOWERS	FIRST: MARCI	MIDDLE INITIAL: L.	CODE (UDA): (4)
PRIORITY: <input type="checkbox"/> 1-HIGH <input checked="" type="checkbox"/> 2-MEDIUM <input type="checkbox"/> 3-LOW			
STAFF ATTORNEY ASSIGNED: STICKLER			
REQUESTED ACTION: <input checked="" type="checkbox"/> LEGAL REVIEW <input type="checkbox"/> ADD TO OTHER CASES <input type="checkbox"/> EXPERT REVIEW <input type="checkbox"/> STD ORDERED			
<input type="checkbox"/> CHARGES ORDERED <input type="checkbox"/> RSA ORDERED <input type="checkbox"/> RETURNED FROM INVESTIGATIONS			

Post-operatively, the Patient exhibited some hypotension and complained of nausea. She vomited a large amount of coffee ground emesis at 1830 on 8/14/97 and the nurse noted a distended abdomen and right upper quadrant pain. The Respondent was called and ordered Inapsine with good response. On 8/15/97, she was noted to be passing gas, began liquids, and complained of some heartburn that improved with Mylanta. There was some concern expressed that she was not having a good intake of oral liquids and she was encouraged to increase her liquid intake. She was apparently better on 8/16/97, tolerating Jell-O although feeling very full after, but had no more vomiting. She was dismissed to home.

On the Patient's 6th post-op day, she presented to the ER. She had continued to not be able to tolerate liquids and could not eat food. She also had noticed that her abdomen was distended and painful. She was admitted by a different MD, and initially monitored. On post-op day 9 she was taken to the OR. When the second surgeon was exploring the abdomen, which was full of *brownish cloudy fluid*, he discovered that the upper most portion of the midline closure suture was sticking through a piece of small bowel. The Patient had to have additional subsequent surgeries following this one.

**Prior Cases:**

92-12-0020MD The Respondent performed a hysterectomy and then another MD performed a cholecystectomy. Post-operatively the Patient developed a bile leak. Case closed NCFA.

97-03-0080MD Med mal report (same case as 97-11-0012MD) The Respondent inadvertently perforated the ileum during a mini-laparotomy. Closed NCFA

97-11-0012MD as above

DEPARTMENT OF HEALTH  
HEALTH PROFESSIONS SECTION 5  
MEMORANDUM

DATE: February 1, 1999  
TO: Chief Investigator James H. Smith  
FROM: Tim Slavin, Investigator  
SUBJECT: Case #98-12-0051MD, Marci (f/k/a Mark) Lee Bowers, MD  
RE: Returning case for review.

The Washington State Medical Quality Assurance Commission (MQAC) received a mandatory insurance report from the Physicians Insurance Exchange concerning the Respondent, Marci L. Bowers, MD. See pages 1-2. The report indicated a 6 - National Practition... settlement concerning a 50-year-old female patient (2 - Healthcare Information Read...) who required a BSO to evaluate an ovarian mass. During the surgery, a microperforation of the small bowel occurred which required additional surgical intervention. A copy of the patient's medical records accompanied the case. See Attachment 1, pages 1-123.

Program Management requests an investigator to obtain a statement from the Respondent.

On 02-01-99 I received the Respondent's three-page statement concerning her care of the patient. See pages 7-9. The Respondent's statement addresses her care provided to this patient and her current successful gender transition from male to female.

On 02-11-99, I received a request from Physician Assistant Consultant, Lynn Larson-LeVier, to obtain the following medical records of Ms. 5 - Name - Whistleblower ... from Providence Medical Center: operative report; history & physical; discharge summary; progress notes.

I did obtain the above mentioned records from Providence Medical Center. See Attachment 2, pages 1A-36.

This information is referred to Program Management for review.

APPROVED BY James H. Smith DATE 2/2/99

ACTIVITY REPORT

	<u>Date</u>	<u>Activity</u>
1.	12-23-98	Program Management intake.
2.	12-23-98	Program Management's correspondence to the Respondent. See page 4.
3.	12-30-98	Received and reviewed.
4.	01-08-99	Left phone message for the Respondent to contact me. (206) 329-1760.
5.	01-08-99	Mailed Respondent's Letter of Cooperation. See pages 5-6.
6.	01-21-99	12:15 p.m., Respondent left phone message to contact her at (206) 329-1760.
7.	01-22-99	10:20 a.m., Left phone message for the Respondent to contact me.
8.	01-22-99	1:11 p.m., Respondent contacted me by phone. Informed Respondent of mandatory malpractice report. Respondent asked me if I was aware of his situation (lifestyle change). I stated yes. Respondent stated that she had received my letter and that she would provide a statement to me concerning the malpractice suit and current gender transition. End of conversation.
9.	02-01-99	Received Respondent's statement & mailing envelope. See pages 7-10.
10.	02-11-99	Received request for more records.
11.	02-12-99	Faxed formal letter to Providence Medical Center. See Attachment 2, page 1.
12.	03-04-99	Received Ms. Green's medical records and mailing envelope from Providence Medical Center. See pages 1A -37.
13.	02-01-99	Computer time in writing the Memorandum.

WASHINGTON STATE MEDICAL DISCIPLINARY BOARD  
REQUEST FOR INVESTIGATIVE SERVICES

TO: Medical Investigations Unit  
FROM: Cindy Hamilton, Intake Coordinator  
PHONE: 586-2710  
DATE: 3/3/99  
CASE #: 98-12-0051MD  
RESPONDENT: Bowers, Marci Lee  
LOCATION: Seattle, WA  
DATE ASSIGNED: 3/3/99  
PRIORITY: 3 CODE: of 29  
INVESTIGATOR ASSIGNED: TIM SLAVIN

BACKGROUND COMMENTS

see see LYNN'S note

THANKS

JAS

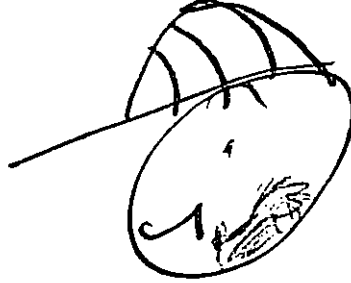
Vicki  
THIS IS FROM  
LLC (INFO REVIEWED)  
BACK TO TS FOR  
MORE INFO.

THANKS  
JCS

February 11, 1999  
Mr. T S,

*1 - Attorney Work Product - RCW 42.56.290 - Drafts, notes, memoranda, statements, records or research reflecting the opinions or mental impressions of an attorney or attorney's ag*

Thanks!  
LL-L



DEPARTMENT OF HEALTH  
HEALTH PROFESSIONS SECTION 5  
MEMORANDUM

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FROM: Tim Slavin, Investigator  
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WASHINGTON STATE MEDICAL DISCIPLINARY BOARD  
REQUEST FOR INVESTIGATIVE SERVICES

TO: *Medical Investigations Unit*

FROM: *Cindy Hamilton, Intake Coordinator*

PHONE: *586-2710*

DATE: *12/30/98*

CASE #: *98-17-0051MD*

RESPONDENT: *Bowers Marci L. MD*

LOCATION: *Seattle WA*

DATE ASSIGNED: *12/30/98*

PRIORITY: *3* CODE: *04*

INVESTIGATOR ASSIGNED: *TIM SLAVIN*

**BACKGROUND COMMENTS**

*Previous case info enclosed*

**INITIAL ASSESSMENT REVIEW**  
**Case Number: 98120051MD**

Date: December 29, 1998  
Presented by: Lynn Larsen-LeVier, PA-C

Respondent: Marci L. Bowers MD

Complainant: Physicians Insurance Exchange

**CASE SUMMARY**

The Respondent: Board Certified OB/Gyn  
DOB: 1/18/58  
Licensed since: 3/90

The Complainant:  
Mandatory Medical Malpractice  
Malpractice Settlement:  
6 - National Practitione... Settlement

The Complaint:  
A 50-year-old female required a BSO to evaluate an ovarian mass. During the surgery a microperforation of the small bowel occurred which required additional surgical intervention.

Complaint Review:  
The Patient, a 50-year-old female with a history of hypertension and migraines, was seen by her PCP for a physical in July of 1997. She had a hysterectomy 15 years earlier. As part of the evaluation, the PCP recommended a repeat pelvic ultrasound to check an ovarian cysts that had been discovered the December before. The ultrasound was performed on 8/6/97, and showed interval enlargement and increasing complexity of a dominant right ovarian cystic lesion. A surgical consult with the Respondent was requested.

Hospital records and Respondent records are not in the case file. The Patient was discharged on post-op day #3.

On the Patient's 6th post-op day, she presented to the ER. She had not been able to tolerate liquids and could not eat food. She also had noticed that her abdomen was distended and painful. Initially she was monitored in the hospital and on post-op day 9 she was taken to the OR. When the second surgeon was exploring the abdomen, which was full of brownish cloudy fluid, he discovered that the upper most portion of the midline closure suture was sticking through a piece of small bowel. The Patient had to have additional subsequent surgeries following this one.

Prior Cases:  
92-12-0020MD  
97-03-0080MD

97-11-0012MD

Code:

Notification: Yes

Investigative Plan Suggestions:

- There is a gender discrepancy in this licensee name and number that needs to be cleared up before we do anything.
- Respondent and hospital records and statement. ←

*Bills know about this case ask him. go ahead to #2*

**DEPARTMENT OF HEALTH  
HEALTH PROFESSIONS QUALITY ASSURANCE DIVISION - SECTION 5**

**INTAKE SHEET**

**Respondent Information**

Case No: 98-12-0051MD Case Opened: 12/23/1998  
Case ID: 10963

Name: Marci L. Bowers, MD Lic/Cert/Reg No: MD00027147 Issued: 3/5/1990  
Address: The Polyclinic D.O.B.: 1/18/1958 Expires: 1/18/1999  
1145 Broadway Soc Sec No: \_\_\_\_\_  
Seattle, WA 98122-4299

School Attended: U of Minnesota; Minneapolis, MN Year Completed: 1986  
Specialty: Obstetrics & Gynecology Board Certified: Yes

**Complainant Information**

Name: Physicians Insurance Exchange  
Address: 1730 Minor Avenue, Suite 1800 Seattle, WA 98101-1499

**Companion Case Information (other Respondent)**

**Previous Case Information (same respondent)**

Case No: 92-12-0020MD Case Disposition: Closed Reason Closed: \_\_\_\_\_  
Complainant: 3 - Identity - Whistlebl...

Case No: 97-03-0080MD Case Disposition: Closed Reason Closed: NCFA  
Complainant: Phys. Ins. Exc.

Case No: 97-11-0012MD Case Disposition: Closed Reason Closed: NCFA  
Complainant: 3 - Identity - Whistleblo...

**\*Steps:**

A=Assess  
RM = Reviewing Member  
S=Settlement

I=Investigating  
LD=Legal Drafting  
LP=Legal Prehearing

LR=Legal Review  
LS = Legal Service  
RAG=Legal Support

F=Final Action

RPT002 12/23/1998

Page 1 of 1

✓98-12-0051MD

MEDICAL BOARD  
crh0303  
INDIVIDUAL NAME  
LAST BOWERS  
FIRST MARCI  
MIDDLE LEE

ASSESSMENT SYSTEMS, INC.  
REAL SYSTEM  
(JR,SR,III)

12-23-98  
V2.5.18 04:53:16 PM  
REFERENCE # MD00027147  
SOC SEC NUM - -

RESIDENCE INFORMATION  
THE POLYCLINIC  
1145 BROADWAY  
SEATTLE, WA 98122

PHONE: (206) 329-1760 COUNTY: 17  
( ) - LGL ST: WA

+--ADDITIONAL INFORMATION--+	
SEX M =	MARRIED Y =
OTHER NAME	
CORP. OFFICER	=
TRUST ACCOUNT	
BIRTH PLACE	
DATE 01-18-1958	
SCHOOL CODE	
CE UNITS	0.00 REQD BY 01-18-2000

NOTES

7/13/98 SEE EXT NOTES MP\ 10/30/98 WALL CERT SENT MP\

CURRENT STATUS: A D	EXPIRATION DATE: 01-18-1999	FIRST ISSUE DATE: 03-05-1990
RENEWAL STATUS: M	LAST ACTIVE DATE: - -	LAST RENEWAL DATE: 12-18-1997
COMPLAINTS O/C: 0/ 3	AUTHORITY:	

MEDICAL BOARD  
crh0303

ASSESSMENT SYSTEMS, INC.  
REAL SYSTEM

V2.5.18

12-23-98  
04:53:57 PM

CASE NUMBER	COMPLAINANT	COMPLAINT DATE	INVESTIGATOR	TYPE	STATUS
92120020	<small>3 - Identity - Whistleblower Regarding He...</small>	12-16-1992	REED A. GIFFORD	14	CLOSED
97030080	PHYSICIANS INSURANCE	03-21-1997			CORDR
97110012	<small>3 - Identity - Whistleblower Regarding Health Care Provider-...</small>	11-03-1997			CORDR

AAAAAA SSSSSS IIIIIIIIIII  
AAAAAAA SSS SSS IIIIIIIIIII  
AAAAAAA SSS SSS III

MEDICAL BOARD ASSESSMENT SYSTEMS, INC. 12-29-98  
1a10303 REAL SYSTEM V2.5.18 11:01:27 AM  
INDIVIDUAL NAME (JR, SR, III) REFERENCE # PA10001195  
LAST BOWERS SOC SEC NUM - -  
FIRST MARK

+--ADDITIONAL INFORMATION-----+

MIDDLE L  
  
RESIDENCE INFORMATION  
PO BOX 3707 MS 5F-08  
SEATTLE, WA 98124-2207  
  
PHONE: ( ) - COUNTY: 17  
( ) - LGL ST: WA

SEX M = MARRIED Y =  
  
OTHER NAME  
CORP. OFFICER =  
TRUST ACCOUNT  
  
BIRTH PLACE  
DATE 06-17-1955  
  
SCHOOL CODE  
CE UNITS 0.00 REQD BY - -

NOTES

+-----+  
|CURRENT STATUS: A C EXPIRATION DATE: 06-17-1999 FIRST ISSUE DATE: 05-30-1985|  
|RENEWAL STATUS: Z LAST ACTIVE DATE: 07-10-1993 LAST RENEWAL DATE: 05-13-1998|  
|COMPLAINTS O/C: 0/ 0 AUTHORITY: CT,|  
+-----+

1GO BACK 2NAM&ADDR 3EDUCATE 4LIC FUNC 5INVESTG 6 7OTHR DAT 8EXTD NOT



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          AAAAAA   SSSSSS   IIIIIIIIIII
          AAAAAAA   SSS  SSS   IIIIIIIIIII
          AAAAAAAA   SSS   SSS    III
MEDICAL BOARD      ASSESSMENT SYSTEMS, INC.      12-29-98
1a10303            REAL SYSTEM      V2.5.18      11:02:11 AM
INDIVIDUAL NAME    (JR,SR,III)      REFERENCE # MD00027147
          FIRST MARCI      SOC SEC NUM      -      -
          MIDDLE LEE

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+--ADDITIONAL INFORMATION-----+
          SEX M =      MARRIED Y =
          OTHER NAME
          CORP. OFFICER      =
          TRUST ACCOUNT
          BIRTH PLACE
          DATE 01-18-1958
          SCHOOL CODE
          CE UNITS      0.00 REQD BY 01-18-2000
+-----+

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RESIDENCE INFORMATION  
 THE POLYCLINIC  
 1145 BROADWAY  
 SEATTLE, WA 98122

PHONE: (206) 329-1760 COUNTY: 17  
 ( ) - LGL ST: WA

NOTES

7/13/98 SEE EXT NOTES MP\ 10/30/98 WALL CERT SENT MP\

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+-----+
|CURRENT STATUS: A D EXPIRATION DATE: 01-18-1999 FIRST ISSUE DATE: 03-05-1990|
|RENEWAL STATUS: M LAST ACTIVE DATE: - - LAST RENEWAL DATE: 12-18-1997|
|COMPLAINTS O/C: 0/ 3 AUTHORITY:|
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1GO BACK 2NAM&ADDR 3EDUCATE 4LIC FUNC 5INVESTG 6 7OTHR DAT 8EXTD NOT

## CASE PRESENTATION

Case Number:  
97-11-0012MD

Date: January 23, 1997  
Presented by: Bill N. Crowell, PA-C

**Respondent:** Mark T. Bowers, M.D.

**Complainant:** 3 - Identity - Whistleblower Reg...

### CASE SUMMARY

This case is cross referenced with case #97-03-0080MD, a Medical Malpractice Report from the Physician Insurance Exchange regarding a monetary settlement in the sum of 6 - National Prac... against the Respondent on March 3, 1997. It concerns the same Complainant, complaint, and Respondent. Date of occurrence was August 16, 1994.

The Respondent: Is a 40-year-old Board certified OB/GYN practitioner, who has been licensed in the State of Washington since March 1990.

The Complainant: Is a former patient of the Respondent.

The Complaint: The Complainant, a 29-year-old female, presented to the Respondent with a long history of chronic pelvic pain and adhesions. On August 16, 1994, the Complainant underwent a diagnostic laparoscopy with extensive lysis of adhesions by the Respondent. During the procedure, an inadvertent incision in the bladder was created, which was recognized, and the procedure was converted to a mini-laparotomy with cystotomy repair. However, the Respondent also perforated the distal ileum during the procedure, which went unrecognized. Several days later, on August 18, 1994, the Complainant developed peritonitis, and underwent additional surgery for resection of a perforated ileum with primary anastomosis.

Case Review: In her complaint to the Commission, the Complainant recounts that she saw the Respondent after her previous OB/GYN practitioner "took a hiatus out of the blue, and left his patients with nobody to go to". The Complainant goes on to say she had a long medical history that included 14 previous abdominal surgeries, a history of ovarian cysts and infertility. She adds that she had seen many specialists that informed her she needed a hysterectomy, but wanted to save some more money and undergo, one more time, infertility treatments before she had a hysterectomy.

The Complainant reports she gave the Respondent a large binder containing her medical history at their first meeting, and asked him to review it to see if he wanted her as a patient. The Complainant notes that they talked, got to know each other a little, and she learned more about his credentials. She adds that she liked his bedside manner, and thought he would be a good doctor.

At their next meeting, the Complainant states she was in a great deal of pain, and knew it was related to a cyst. She notes that the Respondent obtained an ultrasound, confirmed the cyst, and they talked about surgery. The Complainant reports she told the Respondent she couldn't undergo "the big surgery" then, as she couldn't take the time off of work. The Complainant

remarks that they then talked about doing a laparoscopy procedure, which, having undergone a number of them in the past, she knew she would only miss a day or so of work. The Complainant comments that the goal of the laparoscopy was to see if the Respondent could reach the cyst and pop it to relieve the pain long enough before she had the bigger surgery. The Complainant states she was nervous about having the surgery done in the clinic in which the Respondent worked rather than in a hospital, because she was "scared not to be where all the equipment and other doctors were".

On August 16, 1994, the Complainant notes she underwent laparoscopy surgery at the clinic. She states she awoke in an extreme amount of pain, that the Respondent informed her that she was going to be taken by ambulance to Providence Hospital, and that she had put him through hell. The Complainant goes on to say she "put up a fuss" and wanted to know why she was being taken to the hospital. At that point, the Complainant contends the Respondent told her he had ended up doing a bladder repair and she was now catheterized. The Complainant states she continued to rebel about going to the hospital, and finally was allowed to return to her home with her husband.

The following day, the Complainant notes she called the Respondent's office and informed him that she was in pain and feeling worse. The Complainant states the Respondent had given her Dilaudid for pain after she left the clinic the previous evening, but the medication was not controlling the pain and she had taken most of them. The Complainant goes on to say she called the Respondent's office the next morning and told them something wasn't right, and asked if some of her problems could be gas related. The Complainant contends she was informed by the Respondent to get some Gas X, an enema, and to have someone come to his office for more medication. The Complainant notes that she took the medications without relief. By mid afternoon, the Complainant states she couldn't breathe, called the Respondent's office, and without receiving satisfaction, called 911.

The Complainant states she was taken to the hospital and awoke three weeks later to find that she had a ruptured bowel, had emergency surgery, and had lost part of her ileum. After returning home one month later, the Complainant states she informed the home nurse that she wasn't urinating, but she was always wet in the area of where the surgical wound was healing by secondary intention. The Complainant states urine was coming through the surgical incision because the previous bladder repair had broken down. She returned to the hospital for repair of her bladder.

The Complainant contends the Respondent should have informed her initially that he had perforated her bowel; that he should have informed her family of what he did during the surgery; that he should have called the hospital after she was taken by ambulance, and informed the physicians as to what had happened; that he told the Complainant and her husband that he "screwed up"; and should have paid her remaining bills, paid for her lost income, and paid for her plastic surgery.

The Complainant goes on to say that during the three years that have passed, it has taken all of that time for her to interview new doctors, specialists, and be able to build a relationship with them. The Complainant adds that her case was settled out of court for very little money. The Complainant reports she was instructed to stay away from the Respondent and he was to stay away from her.

However, on September 11, 1997, the Complainant contends that the Respondent showed up at her bedside at Swedish Hospital, after she had undergone surgery. The Complainant states she went into the hospital under an assumed name so no one would know she was there. The Complainant states that the Respondent said "there isn't a day that goes by that I don't think

about you", and said other things that she cannot quote. The Complainant closes by saying she screamed and told him to leave the room, which he did.

The Respondent replies at the time he assumed care of the Complainant, he sat as the Chairperson of the OB/GYN QA Committee at Providence Medical Center, and has spent the last 2 1/2 years as Department Chairperson. The Respondent goes on to say that by 1994 he was highly experienced in operative laparoscopy, and in general gynecological surgery. He adds at the time he performed laparoscopic surgery on the Complainant, he had done more than 200 cases.

The Respondent states in agreeing to care for the Complainant, he concurs with her recount that she was in pain and needed surgery. However, the Respondent notes that he informed the Complainant that she needed to have exploratory laparoscopy surgery as an inpatient instead of having it done as an outpatient. The Respondent adds that the Complainant refused, saying she needed to return to work.

The Respondent states he informed the Complainant of potential complications, i.e., possibility of bowel and bladder injury while doing the laproscopic procedure. The Respondent remarks in reviewing the Complainant's chart notes, the preoperative consent, and the extraordinary measures (bowel prep and videotape review), it should be clear how complicated the Complainant's situation was.

The Respondent notes that on August 16, 1994, after three hours of tedious laparoscopic lysis of adhesions, he prematurely terminated the procedure when he entered the anatomically altered bladder. The Respondent notes repair of the bladder was done by exploratory laparotomy, and other potential injured sites (bowel) were serially inspected. The Respondent adds that in retrospect, there was a bowel injury, possibly thermal, that was not obvious at that time. The Respondent also notes that although the bladder repair leaked later, probably as a result of the generalized inflammation of the bowel injury, it never required further surgery.

The Respondent notes the complainant was admitted to the hospital immediately after her surgery, and discharged home later that evening with detailed instructions. During the next 2 days, the Respondent states he and the Complainant communicated over the phone. On the second day, the Respondent notes the Complainant didn't sound well, and requested of the Complainant's mother that she be brought to his office. In addition, the Respondent notes that apparently someone in his office advised that the Complainant could be given Gas-X.

On the afternoon of August 18, 1994, the Complainant was taken to the ER and admitted for peritonitis. Surgical exploration by Dr. R M revealed a perforated ileum. The Respondent notes that he attended the surgery and continued to communicate with the family postoperatively.

The Respondent states that although he continued to communicate with the Complainant after the surgery, he started to receive a strained response from her. The Respondent states "prior to my care with the Complainant, I was a courageous, compassionate, and optimistic physician. I had also never been sued. Later that year, the Complainant filed suit, alleging malpractice. Despite her multiple prior surgeries, my extensive experience and qualifications, careful preparation, tedious dissection, and sincere compassion, I was being held to an impossible standard of perfection. I was devastated".

The Respondent notes that his attorney informed him had this case gone to trial, it is likely he would have won. However because the Complainant had suffered under his care, had lost her job, home, and was losing her marriage, possibly an indirect result of his surgical care, his heart went out to her. The Respondent goes on to say that even though a settlement might be seen

as an admission of guilt, he couldn't bear to see her get nothing, and accepted the Complainant's attorney request for \$100,000, a nominal settlement. He adds that he was saddened by the thought that she could potentially have gone to trial and received nothing.

The Respondent notes that on September 11, 1997, while rounding out at Swedish Medical Center, he felt almost guided in discovering that the Complainant had been admitted for surgery. The Respondent states that he asked the Complainant's attending physician if he could say hello to the Complainant. The Respondent also notes that he asked about the alias the Complainant had used, and was informed by the nursing staff that she didn't want her husband to know where she was.

The Respondent states that he knows of no dictum that precludes contact with former patients, and that his intentions were sincere and humble. He adds that he only wanted her to know that he cared about her and was hopeful the settlement might have helped. The Respondent goes on to say his presence in the room was with kindness and gentleness, and for some reason, he needed her not to hate him. He found that she was upset with his presence, and left her room after several minutes.

The Respondent remarks this inquiry, to him, is not a legal issue, nor hopefully a medical one. He feels that it is more of a personal issue that needs a closure, and has two sides and two victims. The Respondent closes by saying he knows he is not a bad doctor or surgeon, or person, and that he still cares about, and will continue to care, about his patients. He notes that he respects the Complainant's anger, and the fact that she may never forgive him. However, he states he also needs his name cleared and his pride salvaged.

Prior Cases: Case #92-12-0020MD. Cross referenced with case #92-12-0019MD, H A, M.D. On December 31, 1992, the Respondent performed a vaginal hysterectomy for dysfunctional uterine bleeding. No complications. After the Respondent had completed his procedure, Dr. Anderson performed a laparoscopic cholecystectomy. The patient later developed a bile leak, which necessitated a laparotomy. Respondent noted he had nothing to with the cholecystectomy, other than to observe the procedure. Closed no cause for action.

Case #97-03-0080MD. Medical Malpractice Payment Report. King County Superior Court. Twenty-eight -year-old female with chronic pelvic pain and adhesions desired laparoscopic lysis of adhesions. A bowel perforation resulted requiring surgery. Single payment of 6 - National Prac... This is the same Complainant, with the identical complaint.

**CASE PRESENTATION**

**Case Number:  
97-03-0080MD**

**Date:** January 23, 1997  
**Presented by:** Bill N. Crowell, PA-C

MARCI L ?

**Respondent:** Mark T. Bowers, M.D.

**Complainant:** Physicians Insurance Exchange

**CASE SUMMARY**

This case is cross referenced with case #97-11-0012MD. It concerns the same Complainant, complaint, and Respondent. Date of occurrence was August 16, 1994.

The Respondent: Is a 40-year-old Board certified OB/GYN practitioner, who has been licensed in the State of Washington since March 1990.

The Complainant: Medical Malpractice Payment Report. Settlement for 6 - National Pra...

The Complaint: See case #97-11-0012MD.

Prior Cases: Case #92-12-0020MD. Cross referenced with case #92-12-0019MD, H A, M.D. On December 31, 1992, the Respondent performed a vaginal hysterectomy for dysfunctional uterine bleeding. No complications. After the Respondent had completed his procedure, Dr. Anderson performed a laparoscopic cholecystectomy. The patient later developed a bile leak, which necessitated a laparotomy. Respondent noted he had nothing to with the cholecystectomy, other than to observe the procedure. Closed no cause for action.

ATTACHMENT 2

PAGES 1-37

MY FORMAL LETTER TO PROVIDENCE MEDICAL  
CENTER, DATED 02-12-99. A COPY OF PATRICIA J.  
GREEN'S PROVIDENCE MEDICAL CENTER'S MEDICAL  
RECORDS AND MAILING ENVELOPE.

CASE #98-12-0051MD MARCI L. BOWERS, MD







STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

1300 SE Quince St • P.O. Box 47866 • Olympia, WA 98504-7866

February 12, 1999

Providence Medical Center  
Custodian of Records  
500 17th Avenue  
Seattle, WA 98122

Re File No.:98-12-0051MD

Dear Custodian:

The Washington State Medical Quality Assurance Commission received a report concerning a physician's care of Ms. Patricia J. Green. In order for the Medical Commission to fully evaluate this case, I would like to obtain a copy of the following records concerning Ms. Green: history & physical, operative report, discharge summary and the nursing progress notes. Ms. Green's DOB is 02-28-47. SSN # is 7 - Person...

7 - Per...

The 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 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.

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.

Please be advised that this is a preliminary investigation only and that no charges have been issued in connection with this investigation. If copying costs exceed \$100.00, please advise me before copying. Copies are to be sent to:

Tim Slavin, Investigator  
Department of Health  
Medical Quality Assurance Commission  
P.O. Box 47866  
Olympia, Washington 98504-7866

If you have any questions concerning this request please contact me at (360) 236-4802. Thank you for your anticipated cooperation.

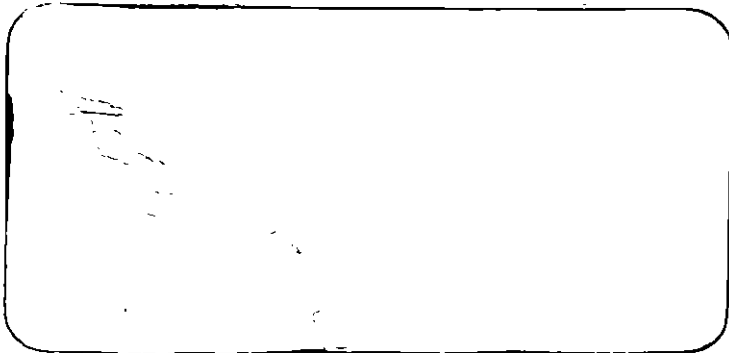
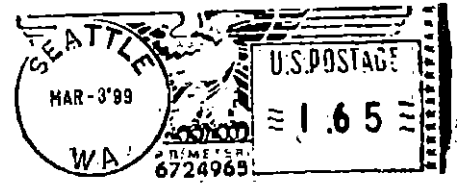
Respectfully,

Tim Slavin  
Investigator



**Premier**  
Document Management

P.O. Box 21347 Seattle, WA 98111-3347



**FIRST CLASS MAIL**

**F.Y.I.**  
INCORPORATED

36

**CONFIDENTIAL MATERIAL ENCLOSED:  
TO BE OPENED BY ADDRESSEE ONLY**



ATTACHMENT 1

PAGES 1-123

A COPY OF PATRICIA J. GREEN'S

MEDICAL RECORDS.

CASE #98-12-0051MD MARCI L. BOWERS, MD

**GREEN v. BOWERS**  
**RECORDS OF THE POLYCLINIC**

705896

23A

LAW OFFICES

CORNELL HANSEN BUGNI & McCONNELL P.S.

KENNETH L. CORNELL  
STEPHEN W. HANSEN  
MICHAEL W. BUGNI  
PAUL S. McCONNELL  
WAYNE P. PELLEGRINI

FACSIMILE COVER SHEET

The contents of the materials being transmitted represent confidential attorney work product. If it is received by someone to whom it is not directed, the unauthorized recipient is directed to promptly contact the sender at the number listed below and to return it unread to the sender.

DATED: 10/9/97  
PAGES: 3- including Cover Sheet  
TO: Polyclinic  
Medical Records  
FAX NO.: 325-6910  
FROM: Chris/Paul McConnell  
REMARKS: Please forward Copies of All  
Ms. Greens Records & Bills  
from 8/13/97 to the  
present.  
Thanks

121

LAW OFFICES

CORNELL HANSEN BUGNI & McCONNELL P.S.

KENNETH L. CORNELL  
STEPHEN W. HANSEN  
MICHAEL W. BUGNI  
PAUL S. McCONNELL  
WAYNE P. PELLEGRINI

September 12, 1997

Mark T. Bowers, M.D.  
The Polyclinic  
1145 Broadway  
Seattle, WA 98122

RE: *Our client/Your patient:* Patricia Spearman Green  
*Date of Accident:* 8/13/97

Dear Records Coordinator:

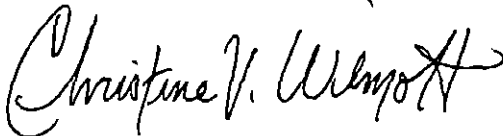
Our office represents Patricia Spearman Green regarding injuries she sustained as a result of medical malpractice on August 13, 1997. Please forward photocopies of all Ms. Spearman Green's medical records and billings. An authorization for release of medical records is enclosed for your reference.

If you have any questions regarding whether or not to forward a particular record, please feel free to contact the undersigned.

We will promptly pay any fee associated with obtaining the above-requested information upon receipt of your billing.

Thank you for your anticipated cooperation.

Sincerely,



Christine V. Wilmott  
Legal Assistant to Paul S. McConnell

cvw

Enclosure

122

LAW OFFICES

CORNELL HANSEN BUGNI & McCONNELL P.S.

KENNETH L. CORNELL  
STEPHEN W. HANSEN  
MICHAEL W. BUGNI  
PAUL S. McCONNELL  
WAYNE P. PELLEGRINI  
PAUL A. PETRY

CONSENT FOR RELEASE OF HEALTH CARE INFORMATION

I, the undersigned, hereby authorize Mark T. Bowers, The Polyclinic to disclose to CORNELL, HANSEN, BUGNI & McCONNELL, P.S., and/or MEDRECS COPING SERVICE, the following information: Complete medical records, including all clinical or hospital records in full. This includes but is not limited to: X-rays, diagnostic testing of any nature, laboratory tests, correspondence, notes, written records or written documents of any nature within the meaning of the Uniform Health Care Act.

I consent to the release of information regarding myself which may be protected by local, state or federal laws which could pertain to testing and/or treatment for HIV infections, AIDS, sexually transmitted diseases, mental health problems, alcohol or drug abuse. I understand that I may prevent the release of such protected information by filing with you a "Prohibition Against Disclosure of Protected Information" form. I hereby release you from all legal responsibility or liability for the release of the above-mentioned information. I understand that I have the right to withdraw this authorization at any time in writing.

This release authorizes disclosure through means of inspection, photocopying, or interviews of the above-named medical provider in connection with the above listed medical records.

You are hereby instructed that I specifically deny access or disclosure of this information to the following: Any health care provider who has previously provided health care to me unless I have given a separate authorization in writing to you and any other disclosure except as required under the Uniform Health Care Act and only in strict compliance with the Act.

This consent is subject to my revocation at any time, except to the extent that action has taken in reliance thereon; and unless earlier revoked, it shall expire within 90 days from the date of this release.

ALL OTHER MEDICAL RELEASE AUTHORIZATIONS ARE CANCELLED UPON RECEIPT OF THIS MEDICAL RELEASE AUTHORIZATION.

THIS AUTHORIZATION IS IN COMPLIANCE WITH THE UNIFORM HEALTH CARE INFORMATION ACT AND WITH FEDERAL REGULATION 42 CFR, PART 2.

10/9/97  
Dated

Patricia J. Spidner Green  
Signature

2-28-47  
Birth Date

7 - Personal Information - Social Security Number - 42 U.S.C. § 4...  
Social Security Number

123



Responder Bowers, Marci Lee  
Case # 98-12-0051MD  
RCM: Irwin

**Medical Quality Assurance Commission  
Case Assignment Transmittal**

Date: 7/8/99

TO: Legal Sticker, Staff Attorney

Investigations

Licensing Manager

Medical Consultant

Case Coordinator

Compliance Officer

FROM: **Maryella Jansen, Program Manager**



1 - Attorney Work Product - RCW 42.56.290 - Drafts, notes, memoranda, statements, records or research reflecting the opinions or mental impressions of an attorney or attorney's agent

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION

In the Matter of the License to Practice as a Physician and Surgeon of )  
 ) Docket No. 99-04-A-1055MD  
 )  
MARCI LEE BOWERS, M.D., ) STIPULATION TO INFORMAL  
License No.27147 ) DISPOSITION  
 )  
Respondent. )  
\_\_\_\_\_ )

**Section 1: STIPULATION**

The parties to the above-entitled matter stipulate as follows:

1.1 Marci Lee Bowers, M.D., Respondent, is informed and understands that the Program Manager, on designation by the Commission, has made the following allegations:

1.1.1 In the course of bilateral salpingo-oophorectomy surgery on the patient (previously identified on a confidential schedule) on or about August 6, 1997, the Respondent negligently sutured a minute portion of small bowel while closing the fascial layer of the wound, resulting in peritonitis.

1.1.2 Despite the patient demonstrating possible complications post-operatively, the Respondent did not respond in a timely manner. A general surgeon reoperated on the patient on the ninth post-operative day.

1.1.3 The patient required further surgery and suffered a delayed recovery as a result of the complication.

1.2 Respondent is informed and understands that the Commission has alleged that the conduct described above, if proven, would constitute a violation of RCW 18.130.180 (4).

COPY

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

1.4 Respondent agrees to be bound by the terms and conditions of the Stipulation to Informal Disposition.

1.5 This Stipulation to Informal Disposition is of no force and effect and is not binding on the parties unless and until this Stipulation to Informal Disposition is accepted by the Commission.

1.6 Respondent does not admit any of the allegations in the Statement of Allegations and Summary of Evidence or in paragraph 1.1 above. This Stipulation to Informal Disposition shall not be construed as a finding of unprofessional conduct or inability to practice.

1.7 This Stipulation to Informal Disposition is not formal disciplinary action. It is not subject to the reporting requirements of RCW 18.130.110 or any interstate/national reporting requirement.

1.8 This Stipulation to Informal Disposition is releasable to the public upon request pursuant to the Public Records Act, chapter 42.17 RCW. The Statement of Allegations and Summary of Evidence and the Stipulation to Informal Disposition shall remain part of Respondent's file and cannot be expunged.

1.9 The Commission agrees to forego further disciplinary proceedings concerning the allegations contained in sections 1.1 and 1.2 above.

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

1.11 Respondent is advised and understands that a violation of the provisions of section 2 of this Stipulation to Informal Disposition, if proved, would constitute grounds for discipline under

parties unless and until this Stipulation to Informal Disposition is accepted by the Commission.

1.12 This Stipulation to Informal Disposition is not formal disciplinary action, is not intended and should not be construed as an action which "revokes or suspends (or otherwise restricts) a physician's license or censures or reprimands, or places on probation" as those words are used in Sec. 422 of the Health Care Quality Improvement Act of 1986, 42 USC 11132 and is therefore not subject to any reporting requirements to the National Practitioner Data Bank, or under RCW 18.130.110 or any interstate/national reporting requirement.

1.13 Respondent is advised and understands that a violation of the provisions of section 2 of this Stipulation to Informal Disposition, if proved, would constitute grounds for discipline under RCW 18.130.180 and the imposition of sanctions under RCW 18.130.160.

## Section 2: INFORMAL DISPOSITION

Pursuant to RCW 18.130.172 (2) and based upon the foregoing stipulation, the parties agree to the following Informal Disposition. The Respondent's license to practice medicine is subject to the following terms and conditions for a period of TWO YEARS. After two years and upon successful completion of the requirements in this section, the terms and conditions herein shall automatically expire.

2.1 Respondent shall submit a plan of continuing medical education (CME) in the area of general surgical complications and post-operative care to the Commission's designee for approval. The exact number of hours and the specific content of the course or courses constituting such program shall be determined by the Commission's designee and shall total not

less than TWELVE (12) credit hours of Category I continuing medical education as described in WAC 246-917-170. This program shall be in addition to the Continuing Education requirement for relicensure. Questions concerning the specific course or courses shall be directed to the Commission's designee. Such CME plan shall be approved by the Medical Consultant, implemented and completed within ONE YEAR (1) of the effective date of this Informal Disposition.

2.2 The Respondent shall see to it that all care delivered to her patients falls within acceptable standards of medical practice. The Respondent shall obey all federal, state, and local laws and all administrative rules governing the practice of medicine in Washington.

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I, Marci Lee Bowers, M.D., 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.

Marci L. Bowers MD

Marci Lee Bowers, M.D.  
Respondent

6/30/95

Date

**Section 3: ACCEPTANCE**

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

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 199\_\_.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION

\_\_\_\_\_  
Panel Chair

Presented by:

*Marcia G. Stickler*

\_\_\_\_\_  
Marcia G. Stickler, WSBA # 20712  
Department of Health Staff Attorney

*July 7, 1999*

\_\_\_\_\_  
Date

**FOR INTERNAL USE ONLY. INTERNAL TRACKING NUMBERS:**

Program No. 98-12-0051MD

# The Polyclinic

1145 Broadway • Seattle, WA 98122-4299

*M Bowers MD*

FORWARDING AND ADDRESS CORRECTION REQUESTED



State of Washington  
Department of Health  
Health Professions Q.A.D.  
1300 SE Quince St  
P.O. Box 47866  
Olympia, WA 98504-7866

98504-7866





less than TWELVE (12) credit hours of Category I continuing medical education as described in WAC 246-917-170. This program shall be in addition to the Continuing Education requirement for relicensure. Questions concerning the specific course or courses shall be directed to the Commission's designee. Such CME plan shall be approved by the Medical Consultant, implemented and completed within ONE YEAR (1) of the effective date of this Informal Disposition.

2.2 ~~The Respondent shall pay the amount of ONE THOUSAND DOLLARS (\$1,000) to reimburse the Commission for the costs of investigating and processing this complaint within one hundred twenty (120) days of the effective date of this Informal Disposition. Such amount shall be payable to the Treasurer, State of Washington and submitted to the Compliance Officer, Department of Health, P.O. Box 1099, Olympia, Washington 98504-1099.~~ *MS.*  
*MS.*  
*MS*  
*MS*

2.3 The Respondent shall see to it that all care delivered to her patients falls within acceptable standards of medical practice. The Respondent shall obey all federal, state, and local laws and all administrative rules governing the practice of medicine in Washington.

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STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
1300 SE Quince St • P.O. Box 47866 • Olympia, WA 98504-7866

June 25, 1999

Marci L. Bowers, M.D.  
The Polyclinic  
1145 Broadway  
Seattle, Washington 98122

RE: Our file #98-12-0051MD

Dear Dr. Bowers:

This is in follow up to our telephone conversations concerning the Informal Disposition offered to you in the matter referenced above. As I understood it, you were going to compose a written response to accompany the signed Informal Disposition if you chose to accept it. Depending on the content of your written statement and whether the Informal Disposition was accepted by you, I would in any event present the matter at the July 8-9 meeting of the Medical Commission. To date, I have not received any material from you.

Please contact me at your convenience if you have made a decision *not* to respond to the Informal Disposition, so I can plan my presentation accordingly. If you *are* planning to sign the Informal Disposition, please forward it to me as soon as possible, so it can be ready for presentation on July 8. Thank you for your continued cooperation and assistance. My phone number is (360) 236-4814 and my fax is (360) 586-0745.

Sincerely yours,

Marcia G. Stickler  
Department of Health Staff Attorney



Respondent: BRUNN, MARK R  
Case # 95-61-0051MD  
RCM: MERRINS

**Medical Quality Assurance Commission  
Case Assignment Transmittal**

Date: MAY 28 1999

TO:  Legal MIS, Staff Attorney  
 Investigations  
 Licensing Manager  
 Medical Consultant  
 Case Coordinator  
 Compliance Officer

FROM: Maryella Jansen, Program Manager



The following action was ordered by the Commission at the MAY - 1999 meeting:

1 - Attorney Work Product - RCW 42.56.290 - Drafts, notes, memoranda, statements, records or research reflecting the opinions or mental impressions of an attorney or attorney's agent



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
1300 SE Quince St • P.O. Box 47866 • Olympia, WA 98504-7866

April 28, 1999

Marci Lee Bowers, M.D.  
The Polyclinic  
1145 Broadway  
Seattle, WA 98122-4299

Re: In the Matter of the License to Practice Medicine of  
Marci Lee Bowers, M.D., Docket No. 99-04-1055MD/Program No. 98-12-0051MD

Dear Dr. Bowers:

You have been under investigation by the Washington State Medical Quality Assurance Commission for alleged unprofessional conduct. As a resolution of the case, the Commission has moved to allow you to enter into a Stipulation to Informal Disposition rather than filing a formal Statement of Charges. Please read these documents carefully and consult your attorney if you need legal advice.

I have enclosed the original and one copy of the Stipulation to Informal Disposition which I, as the staff attorney for the Department of Health, have prepared. The terms of the Stipulation to Informal Disposition are those proposed by the Commission. Signing the Stipulation does not constitute an admission of any violation of law. Note that a Stipulation to Informal Disposition is not disciplinary action, nor is it published or sent to the National Practitioner Data Bank.

I have also enclosed a document entitled "Statement of Allegations." The legislature has required that this be served along with a Stipulation to Informal Disposition. It merely recites the allegations against you.

If you choose to enter into the Stipulation to Informal Disposition, please sign the original in the spaces indicated and return it to me. Keep the copy for your records. I will forward a conformed copy to you when the original is signed.

P 360 008 243

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to Marcie Bowles	
Street & Number 1145 Broadview	
Post Office, State, & ZIP Code Seattle WA 98122	
Postage	\$ 4.29
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>

Postmark or Date  
MDC SOA/STID  
4-28-96

PS Form 3800, April 1995

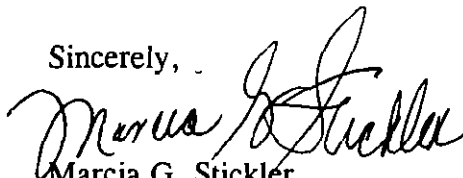
Stick postage stamps to article to cover First-Class postage, certified mail fee, and charges for any selected optional services (See front).

1. If you want this receipt postmarked, stick the gummed stub to the right of the return address leaving the receipt attached, and present the article at a post office service window or hand it to your rural carrier (no extra charge).
2. If you do not want this receipt postmarked, stick the gummed stub to the right of the return address of the article, date, detach, and retain the receipt, and mail the article.
3. If you want a return receipt, write the certified mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the gummed ends if space permits. Otherwise, affix to back of article. Endorse front of article **RETURN RECEIPT REQUESTED** adjacent to the number.
4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.
5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.
6. Save this receipt and present it if you make an inquiry.

If you choose not to accept the Stipulation to Informal Disposition, please inform me in writing within 10 days. The matter will then be re-presented to the Commission to determine whether to issue a Statement of Charges in this case.

You are, of course, free to consult with and engage an attorney to represent you in these matters. If you have any further questions or concerns, you may contact me at the telephone number referenced below, or you may contact my paralegal, Casandra Batdorf at (360) 236-4808.

Sincerely,



Marcia G. Stickler  
Staff Attorney, Dept. of Health  
(360) 236-4814

MGS/ceb  
Enclosures

cc: Hampton Irwin, M.D. Reviewing Commission Member  
George Heye, M.D., Medical Consultant

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

In the Matter of the License to Practice as a )  
Physician and Surgeon of ) **Docket No. 99-04-A-1055MD**  
)  
MARCIE LEE BOWERS, M.D. ) **STATEMENT OF ALLEGATIONS**  
License No. 27147 ) **AND SUMMARY OF EVIDENCE**  
)  
Respondent. )  
\_\_\_\_\_ )

The Program Manager, on designation by the Commission, makes the allegations below, which are supported by evidence contained in program case file No. 98-12-0051MD. Any patient referred to in this Statement of Allegations and Summary of Evidence is identified in an attached Confidential Schedule.

**Section 1: ALLEGED FACTS**

- 1.1 Marci Lee Bowers, M.D., Respondent, was issued a license to practice as a physician and surgeon by the State of Washington in March, 1990.
- 1.2 In the course of bilateral salpingo-oophorectomy surgery on the patient previously identified on a confidential schedule) on or about August 6, 1997, the Respondent negligently sutured a minute portion of small bowel while closing the fascial layer of the wound, resulting in peritonitis.
- 1.3 Despite the patient demonstrating possible complications post-operatively, the Respondent did not respond in a timely manner. A general surgeon reoperated on the patient on the ninth post-operative day.



1.4 The patient required further surgery and suffered a delayed recovery as a result of the complication.

## **Section 2: SUMMARY OF EVIDENCE**

2.1 Respondent's medical record of the Patient.

2.2 The patient's operative report, history and physical, progress notes and discharge summary from Providence Medical Center, Seattle, Washington..

2.3 Payment report from Physicians Insurance Exchange to the National Practitioner Data Bank dated December 10, 1998

2.4 Respondent's letter to Department of Health Investigator Tim Slavin dated January 29, 1999.

## **Section 3: ALLEGED VIOLATIONS**

3.1 The facts alleged in paragraphs 1.1 through 1.4 above, 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 licensee 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. . . .;

## **Section 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 to address the conduct alleged in this Statement of Allegations and Summary of Evidence, Respondent should sign and date the Stipulation to Informal Disposition and return it within 20 days to Casandra Batdorf, Dept. of Health, P. O. 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 to address the conduct alleged in the Statement of Allegations and Summary of Evidence, Respondent should contact Marcia G. Stickler, Staff Attorney, Department of Health Staff Attorney, Department of Health, Medical Quality Assurance Commission, 1300 SE Quince, Olympia, WA 98504-7866 at (360) 664-2252 within 10 days.

4.4 If Respondent does not respond within 20 days, the Commission will assume Respondent has declined to resolve the allegations by means of a Stipulation to Informal Disposition.

4.5 In the event 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.

Pursuant to WAC 246-01-100, Respondent must notify, in writing, the Commission if  
Respondent's name and/or address changes.

DATED this 28<sup>th</sup> day of April, 1999.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION

Margell E. Jansen

Program Manager

Marcia G. Stickler

Marcia G. Stickler, WSBA # 20712  
Department of Health Staff Attorney

FOR INTERNAL USE ONLY. INTERNAL TRACKING NUMBERS:

Program No. 98-12-0051MD

CONFIDENTIAL SCHEDULE

This information is confidential and is NOT to be released without the consent of the individual or individuals named herein. RCW 42.17.310(1)(d)

The Patient ..... 4 - Investigative Records Compiled by agenc...

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

In the Matter of the License to Practice as a )  
Physician and Surgeon of ) **Docket No. 99-04-A-1055MD**  
)  
MARCI LEE BOWERS, M.D., ) STIPULATION TO INFORMAL  
License No.27147 ) DISPOSITION  
)  
Respondent. )  
\_\_\_\_\_ )

**Section 1: STIPULATION**

The parties to the above-entitled matter stipulate as follows:

1.1 Marci Lee Bowers, M.D., Respondent, is informed and understands that the Program Manager, on designation by the Commission, has made the following allegations:

1.1.1 In the course of bilateral salpingo-oophorectomy surgery on the patient (previously identified on a confidential schedule) on or about August 6, 1997, the Respondent negligently sutured a minute portion of small bowel while closing the fascial layer of the wound, resulting in peritonitis.

1.1.2 Despite the patient demonstrating possible complications post-operatively, the Respondent did not respond in a timely manner. A general surgeon reoperated on the patient on the ninth post-operative day.

1.1.3 The patient required further surgery and suffered a delayed recovery as a result of the complication.

1.2 Respondent is informed and understands that the Commission has alleged that the conduct described above, if proven, would constitute a violation of RCW 18.130.180 (4).

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

1.4 Respondent agrees to be bound by the terms and conditions of the Stipulation to Informal Disposition.

1.5 This Stipulation to Informal Disposition is of no force and effect and is not binding on the parties unless and until this Stipulation to Informal Disposition is accepted by the Commission.

1.6 Respondent does not admit any of the allegations in the Statement of Allegations and Summary of Evidence or in paragraph 1.1 above. This Stipulation to Informal Disposition shall not be construed as a finding of unprofessional conduct or inability to practice.

1.7 This Stipulation to Informal Disposition is not formal disciplinary action. It is not subject to the reporting requirements of RCW 18.130.110 or any interstate/national reporting requirement.

1.8 This Stipulation to Informal Disposition is releasable to the public upon request pursuant to the Public Records Act, chapter 42.17 RCW. The Statement of Allegations and Summary of Evidence and the Stipulation to Informal Disposition shall remain part of Respondent's file and cannot be expunged.

1.9 The Commission agrees to forego further disciplinary proceedings concerning the allegations contained in sections 1.1 and 1.2 above.

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

1.11 Respondent is advised and understands that a violation of the provisions of section 2 of this Stipulation to Informal Disposition, if proved, would constitute grounds for discipline under

parties unless and until this Stipulation to Informal Disposition is accepted by the Commission.

1.12 This Stipulation to Informal Disposition is not formal disciplinary action, is not intended and should not be construed as an action which “revokes or suspends (or otherwise restricts) a physician’s license or censures or reprimands, or places on probation” as those words are used in Sec. 422 of the Health Care Quality Improvement Act of 1986, 42 USC 11132 and is therefore not subject to any reporting requirements to the National Practitioner Data Bank, or under RCW 18.130.110 or any interstate/national reporting requirement.

1.13 Respondent is advised and understands that a violation of the provisions of section 2 of this Stipulation to Informal Disposition, if proved, would constitute grounds for discipline under RCW 18.130.180 and the imposition of sanctions under RCW 18.130.160.

## **Section 2: INFORMAL DISPOSITION**

Pursuant to RCW 18.130.172 (2) and based upon the foregoing stipulation, the parties agree to the following Informal Disposition. The Respondent’s license to practice medicine is subject to the following terms and conditions for a period of TWO YEARS. After two years and upon successful completion of the requirements in this section, the terms and conditions herein shall automatically expire.

2.1 Respondent shall submit a plan of continuing medical education (CME) in the area of general surgical complications and post-operative care to the Commission’s designee for approval. The exact number of hours and the specific content of the course or courses constituting such program shall be determined by the Commission’s designee and shall total not

less than TWELVE (12) credit hours of Category I continuing medical education as described in WAC 246-917-170. This program shall be in addition to the Continuing Education requirement for relicensure. Questions concerning the specific course or courses shall be directed to the Commission's designee. Such CME plan shall be approved by the Medical Consultant, implemented and completed within ONE YEAR (1) of the effective date of this Informal Disposition.

2.2 The Respondent shall pay the amount of ONE THOUSAND DOLLARS (\$1,000) to reimburse the Commission for the costs of investigating and processing this complaint within one hundred twenty (120) days of the effective date of this Informal Disposition. Such amount shall be payable to the Treasurer, State of Washington and submitted to the Compliance Officer, Department of Health, P.O. Box 1099, Olympia, Washington 98504-1099.

2.3 The Respondent shall see to it that all care delivered to her patients falls within acceptable standards of medical practice. The Respondent shall obey all federal, state, and local laws and all administrative rules governing the practice of medicine in Washington.

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I, Marci Lee Bowers, M.D., 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.

---

Marci Lee Bowers, M.D.  
Respondent

---

Date

**Section 3: ACCEPTANCE**

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

DATED this \_\_\_\_ day of \_\_\_\_\_, 199\_\_.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION

\_\_\_\_\_  
Panel Chair

Presented by:

\_\_\_\_\_  
Marcia G. Stickler, WSBA # 20712  
Department of Health Staff Attorney

\_\_\_\_\_  
Date

**FOR INTERNAL USE ONLY. INTERNAL TRACKING NUMBERS:**

Program No. 98-12-0051MD

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION

In the Matter of the License to Practice as a )  
Physician and Surgeon of )     **Docket No. 99-04-A-1055MD**  
)  
MARCI LEE BOWERS, M.D. )     **DECLARATION OF SERVICE**  
*License No. 27147* )  
)  
Respondent. )  
\_\_\_\_\_ )

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

On April 28, 1999, I served a true and correct copy of the **Statement of Allegations and Summary of Evidence, and Stipulation to Informal Disposition**, signed by or for Maryella E. Jansen, Program Manager, on April 28, 1999, by placing same in the U.S. mail by 4:30 p.m, postage prepaid, on the following parties to this case:

Marci Lee Bowers, M.D.  
The Polyclinic  
1145 Broadway  
Seattle, WA 98122-4299

DATED: April 28, 1999, Olympia, Washington.

  
Casandra Batdorf, Paralegal

original filed with:

Adjudicative Clerk Office  
1107 Eastside Street  
PO Box 7879  
Olympia WA 98504-7879

FOR INTERNAL USE ONLY. INTERNAL TRACKING NUMBERS:

Program No. 98-12-0051MD

DECLARATION OF SERVICE

ORIGINAL

Respondent Bowers, Marci Lee  
Case # 98120051MD  
RCM: IRWU

**Medical Quality Assurance Commission  
Case Assignment Transmittal**

Date: 4/15/99

- TO:     \_\_\_ Legal Stickler, Staff Attorney
- \_\_\_ Investigations
- \_\_\_ Licensing Manager
- \_\_\_ Medical Consultant
- \_\_\_ Case Coordinator
- \_\_\_ Compliance Officer

FROM:    Maryella Jansen, Program Manager



The following action was ordered by the Commission at the 4/15/99 meeting:

[Empty rectangular box for action details]

1 - Attorney Work Product - RCW 42.56.290 - Drafts, notes, memoranda, statements, records or research reflecting the opinions or mental impressions of an attorney or attorney's agent

CASE REVIEW WORKSHEET FOR STIDS

Respondent name: Bowers, Marci Lee No. 98-12-0051MD  
Licensed in other state(s) \_\_\_\_\_

1 - Attorney Work Product - RCW 42.56.290 - Drafts, notes, memoranda, statements, records or research reflecting the opinions or mental impressions of an attorney or attorney's agent

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ST 13

12 hrs - CME  
gen • positive compl + post-op care  
Bowels 98 - 12-00

Stickler/Bahn

Settlement 6 - National Practition...

41 y/o OB-GYN cert.

Complainant: Physician's insurance, paid to former patient.

Complaint: A 50 y/o female referred to the respondent with retained ovaries from a hysterectomy 15 years previous. An ultra sound taken to investigate pelvic pain showed a complex cyst in the right ovary. She weighed 252 lbs and featured other medical conditions including hypertension, migraine and asthma. On 8/6/97 a laparotomy was performed to remove both ovaries and tubes. Extensive adhesions were encountered and lysed.

During the day of surgery and those to follow, the patient did not recover as expected. She had bowel sounds but was unable to eat or drink to meet her needs. Nausea was a problem, but she was sufficiently confident to go home on the third p.o. day. On the sixth day, she was admitted because of continued inability to eat and drink and she was developing abdominal distention.

On the 9<sup>th</sup> day, a general surgeon reopened the incision to find that the top of the fascial closure suture was through the wall of a loop of small intestine. The resulting hole in the bowel was leaking stool and producing peritonitis. Recovery was complete after the second surgery. However, there was a brief bout of tachycardia soon after the second surgery.

Previous cases: 97 03 0080MD/97 11 0012MD

1 - Attorney Work Product - RCW 42.56.290 - Drafts, notes, memoranda, statements, records or research reflecting the opinions or mental impressions of an attorn...

Hampton W. Irwin, MD

Respondent: Bowers, Marci  
Case #: 98-12-0051MD  
IRP Presenter: Karsen-LeVier

**MEDICAL QUALITY ASSURANCE COMMISSION**  
*Initial Review Panel*  
**Case Assignment Transmittal**

Date: 3/26/99

- To: \_\_\_\_\_ Legal \_\_\_\_\_, Staff Attorney  
\_\_\_\_\_ Investigations  
\_\_\_\_\_ Licensing Manager  
\_\_\_\_\_ Medical Consultant  
\_\_\_\_\_ Case Coordinator  
\_\_\_\_\_ Compliance Officer

\*\*\*\*\*

The following action was ordered by the Initial Review Panel at the 3/26/99 meeting:

[Empty box for action details]

1 - Attorney Work Product - RCW 42.56.290 - Drafts, notes, memoranda, statements, records or research reflecting the opinions or mental impressions of an attorney or attorney's agent

## **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**





STATE OF WASHINGTON

DEPARTMENT OF HEALTH

1300 SE Quince St • P.O. Box 47866 • Olympia, WA 98504-7866

December 23, 1998

Marci Lee Bowers, MD  
The Polyclinic  
1145 Broadway  
Seattle, WA 98122

Dear Dr. Bowers:

The purpose of this letter is to inform you that the Medical Quality Assurance Commission has received a Medical Malpractice Payment Report as required by RCW 18.71.350. Accordingly, a case file has been opened under your name with the identification number **98-12-0051MD**. At this time we will request appropriate records from the insurance carrier. Once we have them, the case will be reviewed. At the completion of the review, the Commission will do one of two things:

- 1) They will either close the file without further inquiry in which case you will receive a letter to that effect; or
- 2) They will request to have the matter investigated further. In that event, you may again be contacted by mail and asked to submit a statement and/or records concerning the case.

If you wish to submit a statement concerning the malpractice case, you may do so at any time. You are not, however, obligated to send us anything at this time.

If the Commission receives any inquiries about the status of your license, the existence of file **98-12-0051MD** will be disclosed. However, while this file is under active review, its contents will not be disclosed. Once the review process is completed and the case is either closed or acted upon further, the contents of the file, including any statements submitted by you, will be subject to release within the guidelines established by Washington's public disclosure laws.

Please be advised that due to staff limitations and the volume of cases of all types handled by the Commission, the initial review process on your case may take from three to six months.

For your information we have also enclosed the brochure "*What Happens Next?*" which briefly describes how the Medical Commission proceeds when it receives a report concerning a physician.

If you have any questions, please feel free to call James H. Smith, Chief Investigator, at (360) 236-4798, or George Heye, MD, Medical Consultant, at (360) 236-4795.

Respectfully,

**COPY**

James H. Smith, Chief Investigator  
Medical Quality Assurance Commission

Enclosure

4



STATE OF WASHINGTON

DEPARTMENT OF HEALTH

1300 SE Quince St • P.O. Box 47866 • Olympia, WA 98504-7866

January 8, 1999

Certified Mail - Return Receipt Requested

Marci L. Bowers, MD  
The Polyclinic  
1145 Broadway  
Seattle, WA 98122-4299

**COPY**

Re File No.: 98-12-0051MD

Dear Dr. Bowers:

The Washington State Medical Quality Assurance Commission received a mandatory insurance report from Physicians Insurance Exchange. The report indicated a <sup>6 - National Practition...</sup> settlement concerning your care of patient, Patricia Green. The information I am requesting from you is listed on page two of this letter.

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 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 or her possession. Failure to cooperate may be deemed to be unprofessional conduct pursuant to RCW 18.130.180 (8).

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.

17



January 8, 1999  
Page 2

Under provisions of the laws mentioned on page 1, you are requested to provide:

1. A narrative summary regarding the factual background in this case.

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 Appearance at the address below.

Please submit your response within fourteen (14) days after receipt of this letter. Mail your response to:

Tim Slavin, Investigator  
Department of Health  
Medical Investigations Unit  
PO Box 47866  
Olympia, Washington 98504-7866

If you have any questions concerning this request, please contact me at (360) 236-4802. Thank you for your anticipated cooperation.

Respectfully,

**COPY**  
Tim Slavin, Investigator

**MARCI L. BOWERS, M.D.**

Obstetrics & Gynecology

January 29, 1999

RECEIVED

FEB 01 1999

INVESTIGATIONS


Mr. Tim Slavin  
Department of Health  
Medical Investigations Unit  
PO Box 47866  
Olympia, WA 98504-7866

RE:

2 - Healthcare Information Readily Identifiable to a Person - RC...

File #98-12-0051MD

Dear Mr. Slavin:

Reports of the recent malpractice settlement agreement involve care rendered to 2 - Healthcar...  
2 - Healthcare Information Re... Ms. 2 - Health... was a 50-year-old female patient initially referred to me August 8, 1997 for management of an enlarging postmenopausal right ovarian cyst. The patient was status post total vaginal hysterectomy but had presented to her internist, Dr. Anita Shaffer with abdominal pain in late 1996. This complaint prompted an ultrasound performed 12/17/96 which indicated the right ovary to contain a 1.7 x 1.5 x 1.4 cm cyst. The patient's symptoms minimized and she was followed conservatively until repeating the ultrasound December 17, 1996. At that time, the cyst had enlarged markedly giving the suggestion of increased complexity with several cysts including the largest now measuring 3.3 x 3.5 x 4.1 cm. Because of the interval marked increase in size and increasing complexity, the possibility of a neoplastic process was entertained, referral arranged, and surgical intervention planned. The patient was interviewed, examined and counseled regarding potential complications and the details of proposed surgery in initial consultation August 8, 1997. The patient had hoped to accomplish the surgery as soon as possible and thus arrangements were made for admission and surgery at Providence Medical Center 8/13/97. Of note, the patient was obese, weighing 252 lb. In addition, significant adhesions as a result of prior surgery were encountered during the course of surgery. The technical aspects of the surgery there were handled routinely with surgery lasting approximately 1-1/2 hours. Surgical exploration included adhesiolysis and bilateral salpingo-oophorectomy. Final pathology showed the cyst to be that of a benign hemorrhagic ovarian cyst and hydrosalpinx. Closure of the midline incision consisted of a three-layer closure. The peritoneum was closed with continuous 2-0 chromic suture, the fascia with continuous 0 Maxon suture and the skin with staples. The patient's postoperative recovery was notable for postoperative nausea but return of bowel function and decreasing pain by postoperative day #3. She was thus discharged to home on 8/16/97. She was readmitted three days later, 8/19/97 with symptoms consistent with either a postoperative ileus or partial 

The  
**Polyclinic**

January 29, 1999

Page 2

small bowel obstruction. She was managed conservatively through the weekend with nasogastric suction by the consulting general surgeon, Dr. Kevin Johnson. However by Monday, her symptoms had not improved and re-exploration was accomplished 8/22/97. At the time of her second surgery, she was found to have a minute perforation of the ileum as a result of a suture from the initial fascial closure at the superiormost aspect of her incision. The bowel injury was oversewn primarily not requiring resection or colostomy. In passing, Dr. Johnson did mention that the patient had planned litigation even prior to her postoperative clearance, at one point inviting a friend in to photograph her incision. She gradually recovered from her second surgery after treatment with antibiotics and antiarrhythmics (for an unexplained tachycardia) and eventually was discharged home 8/31/97.

Indeed, litigation was rapidly engaged upon. Ultimately the case was handled by <sup>WSPIC</sup> ~~Wispic~~ and settled 12/16/98. Despite a favorable professional review of the care given in Ms. 2 - Healthcar... care, I elected to settle the case for the reasons listed below.

As you are aware, during 1998 three medical malpractice cases against me were settled. The occurrence of the care involved in these cases was 1990, 1994 and 1997. Unfortunately, litigation was brought against me, almost in unison only recently and at a time of personal crisis for me. Having begun a gender transition in 1996, the timing of these suits could not have been worse (in terms of defense). Each lawsuit would have been highly defensible and, under ordinary circumstances should probably have gone to trial. My decision to settle each, however, was based upon my wish largely to leave my past behind. Rather than be seen as an admission of guilt or poor medical care, these suits are, I believe, a reflection of the medical legal exposure that OB-GYNs of today face and fear most--busy practices with exemplary care but with deep pockets and huge exposure. Since 1990, few Seattle OB-GYNs have been as busy surgically or as successfully overall as have I. With the respect that I had gained within the medical community, my decision to gender transition from male to female has been a stunning event that has touched many lives here in Seattle. Approximately 3,500 letters to my patients notifying them of my gender change were mailed out in June 1998. I began working as Marci Bowers shortly thereafter. Since that time, fewer than 25 patients have written to request records and transfer their care. Recognizing the quality of my care, patients have largely chosen to remain with me.

The very success of my gender transition should somewhat allay fears of the committee regarding the quality of my medical care. Complications of surgery, while rare, have happened to me and will likely happen again. However, I have learned tremendously from the litigation processes and have taken steps towards avoidance of these suits in the future. More importantly, I believe that I am now in a much more secure personal situation that will allow me to, if necessary, defend the quality of the care that I proclaim.

I am hopeful that the committee will acknowledge the extraordinary human drama involved in my personal transition, understand that the essence of who I am as a physician has not

RE: 2 - Healthcare Information Readily Identifiable to a Person - RCW...

January 29, 1999

Page 3

changed, recognize the quality and competency of my care (see prior October 2, 1998 letter to MQAC) and move forward with watchful optimism that you will not see my name brought before your committee, hopefully, ever again.

Sincerely,



MARCI L. BOWERS, M.D.

33(234-01281851);r1/29/99

c: (2)

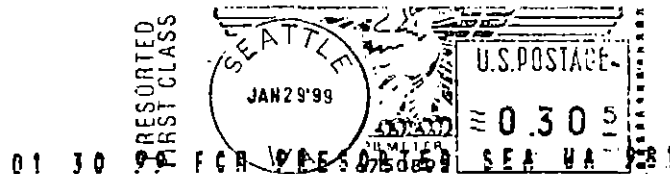


# The Polyclinic

1145 Broadway / Seattle, Washington 98122-4299

*Mr. Bowers*

Mr. Tim Slavin  
Department of Health  
Medical Investigations Unit  
PO Box 47866  
Olympia, WA 98504-7866



10

Redaction Summary ( 35 redactions )

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7 Privilege / Exemption reasons used:

- 1 -- "Attorney Work Product - RCW 42.56.290 - Drafts, notes, memoranda, statements, records or research reflecting the opinions or mental impressions of an attorney or attorney's agent that reveal factual or investigative information prepared, collected, or assembled in litigation or in anticipation of litigation." ( 7 instances )
- 2 -- "Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1)" ( 9 instances )
- 3 -- "Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1)" ( 5 instances )
- 4 -- "Investigative Records Compiled by agency investigative and law enforcement unit; and non-disclosure is essential to effective law enforcement or for a person's privacy. - RCW 42.56.240(1)" ( 1 instance )
- 5 -- "Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1)" ( 1 instance )
- 6 -- "National Practitioner Data Bank (NPDB) report received directly or indirectly from the NPDB -42 USC §1396r-2; 42 USC §1320a-7e; 45 CFR §60.20(a), RCW 42.56.070(1)" ( 9 instances )
- 7 -- "Personal Information - Social Security Number - 42 U.S.C. § 405(c)(2)(C)(viii)(I), RCW 42.56.070(1)" ( 3 instances )



Redacted pages:

Page 1, National Practitioner Data Bank (NPDB) report received directly or indirectly from the NPDB -42 USC §1396r-2; 42 USC §1320a-7e; 45 CFR §60.20(a), RCW 42.56.070(1), 1 instance

Page 4, 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 4, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance

Page 4, National Practitioner Data Bank (NPDB) report received directly or indirectly from the NPDB -42 USC §1396r-2; 42 USC §1320a-7e; 45 CFR §60.20(a), RCW 42.56.070(1), 1 instance

Page 7, Attorney Work Product - RCW 42.56.290 - Drafts, notes, memoranda, statements, records or research reflecting the opinions or mental impressions of an attorney or attorney's agent that reveal factual or investigative information prepared, collected, or assembled in litigation or in anticipation of litigation., 1 instance

Page 8, 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 8, National Practitioner Data Bank (NPDB) report received directly or indirectly from the NPDB -42 USC §1396r-2; 42 USC §1320a-7e; 45 CFR §60.20(a), RCW 42.56.070(1), 1 instance

Page 11, National Practitioner Data Bank (NPDB) report received directly or indirectly from the NPDB -42 USC §1396r-2; 42 USC §1320a-7e; 45 CFR §60.20(a), RCW 42.56.070(1), 1 instance

Page 13, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 2 instances

Page 15, 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 18, National Practitioner Data Bank (NPDB) report received directly or indirectly from the NPDB -42 USC §1396r-2; 42 USC §1320a-7e; 45 CFR §60.20(a), RCW 42.56.070(1), 1 instance

Page 21, National Practitioner Data Bank (NPDB) report received directly or indirectly from the NPDB -42 USC §1396r-2; 42 USC §1320a-7e; 45 CFR §60.20(a), RCW 42.56.070(1), 1 instance

Page 22, National Practitioner Data Bank (NPDB) report received directly or indirectly from the NPDB -42 USC §1396r-2; 42 USC §1320a-7e; 45 CFR §60.20(a), RCW 42.56.070(1), 1 instance

Page 25, Personal Information - Social Security Number - 42 U.S.C. § 405(c)(2)(C)(viii)(I), RCW 42.56.070(1), 2 instances

Page 186, Personal Information - Social Security Number - 42 U.S.C. § 405(c)(2)(C)(viii)(I), RCW 42.56.070(1), 1 instance

Page 187, Attorney Work Product - RCW 42.56.290 - Drafts, notes, memoranda, statements, records or research reflecting the opinions or mental impressions of an attorney or attorney's agent that reveal factual or investigative information prepared, collected, or assembled in litigation or in anticipation of litigation., 1 instance

Page 197, Attorney Work Product - RCW 42.56.290 - Drafts, notes, memoranda, statements, records or research reflecting the opinions or mental impressions of an attorney or attorney's agent that reveal factual or investigative information prepared, collected, or assembled in litigation or in anticipation of litigation., 1 instance

Page 206, Investigative Records Compiled by agency investigative and law enforcement unit; and non-disclosure is essential to effective law enforcement or for a person's privacy. - RCW 42.56.240(1), 1 instance

Page 214, Attorney Work Product - RCW 42.56.290 - Drafts, notes, memoranda, statements, records or research reflecting the opinions or mental impressions of an attorney or attorney's agent that reveal factual or investigative information prepared, collected, or assembled in litigation or in anticipation of litigation., 1 instance

Page 215, Attorney Work Product - RCW 42.56.290 - Drafts, notes, memoranda, statements, records or research reflecting the opinions or mental impressions of an attorney or attorney's agent that reveal factual or investigative information prepared, collected, or assembled in litigation or in anticipation of litigation., 1 instance

Page 216, Attorney Work Product - RCW 42.56.290 - Drafts, notes, memoranda, statements, records or research reflecting the opinions or mental impressions of an attorney or attorney's agent that reveal factual or investigative information prepared, collected, or assembled in litigation or in anticipation of litigation., 1 instance

Page 216, National Practitioner Data Bank (NPDB) report received directly or indirectly from the NPDB -42 USC §1396r-2; 42 USC §1320a-7e; 45 CFR §60.20(a), RCW 42.56.070(1), 1 instance

Page 217, Attorney Work Product - RCW 42.56.290 - Drafts, notes, memoranda, statements, records or research reflecting the opinions or mental impressions of an attorney or attorney's agent that reveal factual or investigative information prepared, collected, or assembled in litigation or in anticipation of litigation., 1 instance

Page 220, National Practitioner Data Bank (NPDB) report received directly or indirectly from the NPDB -42 USC §1396r-2; 42 USC §1320a-7e; 45 CFR §60.20(a), RCW 42.56.070(1), 1 instance

Page 222, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 4 instances

Page 223, 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 224, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 1 instance