

HEARING CONDUCTED BY THE
TEXAS STATE OFFICE OF ADMINISTRATIVE HEARINGS
SOAH DOCKET NO. 503-_____
TEXAS MEDICAL LICENSE NO. D-5247

IN THE MATTER OF THE
COMPLAINT AGAINST
DEZRA WHITE, M.D.

BEFORE THE
TEXAS MEDICAL BOARD

COMPLAINT

TO THE HONORABLE ADMINISTRATIVE LAW JUDGE TO BE ASSIGNED:

COMES NOW, the Staff of the Texas Medical Board (the "Board"), and files this Complaint against Dezra White, M.D. ("Respondent"), based on Respondent's alleged violations of the Medical Practice Act ("the Act"), Title 3, Subtitle B, Texas Occupations Code, and would show the following:

I. INTRODUCTION

The filing of this Complaint and the relief requested are necessary to protect the health and public interest of the citizens of the State of Texas, as provided in Section 151.003 of the Act.

II. LEGAL AUTHORITY AND JURISDICTION

1. Respondent is a Texas Physician and holds Texas Medical License No. D-5247, which was originally issued on August 10, 1968. Respondent's license was in full force and effect at all times material and relevant to this Complaint.

2. Respondent received notice of the Informal Settlement Conference ("ISC") and appeared at the ISC, which was conducted in accordance with §2001.054(c), GOV'T CODE and §164.004 of the Act. All procedural rules were complied with, including but not limited to, Board Rules 182 and 187, as applicable.

3. No agreement to settle this matter has been reached by the parties.

4. All jurisdictional requirements have been satisfied.

III. FACTUAL ALLEGATIONS

Board Staff has received information and on that information believes that Respondent has violated the Act. Based on such information and belief, Board Staff alleges:

1. Respondent failed to meet the standard of care for one patient (Patient¹) by providing inadequate prenatal care and monitoring. Additionally, Respondent did not keep adequate medical records.
2. In June of 2007, Respondent began providing obstetrical care to the Patient.
3. Respondent performed sonograms on the Patient for the first four months of her pregnancy. There were no sonograms performed after October 8, 2007, when the fetus was approximately 23 weeks gestational age. Respondent should have continued to perform sonograms beyond the 23 weeks due to lack of fetal growth. The sonograms were not kept as part of the medical record.
4. On January 1, 2008, when the Patient was approximately 35 weeks pregnant, she was admitted to the hospital with a diagnosis of Pregnancy Induced Hypertension ("PIH"). The next day, the Patient had an emergency cesarean section ("C-Section"). The Patient's infant was born with significant deformities including: congenital face and neck anomalies, such as cleft palate and lip and nose anomaly; anophthalmos; and an anomalous skull and face. The infant had an Apgar score of 1/1 and expired shortly after birth.
5. At each prenatal visit, Respondent failed to perform and/or document the Patient's uterine size, also referred to as fundal height. Measuring and documenting fundal height is a standard part of the prenatal visit and is used to assess the intrauterine growth of the fetus.
6. During several prenatal visits, Respondent recorded that the Patient's blood pressure readings were in the hypertensive range. The Patient's hypertensive recordings include the following: September 10, 2007 (133/98); December 10, 2007 (136/90 and 140/96); and

¹ Board staff will provide the patient's identification to the ALJ and Respondent by separate confidential document filed under seal.

December 17, 2007 (136/92). Respondent failed to take further action on the Patient's hypertensive state or further evaluate for PIH.

7. Performing additional sonograms, addressing the PIH, and measuring the fundal height would not have changed the outcome of the pregnancy, in regard to fetal deformities and demise.

8. Respondent has previously been the subject of disciplinary action by the Board. The Board entered an Agreed Order on January 18, 1997, due to Respondent's unprofessional conduct of altering a medical record.

IV. CONCLUSIONS OF LAW

The actions of Respondent as specified above violate one or more of the following provisions of the Medical Practice Act:

1. The Board has jurisdiction over the subject matter and Respondent pursuant to the Act.

2. Section 164.051(a)(3) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's violation of a Board rule, specifically Board Rule 165.1, which requires the maintenance of adequate medical records.

3. Section 164.051(a)(6) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's failure to practice medicine in an acceptable professional manner consistent with public health and welfare, and as further defined by Board Rule(s): 190.8(1)(A), failure to treat the patient according to the generally accepted standard of care, 190.8(1)(C), failure to use proper diligence in one's professional practice; and 190.8(1)(D), failure to safeguard against potential complications.

4. Section 164.001 of the Act authorizes the Board to impose a range of disciplinary actions against a person for violation of the Act or a Board rule.

V. AGGRAVATING FACTORS

Pursuant to Board Rule 190.15, the Board may consider facts of this case to include the following aggravating factors:

1. increased potential harm to the public;
2. multiple violations of the Act; and
3. previous disciplinary action by the Board.

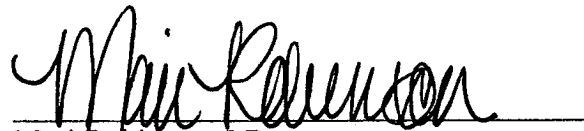
VI. APPLICABLE STATUTES, RULES, AND AGENCY POLICY

The following statutes, rules, and agency policy are applicable to the conduct of the contested case:

1. Section 164.007(a) of the Act requires that the Board adopt procedures governing formal disposition of a contested case before the State Office of Administrative Hearings.
2. 22 TEX. ADMIN. CODE, Chapter 187 sets forth the procedures adopted by the Board under the requirement of Section 164.007(a) of the Act.
3. 22 TEX. ADMIN. CODE, Chapter 190 sets forth aggravating factors that warrant more severe or restrictive action by the board.
4. 1 TEX. ADMIN. CODE, CHAPTER 155 sets forth the rules of procedure adopted by SOAH for contested case proceedings.
5. 1 TEX. ADMIN. CODE, CHAPTER 155.507, requires the issuance of a Proposal for Decision (“PFD”) containing Findings of Fact and Conclusions of Law.
6. Section 164.007(a) of the Act, Board Rule 187.37(d)(2) and Board Rule 190 et. seq., provides the Board with the sole and exclusive authority to determine the charges on the merits, to impose sanctions for violation of the Act or a Board rule, and to issue a Final Order.

VII. NOTICE TO RESPONDENT

IF YOU DO NOT FILE A WRITTEN ANSWER TO THIS COMPLAINT WITH THE STATE OFFICE OF ADMINISTRATIVE HEARINGS WITHIN 20 DAYS AFTER THE DATE OF RECEIPT, A DEFAULT ORDER MAY BE ENTERED AGAINST YOU, WHICH MAY INCLUDE THE DENIAL OF LICENSURE OR ANY OR ALL OF THE REQUESTED SANCTIONS, INCLUDING THE REVOCATION OF YOUR LICENSE. A COPY OF ANY ANSWER YOU FILE WITH THE STATE OFFICE OF ADMINISTRATIVE HEARINGS SHALL ALSO BE PROVIDED TO THE HEARINGS COORDINATOR OF THE TEXAS MEDICAL BOARD.

A handwritten signature in black ink, appearing to read "Mari Robinson", written over a horizontal line.

Mari Robinson, J.D.
Executive Director
Texas Medical Board

CERTIFICATE OF SERVICE

On this 5th day of August, 2010, I certify that a true and correct copy of this Complaint has been served on the following individuals at the locations and the manner indicated below.

VIA CERTIFIED MAIL RETURN RECEIPT REQUESTED AND FIRST CLASS MAIL

Dezra White, MD
2101 Crawford, Suite 312
Houston, Texas 77002

VIA TELEFX TRANSMISSION TO: 512-329-8581

Gregg C. Waddill, III, JD, MPH
1601 Ben Crenshaw Way
Austin, Texas 78746

VIA E-MAIL TO: DOCKETING@SOAH.STATE.TX.US

Rommel Corro, Docket Clerk
State Office of Administrative Hearings
William P. Clements Bldg.
300 W. 15th Street, Suite 504
Austin, Texas 78701-1649

VIA HAND DELIVERY:

Sonja Aurelius
Hearings Coordinator
Texas Medical Board
333 Guadalupe, Tower 3, Suite 610
Austin, Texas 78701



Claudia Kirk