

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

In the Matter of the First Amended )  
Accusation Against: )  
 )  
LAWRENCE HANSEN, M.D. )  
 )  
 )  
Physician's and Surgeon's )  
Certificate No. G 7513 )  
 )  
 )  
Respondent. )

File No. 10-2008-193346

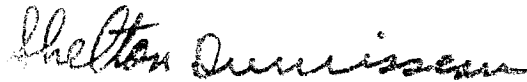
DECISION

The attached Stipulated Settlement and Disciplinary Order is hereby accepted and adopted as the Decision and Order by the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on February 9, 2011.

DATED February 9, 2011

MEDICAL BOARD OF CALIFORNIA



Shelton Duruisseau, Ph.D.  
Chair, Panel A

1 EDMUND G. BROWN JR.  
Attorney General of California  
2 THOMAS S. LAZAR  
Supervising Deputy Attorney General  
3 SAMUEL K. HAMMOND  
Deputy Attorney General  
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*Attorneys for Complainant*

8  
9 **BEFORE THE**  
**MEDICAL BOARD OF CALIFORNIA**  
10 **DEPARTMENT OF CONSUMER AFFAIRS**  
**STATE OF CALIFORNIA**

11 In the Matter of the First Amended Accusation  
12 Against:

13 **LAWRENCE HANSEN, M.D.**  
14 **6507 McNutt Way**  
**Cypress, CA 90630**

15 **Physician's and Surgeon's Certificate**  
16 **No. G 7513**

17 Respondent.

Case No. 10-2008-193346

OAH No. 2010010881

**STIPULATED SETTLEMENT AND**  
**DISCIPLINARY ORDER**

18  
19 **PARTIES**

20 1. Linda K. Whitney (Complainant) is the Executive Director of the Medical Board of  
21 California. She is represented in this matter by Edmund G. Brown Jr., Attorney General of the  
22 State of California, by Samuel K. Hammond, Deputy Attorney General.

23 2. Respondent Lawrence Hansen, M.D. (Respondent) is represented in this proceeding  
24 by attorney Raymond J. McMahon, Esq., whose address is 1750 East 4th Street, Suite 450  
25 Santa Ana, CA 92705-3930

26 3. On or about March 28, 1962, the Medical Board of California issued Physician's and  
27 Surgeon's Certificate No. G 7513 to Lawrence Hansen, M.D. (Respondent). The Physician's and  
28 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in

1 First Amended Accusation No. 10-2008-193346 and will expire on October 31, 2011, unless  
2 renewed.

### 3 JURISDICTION

4 4. On December 31, 2009, Accusation No.10-2008-193346 was filed before the Medical  
5 Board of California, Department of Consumer Affairs, State of California (Board). A true and  
6 correct copy of the Accusation and all other statutorily required documents were properly served  
7 on Respondent on December 31, 2009. Respondent timely filed his Notice of Defense contesting  
8 the Accusation.

9 5. On July 8, 2010, First Amended Accusation No. 10-2008-193346 was filed against  
10 Respondent. The First Amended Accusation, which superseded the original Accusation, is  
11 currently pending against Respondent. A true and correct copy of First Amended Accusation No.  
12 10-2008-193346 is attached hereto as Exhibit A and is incorporated by reference as if fully set  
13 forth herein.

### 14 ADVISEMENT AND WAIVERS

15 6. Respondent has carefully read, fully discussed with counsel, and understands the  
16 charges and allegations in First Amended Accusation No. 10-2008-193346. Respondent has also  
17 carefully read, fully discussed with counsel, and understands the effects of this Stipulated  
18 Settlement and Disciplinary Order.

19 7. Respondent is fully aware of his legal rights in this matter, including the right to a  
20 hearing on the charges and allegations in the First Amended Accusation; the right to confront and  
21 cross-examine the witnesses against him; the right to present evidence and to testify on his own  
22 behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the  
23 production of documents; the right to reconsideration and court review of an adverse decision;  
24 and all other rights accorded by the California Administrative Procedure Act and other applicable  
25 laws.

26 8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and  
27 every right set forth above.

28 ///

CULPABILITY

9. Respondent does not contest that at an administrative hearing, Complainant could establish a *prima facie* case with respect to the charges and allegations contained in First Amended Accusation No. 10-2008-193346, and that he has thereby subjected his Physician's and Surgeon's Certificate No. G 7513 to disciplinary action. Respondent agrees to the Board's imposition of discipline as set forth in the Disciplinary Order below.

10. Respondent agrees that if he ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against him before the Medical Board of California, all the charges and allegations contained in First Amended Accusation No. 10-2008-193346 shall be deemed true, correct, and fully admitted by Respondent for the purposes of any such proceeding or any other licensing proceeding involving Respondent in the State of California.

CONTINGENCY

11. The parties agree that this Stipulated Settlement and Disciplinary Order shall be submitted to the Board for its consideration in the above-entitled matter and, further, that the Board shall have a reasonable period of time in which to consider and act on this Stipulated Settlement and Disciplinary Order after receiving it.

12. The parties agree that this Stipulated Settlement and Disciplinary Order shall be null and void and not binding upon the parties unless approved and adopted by the Board, except for this paragraph, which shall remain in full force and effect. Respondent fully understands and agrees that in deciding whether or not to approve and adopt this Stipulated Settlement and Disciplinary Order, the Board may receive oral and written communications from its staff and/or the Attorney General's office. Communications pursuant to this paragraph shall not disqualify the Board, any member thereof, and/or any other person from future participation in this or any other matter affecting or involving Respondent. In the event that the Board, in its discretion, does not approve and adopt this Stipulated Settlement and Disciplinary Order, with the exception of this paragraph, it shall not become effective, shall not be of evidentiary value whatsoever, and

1 shall not be relied upon or introduced in any disciplinary action by either party hereto.

2 Respondent further agrees that should the Board reject this Stipulated Settlement and Disciplinary  
3 Order for any reason, Respondent will assert no claim that the Board, or any member thereof, was  
4 prejudiced by its/his/her review, discussion and/or consideration of this Stipulated Settlement and  
5 Disciplinary Order or of any matter or matters related hereto.

#### 6 ADDITIONAL PROVISIONS

7 13. This Stipulated Settlement and Disciplinary Order is intended by the parties herein to  
8 be an integrated writing representing the complete, final and exclusive embodiment of the  
9 agreements of the parties in the above-entitled matter.

10 14. The parties agree that facsimile copies of this Stipulated Settlement and Disciplinary  
11 Order, including facsimile signatures of the parties, may be used in lieu of original documents and  
12 signatures and, further, that facsimile copies shall have the same force and effect as originals.

13 15. In consideration of the foregoing admissions and stipulations, the parties agree the  
14 Board may, without further notice to or opportunity to be heard by Respondent, issue and enter  
15 the following Disciplinary Order:

#### 16 DISCIPLINARY ORDER

17 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 7513 issued  
18 to Respondent Lawrence Hansen, M.D. (Respondent) is revoked. However, the revocation is  
19 stayed and Respondent is placed on probation for 35 months from the effective date of this  
20 Decision and Disciplinary Order based on the following terms and conditions.

21 1. MEDICAL RECORD KEEPING COURSE Within 60 calendar days of the  
22 effective date of this decision, Respondent shall enroll in a course in medical record keeping, at  
23 Respondent's expense, approved in advance by the Board or its designee. Failure to successfully  
24 complete the course during the first 6 months of probation is a violation of probation.

25 A medical record keeping course taken after the acts that gave rise to the charges in the  
26 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board  
27 or its designee, be accepted towards the fulfillment of this condition if the course would have  
28 been approved by the Board or its designee had the course been taken after the effective date of

1 this Decision. Respondent shall submit a certification of successful completion to the Board or its  
2 designee not later than 15 calendar days after successfully completing the course, or not later than  
3 15 calendar days after the effective date of the Decision, whichever is later.

4 2. PROHIBITED PRACTICE - NO SURGICAL PRACTICE During probation,  
5 Respondent is prohibited from performing any surgical procedures of any form whatsoever.  
6 After the effective date of this Decision, the first time that a patient seeking any surgical  
7 procedure makes an appointment, Respondent shall orally notify the patient that Respondent no  
8 longer performs surgical procedures. Respondent shall maintain a log of all patients to whom the  
9 required oral notification was made. The log shall contain the: 1) patient's name, address and  
10 phone number; 2) patient's medical record number, if available; 3) the full name of the person  
11 making the notification; 4) the date the notification was made; and 5) a description of the  
12 notification given. Respondent shall keep this log in a separate file or ledger, in chronological  
13 order, shall make the log available for immediate inspection and copying on the premises at all  
14 times during business hours by the Board or its designee, and shall retain the log for the entire  
15 term of probation. Failure to maintain a log as defined in the section, or to make the log available  
16 for immediate inspection and copying on the premises during business hours is a violation of  
17 probation.

18 In addition to the required oral notification, after the effective date of this Decision, the first  
19 time that a patient who seeks any surgical procedure presents to Respondent, Respondent shall  
20 provide a written notification to the patient stating that Respondent no longer performs surgical  
21 procedures. Respondent shall maintain a copy of the written notification in the patient's file, shall  
22 make the notification available for immediate inspection and copying on the premises at all times  
23 during business hours by the Board or its designee, and shall retain the notification for the entire  
24 term of probation. Failure to maintain the written notification as defined in the section, or to  
25 make the notification available for immediate inspection and copying on the premises during  
26 business hours is a violation of probation.

27 3. CLINICAL TRAINING PROGRAM - PACE Within 60 calendar days of the  
28 effective date of this Decision, Respondent shall enroll in a clinical training or educational

1 program equivalent to the Physician Assessment and Clinical Education Program (PACE) offered  
2 at the University of California - San Diego School of Medicine (Program).

3 The Program shall consist of a Comprehensive Assessment program comprised of a two-  
4 day assessment of Respondent's physical and mental health; basic clinical and communication  
5 skills common to all clinicians; and medical knowledge, skill and judgment pertaining to  
6 Respondent's specialty or sub-specialty, and at minimum, a 40 hour program of clinical education  
7 in the area of practice in which Respondent was alleged to be deficient and which takes into  
8 account data obtained from the assessment, Decision(s), Accusation(s), and any other information  
9 that the Board or its designee deems relevant. Respondent shall pay all expenses associated with  
10 the clinical training program. Based on Respondent's performance and test results in the  
11 assessment and clinical education, the Program will advise the Board or its designee of its  
12 recommendation(s) for the scope and length of any additional educational or clinical training,  
13 treatment for any medical condition, treatment for any psychological condition, or anything else  
14 affecting Respondent's practice of medicine. Respondent shall comply with Program  
15 recommendations.

16 At the completion of any additional educational or clinical training, Respondent shall  
17 submit to and pass an examination. The Program's determination whether or not Respondent  
18 passed the examination or successfully completed the Program shall be binding.

19 Respondent shall complete the Program not later than six months after Respondent's initial  
20 enrollment unless the Board or its designee agrees in writing to a later time for completion.

21 Failure to participate in and complete successfully all phases of the clinical training  
22 program outlined above is a violation of probation. If Respondent fails to successfully complete  
23 the clinical training program within the designated time period, Respondent shall cease the  
24 practice of medicine within 72 hours after being notified by the Board or its designee that  
25 Respondent failed to successfully complete the clinical training program.

26 4. PSYCHIATRIC EVALUATION Within 30 calendar days of the effective date  
27 of this Decision, and on whatever periodic basis thereafter may be required by the Board or its  
28 designee, Respondent shall undergo and complete a psychiatric evaluation (and psychological

1 testing, if deemed necessary) by a Board-appointed board certified psychiatrist, who shall  
2 consider any information provided by the Board or designee and any other information the  
3 psychiatrist deems relevant, and shall furnish a written evaluation report to the Board or its  
4 designee. Psychiatric evaluations conducted prior to the effective date of the Decision shall not  
5 be accepted towards the fulfillment of this requirement. Respondent shall pay the cost of all  
6 psychiatric evaluations and psychological testing.

7 Respondent shall comply with all restrictions or conditions recommended by the evaluating  
8 psychiatrist within 15 calendar days after being notified by the Board or its designee. Failure to  
9 undergo and complete a psychiatric evaluation and psychological testing, or comply with the  
10 required additional conditions or restrictions, is a violation of probation.

11 5. PSYCHOTHERAPY If the evaluating psychiatrist recommends Respondent  
12 undergo psychiatric treatment or psychotherapy, Respondent shall, within 60 calendar days of the  
13 effective date of this Decision, submit to the Board or its designee for prior approval, the name  
14 and qualifications of a board certified psychiatrist or a licensed psychologist who has a doctoral  
15 degree in psychology and at least five years of postgraduate experience in the diagnosis and  
16 treatment of emotional and mental disorders. Upon approval, Respondent shall undergo and  
17 continue treatment, including any modifications to the frequency of psychotherapy, until the  
18 Board or its designee deems that no further psychotherapy is necessary.

19 The psychotherapist shall consider any information provided by the Board or its designee  
20 and any other information the psychotherapist deems relevant and shall furnish a written  
21 evaluation report to the Board or its designee. Respondent shall cooperate in providing the  
22 psychotherapist any information and documents that the psychotherapist may deem pertinent.  
23 Respondent shall have the treating psychotherapist submit quarterly status reports to the Board or  
24 its designee. The Board or its designee may require Respondent to undergo psychiatric  
25 evaluations by a Board-appointed board certified psychiatrist.

26 If, prior to the completion of probation, Respondent is found to be mentally unfit to resume  
27 the practice of medicine without restrictions, the Board shall retain continuing jurisdiction over  
28 Respondent's license, and the period of probation shall be extended until the Board determines



1 that Respondent is mentally fit to resume the practice of medicine without restrictions.

2 Respondent shall pay the cost of all psychotherapy and psychiatric evaluations. Failure to  
3 undergo and continue psychotherapy treatment, or comply with any required modification in the  
4 frequency of psychotherapy, is a violation of probation.

5 6. NOTIFICATION Prior to engaging in the practice of medicine, the Respondent  
6 shall provide a true copy of the Decision(s) and Accusation(s) to the Chief of Staff or the Chief  
7 Executive Officer at every hospital where privileges or membership are extended to Respondent,  
8 at any other facility where Respondent engages in the practice of medicine, including all  
9 physician and locum tenens registries or other similar agencies, and to the Chief Executive  
10 Officer at every insurance carrier which extends malpractice insurance coverage to Respondent.  
11 Respondent shall submit proof of compliance to the Board or its designee within 15 calendar  
12 days.

13 This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

14 7. SUPERVISION OF PHYSICIAN ASSISTANTS During probation, Respondent  
15 is prohibited from supervising physician assistants.

16 8. OBEY ALL LAWS Respondent shall obey all federal, state and local laws, all  
17 rules governing the practice of medicine in California, and remain in full compliance with any  
18 court ordered criminal probation, payments and other orders.

19 9. QUARTERLY DECLARATIONS Respondent shall submit quarterly  
20 declarations under penalty of perjury on forms provided by the Board, stating whether there has  
21 been compliance with all the conditions of probation. Respondent shall submit quarterly  
22 declarations not later than 10 calendar days after the end of the preceding quarter.

23 10. PROBATION UNIT COMPLIANCE Respondent shall comply with the  
24 Board's probation unit. Respondent shall, at all times, keep the Board informed of Respondent's  
25 business and residence addresses. Changes of such addresses shall be immediately  
26 communicated in writing to the Board or its designee. Under no circumstances shall a post office  
27 box serve as an address of record, except as allowed by Business and Professions Code section  
28 2021(b).

Respondent shall not engage in the practice of medicine in Respondent's place of residence.  
Respondent shall maintain a current and renewed California physician's and surgeon's license.

Respondent shall immediately inform the Board, or its designee, in writing, of travel to any areas outside the jurisdiction of California which lasts, or is contemplated to last, more than 30 calendar days.

11. INTERVIEW WITH THE BOARD, OR ITS DESIGNEE Respondent shall be available in person for interviews either at Respondent's place of business or at the probation unit office, with the Board or its designee, upon request at various intervals, and either with or without prior notice throughout the term of probation.

12. RESIDING OR PRACTICING OUT-OF-STATE In the event Respondent should leave the State of California to reside or to practice, Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of departure and return. Non-practice is defined as any period of time exceeding 30 calendar days in which Respondent is not engaging in any activities defined in Sections 2051 and 2052 of the Business and Professions Code.

All time spent in an intensive training program outside the State of California which has been approved by the Board or its designee shall be considered as time spent in the practice of medicine within the State. A Board-ordered suspension of practice shall not be considered as a period of non-practice. Periods of temporary or permanent residence or practice outside California will not apply to the reduction of the probationary term. Periods of temporary or permanent residence or practice outside California will relieve Respondent of the responsibility to comply with the probationary terms and conditions with the exception of this condition and the following terms and conditions of probation: Obey All Laws; Probation Unit Compliance; and Cost Recovery.

Respondent's license shall be automatically cancelled if Respondent's periods of temporary or permanent residence or practice outside California total two years. However, Respondent's license shall not be cancelled as long as Respondent is residing and practicing medicine in another state of the United States and is on active probation with the medical licensing authority of that state, in which case the two year period shall begin on the date

1 probation is completed or terminated in that state.

2 13. FAILURE TO PRACTICE MEDICINE - CALIFORNIA RESIDENT

3 In the event Respondent resides in the State of California and for any reason Respondent  
4 stops practicing medicine in California, Respondent shall notify the Board or its designee in  
5 writing within 30 calendar days prior to the dates of non-practice and return to practice. Any  
6 period of non-practice within California, as defined in this condition, will not apply to the  
7 reduction of the probationary term and does not relieve Respondent of the responsibility to  
8 comply with the terms and conditions of probation. Non-practice is defined as any period of time  
9 exceeding 30 calendar days in which Respondent is not engaging in any activities defined in  
10 sections 2051 and 2052 of the Business and Professions Code.

11 All time spent in an intensive training program which has been approved by the Board or its  
12 designee shall be considered time spent in the practice of medicine. For purposes of this  
13 condition, non-practice due to a Board-ordered suspension or in compliance with any other  
14 condition of probation, shall not be considered a period of non-practice.

15 Respondent's license shall be automatically cancelled if Respondent resides in California  
16 and for a total of two years, fails to engage in California in any of the activities described in  
17 Business and Professions Code sections 2051 and 2052.

18 14. COMPLETION OF PROBATION Respondent shall comply with all financial  
19 obligations (e.g., cost recovery, restitution, probation costs) not later than 120 calendar days prior  
20 to the completion of probation. Upon successful completion of probation, Respondent's  
21 certificate shall be fully restored.

22 15. VIOLATION OF PROBATION Failure to fully comply with any term or  
23 condition of probation is a violation of probation. If Respondent violates probation in any  
24 respect, the Board, after giving Respondent notice and the opportunity to be heard, may revoke  
25 probation and carry out the disciplinary order that was stayed. If an Accusation, Petition to  
26 Revoke Probation, or an Interim Suspension Order is filed against Respondent during probation,

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1 the Board shall have continuing jurisdiction until the matter is final, and the period of probation  
2 shall be extended until the matter is final.

3 16. LICENSE SURRENDER Following the effective date of this Decision, if  
4 Respondent ceases practicing due to retirement, health reasons or is otherwise unable to satisfy  
5 the terms and conditions of probation, Respondent may request the voluntary surrender of  
6 Respondent's license. The Board reserves the right to evaluate Respondent's request and to  
7 exercise its discretion whether or not to grant the request, or to take any other action deemed  
8 appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender,  
9 Respondent shall within 15 calendar days deliver Respondent's wallet and wall certificate to the  
10 Board or its designee and Respondent shall no longer practice medicine. Respondent will no  
11 longer be subject to the terms and conditions of probation and the surrender of Respondent's  
12 license shall be deemed disciplinary action. If Respondent re-applies for a medical license, the  
13 application shall be treated as a petition for reinstatement of a revoked certificate.

14 17. PROBATION MONITORING COSTS Respondent shall pay the costs  
15 associated with probation monitoring each and every year of probation, as designated by the  
16 Board which may be adjusted on an annual basis. Such costs shall be payable to the Medical  
17 Board of California and delivered to the Board or its designee no later than January 31 of each  
18 calendar year. Failure to pay costs within 30 calendar days of the due date is a violation of  
19 probation.

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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Raymond J. McMahon, Esq. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate No. G 7513. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

DATED: 9/02/2010

Lawrence Hansen, M.D.  
LAWRENCE HANSEN, M.D.  
Respondent

I have read and fully discussed with Respondent Lawrence Hansen, M.D., the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: 9/2/10

Raymond J. McMahon, Esq.  
RAYMOND J. McMAHON, ESQ.  
Attorney for Respondent

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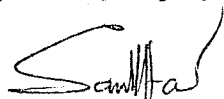
ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California, Department of Consumer Affairs, State of California.

DATED: 9/6/2010

Respectfully Submitted,

EDMUND G. BROWN JR.  
Attorney General of California  
Thomas S. Lazar  
Supervising Deputy Attorney General

  
SAMUEL K. HAMMOND  
Deputy Attorney General  
*Attorneys for Complainant*

SD2009805114  
70318559.doc

**Exhibit A**

**First Amended Accusation No. 10-2008-193346**

FILED  
STATE OF CALIFORNIA  
MEDICAL BOARD OF CALIFORNIA  
SACRAMENTO July 8 20 10  
BY William Fitzgerald ANALYST

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8  
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13 **LAWRENCE HANSEN, M.D.**  
14 **6507 McNutt Way**  
15 **Cypress, CA 90630**

OAH No.: 2010010881

16 **Physician's and Surgeon's Certificate**  
**No. G 7513**

**FIRST AMENDED ACCUSATION**

17 Respondent.  
18

19 Complainant alleges:

20 **PARTIES**

21 1. Linda K. Whitney (Complainant) brings this First Amended Accusation solely in her  
22 official capacity as the Executive Director of the Medical Board of California, Department of  
23 Consumer Affairs.

24 2. On or about March 28, 1962, the Medical Board of California issued Physician's and  
25 Surgeon's Certificate No. G 7513 to LAWRENCE HANSEN, M.D. (Respondent). The  
26 Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the  
27 charges brought herein and will expire on October 31, 2011, unless renewed.

28 ///



## JURISDICTION

3. This First Amended Accusation is brought before the Medical Board of California (Board), Department of Consumer Affairs, under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

4. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring be publicly reprimanded, or have such other action taken in relation to discipline as the Division<sup>1</sup> deems proper.

5. Section 2234 of the Code states:

“The Division of Medical Quality shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct<sup>2</sup> includes, but is not limited to, the following:

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

“(b) Gross negligence.

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

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<sup>1</sup> California Business and Professions Code section 2002, as amended and effective January 1, 2008, provides that, unless otherwise expressly provided, the term “board” as used in the State Medical Practice Act (Cal. Bus. & Prof. Code, §§2000, et. seq.) means the “Medical Board of California,” and references to the “Division of Medical Quality” and “Division of Licensing” in the Act or any other provision of law shall be deemed to refer to the Board.

<sup>2</sup> Unprofessional conduct under Business and Professions Code section 2234 is conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming to a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine. (*Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564, 575.)

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

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

9           “(d) Incompetence.

10           “ . . . ”

11       6.     Section 2240 of the Code states, in pertinent part:

12           “(a) Any physician and surgeon who performs a scheduled medical procedure outside  
13 of a general acute care hospital, as defined in subdivision (a) of Section 1250 of the Health  
14 and Safety Code, that results in the death of any patient on whom that medical treatment  
15 was performed by the physician and surgeon, or by a person acting under the physician and  
16 surgeon’s orders or supervision, shall report, in writing on a form prescribed by the board,  
17 that occurrence to the board within 15 days after the occurrence.

18           “(b) Any physician and surgeon who performs a scheduled medical procedure  
19 outside of a general acute care hospital, as defined in subdivision (a) of Section 1250 of the  
20 Health and Safety Code, that results in the transfer to a hospital or emergency center for  
21 medical treatment for a period exceeding 24 hours, of any patient on whom that medical  
22 procedure was performed by the physician and surgeon, or by a person acting under the  
23 physician and surgeon’s orders or supervision, shall report, in writing, on a form prescribed  
24 by the board that occurrence, within 15 days after the occurrence. The form shall contain  
25 all the following information:

26           “(1) Name of the patient’s physician in the outpatient setting.

27           “(2) Name of the physician with hospital privileges.

28           “(3) Name of the patient and patient identifying information.

1                   “(4) Name of the hospital or emergency center where the patient was transferred.

2                   “(5) Type of outpatient procedure being performed.

3                   “(6) Events triggering the transfer.

4                   “(7) Duration of the hospital stay.

5                   “(8) Final disposition or status, if not released from the hospital, of the patient.

6                   “(9) Physician's practice specialty and ABMS certification, if applicable.

7                   “(c) The form described in subdivision (b) shall be constructed in a format to enable  
8                   the physician and surgeon to transmit the information in paragraphs (5) to (9), inclusive, to  
9                   the board in a manner that the physician and surgeon and the patient are anonymous and  
10                  their identifying information is not transmitted to the board. The entire form containing  
11                  information described in paragraphs (1) to (9), inclusive, shall be placed in the patient's  
12                  medical record.

13                  “... .

14                  “(f) The failure to comply with this section constitutes unprofessional conduct.”

15                  7.     Section 2216 of the Code states:

16                  “On or after July 1, 1996, no physician and surgeon shall perform procedures in an  
17                  outpatient setting using anesthesia, except local anesthesia or peripheral nerve blocks, or both,  
18                  complying with the community standard of practice, in doses that, when administered, have the  
19                  probability of placing a patient at risk for loss of the patient's life-preserving protective reflexes,  
20                  unless the setting is specified in Section 1248.1 [of the Health and Safety Code]. Outpatient  
21                  settings where anxiolytics and analgesics are administered are excluded when administered, in  
22                  compliance with the community standard of practice, in doses that do not have the probability of  
23                  placing the patient at risk for loss of the patient's life-preserving protective reflexes.

24                  “The definition of 'outpatient settings' contained in subdivision (c) of Section 1248  
25                  [of the Health and Safety Code] shall apply to this section.”

26                  ///

27                  ///

1 FIRST CAUSE FOR DISCIPLINE

2 (Gross Negligence)

3 8. Respondent has subjected his Physician's and Surgeon's Certificate No. G 7513 to  
4 disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of  
5 the Code, in that he committed gross negligence in his care and treatment of patient M.G., as  
6 more particularly alleged hereinafter:

7 (a) On or about March 13, 2008, respondent performed a posterior colporrhaphy  
8 with perineal repair procedure on patient M.G. at Hills Surgical Institute, Inc., located at  
9 145 South Chaparral Court, Suite 101, Anaheim Hills, California, 92808. At the time, Hills  
10 Surgical Institute was not an accredited outpatient surgery setting.<sup>3</sup>

11 (b) Respondent arrived at the facility approximately 15 to 30 minutes before the  
12 procedure and had never met patient M.G.

13 (c) Respondent failed to obtain a thorough history related to the patient M.G.'s  
14 vaginal complaint before performing the posterior colporrhaphy with perineal repair  
15 procedure.

16 (d) Respondent failed to perform a timely and accurate physical examination  
17 before performing the posterior colporrhaphy with perineal repair procedure on patient M.G.

18 (e) Respondent failed to obtain patient's M.G.'s informed consent before  
19 performing the posterior colporrhaphy with perineal repair procedure.<sup>4</sup>

20 (f) During the colpporrhaphy procedure, respondent encountered bleeding from a  
21 "little artery" at the "left edge of the vaginal mucosa." Respondent failed to include this  
22 fact in his post-operative dictation.<sup>5</sup>

23 <sup>3</sup> During his deposition taken on April 3, 2009, respondent stated that, he retired from the  
24 active practice of obstetrics and gynecology in about July 2003, and that (prior to March 13,  
2008) he last performed a colporrhaphy with perineal repair procedure in June 2003.

25 <sup>4</sup> Although there is a signed Inform Consent Form in the medical records for patient  
26 M.G., respondent stated at his deposition on April 3, 2009, that he never discussed the contents of  
this Informed Consent Form with patient M.G. prior to the procedure.

27 <sup>5</sup> Respondent provided this information at his deposition on April 3, 2009. He stated he  
28 was able to control the bleeding by cauterization.

1 (g) Respondent's post-operative dictated note reports that patient M.G. lost  
2 approximately 250 ml of blood during the procedure.

3 (h) Following the procedure performed by respondent, the patient underwent a  
4 liposuction procedure performed by another physician and surgeon.

5 (i) Following the completion of the liposuction procedure, patient M.G.'s end tidal  
6 oxygen and CO2 were noted to be significantly low and she became hypotensive.

7 (j) Patient M.G. was turned to the supine position and was found to be in  
8 cardiovascular arrest. CPR was initiated and 9-1-1 was called. Paramedics arrived and  
9 transported patient M.G. to the hospital where she died approximately 1 hour later.

10 (k) Approximately three (3) hours after the posterior colporrhaphy with perineal  
11 repair procedure, respondent was informed (by telephone) that patient M.G. had  
12 encountered surgical complications, had suffered a cardiac arrest and had been transferred  
13 to the hospital. Respondent failed to immediately go to the hospital to evaluate his patient.

14 (l) An autopsy revealed that patient M.G. died of an intra-abdominal hemorrhage  
15 following the removal of 2,000 ml of sanguineous liquid from the abdominal cavity. It was  
16 noted during the examination of the genitourinary system: "Close examination of the  
17 posterior cul-de-sac reveals a focal area of soft tissue hemorrhage with a needle-type  
18 puncture wound. The area measures about 1.5 x 1 cm." "The vagina reveals a surgical  
19 repair with suture in the posterior vaginal wall . . . . In the proximal area of the sutured  
20 vagina there appears to be loose blood clot. Corresponding to the same sutured area is a  
21 puncture wound in the posterior cul-de-sac."

22 (m) Sometime during the afternoon of March 13, 2008, respondent was informed of  
23 patient M.G.'s death. Respondent failed to inform the Medical Board of California within  
24 15 days of the patient's death.

25 (n) At his deposition on April 3, 2009, and again at the physician's interview on  
26 April 13, 2009, respondent was unable to recall the procedure he had performed on patient  
27 M.G.

28 ///

1           9.     Respondent committed gross negligence in his care and treatment of patient M.G.,  
2     which included, but was not limited to the following:

3                 (1) Respondent failed to perform a timely and accurate pre-operative patient history  
4     and physical examination; and,

5                 (2) Respondent failed to obtain patient's M.G.'s informed consent for the posterior  
6     colporrhaphy with perineal repair procedure.

7                                 **SECOND CAUSE FOR DISCIPLINE**

8   **(Incompetence)**

9           10.    Respondent has further subjected his Physician's and Surgeon's Certificate  
10   No. G 7513 to disciplinary action under sections 2227 and 2234, as defined by section 2234,  
11   subdivision (d), of the Code, in that he demonstrated incompetence in his care and treatment of  
12   patient M.G., as more particularly alleged hereinafter:

13                 (a)   Paragraph 8 and 9, above, are hereby incorporated by reference and re-alleged  
14     as if fully set forth.

15                 (b)   Respondent demonstrated incompetence in his care and treatment of patient  
16     M.G., which included, but was not limited to the following:

17                         (1)   Failing to ascertain whether Hills Surgical Institute was an accredited  
18     outpatient surgery setting prior to performing surgery on patient M.G.;

19                         (2)   Respondent left Hills Surgical Institute while patient M.G. was still  
20     unconscious and under general anesthesia without assuring that another physician was  
21     monitoring her status and post operative care;

22                         (3)   During subsequent interviews, respondent was unable to recall the  
23     procedure he had performed on patient M.G.; and,

24                         (4)   Upon learning that patient M.G. had been transferred to the hospital due  
25     to complications, respondent failed to immediately go to the hospital to evaluate his  
26     patient.

27     ///

28     ///

1 **THIRD CAUSE FOR DISCIPLINE**

2 **(Repeated Negligent Acts)**

3 11. Respondent has further subjected his Physician's and Surgeon's Certificate No. G  
4 7513 to disciplinary action under sections 2227 and 2234 as defined by section 2234, subdivision  
5 (c), of the Code, in that he committed repeated negligent acts in his care and treatment of patient  
6 M.G., as more particularly alleged in paragraphs 8, 9 and 10, above, which are hereby  
7 incorporated by reference as though fully set forth herein.

8 **FOURTH CAUSE FOR DISCIPLINE**

9 **(Failure to Report Patient Death)**

10 12. Respondent has further subjected his Physician's and Surgeon's Certificate No.  
11 G 7513 to disciplinary action under sections 2227 and 2234, as defined by section 2240, of the  
12 Code, in that he failed to report the death of patient M.G. to the Medical Board of California  
13 within 15 days of her death as more particularly alleged hereinafter:

14 (a) Paragraph 8, above, is hereby incorporated by reference and re-alleged as if  
15 fully set forth.

16 (b) Respondent did not report the death of patient M.G. to the Medical Board of  
17 California within 15 days of her death as required by section 2240 of the Code.

18 **FIFTH CAUSE FOR DISCIPLINE**

19 **(Performing Surgery in Unaccredited Facility)**

20 13. Respondent has further subjected his Physician's and Surgeon's Certificate  
21 No. G 7513 to disciplinary action under sections 2227 and 2234, as defined by sections 2234,  
22 subdivision (a), and section 2216, of the Code, in that he performed surgery on patient M.G. at an  
23 unaccredited surgery facility as more particularly described in paragraph 8, above, which is  
24 hereby incorporated by reference and re-alleged herein.

25 **SIXTH CAUSE FOR DISCIPLINE**

26 **(General Unprofessional Conduct)**

27 14. Respondent has further subjected his Physician's and Surgeon's Certificate  
28 No. G 7513 to disciplinary action under sections 2227 and 2234 of the Code in that he has

1 engaged in conduct which breaches the rules or ethical code of the medical profession, or conduct  
2 which is unbecoming to a member in good standing of the medical profession, and which  
3 demonstrates an unfitness to practice medicine, as more particularly alleged in paragraphs 8, 9, 10  
4 11, 12 and 13, above, which are hereby incorporated by reference and re-alleged herein.

5 PRAYER

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

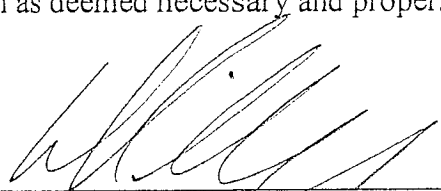
8 1. Revoking or suspending Physician's and Surgeon's Certificate Number G 7513,  
9 issued to LAWRENCE HANSEN, M.D.;

10 2. Revoking, suspending or denying approval of Lawrence Hansen, M.D.'s authority to  
11 supervise physician assistants, pursuant to section 3527 of the Code;

12 3. Ordering Lawrence Hansen, M.D. to pay the Medical Board of California, if placed  
13 on probation, the costs of probation monitoring; and,

14 4. Taking such other and further action as deemed necessary and proper.

15  
16 DATED: July 9, 2010

  
17 LINDA K. WHITNEY  
18 Executive Director  
19 Medical Board of California  
20 Department of Consumer Affairs  
21 State of California  
22 Complainant