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**Medical Board Needs to Intervene Faster : \* Revamped System of Policing Health-Care System, Setting Priorities Is Long Overdue**

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The latest outrage by the Medical Board of California, involving a woman who might not have died had the disciplinary process functioned well, shows that the governmental agency that is supposed to police the state's health-care establishment still has a way to go on the road to reform.

The board should be able to avoid egregious errors such as the case of Dr. Suresh Gandotra. The board actually investigated Gandotra, a longtime Anaheim resident, in 1990, after he was convicted in Los Angeles of Medi-Cal fraud and helping employees practice medicine without a license at his Huntington Park clinic. Gandotra spent five months in prison and was fined. The Medical Board's rules at the time barred it from disciplining the doctor until appeals in the criminal case were finished, which can take years. The board since has sensibly changed that rule.

The board began a later investigation into an abortion attempted by Gandotra in May, 1991, at a clinic he operated in San Ysidro. According to allegations filed by the board in San Diego Superior Court, the operation went poorly, though the patient survived. A doctor who helped repair wounds said Gandotra did not provide the care he should have. But the state attorney general's office acknowledges that a string of mistakes was made in the case. That seems to have further compromised the board's ability to protect the public.

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According to court records, it was only last December that the Medical Board looked into the 1991 case again--after a woman who crossed the border from Mexico, where abortions are illegal, to the San Ysidro clinic, died after Gandotra's attempted abortion went badly. It found a host of serious problems in the operations of the San Ysidro clinic.

Gandotra surrendered his license in January. His lawyer says the doctor did not violate standards of care, and could not afford a protracted legal battle. Gandotra returned to India.

The board has 19 members, six of them representing the public and the rest physicians, and a staff of several hundred. It needs to set priorities, to determine which cases are more serious and warrant immediate attention, and to follow them through.

For years the board was rightly criticized for protecting doctors, not the public, and investigating physicians only halfheartedly. Executive Director Dixon Arnett recognizes the problems--and the need to prioritize cases of doctors suspected of several offenses, or serious ones.

He says a system to do that is expected to be installed next year. Reform cannot come too soon.

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