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

In the Matter of the Accusation Against:

MARK KARALLA, M.D.

Physician's and Surgeon's Certificate No. AFE-39792

Respondent

File No. 05-2004-160529

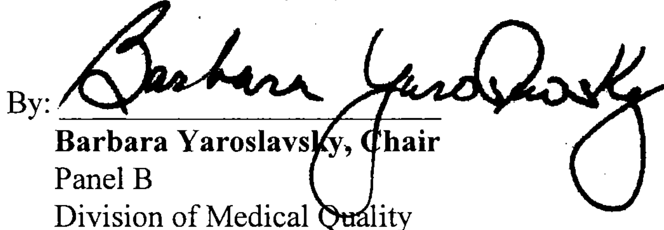
DECISION

The attached Stipulated Surrender of License and Order is hereby adopted as the Decision and Order of the Division of Medical Quality of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on January 24, 2007.

IT IS SO ORDERED January 17, 2007.

MEDICAL BOARD OF CALIFORNIA

By: 

Barbara Yaroslavsky, Chair
Panel B
Division of Medical Quality

BILL LOCKYER, Attorney General
of the State of California
CHRIS LEONG, State Bar No. 141079
Deputy Attorney General
California Department of Justice
300 South Spring Street, Suite 1702
Los Angeles, California 90013
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Attorneys for Complainant

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

In the Matter of the Accusation Against: MARK KARALLA, M.D. 18370 Burbank Boulevard, Suite 209 Tarzana, California 91356 Physician's & Surgeon's Certificate No. AFE-39792, Respondent.	Case No. 05-2004-160529 OAH No. L2006070666 **STIPULATED SURRENDER OF LICENSE AND ORDER**

In the interest of a prompt and speedy resolution of this matter, consistent with the public interest and the responsibility of the Division of Medical Quality of the Medical Board of California (Board) the parties hereby agree to the following Stipulated Surrender of License and Order which will be submitted to the Board for approval and adoption as the final disposition of the Accusation and a new investigative complaint case number 05-2004-160529.

PARTIES

1. David T. Thornton (Complainant) is the Executive Director of the Board. He brought this action solely in his official capacity and is represented in this matter by Bill Lockyer, Attorney General of the State of California, by Chris Leong, Deputy Attorney General.

2. Mark Karalla, M.D. (Respondent) is represented in this proceeding by attorney Peter R. Osinoff, whose address is 3699 Wilshire Boulevard, 10th Floor, Los Angeles, California 90010.

3. On or about May 2, 1983, the Board issued Physician's and Surgeon's

Certificate No. AFE-39792 to Respondent. The Certificate was in effect at all times relevant to the charges brought in Accusation No. 05-2004-160529 and will expire on February 28, 2007, unless renewed. Effective August 29, 2006, Respondent's application for disabled physician status was approved by the Board.

JURISDICTION

4. Accusation No. 05-2004-160529 was filed before Board on February 14, 2006. The Accusation and all other statutorily required documents were properly served on Respondent on February 14, 2006. Respondent filed a timely Notice of Defense contesting the Accusation. A First Amended Accusation No. 05-2004-160529 was filed before the Board on November 20, 2006. The First Amended Accusation and all other statutorily required documents were properly served on Respondent on November 20, 2006. A Second Amended Accusation was filed before Board on December 6, 2006, and is currently pending against Respondent. The Second Amended Accusation and all other statutorily required documents were properly served on Respondent on December 6, 2006. A copy of the Second Amended Accusation in case number 05-2004-160529 is attached hereto as Exhibit A and is incorporated herein by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Second Amended Accusation No. 05-2004-160529. Respondent also has carefully read, fully discussed with counsel, and understands the effects of this Stipulated Surrender of License and Order.

6. Respondent is fully aware of his legal rights in this matter, including his right to a hearing on the charges and allegations in the Accusation; his right to be represented by counsel, at his own expense; his right to confront and cross-examine the witnesses against him; his right to present evidence and to testify on his own behalf; his right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; his right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

7. Respondent voluntarily, knowingly, and intelligently waives and gives up

1 each and every right set forth above.

2 **CULPABILITY**

3 8. Respondent admits the truth of each and every charge and allegation in the
4 Eighth Cause for Discipline in the Second Amended Accusation No. 05-2004-160529, agrees
5 that cause exists for discipline and hereby surrenders his Physician's and Surgeon's Certificate
6 No. AFE-39792 for the Board's formal acceptance.

7 9. Respondent understands that by signing this stipulation he enables the
8 Board to issue an order accepting the surrender of his Physician's and Surgeon's Certificate
9 without further process.

10 **CONTINGENCY**

11 10. This stipulation shall be subject to approval by the Division of Medical
12 Quality. Respondent understands and agrees that counsel for Complainant and the staff of the
13 Medical Board of California may communicate directly with the Board regarding this stipulation
14 and surrender, without notice to or participation by Respondent or his counsel. By signing the
15 stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek
16 to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails
17 to adopt this stipulation as its Decision and Order, the Stipulated Surrender and Disciplinary
18 Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal
19 action between the parties, and the Board shall not be disqualified from further action by having
20 considered this matter.

21 11. The parties understand and agree that facsimile copies of this Stipulated
22 Surrender of License and Order, including facsimile signatures thereto, shall have the same force
23 and effect as the originals.

24 12. In consideration of the foregoing admissions and stipulations, the parties
25 agree that the Board may, without further notice or formal proceeding, issue and enter the
26 following Order:

27 ///

28

ORDER

IT IS HEREBY ORDERED

1. That Physician's and Surgeon's Certificate number AFE-39792, issued to Respondent Mark Karalla, M.D. is surrendered and accepted by the Division of Medical Quality.

2. The surrender of Respondent's Physician's and Surgeon's Certificate and the acceptance of the surrendered license by the Board shall constitute the imposition of discipline against Respondent. This stipulation constitutes a record of the discipline and shall become a part of Respondent's license history with the Board.

3. Respondent shall lose all rights and privileges as a Physician and Surgeon in California as of the effective date of the Board's Decision and Order.

4. Respondent shall cause to be delivered to the Board both his wall and pocket license Certificate on or before the effective date of the Decision and Order.

5. Respondent fully understands and agrees that if he ever files an application for licensure or a petition for reinstatement in the State of California, the Board shall treat it as a petition for reinstatement. Respondent must comply with all the laws, regulations and procedures for reinstatement of a revoked license in effect at the time the petition is filed, and all of the charges and allegations contained in the Second Amended Accusation No. 05-2004-160529 shall be deemed to be true, correct and admitted by Respondent when the Board determines whether to grant or deny the petition.

6. Should Respondent ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other heath care licensing agency in the State of California, all of the charges and allegations contained in Second Amended Accusation, No. 05-2004-160529 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict licensure.

7. Respondent agrees not to apply or reapply for a new license or certification, or petition for reinstatement of a license, by any heath care licensing agency in the State of California, until at least two (2) years after the effective date of this decision.

//

1 **ACCEPTANCE**

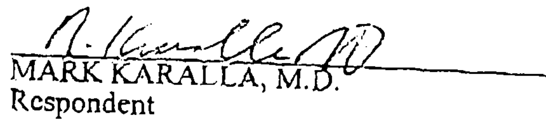
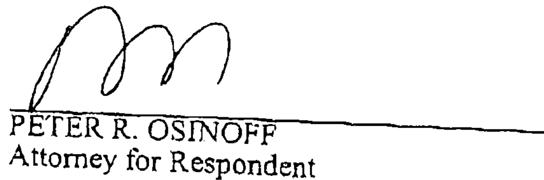
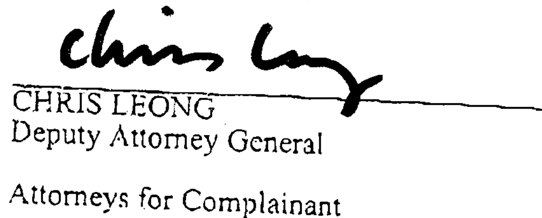
2 I have carefully read the above Stipulated Surrender of License and Order and
3 have fully discussed it with my attorney, Peter R. Osinoff. I understand the stipulation and the
4 effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated
5 Surrender of License and Order voluntarily, knowingly, and intelligently, and agree to be bound
6 by the Decision and Order of the Division of Medical Quality, Medical Board of California.
7 DATED: 12-12-06.
8
9 
10 MARK KARALLA, M.D.
Respondent
11 I have read and fully discussed with Respondent Mark Karalla, M.D. the terms
12 and conditions and other matters contained in this Stipulated Surrender of License and Order. I
13 approve its form and content.
14 DATED: 12/12/06.
15
16 
17 PETER R. OSINOFF
Attorney for Respondent
18 **ENDORSEMENT**
19 The foregoing Stipulated Surrender of License and Order is hereby respectfully
20 submitted for consideration by the Division of Medical Quality, Medical Board of California of
21 the Department of Consumer Affairs.
22 DATED: 12/22/06
23 BILL LOCKYER, Attorney General
24 of the State of California
25 
26 CHRIS LEONG
Deputy Attorney General
27 Attorneys for Complainant
28 DOJ Matter ID: LA2005600884
50132732.wpd

Exhibit A

Second Amended Accusation No. 05-2004-160529

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO December 6 2006
BY [signature]

BILL LOCKYER, Attorney General
of the State of California
ROBERT McKIM BELL
Supervising Deputy Attorney General
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Attorneys for Complainant

**BEFORE THE
DIVISION OF MEDICAL QUALITY
MEDICAL BOARD OF CALIFORNIA
STATE OF CALIFORNIA**

In the Matter of the Accusation Against:

MARK KARALLA, M.D.

18370 Burbank Boulevard, Suite 209
Tarzana, California 91356

Physician's & Surgeon's Certificate No.
AFE-39792,

Respondent.

Case No. 05-2004-160529

OAH No. L2006070666

SECOND AMENDED ACCUSATION

Complainant alleges:

PARTIES

1. David T. Thornton, (Complainant) brings this Second Amended Accusation solely in his official capacity as the Executive Director of the Medical Board of California (Board). This pleading supplants the First Amended Accusation filed in this matter on November 20, 2006.

2. On or about May 2, 1983, the Board issued Physician's and Surgeon's Certificate Number AFE39792 to Mark Karalla, M.D. (Respondent). His certificate was renewed and current at all times relevant to the charges brought herein and will expire on February 28, 2007, unless renewed. At present, his certificate is on disabled status as he has reported that he is unable to practice due to a disability.

JURISDICTION

3. This Second Amended Accusation is brought before the Board's Division of Medical Quality (Division) under the authority of the following laws. All section references are to the Business and Professions 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, or such other action taken in relation to discipline as the Division 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 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.

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

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

"(d) Incompetence.

"(e) The commission of any act involving dishonesty or corruption which is substantially related to the qualifications, functions, or duties of a physician and surgeon.

"(f) Any action or conduct which would have warranted the denial of a certificate."

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence - Patient R.B.)

6. Respondent is subject to disciplinary action under section 2234, subdivision (b) of the Code in that he was grossly negligent in his care and treatment of patient R.B. The circumstances are as follows:

A. On May 8, 2002, Respondent did a routine pap smear on patient R.B. Tissue taken was reported as showing mild-moderate dysplasia[1], and a high grade squamous intraepithelial lesion.

B. On May 13, 2002, it was discovered the patient had high risk Human Papiloma Virus (HPV).[2]

C. On May 31, 2002, Dr. Karalla performed the first loop electrosurgical excision procedure (LEEP).[3] The lab results showed specimens indicative of a lesion consistent with H.P.V.

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1. Dysplasia is a pre-cancerous change in cellular structures manifested by an abnormality in the appearance of cells due to disturbances in the cell maturation process. This is indicative of pre-cancerous change. This abnormal growth is restricted to the epithelial layer, not invading into the deeper tissue. The best known form of dysplasia is the precursor lesions to cervical cancer, called cervical intraepithelial neoplasia sometimes caused by an infection with the human papilloma virus (HPV). Dysplasia of the cervix is almost always unsuspected by the patient and is usually discovered by a the pap smear whose purpose is to diagnose the disease early, while it is still in the dysplasia phase and easy to cure.

2. This is the virus that causes genital warts, and which can lead to cancer. HPV's are a major cause of cervical cancer.

3. The loop electrosurgical excision procedure (or LEEP) is one of the most commonly used approaches to treating cervical dysplasia discovered on colposcopic examination. The physician uses a wire loop through which an electrical current is passed at variable power settings which simultaneously cuts and cauterizes. Various shapes and sizes of loop can be used depending on the size and orientation of the lesion. The transformation zone and lesion are excised to an adequate depth. A second pass with a more narrow loop can also be done to obtain an endocervical specimen for further histologic evaluation.

D. On September 3, 2002, Respondent performed a pap smear and the specimens were indicative of atypical squamous cells. On October 17, 2002, he performed a second LEEP. Again, the pathology report showed that the specimens were consistent with HPV.

E. On October 19, 2002, R.B. called respondent complaining of fever, pain and excessive nausea. On October 20, she called him again, and Respondent asked "why are you calling me on a Sunday? Don't bother me." He told her to go to the ER.

F. On October 20, 2002, R.B. went to the emergency room of Encino-Tarzana Regional Medical Center (ETRMC) because of vomiting, abdominal pain, diarrhea, and bloody stool. An exploratory surgery was performed by Dr. Morrow, and it was noted that the upper third of her rectum was perforated, there was an adjacent vaginal perforation and extensive pelvic and abdominal peritonitis.[4] Peritoneal fecal peritonitis was noted. The perforation was most likely caused from the second LEEP. She was in the hospital until November 14, 2002. She had sepsis[5], a pulmonary embolism[6], and candida septicemia.[7] (A blood infection.)

G. The following acts and omissions in Respondent's care and treatment of patient R.B. constitute gross negligence:

1. When a Pap smear shows atypical cells and HPV, a physician should do follow-up pap smears and colposcopy only.[8] Respondent should not

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4. Peritonitis is defined as inflammation of the peritoneum (the membrane which lines part of the abdominal cavity and some of the viscera it contains). Peritonitis generally represents a surgical emergency.

5. Sepsis is a serious medical condition, resulting from the immune response to a severe infection.

6. A pulmonary embolism is a blockage of an artery in the lungs. Symptoms may include difficulty breathing, pain during breathing, and more rarely circulatory instability and death. Treatment is with anticoagulant medication.

7. Septicemia is sepsis of the bloodstream caused by the presence of bacteria in the bloodstream. The term septicemia is also used to refer to sepsis in general.

8. A colposcopy is a diagnostic procedure in which a medical device known as a colposcope is utilized to examine an illuminated, magnified view of the cervix, the tissue of the vagina, and vulva. The enlarged view provided by the colposcope allows the doctor to visually distinguish normal from abnormal appearing tissue and

have done the second LEEP procedure.

2. While doing a LEEP procedure, a physician must observe general surgical principles. In this case, adjacent tissues were not protected which resulted in a cut through the vaginal wall. Respondent could have used a self-retaining vaginal wall retractor. He should have checked at the end of the procedure for bleeding, cuts, and abrasions. It was an extreme departure from the standard of care not to observe safe operative principles.

3. During the post-operative care of R.B., Respondent should have attended to and evaluated R.B. without delay because her complaints were more severe than what one would normally expect after her operation.

4. Respondent should have charted all communications with R.B. Respondent failed to adequately document colposcopies, communications between himself and the patient, and their telephone calls.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts- Patient R.B.)

8. By reason of the matters alleged in paragraph 7, subparagraphs A through G, Respondent is subject to disciplinary action under section 2234, subdivision (c) of the Code in that he was repeatedly negligent in his care and treatment of patient R.B.

THIRD CAUSE FOR DISCIPLINE

(Gross Negligence - Patient C.G.)

9. Respondent is subject to disciplinary action under section 2234, subdivision (b) of the Code in that he was grossly negligent in his care and treatment of patient C.G. The circumstances are as follows:

A. On January 19, 2001, patient C.G. learned she was pregnant, and her expected delivery date was September 20, 2001. She had a normal pregnancy.

B. On September 18, 2001, the patient told Respondent that the baby was not

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take directed biopsies for further pathological examination. Its principal goal is the prevention of cervical cancer through the early detection and treatment of precancerous lesions.

moving. He did an ultrasound and said her amniotic fluid was low. He suggested she be induced and they scheduled an appointment for the next day at 7:00 p.m.

C. The following day, September 19, 2001, C.G. complained of decreased fetal movement. She was admitted to ETRMC so that delivery could be induced. She arrived at the hospital at 7:00 p.m. A fetal monitor was put in place at 8:00 p.m., and the baby's heart rate started dropping. The heart rate had a base line of 150 beats per minute with minimal variability and no accelerations or decelerations.[9] The nurse called Respondent at about 8:30 p.m. and discussed the heart rate with him. He recommended that the nurse give patient C.G. apple juice in order for the sugar to stimulate the baby.

D. The baby's heart rate continued to decelerate. By 9:30 p.m., the heart rate was 140, variability minimal to none. Late decelerations are of concern. Respondent was called and given another report, and he recommended putting her on a glucose drip. The baby's heat rate continued to decelerate.

E. At 10:50 p.m., the beats were 130, with variability minimal to none. The nurse spoke with Respondent a third time, and he finally decided to come to the hospital.

F. Respondent arrived at the hospital at 11:30 p.m. The beats declined to 120 to 125. Respondent told C.G. she could have a Caesarian section delivery or wait to see if she could deliver naturally. The patient opted for a C-section.

G. Despite the fact that the hospital's labor and delivery department was not set up for an emergency C-section, one was performed. When the baby was delivered, he was blue and his features were distorted. He was non-responsive and hydropic (swollen). Apgar[10] scores were 0 at 1 minute, 0 at 5 minutes and 0 at 10 minutes. The baby stayed in

9. A baby needs to have accelerations and variability in his heart beat, and if he does not, this should be of concern to the physician.

10. The Apgar score (named after Dr. Virginia Apgar) is a means to quickly and summarily assess the health of newborn children immediately after childbirth. The purpose of the Apgar test is to determine quickly whether a newborn needs immediate medical care. The Apgar score is achieved by evaluating the newborn baby on five simple criteria (skin color, heart rate, reflex irritability, muscle tone, and respiration) on a scale from zero to two and summing up the five values thus obtained. The resulting Apgar score ranges from zero to 10. The test is generally done at one and five minutes after birth, and may be repeated later if the score is, and remains, low. Scores below 3 are generally regarded as critically low, with 4 to 7 fairly low and over 7 generally normal. Some

1 the hospital for three weeks and was diagnosed with cerebral palsy[11] and hydrops.[12]

2 H. It was discovered that the mother and baby contracted Parvovirus[13] late in

3 her pregnancy. A note dated September 29, 2001 stated she may have gotten Parvo 2-3

4 months earlier.

5 I. The following acts and omissions in Respondent's care and treatment of

6 patient R.B. constitute gross negligence: Respondent was called at 8:30 p.m., at which

7 point the baby's heart rate was 140 to 150 beats per minute. He was informed two more

8 times of the continuing decelerations, but chose not to come to the hospital until 11:30

9 p.m. By then, there was demonstrated decelerations and further decline of the heartbeat

10 to 120. When the baby was born, he was clinically dead. If there are problems with a

11 patient, such as those presented in this case, Respondent should have been at the patient's

12 bedside. Instead, Respondent waited from 8:30 to 11:30 p.m. It was an extreme

13 departure from the standard of care for Dr. Karalla not to have attended patient C.G.

14 sooner.

15 **FOURTH CAUSE FOR DISCIPLINE**

16 (Repeated Negligent Acts - Patient C.G.)

17 10. By reason of the matters alleged in Respondent paragraph 9,

18

19 ten years after the initial publication by Dr. Apgar, the acronym APGAR was coined as a mnemonic learning aid:
20 **A**ppearance (skin color), **P**ulse (heart rate), **G**rimace (reflex irritability), **A**ctivity (muscle tone), and **R**espiration.

21 11. Cerebral palsy is an umbrella term encompassing a group of non-progressive neurological physical disabilities in the development of human movement and posture which arises from disturbances in the developing
22 fetal or infant brain. Often, resultant motor disorder(s) are accompanied by disturbances of sensation, cognition, communication, perception, or behavior, and/or by a seizure disorder.

23

24 12. Hydrops fetalis is a blood condition in the fetus characterized by an edema in the fetal subcutaneous tissue, sometimes leading to spontaneous abortion.

25 13. Parvovirus, commonly called parvo, is a linear, non-segmented single stranded DNA virus. Parvoviruses are some of the smallest viruses found in nature (hence the name, from Latin *parvus* signifying
26 small). Human Parvovirus causes an infection in humans only; cat and dog parvoviruses do not infect humans. In contrast with small animals, there is no vaccine available for human parvovirus. Parvovirus infection in pregnant
27 women is associated with hydrops fetalis due to severe fetal anemia, sometimes leading to miscarriage or stillbirth. The risk of fetal loss is about 10% if infection occurs before pregnancy week 20 (esp. between weeks 14-20), but
28 minimal after then. This risk may be reduced with correct diagnosis of the anemia (by ultrasound scans) and treatment (by blood transfusions).

1 subparagraphs A through H, Respondent is subject to disciplinary action under section 2234,
2 subdivision (c) of the Code for repeated negligent acts in his care and treatment of patient C.G.

3 **FIFTH CAUSE FOR DISCIPLINE**

4 (Gross Negligence - Patient D.S.)

5 11. Respondent is subject to disciplinary action under section 2234,
6 subdivision (b) of the Code in that he was grossly negligent in his care and treatment of patient
7 D.S. The circumstances are as follows:

8 A. On or about March 24, 2003, patient D.S. learned she was pregnant, and
9 her expected delivery date was November 24, 2003. She had a normal pregnancy.

10 B. On October 8, 2003, the patient was involved in a motor vehicle accident.
11 No injury was apparent when she was evaluated by Dr. Waleed Doany.

12 C. On October 26, 2003, D.S. went to ETRMC complaining of cramping.
13 The fetal monitor showed few contractions. The fetal heart rate was noted as reactive and
14 reassuring.

15 D. On November 1, 2003, at 7:00 p.m., D.S. arrived at ETRMC as instructed
16 by Dr. Karalla. The medical records show that she was having chills and intermittent
17 lower abdominal cramping. She was at week 36-5/7 of her pregnancy at the time.

18 E. At 7:05 p.m., an external fetal monitor was applied. Her temperature was
19 100.7 degrees.

20 F. At 7:15 p.m., the fetal heart rate (FHT[14]) was monitored, the baseline was
21 about 140 beats per minute (BPM). Uterine contractions were approximately every three
22 minutes. Since the beginning of monitoring, late decelerations were noted. Long term
23 variability was present.

24 G. At 7:16 p.m., the baseline changed to 120 BPM. Subtle late decelerations
25 were apparent. The maternal heart rate was 102. At 7:20 p.m., the nurse noted
26 sudden change of baseline to 110's to 120's. The maternal heart rate was 102.7 At
27

28 14. FHT stands for Fetal Heart Tones, the normal rate of which remains 120-160 during pregnancy.

7:25, the patient's position was changed to lateral (on her side) and oxygen was given at 8 liters per minute. At 7:25, a variable deceleration lasted five minutes. At 7:28, FHT's hand-held was at 100's.

H. At 7:30, Respondent was paged. D.S. was observed to be "shivering." D.S.'s blood pressure (BP) was 108/57, her pulse was 102, and her respiration was 20.

I. At 7:36, the maternal heart rate decelerated in the form of a variable deceleration to 100 beats per minute, lasting four minutes.

J. At 7:40 p.m., Respondent was called in to the hospital, in response to D.S.'s late and variable deceleration, vital signs and temperature. At 7:45 p.m., there was a spontaneous rupture of membranes with clear fluid discharged.

K. At 7:50 p.m., IV ampicillin[15] was given to D.S. The fetal heart rate was 130-140 BPM. There was sudden, severe deceleration and complete loss of variability.

L. At 8:02 p.m., the fetal heart rate had declined to 80 beats per minute. Respondent was paged to be in-house immediately.

M. At 8:04, FHT was 70's to 80's. D.S. was shivering, and had on and off chills. At 8:05, Respondent was on route to the hospital. He was notified of FHT at 70's to 80's.

N. At 8:10, Respondent was paged twice, by the nursing staff and was on-rout to the hospital. The staff was unable to obtain a traceable FHT's.

O. At 8:20 p.m., the staff was unable to appreciate fetal heart rate. D.S. was shivering. The maternal heart rate tracings were in the 100's. Fetal heart rates were audible, faint and not traceable. At 8:23 p.m., D.S. was transferred to the operating room. There was no further tracing and no further report of FHT.

P. At 8:30 p.m., Respondent arrived and gave orders for a C-section

15. Ampicillin is an antibiotic that has been used extensively to treat bacterial infections since 1961.

delivery.[16]

Q. At 8:45 p.m., D.S. received general anesthesia.

R. At 8:50 p.m., the C-section delivery began.

S. At 8:55 p.m., a male baby was delivered without heartbeat and not breathing. Resuscitation efforts were made for fifteen minutes, but without success. Cultures were sent to the laboratory. Placenta cultures revealed: Methicillin-resistant Staphylococcus Aureus.[17]

T. The following acts and omissions in Respondent's care and treatment of patient D.S. constitute gross negligence:

1. Respondent was called at 7:40 p.m. The call was immediately following a four-minute deceleration from 120 to 100 beats per minute. Respondent arrived at the hospital, 50 minutes later, at 8:30 p.m. By then, there was no traceable fetal heart rate When the baby was born, he was clinically dead. The delay resulted in the death of the baby. Not to have responded in a timely manner by coming in within thirty minutes when urged to come, is an extreme departure from the standard of care.

2. Respondent was called for a reason, namely fetal intolerance to labor. Respondent procrastinated. He could have and should have asked nursing staff to prepare for an emergency C-section while he made his way in. Instead, by failing to do this, when he arrived at 8:30 p.m., it took another twenty minutes before the C-section started. It is an extreme departure from the standard of care not to promptly respond to an emergency.

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16. A Caesarean section or C-section, is a form of childbirth in which a surgical incision is made through a mother's abdomen and uterus to deliver one or more babies. It is usually performed when a vaginal delivery would lead to medical complications, although it is increasingly common for otherwise normal births as well.

17. Staphylococcus aureus is a bacterium that can cause illnesses ranging from minor skin infections and abscesses, to life-threatening diseases such as pneumonia, meningitis, endocarditis, toxic shock syndrome and septicemia. Methicillin-resistant Staphylococcus aureus (MRSA) is a specific strain of the Staphylococcus aureus bacterium that has developed antibiotic resistance to all penicillins, including methicillin and other antibiotics. MRSA was first discovered in the UK in 1961 and is now widespread, particularly in the hospital setting where it is commonly termed a "superbug."

U. Respondent dictated an addendum into his notes as follows: "Prior to my arrival, on my way to the hospital, the nurses could not hear the heartbeat." If fetal death indeed occurred prior to his arrival an emergency C-section would no longer be indicated. Since the patient had a favorable Bishop's score[18] a vaginal delivery could have been easily accomplished, thus making it unnecessary to subject the patient to a major surgery. The response should not have been a C-section, but an ultrasound to look for and evaluate fetal life. There was no reason to do a major operation when delivery could have been accomplished vaginally. The standard of care requires the rescue of a live baby. Therefore, the standard requires an ultrasound or at least listen for fetal heart sounds and differentiate it from maternal heart sounds by simultaneously taking the maternal pulse. Respondent's failure to perform these procedures fell below the standard of care.

SIXTH CAUSE FOR DISCIPLINE

(Repeated Negligent Acts - Patient D.S.)

12. By reason of the matters alleged in paragraph 11, subparagraphs A through S above, Respondent is subject to disciplinary action under section 2234, subdivision (c) of the Code for acts and omissions constituting repeated negligent acts in his care and treatment of patient D.S.

SEVENTH CAUSE FOR DISCIPLINE

(Dishonest and Corrupt Acts)

13. Respondent is subject to disciplinary action under section 2234, subdivision (e) from commission of acts involving dishonesty or corruption which are substantially related to the qualifications, functions, or duties of a physician and surgeon. The circumstances are as follows:

A. On February 15, 2005, at Barney's New York, a clothing store, Loss Prevention Investigator Vanessa Aguirre notified her manager, Phillip Patino, that a

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18. Bishop's score, is a pre-labor scoring system to assist in predicting whether an induction of labor may be successful. The total score is achieved by assessing the following five components: cervical dilation, cervical effacement, cervical consistency, cervical position, and fetal station. Components are given a score of 0-2 or 0-3. The highest possible score is 13.

suspicious person, later identified as Dr. Karalla, was looking at clothing items. Patino observed Respondent with binoculars and saw him remove price tags from two expensive sweaters. Karalla then selected two identical sweaters, which were both at a lower value, and he removed those price tags. He placed the lower-value price tags on the expensive sweaters. Respondent then selected a jacket and switched the price tag on the jacket with a price tag of lesser value. He was seen hiding the higher-value price tags in a box located in another part of the store.

B. Respondent went to the cash register and paid for his items. The original retail price for all the items was $1,033, but he only paid $384.29. The changes he made were the following: Respondent switched one tag from $287 to $69; a second from $349 to $99; and a third from $399 to $139.

C. He took this merchandise, passed by several cash registers and went outside. Once outside he was placed under arrest.

EIGHTH CAUSE FOR DISCIPLINE

(Ability to Practice Safely Impaired by Mental or Physical Illness)

14. Respondent is subject to disciplinary action under Business and Professions Code section 822 because his ability to practice his profession safely is impaired because he is mentally ill, or physically ill affecting competency. The circumstances are as follows:

A. Respondent is a licensed doctor who was born on February 12, 1954. He practices obstetrics and gynecology. However, since approximately June 30, 2006, he has been unable to practice his profession safely because of mental and or physical conditions.

B. Dr. Karalla has submitted to the Board a Disabled Physician Application, in which he described his disability as including PTSD (post-traumatic stress disorder), major depression and anxiety. Effective August 29, 2006, Respondent's application for disabled physician status was approved by the Board's Licensing Program.

C. Respondent's ability to practice his profession safely is impaired because

he is mentally ill, or physically ill affecting competency.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Division of Medical Quality issue a decision:

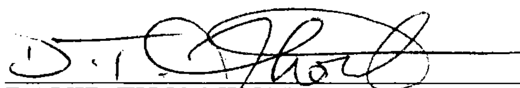
A. Revoking or suspending Physician's and Surgeon's Certificate Number AFE39792, issued to Mark Karalla, M.D.

B. Revoking, suspending or denying approval his authority to supervise physician's assistants, pursuant to section 3527 of the Code;

C. Ordering him to pay the Division of Medical Quality the reasonable costs of probation monitoring, if he is placed on probation.

D. Taking such other and further action as deemed necessary and proper.

DATED: December 6, 2006.



DAVID THORNTON
Executive Director
Medical Board of California
State of California

Complainant