

HEARING CONDUCTED BY THE
TEXAS STATE OFFICE OF ADMINISTRATIVE HEARINGS
SOAH DOCKET NO. 503- 09-4338 MD
TEXAS MEDICAL LICENSE NO. K-0399

IN THE MATTER OF THE
COMPLAINT AGAINST
JUNE WILLIAMS COLMAN, M.D.

BEFORE THE
TEXAS MEDICAL BOARD

COMPLAINT

TO THE HONORABLE TEXAS MEDICAL BOARD AND THE HONORABLE
ADMINISTRATIVE LAW JUDGE TO BE ASSIGNED:

COMES NOW, the Staff of the Texas Medical Board (the "Board"), and files this Complaint
against June Williams Colman, 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. K-0399,
that was originally issued on August 17, 1996. 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. This Complaint addresses Respondent's care and treatment of four patients: S.K., T.L., J.G., and S.T.

2. Patient S.K.:

A. S.K. was a 36-year-old female, G3/P2 who received her prenatal care for two of the three pregnancies from the Respondent. The Respondent delivered the second newborn, and at the time of the delivery, a shoulder dystocia was encountered. Respondent did not inform the patient of this very important issue. The second child had a weight of 7.3 pounds, appropriate for gestational age ("AGA").

The Respondent then rendered prenatal care during the subsequent pregnancy and ultimately delivered the third newborn and again encountered a shoulder dystocia. The weight of the third newborn was 8.9 pounds, large for gestational age ("LGA"). The third child now has a permanent Erb's palsy.

Of note, the patient had gestational diabetes mellitus ("GDM") in both pregnancies. Control was poorly documented and most likely uncontrolled.

B. Respondent did not meet the standard of care for patient S.K. because:

i. The patient had a previous shoulder dystocia and was not informed of the increased risk in subsequent pregnancies.

ii. The patient was not offered a cesarean section for the subsequent (index) pregnancy.

iii. The Respondent mismanaged the dystocia.

3. Patient T.L.:

A. T.L. was 20-year-old G4/P0 who received her prenatal care from the Respondent. The prenatal care was essentially unremarkable with the

exception of the final ultrasound demonstrating the estimated fetal weight ("EFW") of approximately 8.9 pounds. The patient was then scheduled for an induction, but was also noted to have spontaneous rupture of membranes ("SROM"). An Oxytocin induction was performed and the patient dilated her cervix to complete. She then entered the second stage of labor and pushed for 2.5 hours. The delivery note indicates that the fetal vertex descended to the +2 station with pushing. Respondent applied the vacuum extractor and with three separate pulls, the fetal vertex was delivered. A "severe shoulder dystocia" was encountered. The only maneuvers noted by the Respondent to resolve the emergency was the McRobert's maneuver combined with suprapubic pressure. The newborn has an Erb's palsy.

- B. Respondent did not meet the standard of care for patient T.L. because:
- i. She failed to recognize risk factors for shoulder dystocia.
 - ii. She applied the vacuum at a high station in the face of a recognized LGA fetus.
 - iii. The shoulder dystocia was managed the poorly.
 - iv. She failed to recommend a cesarean section rather than implementation of a vacuum extractor.

4. Patient J.G.:

- A. Respondent admitted J.G., a 34-year-old G1/0 female, on September 27, 2003, at 39+ weeks with history of SROM that occurred on September 26, 2003, at 1100 hours. J.G.'s labor course was essentially unremarkable until approximately 2200 to 2300 hours when the fetal heart rate monitor ("FHRM") began to demonstrate variable decelerations.

The Respondent was notified of the variables at 2254, 2308 (on September 27, 2003) and 0039 hours (on September 28, 2003). The Respondent did not go to the hospital upon the first notification of variable decelerations.

The Respondent's response at 0039 hours was to "start pushing." The tracing continued to worsen not only with the severity of the variables, but

also with the addition of late type decelerations. This pattern is very ominous.

Respondent was called again at 0105 hours, and she then indicated that she would come in and review the FHRM strip. At 0233 hours the Respondent ordered that the patient be placed into the stirrups for a vacuum attempt. The cervix was completely dilated and the station was at a +2. Two attempts were made and were both unsuccessful in the face of a severe bradycardic event. Respondent then ordered a stat cesarean section at 0243 hours and the delivery occurred at 0253. The Apgar score was zero at one minute, one at three minutes and three at 10 minutes. The newborn was transferred to the NICU with further transfer to a tertiary care facility and was demonstrating severe seizures.

- B. Respondent did not meet the standard of care for patient J.G. because:
- i. She was not responsive to the nursing notification of the compromised fetal heart rate.
 - ii. She failed to recommend an immediate cesarean section.
 - iii. She misinterpreted the fetal heart rate monitor.
 - iv. She performed a vacuum delivery in an inappropriate situation.

5. Patient S.T.

- A. S.T. was a 27-year-old G2/P1 female who began her prenatal care with a different physician. S.T. had a previous unremarkable delivery as well as an unremarkable prenatal course. She presented to East Houston Medical Center with the complaint of rupture of the membranes at 34+ weeks gestation on September 16, 1999. The Respondent was covering for the other physician and admitted the patient. The management was conservative management with the administration of Unasyn 3 grams every 6 hours. The patient was then transferred to the antepartum service for further management. The patient was later transferred back to L&D with contractions on September 27, 1999. When the fetal heart rate tracing began to demonstrate decelerations, S.T. had a cesarean section. The Apgar score

was one at one minute, two at two minutes and three at three minutes of life. Ultimately the neonate expired secondary to massive sepsis.

- B. Respondent did not meet the standard of care for patient S.T. because:
- i. She did not appropriately manage the preterm premature rupture of membranes ("PPROM").
 - ii. She did not seek consultation for a high-risk patient.
 - iii. Respondent did not induce the patient upon admission.

IV. APPLICABLE STATUTES, RULES, AND AGENCY POLICY

Respondent's conduct, as described above, constitutes one or more violations of the Medical Practice Act and is grounds for the Board to revoke or suspend Respondent's Texas medical license or to impose any other authorized means of discipline upon the Respondent. The following statutes, rules, and agency policy are applicable to this matter:

A. **Procedures for the Conduct of this Hearing:**

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. 1 TEX. ADMIN. CODE, CHAPTER 155 sets forth the rules of procedure adopted by SOAH for contested case proceedings.
4. 1 TEX. ADMIN. CODE, CHAPTER 155.507, requires the issuance of a Proposal for Decision (PFD) containing Findings of Fact and Conclusions of Law.
5. Section 164.007(a) of the Act, Board Rule 187.37(d)(2) and, Board Rule 190 et. seq., provide 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.

B. Violations Warranting Disciplinary Action:

1. Section 164.051(a)(1) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's commission of an act prohibited under Section 164.052 of the Act.
2. 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.
3. Section 164.052(a)(5) of the Act authorizes the Board to take disciplinary action against Respondent based upon Respondent's unprofessional or dishonorable conduct that is likely to deceive or defraud the public or injure the public.
4. Section 164.051(a)(3) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's violation of Board Rule 165, which requires the maintenance of adequate medical records.

V. NOTICE TO RESPONDENT

IF YOU DO NOT FILE A WRITTEN ANSWER TO THIS NOTICE WITH THE STATE OFFICE OF ADMINISTRATIVE HEARINGS WITHIN 20 DAYS OF THE DATE NOTICE OF ADJUDICATIVE HEARING WAS MAILED, 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. IF YOU FILE A WRITTEN ANSWER, BUT THEN FAIL TO ATTEND THE HEARING, A DEFAULT JUDGMENT 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 RESPONSE YOU FILE WITH THE STATE OFFICE OF ADMINISTRATIVE HEARINGS SHALL ALSO BE PROVIDED TO THE HEARINGS COORDINATOR OF THE TEXAS MEDICAL BOARD. IF YOU FAIL TO ATTEND THE HEARING, THE ADMINISTRATIVE LAW JUDGE MAY PROCEED WITH THE HEARING AND ALL THE FACTUAL ALLEGATIONS LISTED IN THIS NOTICE CAN BE DEEMED ADMITTED, AND THE RELIEF SOUGHT IN THIS NOTICE MAY BE GRANTED.

WHEREFORE, PREMISES CONSIDERED, Board Staff requests that an administrative law judge employed by the State Office of Administrative Hearings conduct a contested case hearing on the merits of the Complaint, and issue a Proposal for Decision ("PFD") containing Findings

of Fact and Conclusions of Law necessary to support a determination that Respondent violated the Act as set forth in this Complaint.

Respectfully submitted,

TEXAS MEDICAL BOARD

By:



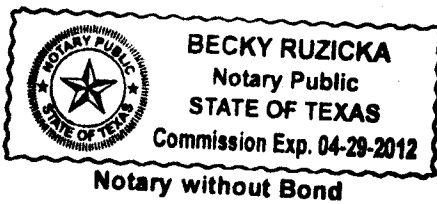
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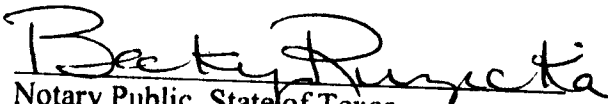
THE STATE OF TEXAS

COUNTY OF TRAVIS

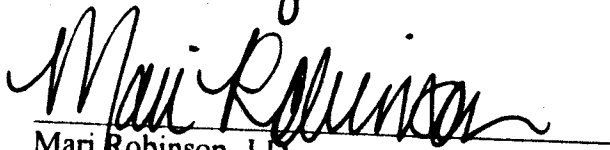
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SUBSCRIBED AND SWORN to before me by the said Roger Calhoun on
May 19, 2009.




Notary Public, State of Texas

Filed with the Texas Medical Board on May 18th, 2009.


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

CERTIFICATE OF SERVICE

I certify that on the 19th day of May, 2009, a true and correct copy of the foregoing document has been served as follows:

BY CERTIFIED MAIL RETURN RECEIPT REQUESTED and FIRST CLASS MAIL

June Williams Colman, M.D.

P.O. BOX 9946

Houston, TX 77213

BY FAX TRANSMISSION TO: (512) 219-0992

Jean M. Deloach,

THE DELOACH LAW FIRM

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Austin, TX 78701

BY FAX TRANSMISSION TO: 475-4994

Docket Clerk

State Office of Administrative Hearings

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Austin, Texas 78701

BY HAND DELIVERY:

Sonja Aurelius

Hearings Coordinator

Texas Medical Board

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Roger Calhoun