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STATE OF WISCONSIN
BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF THE	:	
DISCIPLINARY PROCEEDING AGAINST :	:	
	:	FINAL DECISION AND ORDER
MUSTANSIR MAJEED, M.D.,	:	LS # 0511301 MED
RESPONDENT.	:	

[Division of Enforcement Case # 02 MED 485]

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Mustansir Majeed, M.D.
7934 S. Lakeview Drive
Franklin WI 53132

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Medical Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The Division of Enforcement filed a formal disciplinary complaint in this matter on November 30, 2005. The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Medical Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Mustansir Majeed, M.D., was born on February 1, 1963, and is licensed to practice medicine and surgery in the state of Wisconsin pursuant to license #39808, first granted on May 22, 1998. Respondent is a family practitioner.
2. Respondent's most recent address on file with the Wisconsin Medical Examining Board is 7934 Lakeview Drive, Franklin, WI 53132.
3. On March 13, 1999, Respondent was one of the physicians treating Patient VB during her labor at Sinai Samaritan Medical Center, Milwaukee, Wisconsin.
4. Patient VB was a woman born July 1, 1962. At the time Respondent was treating her during her labor, she was a high risk obstetrical patient because she was pregnant for the twelfth time, had had seven full term pregnancies, one premature birth, two induced abortions and one spontaneous abortion, weighed 370 pounds, and suffered from chronic hypertension. Her prenatal course was being managed by an obstetrician in the Respondent's medical group.
5. On March 13, 1999, Respondent did not have privileges to perform a cesarean section, vacuum extraction, or forceps delivery at Sinai Samaritan Medical Center. He had never inserted an intrauterine pressure catheter, and did not know whether he had privileges to do so.
6. At 9:15 a.m., Respondent gave an order to the attending nursing staff to administer epidural anesthesia to Patient VB. At 10:55 a.m., Respondent gave a telephone order to the attending nursing staff to administer Pitocin to Patient VB.
7. Pitocin increases the strength of uterine contractions in labor and is intended to speed delivery.
8. The administration of Pitocin increases the risk of uterine rupture, particularly in patients who have had five or more deliveries, and its administration in such patients requires that the physician be or have immediate access to a physician qualified to perform emergency obstetrical procedures.
9. Respondent ordered Pitocin for Patient VB in the expectation that if an emergency did develop, he could call in the obstetrician on call for his medical group, or the obstetrician present in the hospital at all times to provide emergency back up.
10. At 2:10 p.m., approximately eleven hours after Patient VB's labor started, fetal monitoring strips began to show multiple prolonged decelerations, variable decelerations, and late decelerations in the fetal heartbeat, together with approximately a 20 beat per minute increase in the baseline fetal heart rate.
11. Prolonged, variable, and late decelerations of the fetal heart beat, and increase in the baseline rate of the fetal heart beat, are indications of fetal distress in labor.
12. Respondent now recognizes that the fetal monitoring strips demonstrated consistent, repetitive variable decelerations of gradually worsening characteristics from approximately 4:00 p.m. onward on March 13, 1999.
13. Consistent, repetitive variable decelerations are signs of increasing fetal distress.
14. Although the fetal monitoring strips were showing increasing evidence of fetal distress, Respondent continued the administration of Pitocin until approximately 5:30 p.m.
15. Despite evidence of deteriorating condition of the fetus after 2:00 p.m., and lack of progress of labor to delivery, Respondent took no effective measure to procure the delivery of the fetus until he paged his employer, an obstetrician, for assistance at approximately 5:30 p.m. There was a delay before his employer answered the page, and he did not arrive at the hospital until after the delivery had been accomplished.

16. At 5:35 p.m., Respondent called for assistance from the hospital obstetrics resident, who assessed the situation and immediately called the obstetrician who was on call and present in the hospital for high risk deliveries.

17. By the time the obstetrician who was in the hospital on call for high risk deliveries arrived, the situation was too grave to wait for an operating room to be prepared for a cesarian delivery, and the fetus was delivered with forceps assistance at 6:21 p.m.

18. The infant was born hypoxic, and suffered permanent debilitating brain injury.

19. Respondent continued to include obstetrics in his practice through 2004.

CONCLUSIONS OF LAW

1. The Wisconsin Medical Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. § 448.02(3), and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraphs 3 through 15 above, constitutes a violation of Wisconsin Administrative Code § MED 10.02(2)(h).

ORDER

NOW, THEREFORE, IT IS HEREBY ORDERED that:

1. Mustansir Majeed, M.D., is hereby REPRIMANDED.

2. IT IS FURTHER ORDERED that the license previously granted to Mustansir Majeed, M.D. to practice medicine and surgery in the state of Wisconsin is hereby LIMITED by the conditions that:

a. Respondent shall obtain 12.5 hours of continuing medical education in the management of labor, including interpretation of fetal monitor tracings, within nine months of the date of this Order.

(1). The Board approves the course “Advanced Life Support in Obstetrics” offered by the American Academy of Family Physicians towards compliance with the education required by this Order. No other continuing education course or part thereof shall be credited to compliance with this Order unless the Respondent obtains approval of the course for compliance with this Order before he takes it.

(2). No part of any continuing education course taken in compliance with this Order may be credited to any other continuing medical education requirement.

(3). Respondent shall provide satisfactory evidence of successful completion of the approved course or courses to the Department Monitor within thirty days of completion of the course or courses.

b. Respondent shall retain Dr. Herbert F. Sandmire to test Respondent on a minimum of six obstetrical case scenarios following completion of the education required by paragraph 2.a. of this Order. The testing shall include the reading and interpretation of fetal monitor strips, and explanation by Respondent of how Respondent would manage each situation. Dr. Sandmire shall prepare a written report on the testing and recommendations for Respondent’s training in light of the results, which report shall be delivered to the Department Monitor for review by a member of the Board. If Dr. Sandmire recommends that Respondent should pursue additional training to achieve minimal competence in obstetrics, Respondent shall complete that training without further order of the Board, and Respondent shall repeat the requirements of this paragraph of this Order, but limited to retesting of the topic or topics Dr. Sandmire previously recommended. When Dr. Sandmire reports to the Department Monitor that Respondent has demonstrated minimal competence on the testing Dr. Sandmire administers,

the limitation shall be lifted at the next regular meeting of the Board scheduled on or after the fourteenth business day following receipt of Dr. Sandmire's report.

c. Respondent shall be responsible for all costs associated with compliance with this Order.

d. Respondent shall provide the Board with satisfactory evidence of successful completion of the requirements of paragraphs 2 a. and b. within one year of the date of this Order.

e. All requests for approval of continuing medical education courses, all reports, and all petitions under this Order shall be addressed to

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935
Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

IT IS FURTHER ORDERED that:

3. Respondent shall, within ninety (90) days from the date of this Order, pay the costs of this proceeding in the amount of Five Thousand Six Hundred Thirty-Six (\$5,636.00) dollars. Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935
Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. Violation of any of the terms of this Order may be construed as conduct imperiling public health, safety and welfare and may result in a summary suspension of Respondent's license. The Board in its discretion may in the alternative impose additional conditions and limitations or other additional discipline for a violation of any of the terms of this Order. In the event Respondent fails to pay costs as ordered or fails to comply with the ordered continuing education the Respondent's license(#39808) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Wisconsin Medical Examining Board

By: Gene Musser MD
A Member of the Board

12/20/06
Date