BEFORE THE ARIZONA MEDICAL BOARD

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In the Matter of

MARSHA E. BROOKS-CANDELA, M.D.

For the Practice of Allopathic Medicine

Holder of License No. 35633

In the State of Arizona.

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Case No. MD-22-0710A

ORDER FOR LETTER OF REPRIMAND; AND CONSENT TO THE SAME

Marsha E. Brooks-Candela, M.D. ("Respondent") elects to permanently waive any right to a hearing and appeal with respect to this Order for a Letter of Reprimand; admits the jurisdiction of the Arizona Medical Board ("Board"); and consents to the entry of this Order by the Board.

FINDINGS OF FACT

- 1. The Board is the duly constituted authority for the regulation and control of the practice of allopathic medicine in the State of Arizona.
- 2. Respondent is the holder of license number 35633 for the practice of allopathic medicine in the State of Arizona.
- 3. The Board initiated case number MD-22-0710A after receiving notification of a malpractice settlement regarding Respondent's care and treatment of a 25-year-old female patient ("EB") alleging failure to recognize and treat preeclampsia and failure to appropriately manage gestational hypertension resulting in infant with hypoxic ischemic encephalopathy ("HIE").
- EB was a pregnant patient with two prior unsuccessful pregnancies who received prenatal care from Respondent from the first trimester forward. At 34 weeks gestation, elevation of her blood pressure ("BP") was noted with a repeat check being normal. Laboratory studies noted an elevated alkaline phosphatase starting at 36 weeks with increasing repeat values along with a uric acid that was elevated. At 38+ weeks, the

- 5. On July 7, 2016, EB was admitted to a Hospital for induction with a diagnosis of gestational hypertension. A urinalysis showed a 2+ protein and a uric acid of 7.4. Pitocin induction was undertaken. During labor, EB's BP ranged from 174-140/117-85. Respondent was notified of multiple elevated BPs during the labor without intervention taken. During the second stage of labor, the BPs were noted to be as high as 187/114 and one at 225/94 just before delivery along with maternal tachycardia and the fetal baseline changed from 150 to 160+ with accelerations up to 190. Pitocin was progressively increased during labor with tachysystole noted at times. A vacuum delivery was elected and carried out with a fourth-degree episiotomy extension. Apgars were 6/8 and cord blood noted: venous 6.892 and arterial 6.802 with a B.E. of -25.7. No treatment was rendered and the infant was assessed to be stable after two hours and discharged from the NICU.
- 6. On July 8, 2016, the infant was returned to the NICU after seizure like activity was identified.
- 7. On July 9, 2016, the infant was transferred to a second Hospital NICU and diagnosed with HIE.
- 8. On July 12, 2016, EB was admitted to the second Hospital with breakdown and infection of her episiotomy. At that time, a BP of 182/102 was noted along with elevated LFT's and treatment with labetalol for BPs was instituted as well as magnesium sulfate given prophylactically.
- 9. The standard of care requires a physician to recognize and treat preeclampsia. Respondent deviated from this standard of care by failing to recognize and treat pre-eclampsia.

1	10. The standard of care requires a physician to appropriately manage
2	gestational hypertension. Respondent deviated from the standard of care by failing to
3	appropriately manage gestational hypertension resulting in an infant with hypoxic ischemic
4	encephalopathy.
5	11. Actual patient harm was identified in that untreated elevated blood pressure
6	led to placental insufficiency contributing to HIE in the infant.
7	12. There was the potential for patient harm in that EB was at risk of maternal
8	morbidity and seizures, HELLP syndrome and death.
9	CONCLUSIONS OF LAW
10	a. The Board possesses jurisdiction over the subject matter hereof and over
11	Respondent.
12	b. The conduct and circumstances described above constitute unprofessional
13	conduct pursuant to A.R.S. § 32-1401(27)(r)("Committing any conduct or practice that is or
14	might be harmful or dangerous to the health of the patient or the public.").
15	<u>ORDER</u>
16	IT IS HEREBY ORDERED THAT:
17	1. Respondent is issued a Letter of Reprimand.
18	DATED AND EFFECTIVE this 2nd day of November, 2023.
19	ARIZONA MEDICAL BOARD
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21	By tate Mr. Saly
22	Patricia E. McSorley Executive Director
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CONSENT TO ENTRY OF ORDER

- 1. Respondent has read and understands this Consent Agreement and the stipulated Findings of Fact, Conclusions of Law and Order ("Order"). Respondent acknowledges she has the right to consult with legal counsel regarding this matter.
- 2. Respondent acknowledges and agrees that this Order is entered into freely and voluntarily and that no promise was made or coercion used to induce such entry.
- 3. By consenting to this Order, Respondent voluntarily relinquishes any rights to a hearing or judicial review in state or federal court on the matters alleged, or to challenge this Order in its entirety as issued by the Board, and waives any other cause of action related thereto or arising from said Order.
- 4. The Order is not effective until approved by the Board and signed by its Executive Director.
- 5. All admissions made by Respondent in this Order are solely for final disposition of this matter and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, said admissions by Respondent are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, civil or criminal court proceeding, in the State of Arizona or any other state or federal court.
- 6. Notwithstanding any language in this Order, this Order does not preclude in any way any other State agency or officer or political subdivision of this state from instituting proceedings, investigating claims, or taking legal action as may be appropriate now or in the future relating to this matter or other matters concerning Respondent, including but not limited to, violations of Arizona's Consumer Fraud Act. Respondent acknowledges that, other than with respect to the Board, this Order makes no representations, implied or otherwise, about the views or intended actions of any other

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state agency or officer or political subdivisions of the State relating to this matter or other matters concerning Respondent.

- Upon signing this agreement, and returning this document (or a copy thereof) 7. to the Board's Executive Director, Respondent may not revoke the consent to the entry of the Order. Respondent may not make any modifications to the document. Any modifications to this original document are ineffective and void unless mutually approved by the parties.
- This Order is a public record that will be publicly disseminated as a formal 8. disciplinary action of the Board and will be reported to the National Practitioner's Data Bank and on the Board's web site as a disciplinary action.
- If the Board does not adopt this Order, Respondent will not assert as a 9. defense that the Board's consideration of the Order constitutes bias, prejudice, prejudgment or other similar defense.
 - Respondent has read and understands the terms of this agreement. 10.

EXECUTED COPY of the foregoing mailed

this 2nd day of November, 2023 to: Marsha E. Brooks-Candela, M.D.

MARSHA E. BROOKS-CANDELA, M.D.

Address of Record

ORIGINAL of the foregoing filed this 2nd day of Nevern ber, 2023 with:

Arizona Medical Board 1740 West Adams, Suite 4000 Phoenix, Arizona 85007

Mi Chelle Robas
Board staff