

VERMONT BOARD OF MEDICAL PRACTICE

In re: John C. Louras, MD)
) Docket No. MPN 060-0618
)

STIPULATION AND CONSENT ORDER

NOW COME John C. Louras, MD and the Board of Medical Practice and agree and stipulate as follows:

1. John C. Louras, MD (“Respondent”) held Vermont medical license number 042.0007074 that was originally issued by the Vermont Board of Medical Practice (“the Board”) on April 11, 1984. Respondent is a physician. Respondent retired from the practice of medicine in September of 2018 and let his Vermont medical license lapse on November 30, 2018.
2. Jurisdiction in this matter rests with the Board, pursuant to 26 V.S.A. §§ 1353-1354, 1370-74, 3 V.S.A. §§ 809-814, and the Rules of the Board of Medical Practice, Section 38.1.2.

FINDINGS OF FACT

3. The Board opened this matter in June of 2018 upon receipt of a notification from the National Practitioner Data Bank informing the Board that a medical malpractice case involving Respondent had settled in May of 2018. The matter was assigned to the North Investigative Committee of the Board (“the Committee”).
4. The medical malpractice case involved the care that Respondent provided to Patient A in 2012 and 2013 while employed as a general surgeon at Rutland Regional Medical Center “RRMC.”

5. Via a subpoena, the Committee received and analyzed records detailing the care that Respondent provided to Patient A, as well as care that Patient A later received at another hospital.
6. Respondent had previously performed multiple benign excisional biopsies of breast tissue on Patient A who had a strong family history of breast cancer. Patient A desired prophylactic mastectomies and breast implants/reconstruction.
7. Respondent requested and was granted temporary privileges from RRMC to perform bilateral saline implants after a simple double mastectomy. Respondent had not previously performed a breast implant procedure as the primary surgeon.
8. Respondent performed a nipple-sparing prophylactic double mastectomy and bilateral breast implant surgery on Patient A on July 18, 2012.
9. Respondent had not performed a nipple-sparing mastectomy on women until 2012. He performed a few nipple-sparing mastectomies on women prior to performing the July 18, 2012 procedure on Patient A, but Patient A's July 18, 2012 nipple-sparing mastectomy was the first time Respondent performed this procedure without the assistance of another surgeon.
10. Respondent performed a second operation of Patient A on January 2, 2013 that he described as addressing post mastectomy bilateral axillary lipomas and residual tail of breast tissue bilaterally.

11. Respondent performed a third operation on Patient A on September 13, 2013.

This procedure was a revision of the reconstruction that he performed on July 18, 2012.

12. The Committee found the treatment provided to Patient A by Respondent was not in conformance with the standard of care in the following ways:

a. Respondent did not remove the required amount of tissue from Patient A during the July 18, 2012 nipple sparing mastectomy resulting in an inadequate mastectomy.

b. Respondent failed to send the removed breast tissue for pathological evaluation for the January 2, 2013 and September 13, 2013 procedures.

c. The documentation contained in Respondent's operative reports for all three procedures was inadequate and sparse. For example, the operative reports do not include a gross exam of the breast tissue removed and do not indicate a rationale for his decision to not have it evaluated by pathology. In addition, his documentation about obtaining informed consent for the procedure from Patient A is inadequate as it does not document whether he provided sufficient information to Patient A about the procedure, discussed risks with her, or provided acceptable alternatives.

13. In written responses provided to questions posed by the Committee during the investigation of this case, Respondent provided an explanation as to the reason he did not send the excised breast tissue for pathologic evaluation after the second and third surgeries. Respondent indicated that he told Patient A that if

the "lesions" did not look suspicious at the time of excision he would throw them away to avoid the \$600.00 pathology fee.

14. Patient A had the breast implants removed by another surgeon at another hospital in July of 2014. During that operation, the capsule on the right side was very nodular and was sent for pathologic evaluation. The pathology results were positive for breast cancer.
15. Patient A died on October 15, 2015. On her autopsy report her cause of death is reported as metastatic breast adenocarcinoma.

CONCLUSIONS OF LAW

16. The Board may find, "in the course of practice... the failure to use and exercise on repeated occasions, that degree of care, skill, and proficiency that is commonly exercised by the ordinary skillful, careful, and prudent physician engaged in similar practice under the same or similar conditions, whether or not actual injury to the patient has occurred" constitutes unprofessional conduct. 26 V.S.A. § 1354(a)(22).
17. Respondent's treatment of Patient A as described herein constituted unprofessional conduct as defined by 26 V.S.A. § 1354(a)(22) when he did not remove an adequate amount of tissue during Patient A's mastectomy, failed to send tissue samples to pathology on two occasions, and kept inadequate medical documentation of Patient A's treatment.
18. Respondent agrees that the Board will adopt and incorporate as its facts and conclusions in this matter paragraphs one (1) through twenty-five (25) herein

and further agrees that this is an adequate basis for the Board's actions in this agreement. Any representation by Respondent herein is made solely for the purposes set forth by this agreement.

19. Therefore, in the interest of Respondent's desire to fully and finally resolve the matter presently before the Board, he has determined that he shall enter into this agreement with the Board. Respondent enters no further admission here, but to resolve this matter without further time, expense and uncertainty, he has concluded that this agreement is acceptable and in the best interest of the parties.
20. Respondent acknowledges that he is knowingly and voluntarily entering into this agreement with the Board. He acknowledges and agrees that at all times and in all communications and proceedings related to this matter before the Board he has had the right to be represented by counsel. Respondent has carefully reviewed and considered this Stipulation and Consent Order.
21. Respondent agrees and understands that by executing this document he is waiving any right to challenge the jurisdiction and continuing jurisdiction of the Board in this matter, to be presented with a specification of charges and evidence, to cross-examine witnesses, and to offer evidence of his own to contest any allegations by the State.
22. The parties agree that upon their execution of this Stipulation and Consent Order, and pursuant to the terms herein, the above-captioned matter shall be resolved by the Board. Thereafter, the Board will take no further action as to

this matter absent non-compliance with the terms and conditions of this document by Respondent.

23. This Stipulation and Consent Order is conditioned upon its acceptance by the Vermont Board of Medical Practice. If the Board rejects any part of this document, the entire agreement shall be considered void. Respondent agrees that if the Board does not accept this agreement in its current form, he shall not assert in any subsequent proceeding any claim of prejudice from any such prior consideration. If the Board rejects any part of this agreement, none of its terms shall bind Respondent or constitute an admission of any of the facts of the alleged misconduct, it shall not be used against Respondent in any way, it shall be kept in strict confidence, and it shall be without prejudice to any future disciplinary proceeding and the Board's final determination of any charge against Respondent.
24. Respondent acknowledges and understands that this Stipulation and Consent Order shall be a matter of public record, shall be entered in his permanent Board file, shall constitute an enforceable legal agreement, and may and shall be reported to other licensing authorities, including but not limited to: the Federation of State Medical Boards Board Action Databank and the National Practitioner Data Bank. In exchange for the action by the Board, as set forth herein, Respondent expressly agrees to be bound by all terms and conditions of this Stipulation and Consent Order.

25. The parties therefore jointly agree that should the terms and conditions of this Stipulation and Consent Order be deemed acceptable by the Board, it may enter an order implementing the terms and conditions herein.

ORDER

WHEREFORE, based on the foregoing, and the consent of Respondent, the Board hereby adopts as its facts and conclusions paragraphs one (1) through twenty-five (25) above. It is hereby ORDERED that:

1. Respondent shall be REPRIMANDED for the conduct set forth above.
2. Respondent shall pay an administrative penalty of \$4,000.00 consistent with 26 V.S.A. § 1374(b)(1)(A)(iii). Payment shall be made to the "State of Vermont Board of Medical Practice," and shall be sent to the Vermont Board of Medical Practice office, at the following address:

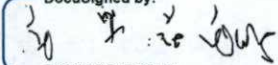
David Herlihy, Executive Director, Vermont Board of Medical Practice,
P.O. Box 70, Burlington VT 05402-0070. The payment shall be due no later than one month after this Stipulation is approved by the Board.
3. In the event that Respondent reapplies for and is granted a Vermont medical license, in addition to any conditions that may be imposed by the Licensing Committee of the Board, his license shall be CONDITIONED as follows:
 - a. No later than six months after being granted a Vermont medical license, Respondent shall successfully complete live, in-person AMA PRA Category 1 continuing medical education ("CME") courses on the following topics: medical ethics and boundaries and medical recordkeeping. Respondent shall seek prior approval, in writing, from the Committee for each CME course. Upon successful completion of each CME course, he shall

provide the Committee with proof of attendance. Respondent shall also provide the Committee with a brief written narrative of each CME course which will document what he learned from each course, and how he will apply that knowledge to his practice. Respondent shall provide proof of attendance and the written narratives to the Committee within 30 days of completion of each course.

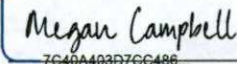
- b. Respondent shall not perform breast reconstruction surgeries as the primary surgeon.
- c. Respondent shall not perform nipple sparing total mastectomies as the primary surgeon.
- d. Respondent shall notify any future employers of the contents of this Stipulation by providing a copy of said document to his employer. This condition shall remain in effect for five years from the date that he resumes the practice of medicine in the State of Vermont.

SIGNATURES


DATED at _____, Vermont, this ____ day of _____, 2022.

DocuSigned by:
 8/23/2022
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Leo LeCours
Chair, North Investigative Committee
Vermont Board of Medical Practice

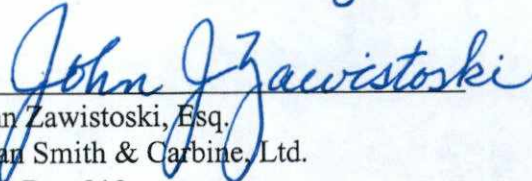
DATED at Montpelier, Vermont, this ____ day of _____, 2022.

DocuSigned by:
 8/23/2022
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Approval as to legal form
Megan Campbell, Esquire
Assistant Attorney General
Vermont Attorney General's Office
109 State Street
Montpelier, VT 05609-1001

DATED at Rutland, Vermont this 22nd day of August, 2022.



John C. Louras, MD
Respondent

DATED at Rutland, Vermont, this 22nd day of August, 2022.


John Zawistoski, Esq.
Ryan Smith & Carbine, Ltd.
P.O. Box 310
98 Merchants Row
Rutland, VT 05702-0310

**AS TO JOHN C. LOURAS, MD
APPROVED AND ORDERED
VERMONT BOARD OF MEDICAL PRACTICE**

Signed on Behalf of the Vermont Board of Medical Practice

By: 

Sarah McClain
Chair
Vermont Board of Medical Practice

Vote documented in the Vermont Board of Medical Practice meeting minutes,
dated September 7, 2022

Dated: September 7, 2022