This matter was opened to the Medical Practitioner Review Panel ("Panel") and the Board of Medical Examiners ("Board") upon receipt of an Adverse Action Report indicating that the clinical privileges of Dr. Hetal Gor ("Respondent") at Englewood Hospital Medical Center were summarily suspended, effective January 2, 2015, due to issues involving an alleged deviation from the standard of care in her care and treatment of a thirty-eight-year-old patient ("T.R.").
Respondent appeared and testified before the Panel on October 21, 2016. She was questioned regarding her treatment of T.R., who presented with a large symptomatic fibroid uterus. Because of T.R.'s condition, a myomectomy or a hysterectomy was necessary. A myomectomy is the surgical removal of fibroids from the uterus, while a hysterectomy would have removed T.R.'s uterus whole. A bloodless surgical procedure was the only option due to T.R.'s religious beliefs. Respondent testified that T.R. was counseled between three to four times regarding the risk of the large amount of bleeding that could occur during a myomectomy. According to Respondent, T.R. wanted to proceed with a myomectomy because she had a new partner, two children from a previous marriage, and she wanted to preserve her fertility. However, T.R. signed an informed consent accepting a hysterectomy, if it was needed. Respondent admitted that she did not test T.R. in any way to verify that T.R. was able to get pregnant. Further, as stated above, T.R. did have a history of two normal pregnancies from a previous marriage.

A myomectomy was performed on October 4, 2010. T.R. suffered significant blood loss during the procedure. Since 2010, during all procedures Respondent is in constant communication with the anesthesiologist, and no longer relies on them to communicate patient fluid status. Following the procedure, T.R. was transferred to the intensive care unit for
close monitoring. Respondent testified that she had concerns regarding T.R.'s recovery, and as a result she followed-up with T.R. at least two times following the procedure. Additionally, following the procedure, Respondent ordered a complete blood count test and an ultrasound of T.R.'s abdomen. Ultimately, T.R. died overnight due to the significant blood loss.

Respondent testified that she learned from this experience, and she no longer performs a myomectomy when a patient has a similar presentation, and that she would only recommend or perform a hysterectomy.

During the pendency of the Board's investigation, Respondent agreed to undergo a clinical skills assessment at UC San Diego PACE program. She achieved a score of Pass, with recommendations. The main area where improvement was suggested was medical record keeping. Respondent has indicated that she has implemented an electronic medical record system to address legibility concerns.

The Board finds that Respondent's decision to perform a myomectomy in lieu of a hysterectomy, given the unlikelihood of T.R. becoming pregnant; as well as her not fully appreciating the complications of a bloodless surgery and not requesting further assistance constitute acts of simple negligence.

The parties, having agreed to resolution of this matter without formal proceedings, and Respondent, having agreed and
given her voluntary consent to the within order and waiving any right to a hearing, and the Board finding the within disposition adequately protective of the public health, safety, and welfare, and other good cause having been shown:

IT IS, therefore on this 1st day of OCTOBER, 2018

ORDERED THAT:

1. Respondent, Hetal Gor, M.D., is hereby reprimanded for her conduct as described above.

NEW JERSEY STATE BOARD OF MEDICAL EXAMINERS

By: ________________

Paul J. Carniol, M.D., F.A.C.S.
President

I have read and understand the within Consent Order and agree to be bound by its terms.

____________________________
Hetal Gor, M.D.

Order accepted to as to form and entry.

____________________________
David Adelson, Esq.
Counsel for Respondent
NOTICE OF REPORTING PRACTICES OF BOARD REGARDING DISCIPLINARY ACTIONS

All Orders filed by the New Jersey State Board of Medical Examiners are "government records" as defined under the Open Public Records Act and are available for public inspection, copying or Examination. See N.J.S.A. 47:1A-1, et seq., N.J.S.A. 52:14B-3(3). Should any inquiry be made to the Board concerning the status of a licensee who has been the subject of a Board Order, the inquirer will be informed of the existence of the Order and a copy will be provided on request. Unless sealed or otherwise confidential, all documents filed in public actions taken against licensees, to include documents filed or introduced into evidence in evidentiary hearings, proceedings on motions or other applications conducted as public hearings, and the transcripts of any such proceedings, are "government records" available for public inspection, copying or examination.

Pursuant to N.J.S.A. 45:9-22, a description of any final board disciplinary action taken within the most recent ten years is included on the New Jersey Health Care Profile maintained by the Division of Consumer Affairs for all licensed physicians. Links to copies of Orders described thereon are also available on the Profile website. See http://www.njdoctorlist.com.

Copies of disciplinary Orders entered by the Board are additionally posted and available for inspection or download on the Board of Medical Examiners' website. See http://niconsumeraffairs.gov/bme.

Pursuant to federal law, the Board is required to report to the National Practitioner Data Bank (the "NPDB") certain adverse licensure actions taken against licensees related to professional competence or conduct, generally including the revocation or suspension of a license; reprimand; censure; and/or probation. Additionally, any negative action or finding by the Board that, under New Jersey law, is publicly available information is reportable to the NPDB, to include, without limitation, limitations on scope of practice and final adverse actions that occur in conjunction with settlements in which no finding of liability has been made. Additional information regarding the specific actions which the Board is required to report to the National Practitioner Data Bank can be found in the NPDB Guidebook issued by the U.S. Department of Health and Human Services in April 2015. See http://www.npdb.hrsa.gov/resources/npdbguidebook.pdf.
Pursuant to N.J.S.A. 45:9-19.13, in any case in which the Board refuses to issue, suspends, revokes or otherwise places conditions on a license or permit, the Board is required to notify each licensed health care facility and health maintenance organization in this state with whom he or she is directly associated in private medical practice.

In accordance with an agreement with the Federation of State Medical Boards of the United States, a list of all disciplinary orders entered by the Board is provided to the Federation on a monthly basis.

From time to time, the Press Office of the Division of Consumer Affairs may issue press releases including information regarding public actions taken by the Board.

Nothing herein is intended in any way to limit the Board, the Division of Consumer Affairs or the Attorney General from disclosing any public document.