

Reference: Patient A

Brenda WXXXXX

Date of Birth: 4/15/57

49 year old white female patient presented on July 20, 2006 with chief complaint of stage 4 cancer, initially diagnosed in October, 2003 with Cervical Cancer. History included Radical Hysterectomy, Bilateral Salpingo-Oophorectomy and pelvic lymph node dissection in August 27, 2003 with 1/14 nodes being positive. By September of 2003, pt had completed 25 sessions of radiation therapy. After completion of radiation therapy, pt had regular check ups every 6 months. In April 2004, patient began having right sided pain and saw family physician. Ultra sound and CAT scan revealed metastasis to liver and lung. Referred to MD Anderson and had chemotherapy which included Carboplatin treatment x 2, administered every 4 months. Pt completed last treatment June, 2006. July 2006, reevaluated at MD Anderson, and noted to have liver enzymes elevated. Patient was referred to hospice and recommended pain control. Pt sought us out due to the fact she was not willing to give up. Patient was under the care of Dr. Buttar from July 20, 2006 through August 17, 2006. Despite impending organ failure as identified by Dr. Buttar, pt and pt's daughter wished to continue to fight and not give up. She was admitted to the hospital on August 17, 2006 and died August 19, 2006.

Each numbered item below is the NCMB's expert reviewer's comments on the charts. Each bulleted item is our response, with references to the medical charts showing the facts.

- **Dr. Peterson:**

1. NCMB Expert's (Dr. Peterson) opinion on Treatment – Below standard of practice/care
 - ***Patient with Stage 4 metastatic ovarian cancer, refractory to conventional therapy including:***
 - ***Multiple rounds of Chemotherapy***
 - ***Multiple rounds of Radiation therapy.***
 - ***Referred to Hospice.***
 - ***Presented with early organ failure with impending hepatic failure.***
 - ***Sought treatment from Dr. Buttar.***
 - ***Patient left previous doctors because they had “given up on me”. Patient was looking for “a chance”.***
 - ***Patient had failed all other therapies and was NOT willing to simply give up and die!***
 - ***Results clearly BEYOND the standard of care.***
 - ***Patient requested treatment when no one else was willing to try.***
 - ***Treatment was administered with daughter being fully aware that prognosis was poor due to:***
 - ***Multiple rounds of chemotherapy, refractory to treatment.***
 - ***Multiple rounds of radiation therapy, refractory to treatment.***
 - ***Impending multi-organ system failure***
 - ***Extended quality of life, albeit only for a short period.***

- ***We helped the patient to maintain her dignity in allowing her to make her own choice of continuing to fight rather than give up.***
2. Dr. Peterson states the patient chart does **not** follow the Problem Oriented Medical Record method known as SOAP.
 - ***C1a – C1b: SOAP format is clearly used.***
 - ***C2a – C2b: SOAP format is clearly used.***
 - ***C4a, C4b: SOAP format is clearly used.***
 - ***C6a, C6b: SOAP format is clearly used.***
 - ***C7a: SOAP format is clearly used.***
 - ***C11a, C11b. SOAP format is clearly used.***

 3. “The standard of care would have been referral to hospice for palliation.”
 - ***C7a: 8/14 Progress Notes clearly state that the patient was adamant about continuing treatment.***
 - ***Discussion between Dr. Buttar and daughter on more than one occasion discussing reality of situation due to impending multi-organ failure.***
 - ***Daughter requested Dr. Buttar continue with treatment and thanked him for continuing to try, despite dire prognosis, due to multi organ system failure due to iatrogenic causes secondary to chemotherapy.***

 4. “Dr. Buttar clearly engaged in a fruitless exercise w/ therapy of no benefit in what appears to be nothing but an attempt to extract money in exchange for fake hope.”
 - ***Dr. Peterson has clearly established he is NOT an expert in assessing our approach to cancer.***
 - ***Dr. Peterson’s “canned” response to each patient shows he was either biased, did not read the charts, or is incapable of assessing benefit of our treatment.***
 - ***Patient clearly had benefits, exemplified with better pain management, improved ambulation, and increased energy.***
 - ***A1b: No claims of a cure were ever given. Patient signed a consent which states: “no claim to cure cancer with these therapies has been made to me”***
 - ***C7a: 8/14 Progress Notes clearly state that the patient was adamant about continuing treatment, even in light of her deteriorating condition.***
 - ***By definition, there is NO such thing as false HOPE. HOPE indicates having the possibility of a desired outcome. By Dr. Peterson’s indicated definition and use of the word HOPE, all HOPE would be false.***

 5. “No physician contact documented.”
 - ***I1: 7/26 Dr. Buttar performed an IRR treatment on patient. When ever IRR’s done, Dr. Buttar always consults with patients and addresses any issues or questions patients have.***
 - ***I2b: 8/3 Dr. Buttar performed an IRR treatment on patient***
 - ***C7a: 8/14 Dr. Buttar had office visit with patient and wrote detailed Progress Notes***
 - ***I2a: 8/15 Dr. Buttar performed an IRR treatment on patient***

- ***In addition, at least 3 separate detailed conversations with patient's daughter regarding patient's poor prognosis, conducted while NP was seeing patient.***
- ***Most other office visits were with nurse practitioner but Dr. Buttar was present for most of those visits. However, due to increased rate of office visit for Dr. Buttar, NP would see the patient to keep charges lower and Dr. Buttar would come in and visit with the patient. Notes were made by NP.***

- **Dr. Mann:**

1. "No indication that Dr. Buttar actually saw or examined the patient."
 - ***I1: 7/26 Dr. Buttar performed an IRR treatment on patient***
 - ***I2b: 8/3 Dr. Buttar performed an IRR treatment on patient***
 - ***C7a: 8/14 Dr. Buttar had office visit with patient and wrote detailed Progress Notes***
 - ***I2a: 8/15 Dr. Buttar performed an IRR treatment on patient***
 - ***In addition, at least 3 separate detailed conversations with patient's daughter regarding patient's poor prognosis, conducted while NP was seeing patient.***
 - ***Most other office visits were with nurse practitioner but Dr. Buttar was present for most of those visits. However, due to increased rate of office visit for Dr. Buttar, NP would see the patient to keep charges lower and Dr. Buttar would come in and visit with the patient, answer any questions, etc.. Notes were made by NP.***
2. "Repetitive labs including serum lipids in particular without justification or explanation of how the results were guiding therapy."
 - ***Doing complete panel with lipids was cheaper test than separating test. Patient was not charged for serum lipids.***
 - ***Cancer patients as with other chronic disease, exhibit lower serum lipids. Increase in lipid profile appears to be a good prognostic marker for our treatment regimen.***
 - ***It is clear Dr. Mann is NOT an expert in the integrative approach to treating cancer.***
 - ***D1 – D16: Requirement for monitoring renal function, hepatic function, electrolytes, and hemoglobin counts in a cancer patient are HIGHLY relevant, especially when they are aggressively being treated for a stage 4 cancer with multiple IV regimens daily.***
 - ***Labs HIGHLY necessary to monitor patient safety***
 - ***Labs HIGHLY necessary to assess patient response***
 - ***Labs necessary to assist in guiding treatment intensity***
 - ***G1 –G11: Cancer panels necessary to establish immune function, with detailed explanation in charts provided***
 - ***G1, G10, G11: explanation of significance of level of uncontrolled cellular proliferation monitoring in immunocompromised pts.***
 - ***Immune function – CD 19, CD 56 counts***
 - ***Immune function – NKHT3 + Immunocompetent Natural Killer Cells, NK Cell activity, NK cell activity/cell***
 - ***G3 G4, G11: Lymphocyte Subpopulation profile – CD2, CD4, CD8, CD 3, CD 26***

- **G8, G11: Cell cycle Analysis and dysregulation in oncogenesis**
 - **G6,G7, G11: Apoptosis and subsequent suppression of apoptosis in cancer explained in detail**
3. "Notes written by NP Jane Garcia contain some indication of guidance by Dr. Buttar toward the end of the patient's life."
- **C2b: 7/24: Jane Garcia's Progress Notes, co-signed by Dr. Buttar**
 - **I1: 7/26: IRR Treatment performed by Dr. Buttar. When ever IRR's done, Dr. Buttar always consults with patients and addresses any issues or questions patients have.**
 - **I2b: 8/3: IRR Treatment performed by Dr. Buttar**
 - **C4b: 8/3: Jane Garcia's Progress Notes, co-signed by Dr. Buttar**
 - **C5: 8/8: RN Pennington notes labs were discussed with Dr. Buttar**
 - **C6b: 8/10: Jane Garcia's Progress Notes, co-signed by Dr. Buttar**
 - **C7a: 8/14 Dr. Buttar's Progress Notes for an examination he performed**
 - **C7b: 8/15/06 Dr. Buttar's note of consult with consulting oncologist.**
 - **C10: 8/15: RN Pennington notes patient discussed with Dr. Buttar. Dr. Buttar gives Verbal Order for treatment.**
 - **I2a: 8/15: IRR Treatment performed by Dr. Buttar**
 - **C11b: 8/16: Jane Garcia's Progress Notes, co-signed by Dr. Buttar**
 - **C12: 8/17: Jane Garcia's Progress Notes, co-signed by Dr. Buttar**
4. "Immunologic studies ordered. Results not interpreted in the record."
- **C11a: 8/16/06 office visit, Ca Panel of 7/20/06 discussed and documented.**
 - **Standard policy in our office for office visits includes:**
 - **Through review of all lab work with the patient.**
 - **All information is explained with further details provided to the patient of any thing the patient does not fully understand.**
 - **Copies of all tests are given to the pt at the conclusion of any office visit where tests were reviewed.**
5. "Intestinal health screen ordered and obtained. No interpretation."
- **The Comprehensive Diagnostic Stool Analysis had NOT been completed by the laboratory prior to the patient's last office visit**
 - **Therefore, it was not available for interpretation or to review with the patient at the time of the visit.**
6. "Lymphatic massage ordered. No indication it was performed."
- **B7: A Lymphatic Massage was ordered as per reference**
 - **We do not perform lymphatic massage in our clinic.**
 - **Patient had the treatment scheduled by our office with the certified lymphatic massage therapist and given the time and place to go.**
 - **It was up to the patient to keep their appointment at another facility. If the procedure was not performed, it was due to a patient compliance issue.**
7. "Placed on Nutri-Energetics Infoceluticals Protocol. Jusitification and results not recorded."
- **The Nutri-Energetics System is an advanced biotechnology for the analysis and repair of the human body energetic field based on**

quantum physics. The system integrates research from the fields of physics, quantum biology, mathematics, acupuncture and Western and Chinese medicine.

- **H3: There are no results recorded of this treatment.**
- **Patients generally request this treatment from us.**

8. "Philbert Infra Respiratory Reflex Procedure performed – justification, and results not recorded."

- **I1: Procedure note with O2 saturation clearly recorded showing Pre – Treatment and Post Treatment O2 Sats.**
 - **Results clearly recorded,, showing immediate clinical response to treatment, assessed with respiratory reserve and O2 saturations.**
- **I2a: Procedure note with O2 saturation clearly recorded showing Pre – Treatment and Post Treatment O2 Sats.**
 - **Results clearly recorded,, showing immediate clinical response to treatment, assessed with respiratory reserve and O2 saturations.**
- **I2b: Procedure note with O2 saturation clearly recorded showing Pre – Treatment and Post Treatment O2 Sats.**
 - **Results clearly recorded,, showing immediate clinical response to treatment, assessed with respiratory reserve and O2 saturations.**

9. "The various procedures seem in keeping with alternative and complementary care practices and seem safe to the extent known. Some are not described in terms of methods and intended effects."

- **This is a general statement made based on speculation. It will be responded to in a general manner, since there is nothing specific to counter.**
- **In 17 years, Dr. Buttar does NOT have a single formal patient complaint against him.**
- **All complaints initiating these charges by the NCMB have:**
 - **NEVER even met Dr. Buttar at any time**
 - **NEVER had ANY form of communication with Dr. Buttar at any time**
 - **A clear financially based incentive to complaint against Dr. Buttar, which even the NCMB investigator recognized and acknowledged during his visit with Dr. Buttar**
- **All treatment methods and effects ARE described to the patient in implicit detail.**
- **If we did NOT explain "methods and intended effects",**
 - **We would have real complaints from real patients, not family members or other doctors.**
 - **We would NOT have patients coming back to us**
 - **We would NOT have patients referring other patients to us.**

10. "The medical record does not use SOAP."

- **C1a – C1b: SOAP is clearly used.**
- **C2a – C2b: SOAP is clearly used.**
- **C4a – C4b: SOAP is clearly used.**
- **C6a – C6b: SOAP is clearly used.**
- **C7a – C7b: SOAP is clearly used.**
- **C11a – C11b: SOAP is clearly used.**

11. Early notes co-signed by Dr. Buttar, later notes are not.

- ***C2b: 7/24 Jane Garcia's Progress Notes, co-signed by Dr. Buttar***
- ***I1: 7/26 IRR Treatment performed by Dr. Buttar***
- ***I2b: 8/3 IRR Treatment performed by Dr. Buttar***
- ***C4b: 8/3 Jane Garcia's Progress Notes, co-signed by Dr. Buttar***
- ***C5: 8/8 RN Pennington notes labs were discussed with Dr. Buttar***
- ***C6b: 8/10 Jane Garcia's Progress Notes, co-signed by Dr. Buttar***
- ***C7a: 8/14 Dr. Buttar's Progress Notes for an examination he performed***
- ***C7b: 8/15 Dr. Buttar notes patient discussed with Dr. Holbert,***
- ***C10: 8/15 RN Pennington notes patient discussed with Dr. Buttar. Dr. Buttar gives Verbal Order for treatment.***
- ***I2a: 8/15 IRR Treatment performed by Dr. Buttar***
- ***C11b: 8/16 Jane Garcia's Progress Notes, co-signed by Dr. Buttar***
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