BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * *

In the Matter of Charges and Complaint

Against:

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GEORGE PETER CHAMBERS, M.D.

Respondent.

Case No. 22-27891-1

FILED

SEP 2 1 2022

NEVADA STATE BOARD OF MEDICAD EXAMINERS

COMPLAINT

The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board), by and through Brandee Mooneyhan, J.D., Deputy General Counsel and attorney for the IC, having a reasonable basis to believe that George Peter Chambers, M.D., (Respondent) violated the provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC) Chapter 630 (collectively, the Medical Practice Act), hereby issues its Complaint, stating the IC's charges and allegations as follows:

- 1. Respondent was at all times relative to this Complaint a medical doctor holding an active license to practice medicine in the State of Nevada (License No. 10476). Respondent was originally licensed by the Board on April 30, 2003, and specializes in obstetrics and gynecology.
- As noted by the Committee on Ethics of the American College of Obstetricians and 2. Gynecologists (ACOG), the "relationship between obstetrician-gynecologists and their patients . . . requires a high level of trust and professional responsibility," because the practice of this medical specialty "includes interactions in times of intense emotion and vulnerability for patients and involves sensitive physical examinations and medically necessary disclosure of private information about symptoms and experiences." See AGOC Committee Opinion No. 796, Sexual Misconduct (January 2020).

¹ The Investigative Committee of the Nevada State Board of Medical Examiners, at the time this formal Complaint was authorized for filing, was composed of Board members Victor M. Muro, M.D., Chowdhury H. Ahsan, M.D., Ph.D., FACC, and Ms. Pamela J. Beal.

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- 3. Physician behavior, gestures, or expressions that are seductive, sexually suggestive, disrespectful of patient privacy, or sexually demeaning to a patient constitute sexual impropriety, and are a form of physician sexual misconduct. Id.
- 4. In professional settings, "obstetrician-gynecologists should strictly avoid sexual innuendo, sexually suggestive humor, and sexually provocative remarks," and even in nonclinical communication with current patients, should maintain professional boundaries. Id.

PATIENT A

- Patient A² was a thirty-six (36) year-old female at the time of the events at issue. 5.
- 6. Patient A sought surgical repair of a damaged perineum, and Patient A's regular gynecologist referred Patient A to Respondent for consultation. Patient A presented to Respondent's medical office on November 17, 2020, for the desired consultation.
- After telling Patient A to undress for a physical examination, Respondent told 7. Patient A to keep her personal cellular phone nearby, as he would be using it to take pictures during the examination.
- 8. During the course of Patient A's examination, Respondent used Patient A's cellular phone to take approximately twelve (12) photographs of Patient A's vaginal and anal areas.
- 9. Among the photographs taken by Respondent on November 17, 2020, is a photograph of him inserting four (4) fingers in Patient A's vagina.
- 10. Of the approximately twelve (12) photographs he took of Patient A on November 17, 2020, Respondent directed her to send two (2) of the photos, which showed her vulva, to his cellular phone via text message.
- The photograph of Respondent inserting four (4) fingers into Patient A's vagina 11. was not one of the photographs he asked her to text to him.
- Patient A was uncomfortable texting the pictures to Respondent's cellular phone, in 12. part because she had no assurances that the data was being exchanged securely, how the pictures might be used, or who might have access to them once they were sent.

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² Patient A's true identity is not disclosed herein to protect her privacy, but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint.

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Nonetheless, Patient A did as Respondent directed and sent the two (2) photographs via text message to the phone number Respondent provided.

- 13. In his medical record of the November 17, 2020, encounter, Respondent indicated that he inserted two (2) fingers in Patient A's vagina, stating: "On sizing the introital opening with my two examining fingers, the vagina opened to a width of 7cm horizontally and vertically."
- In his response to a request for information in the IC's investigation of this matter, Respondent repeated his assertion that he inserted only two (2) fingers in Patient A's vagina during the November 17, 2020, encounter, stating that he "inserted one finger into her vagina" in his evaluation of her pelvic floor muscles, and "then inserted [his] two examining fingers to check the tonicity of her pubococcygeus muscles by asking her to squeeze her vagina."
- 15. Respondent did not document in the medical record, nor inform the IC during its investigation, that during the November 17, 2020, encounter with Patient A, he inserted four (4) fingers into her vagina.
- After his physical examination of Patient A, Respondent informed Patient A that 16. during the examination, he had attempted to "fist" her, that is, insert his entire hand into her vagina, see Artemie v. State, No. A-10463, 2011 WL 5904452, at *8 (Alaska Ct. App. Nov. 23, 2011), but had been unable to insert his entire hand, and he showed her how much of his hand he had been able to insert.
- Respondent also showed Patient A the two (2) photographs that she had texted him, 17. which he had printed following the physical examination, and used them to explain the procedures he proposed to perform on her. Respondent included the two (2) photographs in Patient A's medical record.
- After her encounter with Respondent on November 17, 2020, Patient A suffered 18. pain and tenderness in her genital area.
- The other approximately ten (10) photographs Respondent took of Patient A's 19. vaginal and rectal area, which he did not direct her to send to him, were not for purposes of medical examination or treatment.

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	20.	Respondent's a	action in tak	ing numero	ous pictures	of Patient	A's vag	inal a	and rect	tal
areas	that we	re not for pur	ooses of me	edical exan	nination or	treatment,	as well	as 1	using t	he
nonme	edical te	rm "fisting" and	l informing	Patient A th	nat he had a	ttempted to	o do so, l	umil	liated a	nd
sexual	lly deme	aned Patient A.								

21. Respondent's action in taking numerous photographs of Patient A's vaginal and rectal areas on an unsecured cellular telephone and directing Patient A to text some of those photographs to him, in the absence of any assurance of how the photographs would be protected from improper access, was disrespectful of Patient A's privacy.

COUNT I

NRS 630.301(6) – Disruptive Behavior

- 22. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.
- 23. NRS 630.301(6) provides that disruptive behavior with patients that interferes with patient care or has an adverse impact on the quality of care rendered to a patient is grounds for initiating disciplinary action against a physician.
- 24. Respondent's behavior in taking approximately ten (10) photographs of Patient A's vaginal and rectal areas that were not for purposes of medical examination or treatment was humiliating and sexually demeaning to Patient A and thus adversely affected the quality of care rendered to her.
- 25. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT II

NRS 630.301(6) – Disruptive Behavior

- 26. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.
- 27. NRS 630.301(6) provides that disruptive behavior with patients that interferes with patient care or has an adverse impact on the quality of care rendered to a patient is grounds for initiating disciplinary action against a physician.

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28.	Responden	t's behavior i	n telling	Patient A	that he	had	attempted	to '	'fist"	her '	was
humiliating	and sexually	demeaning to	Patient .	A and the	us adver	sely a	affected th	ne q	uality	of o	care
rendered to	her.										

29. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT III

NRS 630.306(1)(b)(1) - Engaging in Conduct Intended to Deceive

- 30. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.
- 31. NRS 630.306(1)(b)(1) provides that "engaging in any conduct, which is intended to deceive" constitutes grounds for initiating disciplinary action against a physician.
- 32. Respondent's statement in the medical record of his encounter with Patient A on November 17, 2020, that he measured Patient A's introital opening with "two examining fingers" and his failure to otherwise document that he had inserted four (4) fingers into Patient A's vagina during that encounter was calculated to conceal that he had inserted four (4) fingers into Patient A's vagina.
- 33. Respondent's statement in his response to the IC's investigative inquiry that he had inserted no more than two (2) fingers into Patient A's vagina during the November 17, 2020, encounter was calculated to conceal that Respondent had inserted four (4) fingers into Patient A's vagina.
- 34. By knowingly making statements designed to conceal that he had inserted four (4) fingers into Patient A's vagina during his November 17, 2020, encounter with her, Respondent engaged in conduct intended to deceive the Board or any other authority examining his record of the encounter.
- 35. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

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COUNT IV

NRS 630.3062(1)(a) - Failure to Maintain Accurate Medical Records

- 36. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.
- 37. NRS 630.3062(1)(a) provides that the "failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient" constitute grounds for initiating discipline against a licensee.
- 38. Respondent failed to maintain accurate and complete medical records relating to the diagnosis, treatment and care of Patient A when he failed to document in the record of his November 17, 2020, encounter with her that he had inserted four (4) fingers into her vagina during the encounter.
- By reason of the foregoing, Respondent is subject to discipline by the Board as 39. provided in NRS 630.352.

PATIENT B

- Patient B³ was a thirty-five (35) year-old female at the time of the events at issue. 40.
- 41. Patient B was a patient of Respondent for several years, and had an appointment with him on October 29, 2018.
- 42. During his October 29, 2018, encounter with Patient B, Respondent explained that he would pay her or other patients one thousand dollars (\$1,000) to allow him to take, or arrange for the taking of, nude photographs of the patient(s), ostensibly to use in an advertisement for his services.
- The nude photographs for which Respondent offered to pay Patient B or other 43. patients were not for purposes of medical examination or treatment.
- Telling Patient B during a medical encounter that he would pay her or other 44. patients one thousand dollars (\$1,000) to pose for nude photographs that were not for purposes of medical examination or treatment was sexually suggestive and/or sexually demeaning to Patient B and violated the professional boundaries of a medical encounter between a doctor and a patient.

³ Patient B's true identity is not disclosed herein to protect her privacy, but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint.

(775) 688-2559

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COUNT V

NRS 630.301(7) – Engaging in Conduct That Violates the Trust of a Patient and Exploits the Relationship With the Patient for Financial or Other Personal Gain

- 45. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.
- NRS 630.307(7) provides that "engaging in conduct that violates the trust of the 46. patient and exploits the relationship between the physician and the patient for financial or other personal gain" constitutes grounds for initiating discipline against a physician.
- 47. In expressing to Patient B in the midst of a medical encounter that he would pay her or other patients one thousand dollars (\$1,000) to pose for nude photographs for Respondent to use for purposes other than for medical examination or treatment, Respondent violated Patient B's trust and exploited his relationship with her in order to realize financial or other personal gain for himself.
- By reason of the foregoing, Respondent is subject to discipline by the Board as 48. provided in NRS 630.352.

PATIENT C

- 49. Patient C⁴ was a twenty-seven (27) year-old female at the time of the events at issue.
- 50. Patient C visited Respondent's practice in 2019 for routine gynecological care and to address dysmenorrhea and pelvic pain.
- 51. At an encounter on or about October 15, 2019, Patient C mentioned to Respondent that she was struggling financially.
- 52. After the October 15, 2019, encounter, Respondent told Patient C he was seeking models to participate in a photography session in which photos would be taken of the model's vaginal area and nude body, ostensibly for inclusion in Respondent's "portfolio" of work and/or Respondent offered to pay Patient C one thousand dollars (\$1,000) to an advertisement. 111

⁴ Patient C's true identity is not disclosed herein to protect her privacy, but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint.

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participate in such a photography session, as well as give her a thumb drive with the "boudoir" photos resulting from the session.

- 53. Patient C thought it was odd that Respondent was soliciting photographs of her vaginal area as representative of his work because he had never performed any cosmetic procedure on her genitals.
- The nude photographs for which Respondent offered to pay Patient C were not for 54. purposes of medical examination or treatment.
- 55. Offering to pay Patient C one thousand dollars (\$1,000) to pose for nude photographs that were not for purposes of medical examination or treatment was sexually suggestive and/or sexually demeaning to Patient C and violated the professional boundaries of a medical encounter between a doctor and a patient.

COUNT VI

NRS 630.301(7) - Engaging in Conduct That Violates the Trust of a Patient and Exploits the Relationship With the Patient for Financial or Other Personal Gain

- 56. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.
- 57. NRS 630.307(7) provides that "engaging in conduct that violates the trust of the patient and exploits the relationship between the physician and the patient for financial or other personal gain" constitutes grounds for initiating discipline against a physician.
- 58. In offering to pay Patient C one thousand dollars (\$1,000) to pose for nude photographs for Respondent to use for purposes other than for appropriate medical examination or treatment, Respondent violated Patient C's trust and exploited his relationship with her in order to realize financial or other personal gain for himself.
- By reason of the foregoing, Respondent is subject to discipline by the Board as 59. provided in NRS 630.352.

PATIENTS A, B, AND C

As set forth by the above-outlined facts, Respondent has demonstrated a pattern of 60. failing to use the reasonable care, skill, or knowledge ordinarily used by obstetrician-

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gynecologists in good standing by repeatedly engaging in sexual improprieties with more than one patient.

- 61. As set forth by the above-outlined facts, Respondent repeatedly exploited his relationships with patients and violated patients' trust by engaging in sexual improprieties that constitute sexual misconduct.
- 62. Respondent's repeated acts of sexual misconduct and violations of the Medical Practice Act as set forth above undermine the public's trust and respect for the medical profession and thereby bring the medical profession into disrepute.

COUNT VII

NRS 630.306(1)(g) – Continual Failure to Practice Medicine Properly

- 63. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.
- NRS 630.306(1)(g) provides that "continual failure to exercise the skill or diligence 64. or use the methods ordinarily exercised under the same circumstances by physicians in good standing practicing in the same specialty or field" constitutes grounds for initiating discipline against a physician.
- 65. By repeatedly engaging in sexual misconduct with Patients A, B, and C, as set forth above, Respondent has continually failed to exercise the skill and diligence and use the methods ordinarily exercised under the same circumstances by physicians in good standing practicing in his field of obstetrics and gynecology.
- By reason of the foregoing, Respondent is subject to discipline by the Board as 66. provided in NRS 630.352.

COUNT VIII

NRS 630.301(9) - Disreputable Conduct

- 67. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.
- 68. NRS 630.301(9) provides that engaging in conduct that brings the medical profession into disrepute constitutes grounds for initiating discipline against a physician.

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69). A	s de	emon	strated	l by	the	abov	/e-ou	tline	l fac	ts, t	у :	repeat	tedly	eng	gaging	g in	sex	ua
miscondu	ct and	by	repea	tedly	viol	ating	g his	patie	ents'	trust	and	d e	xploit	ing l	nis r	elatio	nshi	ip w	/ith
them, Respondent engaged in conduct that brings the medical profession into disrepute.																			

70. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

WHEREFORE, the Investigative Committee prays:

- 1. That the Board give Respondent notice of the charges herein against him and give him notice that he may file an answer to the Complaint herein as set forth in NRS 630.339(2) within twenty (20) days of service of the Complaint;
- 2. That the Board set a time and place for a formal hearing after holding an Early Case Conference pursuant to NRS 630.339(3);
- 3. That the Board determine what sanctions to impose if it determines there has been a violation or violations of the Medical Practice Act committed by Respondent;
- 4. That the Board award fees and costs for the investigation and prosecution of this case as outlined in NRS 622.400;
- 5. That the Board make, issue and serve on Respondent its findings of fact, conclusions of law and order, in writing, that includes the sanctions imposed; and
- 6. That the Board take such other and further action as may be just and proper in these premises.

DATED this 2151 day of September, 2022.

INVESTIGATIVE COMMITTEE OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS

By:

Brandee Mooneyhas

BRANDEE MOONEYHAN, J

Deputy General Counsel 9600 Gateway Drive

Reno, NV 89521

Tel: (775) 688-2559

Email: mooneyhanb@medboard.nv.gov Attorney for the Investigative Committee

OFFICE OF THE GENERAL COUNSEL

Nevada State Board of Medical Examiners

VERIFICATION

STATE OF NEVADA)
	: SS
COUNTY OF CLARK)

Victor M. Muro, M.D., having been duly sworn, hereby deposes and states under penalty of perjury that he is the Chairman of the Investigative Committee of the Nevada State Board of Medical Examiners that authorized the Complaint against the Respondent herein; that he has read the foregoing Complaint; and that based upon information discovered in the course of the investigation into a complaint against Respondent, he believes that the allegations and charges in the foregoing Complaint against Respondent are true, accurate and correct.

DATED this 21 day of September, 2022.

INVESTIGATIVE COMMITTEE OF THE **NEVADA STATE BOARD OF MEDICAL EXAMINERS**

By:

Chairman of the Investigative Committee

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

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In the Matter of Charges and

Complaint Against

GEORGE PETER CHAMBERS, Jr., M.D.

Respondent.

Case No. 22-27891-1

FILED

OCT - 2 2023

NEVADA STATE BOARD OF MEDICAL EXAMINERS By:

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

The above-entitled matter came on regularly for decision before the Nevada State Board of Medical Examiners (Board), on September 15, 2023, at the Board's office located at 9600 Complaint filed herein. Nevada, 89521. the Gateway Drive. Reno. on George Peter Chambers, Jr., M.D., (Respondent), who was duly served with notice of the adjudication, was present and represented by his counsel, Liborius I. Agwara, Esq. adjudicating members of the Board participating in these Findings of Fact, Conclusions of Law, and Order (FOFCOL) were: Aury Nagy, M.D., Ms. Maggie Arias-Petrel, Bret W. Frey, M.D., Col. Eric D. Wade, USAF (Ret.), Carl N. Williams, M.D., and Irwin B. Simon, M.D., FACS. Harry Ward, Esq., Deputy Attorney General, served as legal counsel to the Board.

The Board, having received and read the Complaint and exhibits admitted in the matter and filed into the record in this case, the "Findings and Recommendations/Synopsis of Record," (Findings and Recommendations) prepared by the Hearing Officer, Nancy Moss Ghusn, Esq., who presided over the hearing, and the transcript of the hearing, proceeded to make a decision pursuant to the provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC) Chapter 630 (collectively, the Medical Practice Act), NRS Chapter 622A, and NRS Chapter 233B, as applicable.

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The Board, after due consideration of the record, evidence and law, and being fully advised in the premises, makes its FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER in this matter, as follows:

FINDINGS OF FACT

I.

Respondent held a license to practice medicine in the State of Nevada issued by the Board at all relevant times.

II.

On September 21, 2022, the Investigative Committee filed its formal Complaint in Case No. 22-27891-1, alleging Respondent violated the Medical Practice Act. Respondent was personally served with the Complaint on September 26, 2022. The Complaint alleged eight (8) violations of the Nevada Medical Practice Acts, including: two (2) violations of NRS 630.301(6) - Disruptive Behavior (Counts I and II); one (1) violation of NRS 630.306(1)(b)(1) - Engaging in Conduct Intended to Deceive (Count III); one (1) violation of NRS 630.3062(1)(a) - Failure to Maintain Accurate Medical Records (Count IV); two (2) violations of NRS 630.301(7) - Engaging in Conduct That Violates the Trust of a Patient and Exploits the Relationship with the Patient for Financial or Other Personal Gain (Counts V and VI); one (1) violation of NRS 630.306(1)(g) -Continual Failure to Practice Medicine Properly (Count VII); and one (1) violation of NRS 630.301(9) - Disreputable Conduct (Count VIII). Respondent filed an answer in response to the allegations set forth in the Complaint.

III.

An Order was filed on October 26, 2022, scheduling the Early Case Conference (ECC) for the pending matter for October 31, 2022. This Order was served upon Respondent's counsel at that time, Maria Nutile, Esq., by email and US Mail. The Early Case Conference was held at the scheduled time wherein all parties appeared telephonically. As a result of the ECC, the Pre-Hearing Conference was scheduled for November 21, 2022. Respondent's counsel at the time, Ms. Nutile, was served a copy of the Scheduling Order by email and US Mail. At the time fixed for the Pre-Hearing Conference, legal counsel for the Investigative Committee, Brandee Reno, Nevada 89521

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Mooneyhan, Deputy General Counsel, appeared, as well as the Hearing Officer, Nancy Moss Ghusn, Esq. and counsel for Respondent, Maria Nutile, Esq. At the Pre-Hearing Conference, counsel for the Investigative Committee and Respondent provided the Hearing Officer with the mandated Pre-Hearing Conference Disclosures and had copies of both the Pre-Hearing Conference Statement and the mandated Pre-Hearing Disclosures available for the parties. Respondent was timely and properly served with the Pre-Hearing Conference Statement and the mandated Pre-Hearing Disclosures in accord with NRS and NAC Chapters 630, NRS Chapters 241, 622A and 233B, and the requirements of due process. At the Pre-Hearing Conference, dates for hearing were set and an Order Setting Hearing was issued on December 6, 2022, with the formal hearing to commence on February 15 and 16, 2023. These hearing dates were eventually vacated and an Order Rescheduling Hearing was issued March 8, 2023, scheduling the formal hearing to commence May 2, 2023, May 3, 2023, and June 1, 2023.

IV.

On May 2, 2023, May 3, 2023, June 1, 2023, and June 2, 2023, a contested case hearing was held before the Hearing Officer to receive evidence and to hear arguments. The Hearing Officer received the complete Record of Proceedings, including the transcript of the testimony received and the exhibits admitted. Upon receipt of the Record of Proceedings, the hearing was closed. The Hearing Officer filed the Findings and Recommendations on August 21, 2023. The matter was scheduled for final adjudication on September 15, 2023, at a regularly scheduled Board meeting. The notice of the adjudication was mailed to Respondent on August 16, 2023, via US Certified Mail, with a copy by email as well. On August 21, 2023, Respondent was sent a copy of the Hearing Officer's Findings and Recommendations via Fed Ex 2-Day Mail, with a copy by email. Additionally, on September 5, 2023, via Fed Ex 2-Day mail, Respondent was given a copy of the Memorandum of and Disbursements and Attorneys' Fees and a packet of the materials to be presented as the scheduled Board meeting.

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V.

Pursuant to NRS 622A.300(5)(a), the Findings and Recommendations of the Hearing Officer are hereby approved by the Board in their entirety and are hereby specifically incorporated and made part of this Order by reference. See Exhibit 1.

VI.

In accord with the Findings and Recommendations, the Board hereby finds that Counts V, VI, VII and VIII set forth in the Complaint, as recapitulated in Paragraph II above, have been established by a preponderance of the evidence.

VII.

If any of the foregoing Findings of Fact is more properly deemed a Conclusion of Law, it may be so construed.

CONCLUSIONS OF LAW

ľ.

The Board has jurisdiction over Respondent and the Complaint, and an adjudication of this matter by the Board members as set forth herein is proper.

II.

Respondent was timely and properly served with the Complaint, and all notices and orders in advance of the hearing and adjudication thereon, in accord with NRS and NAC Chapters 630, NRS Chapters 241, 622A and 233B, and the requirements of due process.

With respect to the allegations of the Complaint, the Board concludes that Respondent has violated NRS 630.301(7), as alleged in Count V and VI; has violated NRS 630.306(1)(g), as alleged in Count VII; and has violated NRS 630.301(9) as alleged in Count VIII. Accordingly Respondent is subject to discipline pursuant to NRS 630.352.

IV.

The Board finds that, pursuant to NRS 622.400, it may recover from Responden reasonable attorneys' fees and costs incurred by the Board as part of its investigative administrative and disciplinary proceedings against Respondent as it hereby enters this Finding

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of Fact, Conclusions of Law, and Order finding that Respondent has violated the Medical Practice Act, which the Board has the authority to enforce.

The Board has reviewed the Investigative Committee's Memorandum of Costs and Disbursements and Attorneys' Fees, and the Board finds them to be the actual fees and costs incurred by the Board as part of its investigative, administrative and disciplinary proceedings against Respondent, and finds them to be reasonable based on: (1) the abilities, training, education, experience, professional standing and skill demonstrated by Board staff and attorneys; (2) the character of the work done, its difficulty, its intricacy, its importance, the time and skill required, the responsibility imposed and the prominence and character of the parties where, as in this case, they affected the importance of the litigation; (3) the work actually performed by the Board's attorneys and staff, and the skill, time and attention given to that work; and (4) the product of the work and benefits to the Board and the people of Nevada that were derived therefrom.

VI.

If any of the foregoing Conclusions of Law is more properly deemed a Finding of Fact, it may be so construed.

ORDER

Based upon the foregoing Findings of Fact and Conclusions of Law, and good cause appearing therefore,

IT IS HEREBY ORDERED that:

- Pursuant to NRS 630.352(4)(e) and NRS 622A.410(1), respectively, Respondent's 1. license to practice medicine, License No. 10476, is immediately revoked and Respondent may no apply for reinstatement of a license for a period of two (2) years, with this revocation stayed pending Respondent's timely completion of the following items:
- Sign an appropriate release with CPEP and complete and unconditionally pass the PROBE Ethics & Boundaries Course offered by CPEP on or before March 15, 2024.

Information about this course is available at https://www.cpepdoc.org/cpep-courses/probe-ethics boundaries-program-united-states-2/.

	b.	Satisfactorily	complete	the	Professional	Boundaries	Program	through
PACE at the	Universi	ty of San Diego	by March	15.	2024.			

- c. Respondent shall reimburse the Board the reasonable costs and expenses actually incurred in the investigation and prosecution of this case in the amount of fifty-four thousand two hundred seventeen dollars and thirty-seven cents (\$54,217.37) by March 15, 2024; and
- d. Respondent shall pay fines in the amount of one thousand five hundred dollars (\$1,500) for each count found proven, for a total of six thousand dollars (\$6,000), by March 15, 2024.
- 2. Respondent's license will be on probation for two (2) years and his license will be subject to the following conditions until further order of the Board:
- a. Respondent shall continue to strictly comply with the terms set forth in the previously signed Stipulation and Order, filed February 22, 2023, specifically:
- i. Respondent shall refrain from taking photos or videos of any patient;
- ii. In non-hospital settings, Respondent shall be accompanied by a medical chaperone during the entirety of all patient interactions;
- a. Respondent shall submit the names of proposed medical chaperones to the Board's Compliance Officer at least three (3) days prior to utilizing them;
- b. All chaperones will have documented training as a medical chaperone, see https://pbieducation.com/courses/ctp-2/, with certificate of such training provided to the Board's Compliance Officer prior to them acting as a chaperone;
- c. Respondent shall be responsible for recording the first and last name of the chaperone present in the record of every patient encounter;
- d. Respondent shall notify the IC within twenty-four (24) hours if there is a change to the identity or availability of the chaperone;

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2	monitoring company (for example, Strategic Manag
3	patient records and/or interact with chaperones withou
4	f. Respondent sha
5	chaperones.
6	iii. In hospital settings, Res
7	during all patient examinations (including but not lin
8	and be responsible for ensuring that the nurse's pre
9	encounters.
10	b. After two (2) years from the d
11	the Board to appear at a public meeting to request the
12	his license.
13	3. Respondent shall immediately cease
14	website, social media platforms, letterhead, or oth
15	patients that he is "certified" in any area unless it is
16	NRS 629.076(1).
17	4. Respondent shall be issued a Public Le
18	5. Respondent's discipline shall be repor
19	National Practitioner Databank (NPDB).
20	IT IS SO ORDERED.
21	DATED this 2nd day of October, 2023.
22	NEVADA STA
23	NEVADAGIA
24	Tred
25	NICK M. SPIRT President of the
26	Trestuent by the
27	
28	

			e.	Responder	nt shall	allow	Boa	ard pe	rsonnel	and	l/or	a pri	vate
monitoring	company	(for	example,	Strategic	Manage	ment	Serv	ices o	r simila	r) t	o re	view	any
patient records and/or interact with chaperones without prior notice to him; and													
			f.	Responder	nt shall	bear	all	costs	related	to	the	requ	ired
chaperones.													

- spondent will ensure the presence of a nurse nited to pelvic examinations) and deliveries esence is recorded in the notes of all such
- late of this Order, Respondent may petition e Board remove the foregoing conditions on
- advertising or holding himself out, on his er communications to current or potential in strict compliance with the provisions of
 - tter of Reprimand; and
- rted to the appropriate entities, including the

TE BOARD OF MEDICAL EXAMINERS

Board

OFFICE OF THE GENERAL COUNSEL Nevada State Board of Medical Examiners 9600 Gateway Drive Reno, Nevada 89521

(775) 688-2559

CERTIFICATION

I certify that the foregoing is the full and true original FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER on file in the office of the Board of Medical Examiners in the matter of George Peter Chambers, Jr., M.D., Case No. 22-27891-1.

I further certify that Nick M. Spirtos, M.D., F.A.C.O.G., is the President of the Nevada State Board of Medical Examiners and that full force and credit is due to his official acts as such; and that the signature to the foregoing ORDER is the signature of said Nick M. Spirtos, M.D., F.A.C.O.G.

IN WITNESS THEREOF, I have hereunto set my hand in my official capacity as Secretary-Treasurer of the Nevada State Board of Medical Examiners.

DATED this 2nd day of October, 2023.

NEVADA STATE BOARD OF MEDICAL EXAMINERS

Maggie Arias-Petrel

MAGGIE ARIAS-PETREL

Secretary-Treasurer and Public Member of the Board