BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

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In the Matter of Charges and Complaint Against WILLIAM DOUGLAS SMITH, M.D., Respondent.	**Case No. 20-11398-1**

FILED
JUL 21 2020
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By:

COMPLAINT

The Investigative Committee[1] (IC) of the Nevada State Board of Medical Examiners (Board), by and through Robert Kilroy, Esq., General Counsel and attorney for the IC, having a reasonable basis to believe that William Douglas Smith, 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. 7897). Respondent was originally licensed by the Board on July 17, 1996.

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.

3. On July 22, 2012, Patient A was initially seen by Respondent, who noted her symptoms had worsened, with hyperreflexia findings in her lower extremities, and beats of clonus in the left calf. Respondent recommended a T2-T3 costotransversectomy with a complete discetomy, and interbody fusion with decompression of the thecal sac. On August 9, 2012, during a follow-up visitation, Respondent recommended a C5-C6 foraminotomy procedure in addition to the T2-T3

[1] The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board), at the time this formal Complaint was authorized for filing, was composed of Board members Wayne Hardwick, M.D., Chairman, Ms. April Mastroluca, and Aury Nagy, M.D.

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costotransversectomy procedure. Both procedures were planned for August 15, 2012. On August 15, 2012, according to the operative report, Respondent made an incision, "on the right side" down at Patient A's T2-T3, and the disk (at T2-T3) was removed, and a partial removal of the vertebral body at T2 was completed. On October 4, 2012, Patient A's myelopahty improved.

4. On February 25, 2014, Patient A complained to Respondent of increasing pain, and there was found an image of a large hyperreflexia lesion at the T2-T3 region. Respondent suggested that this image at the T2-T3 region was an osteoma, and recommended a left compression and partial vertebrectomy, as the osteoma showed an anterior cord compression on the upper thoracic cord of Patient A's back. On April 23, 2014, Respondent performed a revision of the cervical foraminotomy at the C5-C6 location, and another partial vertebrectomy at T2 and T3, with a complete facetectomy and excision of the rib head on the right. Following these two procedures by Respondent, Patient A complained in the recovery room to the nurses that she was having difficulty moving her extremities. Respondent reviewed an emergent MRI of Patient A, and he felt that Patient A had an anterior spinal artery infarct which (he believed) could not be rectified surgically, but had caused Patient A's acute paraplegia.

COUNT I

NRS 630.301(4) (Malpractice)

5. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

6. NRS 630.301(4) provides that malpractice of a physician is grounds for initiating disciplinary action against a licensee.

7. NAC 630.040 defines malpractice as the failure of a physician, in treating a patient, to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances.

8. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when he provided medical services to Patient A.

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

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COUNT II

NRS 630.3062(1)(a)

(Failure to Maintain Complete Medical Records)

10. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

11. 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 is grounds for initiating disciplinary action against a licensee.

12. Respondent failed to maintain complete medical records relating to the diagnosis, treatment and care of Patient A, by failing to document his actions when he treated Patient A, whose medical records were not timely, legible, accurate, and complete.

13. 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)(2)

(Violation of Standards of Practice Established by Regulation)

14. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

15. Violation of a standard of practice established by regulation of the Board is grounds for imitating disciplinary action against a licensee pursuant to NRS 630.306(1)(b)(2).

16. NAC 630.210 requires a physician to seek consultation with another provider of health care in doubtful or difficult cases whenever it appears that consultation may enhance the quality of medical services.

17. Respondent failed to timely seek consultation with regard to Patient A's medical condition of her having difficulty moving her lower extremities, and Respondent should have consulted with an appropriate care provider to address the doubtfulness of the diagnosis of this condition, and such a consultation would have confirmed or denied such a diagnosis.

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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 make, issue and serve on Respondent its findings of fact, conclusions of law and order, in writing, that includes the sanctions imposed; and

5. That the Board take such other and further action as may be just and proper in these premises.

DATED this 21 day of July, 2020.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____
Robert Kilroy, Esq., General Counsel
Attorney for the Investigative Committee

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VERIFICATION

STATE OF NEVADA)
: ss.
COUNTY OF WASHOE)

Mr. M. Neil Duxbury, 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 21st day of July, 2020.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

M. Neil Duxbury

M. Neil Duxbury, Chairman

CERTIFICATE OF MAILING

I hereby certify that I am employed by Nevada State Board of Medical Examiners and that on the 21st day of July, 2020, I served a filed copy of the formal COMPLAINT, via USPS e-certified, return receipt mail to the following:

William Douglas Smith, M.D.
Western Regional Center for Brain and Spine Surgery
3061 S. Maryland Parkway, #200
Las Vegas, NV 89109-6227
(702) 737-1948

Dated this 22nd day of July, 2020.

Sheri L. Quigley

Sheri L. Quigley, Legal Assistant

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