

1                                   **BEFORE THE BOARD OF MEDICAL EXAMINERS**  
2                                   **OF THE STATE OF NEVADA**

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5   **In the Matter of Charges and Complaint**  
6   **Against**  
7   **WILLIAM DOUGLAS SMITH, M.D.,**  
8   **Respondent.**

Case No. 20-11398-1

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

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10                                   **COMPLAINT**

11                   The Investigative Committee<sup>1</sup> (IC) of the Nevada State Board of Medical Examiners  
12 (Board), by and through Robert Kilroy, Esq., General Counsel and attorney for the IC, having a  
13 reasonable basis to believe that William Douglas Smith, M.D. (Respondent) violated the provisions  
14 of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC) Chapter  
15 630 (collectively, the Medical Practice Act), hereby issues its Complaint, stating the IC's charges  
16 and allegations as follows:

17                   1.       Respondent was at all times relative to this Complaint a medical doctor holding an  
18 active license to practice medicine in the State of Nevada (License No. 7897). Respondent was  
19 originally licensed by the Board on July 17, 1996.

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

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

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28 <sup>1</sup> 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.

1 costotransversectomy procedure. Both procedures were planned for August 15, 2012. On August 15,  
2 2012, according to the operative report, Respondent made an incision, “on the right side” down at  
3 Patient A’s T2-T3, and the disk (at T2-T3) was removed, and a partial removal of the vertebral body at  
4 T2 was completed. On October 4, 2012, Patient A’s myelopathy improved.

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

16 **COUNT I**

17 **NRS 630.301(4) (Malpractice)**

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

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

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

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

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




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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

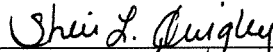


**CERTIFICATE OF MAILING**

I hereby certify that I am employed by Nevada State Board of Medical Examiners and that on the 21<sup>st</sup> 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 22<sup>nd</sup> day of July, 2020.

  
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Sheri L. Quigley, Legal Assistant