BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation )
Against: )
) )
CRAIG STEVEN DUCK, M.D. ) Case No. 10-2012-225654 )
) )
) )
Physician's and Surgeon's )
Certificate No. A61484 )
) )
) Respondent )
) )

DEcision

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on October 8, 2014.

IT IS SO ORDERED: September 8, 2014.

MEDICAL BOARD OF CALIFORNIA

[Signature]
Barbara Yaroslavsky, Chair
Panel A
KAMALA D. HARRIS
Attorney General of California
THOMAS S. LAZAR
Supervising Deputy Attorney General
MARTIN W. HAGAN
Deputy Attorney General
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Attorneys for Complainant

BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

CRAIG STEVEN DUCK, M.D.
477 N. El Camino Real, A306
Encinitas, CA 92024

Physician's and Surgeon's Certificate No.
A61484

Respondent.

Case No. 10-2012-225654

STIPULATED SETTLEMENT AND DISCIPLINARY ORDER

IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-entitled proceedings that the following matters are true:

PARTIES

1. Kimberly Kirchmeyer ("Complainant") is the Executive Director of the Medical Board of California and is represented in this matter by Kamala D. Harris, Attorney General of the State of California, by Martin W. Hagan, Deputy Attorney General.

2. Respondent Craig Steven Duck, M.D. ("Respondent") is represented in this proceeding by attorney Robert W. Frank Esq., whose address is: 1010 Second Ave., Ste. 2500 San Diego, CA 92101-4959.

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3. On or about January 15, 1997, the Medical Board of California issued Physician’s and Surgeon’s Certificate No. A61484 to Craig Steven Duck, M.D. (Respondent). The Physician’s and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 10-2012-225654 and will expire on January 31, 2015, unless renewed.

JURISDICTION

4. On May 20, 2013, Accusation No. 10-2012-225654 was filed before the Medical Board of California (Board), Department of Consumer Affairs, and is currently pending against Respondent. A true and correct copy of the Accusation and all other statutorily required documents were properly served on Respondent on May 20, 2013. Respondent timely filed his Notice of Defense contesting the Accusation. A true and correct copy of Accusation No. 10-2012-225654 is attached as Exhibit A and incorporated herein by reference as if fully set forth herein.

ADVICE AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and fully understands the charges and allegations in Accusation No. 10-2012-225654. Respondent has also carefully read, fully discussed with counsel, and fully understands the effects of this Stipulated Settlement and Disciplinary Order.

6. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

7. Having the benefit of counsel, Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

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STIPULATED SETTLEMENT AND DISCIPLINARY ORDER (10-2012-225654)
CULPABILITY

8. Respondent does not contest that, at an administrative hearing, complainant could establish a *prima facie* case with respect to the charges and allegations in Accusation No. 10-2012-225654, and that he has thereby subjected his Physician's and Surgeon's Certificate No. A61484 to disciplinary action.

9. Respondent further agrees that if he ever petitions for early termination or modification of probation, or if an accusation and/or petition for revocation of probation is filed against him before the Medical Board of California, all of the charges and allegations contained in Accusation No. 10-2012-225654 shall be deemed true, correct and fully admitted by respondent for purposes of that proceeding or any other licensing proceeding involving respondent in the State of California or elsewhere.

10. Respondent agrees that his Physician’s and Surgeon’s Certificate No. A61484 is subject to discipline and he agrees to be bound by the Board's imposition of discipline as set forth in the Disciplinary Order below.

CONTINGENCY

11. This Stipulated Settlement and Disciplinary Order shall be subject to approval of the Board. The parties agree that this Stipulated Settlement and Disciplinary Order shall be submitted to the Board for its consideration in the above-entitled matter and, further, that the Board shall have a reasonable period of time in which to consider and act on this Stipulated Settlement and Disciplinary Order after receiving it. By signing this stipulation, respondent fully understands and agrees that he may not withdraw his agreement or seek to rescind this stipulation prior to the time the Board considers and acts upon it.

12. The parties agree that this Stipulated Settlement and Disciplinary Order shall be null and void and not binding upon the parties unless approved and adopted by the Board, except for this paragraph, which shall remain in full force and effect. Respondent fully understands and agrees that in deciding whether or not to approve and adopt this Stipulated Settlement and Disciplinary Order, the Board may receive oral and written communications from its staff and/or the Attorney General’s Office. Communications pursuant to this paragraph shall not disqualify
the Board, any member thereof, and/or any other person from future participation in this or any other matter affecting or involving Respondent. In the event that the Board does not, in its discretion, approve and adopt this Stipulated Settlement and Disciplinary Order, with the exception of this paragraph, it shall not become effective, shall be of no evidentiary value whatsoever, and shall not be relied upon or introduced in any disciplinary action by either party hereto. Respondent further agrees that should this Stipulated Settlement and Disciplinary Order be rejected for any reason by the Board, respondent will assert no claim that the Board, or any member thereof, was prejudiced by its/his/her review, discussion and/or consideration of this Stipulated Settlement and Disciplinary Order or of any matter or matters related hereto.

ADDITIONAL PROVISIONS

13. This Stipulated Settlement and Disciplinary Order is intended by the parties herein to be an integrated writing representing the complete, final and exclusive embodiment of the agreements of the parties in the above-entitled matter.

14. The parties agree that copies of this Stipulated Settlement and Disciplinary Order, including copies of the signatures of the parties, may be used in lieu of original documents and signatures and, further, that such copies shall have the same force and effect as originals.

15. In consideration of the foregoing admissions and stipulations, the parties agree the Board may, without further notice to or opportunity to be heard by Respondent, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A61484 issued to Respondent Craig Steven Duck, M.D. (Respondent) is revoked. However, the revocation is stayed and Respondent is placed on probation for three (3) years on the following terms and conditions.

1. **CLINICAL TRAINING PROGRAM:** Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a clinical training or educational program equivalent to the Physician Assessment and Clinical Education Program (PACE) offered at the University of California - San Diego School of Medicine ("Program"). Respondent shall
successfully complete the Program not later than six (6) months after Respondent’s initial enrollment unless the Board or its designee agrees in writing to an extension of that time.

The Program shall consist of a Comprehensive Assessment program comprised of a two-day assessment of Respondent’s physical and mental health; basic clinical and communication skills common to all clinicians; and medical knowledge, skill and judgment pertaining to Respondent’s area of practice in which Respondent was alleged to be deficient, and at minimum, a 40 hour program of clinical education in the area of practice in which Respondent was alleged to be deficient and which takes into account data obtained from the assessment, Decision(s), Accusation(s), and any other information that the Board or its designee deems relevant. Respondent shall pay all expenses associated with the clinical training program.

Based on Respondent’s performance and test results in the assessment and clinical education, the Program will advise the Board or its designee of its recommendation(s) for the scope and length of any additional educational or clinical training, treatment for any medical condition, treatment for any psychological condition, or anything else affecting Respondent’s practice of medicine. Respondent shall comply with Program recommendations.

At the completion of any additional educational or clinical training, Respondent shall submit to and pass an examination. Determination as to whether Respondent successfully completed the examination or successfully completed the program is solely within the program’s jurisdiction.

If Respondent fails to enroll, participate in, or successfully complete the clinical training program within the designated time period, Respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. The Respondent shall not resume the practice of medicine until enrollment or participation in the outstanding portions of the clinical training program have been completed. If the Respondent did not successfully complete the clinical training program, the Respondent shall not resume the practice of medicine until a final decision has been rendered on the accusation and/or a petition to revoke probation. The cessation of practice shall not apply to the reduction of the probationary time period.
2. **NOTIFICATION**: Within seven (7) days of the effective date of this Decision, the Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the Chief Executive Officer at every hospital where privileges or membership are extended to Respondent, at any other facility where Respondent engages in the practice of medicine, including all physician and locum tenens registries or other similar agencies, and to the Chief Executive Officer at every insurance carrier which extends malpractice insurance coverage to Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15 calendar days. This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

3. **SUPERVISION OF PHYSICIAN ASSISTANTS**: During probation, Respondent is prohibited from supervising physician assistants.

4. **OBEY ALL LAWS**: Respondent shall obey all federal, state and local laws, all rules governing the practice of medicine in California and remain in full compliance with any court ordered criminal probation, payments, and other orders.

5. **QUARTERLY DECLARATIONS**: Respondent shall submit quarterly declarations under penalty of perjury on forms provided by the Board, stating whether there has been compliance with all the conditions of probation. Respondent shall submit quarterly declarations not later than 10 calendar days after the end of the preceding quarter.

6. **GENERAL PROBATION REQUIREMENTS**:
   - **Compliance with Probation Unit**: Respondent shall comply with the Board’s probation unit and all terms and conditions of this Decision.
   - **Address Changes**: Respondent shall, at all times, keep the Board informed of Respondent’s business and residence addresses, email address (if available), and telephone number. Changes of such addresses shall be immediately communicated in writing to the Board or its designee. Under no circumstances shall a post office box serve as an address of record, except as allowed by Business and Professions Code section 2021(b).

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Place of Practice: Respondent shall not engage in the practice of medicine in Respondent’s or patient’s place of residence, unless the patient resides in a skilled nursing facility or other similar licensed facility.

License Renewal: Respondent shall maintain a current and renewed California physician’s and surgeon’s license.

Travel or Residence Outside California: Respondent shall immediately inform the Board or its designee, in writing, of travel to any areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty (30) calendar days. In the event Respondent should leave the State of California to reside or to practice Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of departure and return.

7. INTERVIEW WITH THE BOARD OR ITS DESIGNEE: Respondent shall be available in person upon request for interviews either at Respondent’s place of business or at the probation unit office, with or without prior notice throughout the term of probation.

8. NON-PRACTICE WHILE ON PROBATION: Respondent shall notify the Board or its designee in writing within 15 calendar days of any periods of non-practice lasting more than 30 calendar days and within 15 calendar days of Respondent’s return to practice. Non-practice is defined as any period of time Respondent is not practicing medicine in California as defined in Business and Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct patient care, clinical activity or teaching, or other activity as approved by the Board. All time spent in an intensive training program which has been approved by the Board or its designee shall not be considered non-practice. Practicing medicine in another state of the United States or Federal jurisdiction while on probation with the medical licensing authority of that state or jurisdiction shall not be considered non-practice. A Board-ordered suspension of practice shall not be considered as a period of non-practice.

In the event Respondent’s period of non-practice while on probation exceeds 18 calendar months, Respondent shall successfully complete a clinical training program that meets the criteria of Condition 18 of the current version of the Board’s “Manual of Model Disciplinary Orders and Disciplinary Guidelines” prior to resuming the practice of medicine.
Respondent’s period of non-practice while on probation shall not exceed two (2) years.

Periods of non-practice will not apply to the reduction of the probationary term.

Periods of non-practice will relieve Respondent of the responsibility to comply with the probationary terms and conditions with the exception of this condition and the following terms and conditions of probation: Obey All Laws; and General Probation Requirements.

9. **COMPLETION OF PROBATION**: Respondent shall comply with all financial obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the completion of probation. Upon successful completion of probation, Respondent’s certificate shall be fully restored.

10. **VIOLATION OF PROBATION**: Failure to fully comply with any term or condition of probation is a violation of probation. If Respondent violates probation in any respect, the Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation, or an Interim Suspension Order is filed against Respondent during probation, the Board shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

11. **LICENSE SURRENDER**: Following the effective date of this Decision, if Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy the terms and conditions of probation, Respondent may request to surrender his or her license. The Board reserves the right to evaluate Respondent’s request and to exercise its discretion in determining whether or not to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent shall within 15 calendar days deliver Respondent’s wallet and wallet certificate to the Board or its designee and Respondent shall no longer practice medicine. Respondent will no longer be subject to the terms and conditions of probation. If Respondent re-applies for a medical license, the application shall be treated as a petition for reinstatement of a revoked certificate.

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12. **PROBATION MONITORING COSTS**: Respondent shall pay the costs associated with probation monitoring each and every year of probation, as designated by the Board, which may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of California and delivered to the Board or its designee no later than January 31 of each calendar year.

**ACCEPTANCE**

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Robert W. Frank Esq. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate No. A61484. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 7/25/14

CRAIG STEVEN DUCK, M.D.
Respondent

I have read and fully discussed with Respondent Craig Steven Duck, M.D. the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.

I approve its form and content.

DATED: 7/25/14

ROBERT W. FRANK ESQ.
Attorney for Respondent
ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California.

Dated: 7/25/2014

Respectfully submitted,

KAMALA D. HARRIS  
Attorney General of California
THOMAS S. LAZAR  
Supervising Deputy Attorney General

[Signature]

MARTIN W. HAGAN  
Deputy Attorney General

Attorneys for Complainant

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BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

CRAIG STEVEN DUCK, M.D.
477 N. El Camino Real, # A306
Encinitas, CA 92024

Physician's and Surgeon's Certificate
No. A 61484

Respondent.

Complainant alleges:

PARTIES

1. Linda K. Whitney (Complainant) brings this Accusation solely in her official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs.

2. On or about January 15, 1997, the Medical Board of California issued Physician's and Surgeon's Certificate Number A 61484 to CRAIG STEVEN DUCK, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on January 31, 2015, unless renewed.

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JURISDICTION

3. This Accusation is brought before the Medical Board of California (Board), Department of Consumer Affairs, under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

4. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, be publicly reprimanded, or have such other action taken in relation to discipline as the Board deems proper.

5. Section 2234 of the Code states:

"The board shall take action against any licensee who is charged with unprofessional conduct.¹ In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

"(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter [Chapter 5, the Medical Practice Act].

"(b) Gross negligence.

"(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

"(1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

"(2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs

¹ Unprofessional conduct has been defined as conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine. (Shea v. Board of Medical Examiners (1978) 81 Cal.App.3d 564, 575.)
from the applicable standard of care, each departure constitutes a separate and distinct
breach of the standard of care.

"(d) Incompetence.

"(e) The commission of any act involving dishonesty or corruption which is
substantially related to the qualifications, functions, or duties of a physician and surgeon.

"(f) Any action or conduct which would have warranted the denial of a certificate."

"..."

6. Section 2266 of the Code states:

"The failure of a physician and surgeon to maintain adequate and accurate records
relating to the provision of services to their patients constitutes unprofessional conduct."

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

7. Respondent is subject to disciplinary action under sections 2227 and 2234, as defined
by section 2234, subdivision (b), of the Code, in that respondent committed gross negligence in
his care and treatment of patient C.O., as more particularly alleged hereinafter:

A. On or about October 30, 2009, C.O., a male patient then 56 years old, made a visit to
respondent’s office known as North Coast Family Medical Group. The patient was accompanied
by his wife and he complained of “right leg pain.” Respondent attended to the patient. Under
History of Present Illness, respondent noted that the patient complained of constant pain and
swelling in the right calf and leg for two days, and that the pain started from the lower leg and
migrated to the calf and thigh. Respondent’s notation under History of Present Illness also
included the following:

“Patient is extremely weak, unable to eat wife thinks he has some dehydrated (sic).
Went to the ER 2d ago for fever spike, ER said secondary infxn in middle ear & given Z-
pack & Zofran. Not make much sense yesterday & talk non-sensical. No labs nor CXR in
ER, dark orange urine for several days, no (sic) much MB & loose & green-brn when do.
Poor appetite. HA and back pain and 3 Advil not help... Wife wonders if truly influenza
as no one else getting it including her... c/o fever 102 2d ago, 101 last night... ”
Respondent also noted that patient C.O.'s medical history included a bicuspid aortic valve replacement surgery.

B. Prior to the October 30, 2009 visit, patient C.O. had made several office visits with complaints of fever, chills, headaches, myalgia, cough and sinus infection. Patient C.O. made office visits on or about August 28, 2008, August 6, 2009, October 19, 2009 and October 23, 2009. On all these visits, patient C.O. was attended to by his primary care physician and respondent's partner, R.E.P., M.D. (Dr. R.E.P.) Dr. R.E.P. performed a physical exam on most of these visits. His diagnosis was H1N1 or influenza and treated the patient conservatively. On the August 28, 2008 visit, Dr. R.E.P. noted the following upon examination of the patient's heart: "Bradycardic RR, normal S1 S2, no murmurs." On all visits, Dr. R.E.P. noted that patient C.O.'s medical history included a history of "bicuspid aortic valve s/p (post status) surgery." Also, prior to the October 30, 2009 visit, patient C.O. had made several telephone calls to respondent's offices to report the status of his ongoing fever and chills.

C. During the October 30, 2009 visit, respondent obtained patient C.O.'s vital signs. However, he failed to obtain and note the patient's temperature, failed to obtain and or note a history of the patient's fever illness and failed to take any steps to evaluate the patient's fever illness. Respondent examined the patient C.O.'s heart and noted a "3/6 systolic murmur." However, respondent failed to determine and/or note he determined whether the "3/6 systolic murmur" was a "new finding" for patient C.O. Despite the "3/6 systolic murmur" finding,

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2 North Coast Family Medical Group had an electronic record keeping system in place. Thus, respondent had patient C.O.'s chart during the visit of October 30, 2009.

3 On the October 19 2009 visit, Dr. R.E.P noted the patient was diaphoretic and had a temperature of 100.5. On patient C.O.'s visit on or about October 23, 2009, Dr. R.E.P. noted the patient's fever and chills were "getting better" and he was afebrile, although he continued to be diaphoretic and to have malaise and myalgia and that the chest x-ray (ordered on October 19, 2009) was reported to be normal.

4 On or about October 22, 2009, patient C.O. telephoned to complain of chills, fever with sweats, headaches and red blotches all over his body. He also reported that his condition had not improved since the visit on October 19, 2009. On or about October 27, 2009, patient C.O. telephoned to report he continued to have chills, fever head and body aches, and on October 29, 2009, he telephoned to report he had gone to the ER with a temperature of 102.
respondent failed to take any steps to assess whether patient C.O.’s symptoms were related to a bacterial infection in the patient’s replaced bicuspid aortic valve.

D. Moreover, respondent failed to obtain and to note a history related to patient C.O.’s right leg complaint, and failed to examine and or note he examined the patient’s right leg. However, under “Extremities,” respondent noted: “Min tender w/lHomans.” ⁵ Despite this notation, respondent failed to perform and/or note he performed an assessment for a deep vein thrombosis. Respondent failed to order a “d-dimer” or other diagnostic testing to assess patient C.O. for deep vein thrombosis.

E. Respondent’s assessment included malaise and fatigue. He made the following notation: “Constellation of symptoms make me suspicious for hepatitis, like Epstein Barre Virus (EBV) or Cytomegalovirus (CMV) as symptoms not c/w influenza….” Respondent ordered laboratory tests including complete blood count (CBC), Comprehensive Metabolic Panel and Urinalysis. However, respondent failed to order the laboratory tests on an emergency basis (STAT Order) and/or send patient C.O. to the ER despite the fact that the patient’s symptoms reflected a significant risk for sepsis or other bacterial infection. Respondent also failed to perform a “dipstick” urine test in his office for an immediate partial urine analysis.

F. The laboratory tests results were reported on or about November 3, 2009, and respondent noted he read the results at about 4:55:55 p.m. that day. The Urinalysis result included the following findings: “Nitrate/Positive,” “i.eukocyte Esterase/Trace,” “WBC/10-20,” “RBC/4-10,” and “Bacteria/Few.” The result of the Comprehensive Metabolic Penal included the following findings: “BUN: 35 (7-25 normal range), Creatinine: 1.49 (0.76 – 1.46 normal range), AST: 64 (10 – 35 normal range), Al.T: 70 (9-60 normal range) and Bilirubin: 1.0 (0.2 – 1.2).”

G. On or about November 3, 2009, patient C.O. was admitted to the hospital and was diagnosed with bacterial infection and endocarditis. Subsequently, patient C.O suffered complications and died on November 16, 2006 from multiple organ dysfunction syndrome.

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⁵ Homans “sign” is pain in the calf of the leg upon dorsiflexion of the foot with the leg extended that is diagnostic of thrombosis in the deep vein of the area.
8. Respondent committed gross negligence in his care and treatment of patient C.O. which included, but was not limited to, the following:

   A. Respondent failed to assess patient C.O. for bacterial endocarditis despite the fact the patient had an artificial bicuspid aortic valve, was noted to have a “3/6 systolic murmur” on auscultation, had persistent fever, and was noted to have altered mental status and dark urine for several days.

   B. Respondent failed to order “STAT” laboratory tests and/or send patient C.O. to the emergency room in spite of the patient’s symptoms of persistent fever, dark urine for several days and altered mental status which indicated the patient was at a significant risk for sepsis or other serious bacterial infection.

SECOND CAUSE FOR DISCIPLINE
(Repeated Negligent Acts)

9. Respondent is further subject to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of the Code, in that he committed repeated negligent acts in his care and treatment of patient C.O., as follows:

   A. Paragraphs 7 and 8, above, are realleged and hereby incorporated by reference and realleged as if fully set forth herein.

   B. Respondent failed to obtain and/or note he obtained patient C.O.’s temperature and failed to obtain and or note a history of the patient’s fever.

   C. Respondent failed to perform and/or document he performed an assessment for deep vein thrombosis even though patient C.O. complained of right leg pain and respondent noted “Min tender w/Homans” as a finding under “Extremities.”

   D. Respondent failed to determine and/or note he determined whether the “3/6 systolic murmur” he noted upon auscultation represented a “new finding” for patient C.O.

THIRD CAUSE FOR DISCIPLINE
(Incompetence)

10. Respondent is further subject to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (d), of the Code, in that he demonstrated incompetence in
his care and treatment of patient C.O., as more particularly alleged in paragraph 7 through 9, above, which are hereby incorporated by reference and re-alleged as if fully set forth herein.

FOURTH CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Medical Records)

11. Respondent is further subject to disciplinary action under sections 2227 and 2234 as defined by section 2266 of the Code, in that respondent failed to maintain adequate and accurate records regarding his care and treatment of patient C.O., as more particularly alleged in paragraphs 6 through 10, above, which are incorporated by reference and re-alleged as if fully set forth herein.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Medical Board of California issue a decision:

1. Revoking or suspending Physician's and Surgeon's Certificate Number A61484, issued to respondent CRAIG STEVEN DUCK, M.D.;

2. Revoking, suspending or denying approval of respondent CRAIG STEVEN DUCK, M.D.'s authority to supervise physician assistants, pursuant to section 3527 of the Code;

3. Ordering respondent CRAIG STEVEN DUCK, M.D. to pay the Medical Board of California the costs of probation if placed on probation; and

4. Taking such other and further action as deemed necessary and proper.

DATED: May 20, 2013

LINDA K. WHITNEY
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

SKH: ev