BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of **DOUGLAS A. SLAUGHTER, M.D.** Holder of License No. 23614 For the Practice of Allopathic Medicine In the State of Arizona	Case No. MD-07-0431A **CONSENT AGREEMENT FOR LETTER OF REPRIMAND**

CONSENT AGREEMENT

By mutual agreement and understanding, between the Arizona Medical Board ("Board") and Douglas A. Slaughter, M.D. ("Respondent"), the parties agreed to the following disposition of this matter.

1. Respondent has read and understands this Consent Agreement and the stipulated Findings of Fact, Conclusions of Law and Order ("Consent Agreement"). Respondent acknowledges that he has the right to consult with legal counsel regarding this matter.

2. By entering into this Consent Agreement, Respondent voluntarily relinquishes any rights to a hearing or judicial review in state or federal court on the matters alleged, or to challenge this Consent Agreement in its entirety as issued by the Board, and waives any other cause of action related thereto or arising from said Consent Agreement.

3. This Consent Agreement is not effective until approved by the Board and signed by its Executive Director.

4. The Board may adopt this Consent Agreement or any part thereof. This Consent Agreement, or any part thereof, may be considered in any future disciplinary action against Respondent.

5. This Consent Agreement does not constitute a dismissal or resolution of other matters currently pending before the Board, if any, and does not constitute any waiver,

express or implied, of the Board's statutory authority or jurisdiction regarding any other pending or future investigation, action or proceeding. The acceptance of this Consent Agreement does not preclude any other agency, subdivision or officer of this State from instituting other civil or criminal proceedings with respect to the conduct that is the subject of this Consent Agreement.

6. All admissions made by Respondent are solely for final disposition of this matter and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, said admissions by Respondent are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, civil or criminal court proceeding, in the State of Arizona or any other state or federal court.

7. Upon signing this agreement, and returning this document (or a copy thereof) to the Board's Executive Director, Respondent may not revoke the acceptance of the Consent Agreement. Respondent may not make any modifications to the document. Any modifications to this original document are ineffective and void unless mutually approved by the parties.

8. If the Board does not adopt this Consent Agreement, Respondent will not assert as a defense that the Board's consideration of this Consent Agreement constitutes bias, prejudice, prejudgment or other similar defense.

9. This Consent Agreement, once approved and signed, is a public record that will be publicly disseminated as a formal action of the Board and will be reported to the National Practitioner Data Bank and to the Arizona Medical Board's website.

10. If any part of the Consent Agreement is later declared void or otherwise unenforceable, the remainder of the Consent Agreement in its entirety shall remain in force and effect.

11. Any violation of this Consent Agreement constitutes unprofessional conduct and may result in disciplinary action. A.R.S. § § 32-1401(27)(r) ("[v]iolating a formal order, probation, consent agreement or stipulation issued or entered into by the board or its executive director under this chapter") and 32-1451.

DOUGLAS A. SLAUGHTER, M.D.

DATED: 2/27/08

FINDINGS OF FACT

1. The Board is the duly constituted authority for the regulation and control of the practice of allopathic medicine in the State of Arizona.

2. Respondent is the holder of license number 23614 for the practice of allopathic medicine in the State of Arizona.

3. The Board initiated case number MD-07-0431A after receiving notification of a malpractice settlement involving Respondent's care and treatment of a fifty-five year-old male patient ("KC").

4. On September 17, 2002, KC presented to Respondent disabled by back injuries. Respondent noted KC had a normal neurologic examination and that the magnetic resonance imaging scan showed compression fractures at T7, T10, L1 and L3 that appeared acute with increased signal intensity. Respondent concluded that KC was a candidate for a thoracic and lumbar kyphoplasty procedure. There was no evidence in the KC's record indicating Respondent informed him of the benefits, risks and complications of this kyphoplasty procedure.

5. On September 30, 2002, KC obtained a second opinion from a neurosurgeon ("Neurosurgeon"). Neurosurgeon agreed that KC was a candidate for kyphoplasty of the lumbar spine. Neurosurgeon also suggested performing the thoracic procedure if indicated and if KC responded satisfactorily to the lumbar procedure. Respondent reviewed Neurosurgeon's report at KC's pre-operative evaluation on October 14, 2002; however, confirmed his initial recommendation of both a thoracic and lumbar kyphoplasty.

6. On October 18, 2002, Respondent performed the kyphoplasty. His operative report noted KC's fracture reduction with fracture stabilization of T7, T10, L1 and L3. Respondent initially could not inflate a balloon to attain any significant reduction at T7; therefore, he discontinued the procedure at that level and performed kyphoplasties and

cement insertions at T10, L1 and L3 and then returned to T7. He then injected the cement after the reduction had been attained. Respondent's post-operative note of October 18, 2002 indicated that KC withdrew from pain and had sensation to S2. Post-operative imaging studies showed cement in the canal at T7 L > R. Respondent recommended an exploration with laminectomy and fusion. The Fluoroscopic image report from the October 18, 2002 procedure indicated a possible complication at T7 with methylmethacrylate extending posteriorly into the spinal canal. A subsequent computed tomography scan indicated methylmethacrylate extended from the left injection site into the spinal canal causing a mass effect on the spinal cord.

7. Respondent's second operative report of October 18, 2002 described removal of cement from the anterior spinal cord. Post-operatively, KC had increased pain and anxiety and was unable to move his legs. On October 25, 2002, KC was discharged to the rehabilitation unit with T6 paraplegia. KC was discharged from the rehabilitation unit on November 11, 2002 with persistent T7 spinal cord injury with paraplegia and the need for an intrathecal pain pump.

8. The standard of care requires a physician to properly perform a kyphoplasty procedure.

9. Respondent deviated from the standard of care because he did not properly perform a kyphoplasty procedure resulting in the extravasation of cement and paraplegia in KC.

10. The standard of care requires a physician to inform the patient of benefits, risks and complications of a procedure.

11. Respondent deviated from the standard of care because he did not inform KC of the benefits, risks and complications of the kyphoplasty procedure he intended to perform.

12. Respondent's failure to properly perform a kyphoplasty procedure led to KC's paraplegia and exposed KC to considerable potential complications as a result of paraplegia, including increased risk of deep vein thrombosis, bladder infections and bowel problems.

CONCLUSIONS OF LAW

1. The Board possesses jurisdiction over the subject matter hereof and over Respondent.

2. The conduct and circumstances described above constitute unprofessional conduct pursuant to A.R.S. § 32-1401(27)(q) ("[a]ny conduct or practice that is or might be harmful or dangerous to the health of the patient or the public.") and A.R.S. § 32-1401 (27)(ll) ("[c]onduct that the board determines is gross negligence, repeated negligence or negligence resulting in harm to or the death of a patient.").

ORDER

IT IS HEREBY ORDERED THAT:

1. Respondent is issued a Letter of Reprimand for failure to properly perform a kyphoplasty procedure resulting in the extravasation of cement and paraplegia in a patient and for failure to inform a patient of the benefits, risks and complications that procedure.

2. This Order is the final disposition of case number MD-07-0431A.

DATED AND EFFECTIVE this 3rd day of April, 2008.

ARIZONA MEDICAL BOARD

(SEAL)

By _____
Lisa S. Wynn
Executive Director

ORIGINAL of the foregoing filed
this 3RD day of April, 2008 with:

Arizona Medical Board
9545 E. Doubletree Ranch Road
Scottsdale, AZ 85258

EXECUTED COPY of the foregoing mailed
this 3RD day of April, 2008 to:

Douglas A. Slaughter, M.D.
Address of Record

Investigational Review