



1           5.     A Medical Assistant ("MA") completed the Urgent Care "Abdomen/Groin GI-  
2 GU" encounter form. On the form, the MA noted EL's blood pressure to be 106/68 with  
3 respirations of 18, an "O2 99%" and a temperature of 95.5. Respondent wrote on the  
4 same encounter form that EL had been experiencing symptoms which included four hours  
5 of vomiting and myalgia. Respondent also noted that EL felt like she had impending  
6 diarrhea. The encounter documentation stated that EL had a history of a cholecystectomy  
7 and appendectomy. Respondent checked off current patient symptoms of nausea,  
8 vomiting, and chills and checked boxes indicating "no" to constipation, fever, black stools,  
9 diarrhea, flank pain, heartburn, jaundice, dysuria, heartburn, hematemesis, hematuria,  
10 dyspepsia, fatty food intolerance, and post prandial pain.

11           6.     In his objective notations, made by checking "yes," Respondent noted only a  
12 single finding of abdominal tenderness and checked "no" to 18 other exam findings  
13 spanning the cardiac, pulmonary, skin, neurologic, gastrointestinal, genitourinary systems  
14 as well as mental status. Cardiac signs were checked as "no" on the examination portion  
15 of the form. Respondent's diagnosis was listed as gastroenteritis and "viral syndrome" was  
16 checked as "no." Respondent concluded the written record by indicating "medications"  
17 and giving prescriptions for Compazine 25mg, OTC Imodium and Pepcid AC, as well as  
18 noting that he had counseled the patient on her diet.

19           7.     The final entry in EL's record, dated December 4, 2015 at 10:00 a.m. was a  
20 handwritten note that the Scottsdale Police had contacted Respondent to inform him that  
21 EL was found unresponsive on that morning and that paramedics could not revive her.

22           8.     An autopsy on EL found 95% atherosclerotic occlusion of the major coronary  
23 arteries, ventricular hypertrophy, acute coronary artery thrombosis, pericarditis and chronic  
24 pulmonary and renal disease as well as an adrenal mass. The cause of death was  
25

1 determined to be acute myocardial infarction. There was no evidence of any significant  
2 pathologic process involving the digestive system.

3 9. The standard of care required Respondent to consider or diagnose acute  
4 coronary syndrome in the presence of an appropriate constellation of symptoms.  
5 Respondent deviated from this standard of care by failing to consider or diagnose acute  
6 coronary syndrome in the presence of an appropriate constellation of symptoms.

### 7 CONCLUSIONS OF LAW

8 a. The Board possesses jurisdiction over the subject matter hereof and over  
9 Respondent.

10 b. The conduct and circumstances described above constitute unprofessional  
11 conduct pursuant to A.R.S. § 32-1401(27)(e) ("Failing or refusing to maintain adequate  
12 records on a patient.").

13 c. The conduct and circumstances described above constitute unprofessional  
14 conduct pursuant to A.R.S. § 32-1401(27)(q) ("Any conduct or practice that is or might be  
15 harmful or dangerous to the health of the patient or the public.").

### 16 ORDER

17 IT IS HEREBY ORDERED THAT:

18 1. Respondent is issued a Letter of Reprimand.

19 2. Respondent is placed on Probation for a period of 3 months with the  
20 following terms and conditions:

#### 21 a. Continuing Medical Education

22 Respondent shall within 3 months of the effective date of this Order obtain no less  
23 than 10 hours of Board Staff pre-approved Category I Continuing Medical Education  
24 ("CME") in the diagnosis of coronary artery disease. Respondent shall within **thirty days**  
25 of the effective date of this Order submit his request for CME to the Board for pre-

1 approval. Upon completion of the CME, Respondent shall provide Board Staff with  
2 satisfactory proof of attendance. The CME hours shall be in addition to the hours required  
3 for the biennial renewal of medical licensure. Respondent's Probation shall terminate upon  
4 his successful completion of the CME requirement.

5 **b. Obey All Laws**

6 Respondent shall obey all state, federal and local laws, all rules governing the  
7 practice of medicine in Arizona, and remain in full compliance with any court ordered  
8 criminal probation, payments and other orders.

9 3. The Board retains jurisdiction and may initiate new action against  
10 Respondent based upon any violation of this Order.

11 DATED AND EFFECTIVE this 5<sup>th</sup> day of August, 2016.

12 ARIZONA MEDICAL BOARD

13  
14 By Patricia E. McSorley  
15 Patricia E. McSorley  
16 Executive Director

17 **CONSENT TO ENTRY OF ORDER**

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

21 2. Respondent acknowledges and agrees that this Order is entered into freely  
22 and voluntarily and that no promise was made or coercion used to induce such entry.

23 3. By consenting to this Order, Respondent voluntarily relinquishes any rights to  
24 a hearing or judicial review in state or federal court on the matters alleged, or to challenge  
25

1 this Order in its entirety as issued by the Board, and waives any other cause of action  
2 related thereto or arising from said Order.

3 4. The Order is not effective until approved by the Board and signed by its  
4 Executive Director.

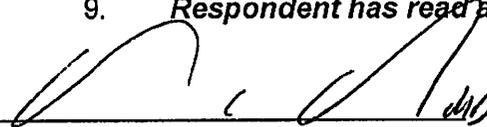
5 5. All admissions made by Respondent are solely for final disposition of this  
6 matter and any subsequent related administrative proceedings or civil litigation involving  
7 the Board and Respondent. Therefore, said admissions by Respondent are not intended  
8 or made for any other use, such as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

11 6. Upon signing this agreement, and returning this document (or a copy thereof)  
12 to the Board's Executive Director, Respondent may not revoke the consent to the entry of  
13 the Order. Respondent may not make any modifications to the document. Any  
14 modifications to this original document are ineffective and void unless mutually approved  
15 by the parties.

16 7. This Order is a public record that will be publicly disseminated as a formal  
17 disciplinary action of the Board and will be reported to the National Practitioner's Data  
18 Bank and on the Board's web site as a disciplinary action.

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

22 9. ***Respondent has read and understands the conditions of probation.***

23   
24 DONALD L. BUCKLIN, M.D.

DATED: 7-6-16

1 EXECUTED COPY of the foregoing mailed  
this 5<sup>th</sup> day of August, 2016 to:

2  
3 Stephen C. Yost  
4 Campbell, Yost, Clare & Norell, PC  
5 3101 N Central Ave, Suite 1200  
6 Phoenix, AZ 85012-2699  
7 Attorney for Respondent

8 ORIGINAL of the foregoing filed  
9 this 5<sup>th</sup> day of August, 2016 with:

10  
11 Arizona Medical Board  
12 9545 E. Doubletree Ranch Road  
13 Scottsdale, AZ 85258

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15 Mary P. Dever  
16 Board Staff

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