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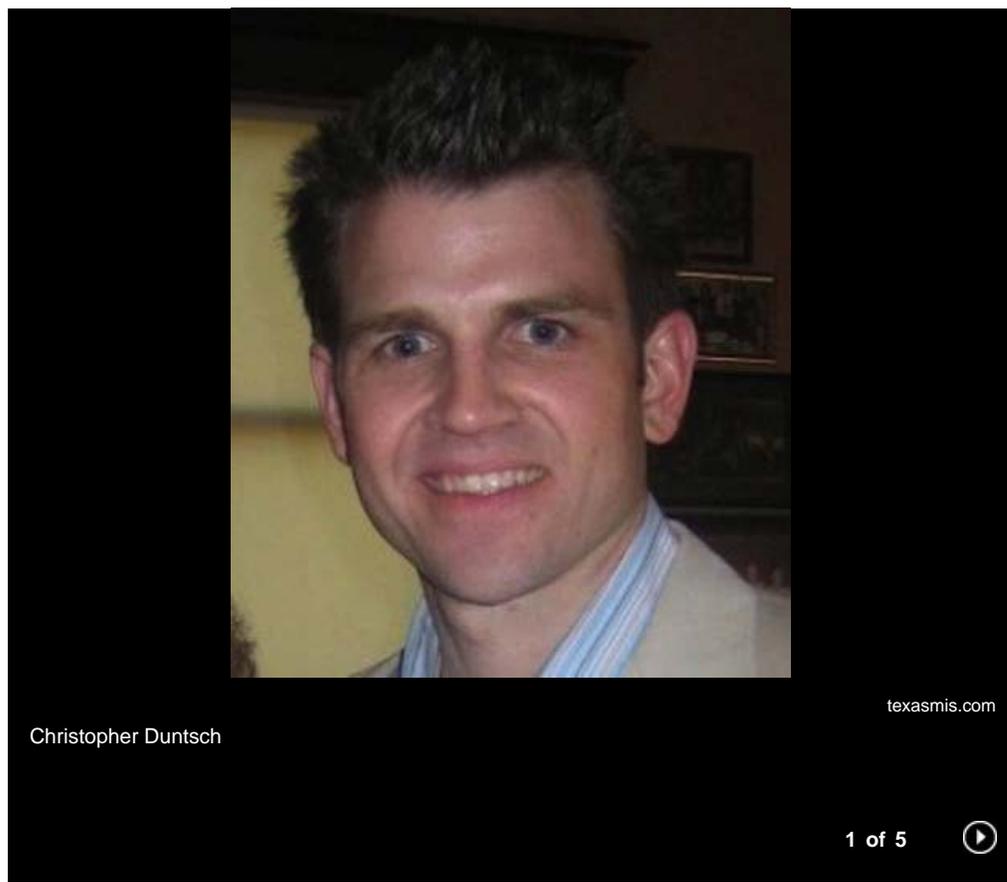
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Plano's Baylor hospital faces hard questions after claims against former neurosurgeon



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Christopher Duntsch, once a supremely confident neurosurgeon with a solid résumé and a wealth of potential, fled town in disgrace last year under a scalding cascade of allegations.

A colleague called him a sociopath and a “clear and present danger” to patients. Another doctor compared him to a serial killer.

A fellow surgeon was so alarmed by what he saw that he grabbed Duntsch's tools in the middle of an operation.

Duntsch no longer holds a medical license in Texas, but scrutiny has turned to a prestigious hospital where he worked.

Baylor Regional Medical Center at Plano now faces hard questions in court: Did it know Duntsch was not fit to practice, and did it fail to stop him?

In addition, that hospital and others are under state investigation for their roles in the matter.

While at Baylor Plano, Duntsch was accused of maiming several patients and causing the death of another. One patient — his roommate and closest friend — claimed that Duntsch operated on him after a night of using cocaine, which Duntsch denied. The roommate emerged from the surgery a quadriplegic.

Yet when Duntsch departed Baylor Plano in 2012, the hospital stated that his record was officially clean. “As of this date, there have been no summary or administrative restrictions or suspensions of Dr. Duntsch's Medical Staff membership or clinical privileges,” a letter from Baylor said. “All investigations with respect to any areas of concern ... have been closed.”

He used that declaration, Duntsch said, to secure privileges at two Dallas hospitals. There, doctors and others allege, he seriously harmed additional patients.

Duntsch has acknowledged that, contrary to the letter, he was suspended from performing surgery at Baylor Plano for about two weeks. That occurred, he told *The Dallas Morning News*, during an investigation — the result of the cocaine allegations — that cleared him of wrongdoing.

Baylor's actions are now the target of three federal lawsuits by Duntsch's former patients, with more likely on the way.

“Rather than protecting the public from harm, Baylor allowed him [Duntsch] to be passed on from hospital to hospital,” said lawyer Kay Van Wey, who has filed two of the suits. “Predictably, other people were hurt badly.”

Baylor has declined to allow its officials to be interviewed. Instead, its public relations arm issued a written statement. “Misleading to the public are the numerous allegations in these lawsuits written as facts,” the statement said. It added that Baylor “cannot get into all the specifics.”

In a tale full of strange occurrences, the strangest may be this: Baylor's best ally could be Duntsch himself. “Baylor aggressively pursued issues in a timely manner,” he said of his credentialing. “Baylor did nothing wrong.”

Now 42, Duntsch has moved to Centennial, Colo., near Denver, where his family lives. With his Texas medical license revoked, he spends much of his time as a bioscience consultant and researcher. “I'm a brilliant scientist,” he said.

Through a series of lengthy interviews with *The News*, he depicted himself as the victim of a Texas cabal of rival physicians and personal injury lawyers. “I'm a well-trained surgeon. I'm a complex spine surgeon. My record is excellent,” he said. “Ninety-nine percent of everything that has been said about me is completely false.”

Recruited to N. Texas

Duntsch, an engaging and fast-talking son of missionaries, came to North Texas with uncommon credentials. He had a doctorate in molecular biology as well as a medical degree from the University of Tennessee medical school, where he also had been an assistant professor in neurosurgery. And he had trained at the well-regarded Semmes-Murphey Neurologic & Spine Institute in Memphis.

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In 2011, he was recruited to the Dallas area by the Minimally Invasive Spine Institute, which specialized in endoscopic back surgery. That involves the insertion of a thin, flexible tube with a video camera and instruments through a small incision.

Dr. Michael Rimlawi and Dr. Douglas Won, the institute's directors, reached an agreement with Baylor Plano for Duntsch to operate there. He was to be paid a base salary of \$600,000 a year, plus bonuses and expenses.

If Duntsch did well and built his practice, even greater financial success could follow. "In Dallas," he said, "if you are an aggressive neurosurgeon, you can earn \$3 million a year easily."

But, Duntsch said, problems developed right away with the Minimally Invasive Spine Institute, including its failure to obtain malpractice insurance for him. Also, "they were talking about millions of dollars in marketing," he said. "But when I got here they were nearly bankrupt."

Won declined to talk to *The News* about Duntsch. Rimlawi did not respond to requests for comment.

Duntsch said he then cut his own deal with Baylor Plano president Jerri Garison. "She said, 'We want you to build your practice here,'" Duntsch recalled.

He set about doing that. But one of the first signs of trouble came on Dec. 30, 2011, when Duntsch performed back surgery on Lee Passmore of Frisco, a field agent for the Collin County medical examiner.

Passmore said he had been referred to Duntsch by another doctor, and he was impressed when they met. "He had this air about him," Passmore said of Duntsch. "He knew what the problem was, he was going to fix it, and everything was going to turn out great."

'A disaster'

Passmore's surgery was a spinal fusion, a procedure that uses metal implants and bone grafts to stabilize adjoining vertebrae.

But a second surgeon assisting Duntsch on Passmore's operation became deeply concerned. There was excessive blood loss, he said, and Duntsch was removing part of the spine unnecessarily.

"I said, 'What you're doing is dangerous,'" the second surgeon recalled. "I've done 5,000 of these, and I've never seen this done before."

The surgeon, who agreed to speak to *The News* only if his name was not revealed, said he then grabbed Duntsch's instruments to stop him from operating. "I said, 'We've got a lot of blood loss, and you can't see what you're doing.'"

Ultimately, the surgeon said, the situation was resolved and the procedure continued. But he had this summation of Duntsch's skills: "He was a disaster."

Duntsch scoffed at the surgeon's story. All the confusion, he said, was caused by the other doctor's haste. "He told me that he was in a hurry, that he was actually in the middle of another procedure," Duntsch said. "The whole procedure was ridiculous. ... We were pushing against each other."

A week later, Duntsch did a second surgery on Passmore, and he said it worked out well. "The patient did just fine," Duntsch said. "He did wonderful."

That's news to the patient. "Clearly he's wrong," Passmore said. "He's mistaken."

Passmore, 39, is one of those who have filed suit against Baylor. His suit claims that Duntsch "misplaced the surgical hardware in Passmore's spine."

He's now in chronic pain that is much worse than before, Passmore said. Baylor Plano should have seen immediately that it had a problem, said Passmore's lawyer, James Girards, but Duntsch was making money.

"They had a stiff financial incentive not to look too closely," he said.

Less than two weeks after the operating-room struggle over Passmore, Duntsch performed a spinal fusion on a 45-year-old man. He was assisted by Dr. Randall Kirby. Kirby's job as an access surgeon was to move some of the patient's organs and blood vessels aside so that Duntsch could reach the spine from the front of the body.

Before the surgery began, Kirby said, he had an unusual conversation with Duntsch. "He felt most of the spine surgery being done in Dallas was malpractice, and he was going to have to clean things up," Kirby wrote. "I'm not kidding — that's what he said."

As Duntsch began to operate, Kirby watched in disbelief. "Dr. Duntsch's performance ... was pathetic on what should have been a fairly easy case," Kirby later wrote to the Texas Medical Board. Duntsch was functioning at the level of a surgeon-in-training, Kirby said.

Duntsch had trouble removing the spinal disc, Kirby said, and "seemed to be struggling getting the [fusion] device into position."

Kirby added that the patient needed a second surgery to correct the problems caused by Duntsch, who — Kirby later reported to the medical board — "had no apparent insight into how bad his technique was."

Duntsch again disputed the assessment. "Ten surgeons in a room will never agree on the same diagnosis, the same surgery or the same rationale," he said.

He continued to operate at Baylor Plano, where he said hospital officials were happy with him because of the money he brought in. "The marketing guy told me I was earning them \$65,000 net revenue per case," Duntsch said.

Operating on a friend

Then came what could have been the breaking point: the Jerry Summers case.

Summers was a childhood friend of Duntsch's, and Duntsch brought him along when he moved to North Texas. Summers functioned as a driver, errand boy, roommate and — according to Duntsch's physician assistant — party pal at nightspots such as the Ghostbar atop the W Hotel.

He also had spine problems, the result of a broken neck suffered in a traffic accident. On Feb. 2, 2012, Duntsch performed a cervical fusion on his friend at Baylor Plano.

The procedure should have been routine. But Summers lost more than 2 liters of blood, Texas Medical Board records say, and in the recovery room he could not move his arms or legs.

That was bad enough. It got worse for Duntsch when Summers started talking in intensive care. "He was delusional," Duntsch insisted. "He was out of his mind."

Rational or not, what he said shocked his family. Summers claimed that he and Duntsch had been doing "eight-balls" — slang for 3.5 grams — of cocaine the night before the surgery.

Summers' mother called Dallas lawyer Rob Crain, who was on vacation in Mexico. Crain phoned a Baylor lawyer. "I told him, 'If I believe half of what I heard is true, you've got a real problem. You need to drug-test him and you need to keep him away from my client.'"

Baylor will not comment on what it did next.

Duntsch said he was confronted about the drug allegations by Garison, the Baylor Plano president. "I'm almost laughing," he said. "I said, 'I'm sorry, Jerri, this is so ridiculous.'"

He was given a drug test and passed, Duntsch said. Baylor also required him to see a psychiatrist. And he said a peer-review committee of Baylor doctors examined his surgical performance.

"Peer review," he said, "vindicated me 100 percent." Records of such proceedings are not public.

After about two weeks of being suspended from surgeries, Duntsch said, he was reinstated without restrictions. Baylor "even renewed my privileges ... for another year at this very time," he said.

He blamed Summers' complications on a narrow spinal canal and the old injuries from the broken neck. Another Baylor Plano surgeon took over the treatment of Summers.

The state medical board later ruled that Duntsch violated the standard of care in a number of ways, one of which was not using "necessary neuro-imaging studies" in the case. Such a measure might have indicated nerve damage.

Duntsch acknowledged that omission in an interview. "Here's what happened, and this is a rookie mistake,"

he said. "I did not use neuro-monitoring." He added that it was not then covered by insurance.

Summers, 43, has returned to Memphis, and remains a quadriplegic. His new lawyer said last month that he will file suit against Baylor within 60 days.

The attorney, Jeffrey Rosenblum of Memphis, would not allow Summers to be interviewed by *The News*. Nor would Rosenblum talk about the allegations of cocaine use.

"That's an interesting issue," he said. "I will reserve the right to address that later."

Patient dies

On March 12, 2012, with his suspension lifted, Duntsch prepared to operate on Kellie Martin, 54, a Garland elementary schoolteacher, for a herniated disc.

"The surgery went perfect," Duntsch said. Immediately afterward, "she looked good, she sounded good, she felt good."

But her blood pressure began dropping and she had trouble breathing. Within three hours, the mother of two was pronounced dead.

Duntsch said he believes she died of a "massive allergic reaction" to fentanyl, an anesthetic used during her surgery.

But other doctors at Baylor who examined the case record suspected that Duntsch had penetrated a blood vessel with his drill, according to Collin County medical examiner's records. An autopsy found evidence of internal bleeding "adjacent to the operative site" but "no obvious source for this blood."

Medical examiner William B. Rohr listed the cause of death as "hemorrhagic shock during spine surgery" caused by "therapeutic misadventure." He did not identify the source of the misadventure.

Duntsch's response: "I think he [Rohr] felt like he needed to find something."

Martin's family has not filed suit. But they are represented by Crain, who had originally called Baylor Plano after the Summers procedure.

"Baylor didn't tell the Martin family that this guy had had problems," Crain said. "The family had no idea that anything had been going on."

Martin's procedure was the last surgery that Duntsch performed at Baylor Plano.

Duntsch said he left there because Baylor Plano was not fulfilling its financial commitments to him. Baylor would not comment on this.

As he looked for other hospitals at which to practice, Duntsch said, Baylor refused to respond to their queries about his record. Finally, he said, he hired a lawyer who negotiated the clearance letter from Baylor Plano.

Duntsch provided *The News* with a copy of the letter. It was dated April 20, 2012, and signed by Baylor Plano's director of medical staff services. Its message: Duntsch's record was clean.

Baylor has played down its significance. "The April 20 letter ... is not a letter of recommendation of any sort, and it is not a letter addressed to any hospital," Baylor said in its statement to *The News*. Such a letter would not be part of the normal credentialing process, Baylor said.

The standard method, Baylor said, is for officials from each hospital to confer directly with each other. However, Baylor would not say whether that occurred in this instance.

Dr. Sidney Wolfe, a senior adviser to the nonpartisan research group Public Citizen, said that hospitals in general have a legal and moral obligation to stop dangerous physicians. "A hospital that has evidence that a doctor is practicing bad medicine and does not take action has blood on its hands," he said.

New hospital

Duntsch said he used the letter from Baylor to obtain temporary privileges at Dallas Medical Center, off LBJ Freeway in North Dallas.

He added that he made full disclosure to Dr. Cora Ramirez, who was then the chief executive at Dallas Medical. "I had dinner with her and one of her administrators," Duntsch said. "I told them every single thing that happened at Baylor. ... I told them the whole freaking awful story. ... They were very understanding, and they didn't make any issue of it."

Officials at Dallas Medical did not respond to numerous requests for comment. Ramirez, who is no longer with the hospital, did not return telephone calls from *The News*.

Duntsch prepared for a routine surgery at Dallas Medical on July 24, 2012. Like so many others, this one did not end well.

Floella Brown was a 63-year-old woman with a history of back and shoulder pain. Medical records noted she also was at risk for stroke.

Duntsch performed a disc removal and fusion on her. "The surgery more or less went fine," Duntsch said. "I got the job done. I got the graft in. There were no issues."

Texas Medical Board records dispute that. They say that Duntsch "removed bone from an area that was not required by any clinical or anatomical standards, resulting in injury to the vertebral artery."

The next day, Duntsch began a spinal fusion on Mary Efur, a 74-year-old Plano woman. Efur had been referred by another physician.

"He was a good salesperson," she said of Duntsch. "He was very personable ... and he had all those years of training."

Duntsch said he was in the middle of Efur's surgery when hospital administrators burst into the operating room. "They started telling me my patient was dying. Asking me, 'What are you going to do?'"

That patient was Brown, who had suffered a brain-stem stroke in Dallas Medical's intensive care unit. Duntsch insisted that he had to perform a craniotomy on Brown — a removal of part of the skull to release fluid pressure on the brain — immediately.

Hospital officials, he said, told him Dallas Medical did not have the necessary equipment. "I said, 'If you don't let me operate, I'll tell you 100 percent, she's going to die,'" he recalled. "I said, 'The truth is, a craniotomy can be done with the same instruments you use on the spine. ... I've done hundreds and hundreds.'"

But administrators refused, he said. They transferred Brown to Zale-Lipsy, where emergency surgery failed to save her. She was brain dead.

Duntsch said he was "in shock" that he had not been allowed to operate on Brown. But back in the OR, patient Efur still lay on the table. Duntsch continued the spine procedure.

He was so rattled, however, that he put a screw in the wrong spot. "For the first time in my life, it went into the [spinal] canal and pinched a nerve," he said.

"I've never been under that kind of duress, operating on one patient while another was dying," he said. "I made a small error. ... It happens all the time."

The next day, he said, he received an email from the chief of credentialing at Dallas Medical. "He said Baylor had responded with negative comments about me," Duntsch recalled. "He said, 'We're not going to be able to continue your full privileges.'"

Duntsch had lasted less than a week at Dallas Medical.

Searing pain

The mistakes — Duntsch's "small error" — left Efur with partial paralysis and in searing pain. She screamed throughout the night. Dr. Robert Henderson, a veteran Dallas spine surgeon, was called in by Dallas Medical administrators for rescue surgery.

Henderson couldn't believe what he saw — amputated nerve roots, muscle damage, badly misplaced "bone putty" and "three screw holes that weren't anywhere near where they were supposed to be," he said.

"It was horrible," Henderson said later. "I was speechless, as I still am most of the time, when I think about it. I mean, it was horrible."

The procedure had been so badly bungled, Henderson said, that he believed the surgeon who performed it couldn't have been an actual doctor.

Henderson secured a photo of the surgeon and sent it to the residency program in Tennessee, to make certain it was the real Duntsch working in Dallas.

"I was sure it was going to come back that he was one of those guys wearing a white coat who was a wannabe," Henderson said. "I thought he was an impostor." But the Tennessee officials assured him that was not so.

Based on what he had seen and heard, Henderson embarked on a personal campaign to stop Duntsch. He reported Duntsch to the state medical board, and was dismayed by what he perceived as a lack of enthusiasm.

"I said, 'Do I need to call the police? This is an out-of-control person who is maiming and killing people in the community,'" Henderson recalled. He added: "This is a serial killer."

Henderson also phoned Garison, the president of Baylor Plano, to ask what she and her staff had told other hospitals about Duntsch. He recorded his conversation; a copy of that recording was obtained by *The News*.

"I'm really uncomfortable talking about this," Garison told Henderson, "because we had a very similar issue and we tried our very best to make sure he didn't get privileges anywhere else." She did not mention Baylor Plano's letter that said Duntsch's record was clear.

Later in the phone call, Henderson said, "I mean, this guy's a maniac. And he's pathologic, apparently. He — he talked his way out of, apparently, these issues at your hospital."

"No, he didn't," Garison replied. "Let me just be clear. He did not."

Garison also said, "I think we've already reported him to the state."

But a Baylor spokesperson recently said, in response to a question from *The News*, that Baylor Plano did not report Duntsch to the Texas Medical Board.

"Baylor learned that someone had already filed a complaint with the Texas Medical Board ... regarding Dr. Duntsch, and it fully cooperated with the TMB and its investigation," the statement said.

Baylor would not say how it learned the details of this separate complaint, which would have been confidential under state law. Nor would it address whether the hospital had a duty to file its own complaint about Duntsch.

Also, Baylor would not comment on whether it reported Duntsch to the National Practitioner Data Bank, a health care information clearinghouse created by Congress. Hospitals are required to report physicians whose privileges are restricted while under investigation.

Information in the data bank is not public, but can be accessed by other hospitals. Duntsch said last week that Baylor did not report him.

Wolfe of Public Citizen said that as a whole, Texas hospitals have a relatively poor record with the data bank. A study by Public Citizen found that from 1990 to 2007, more than 63 percent of the state's hospitals had never reported a single doctor. That put Texas in the bottom fifth of states.

Duntsch said he was devastated by what happened with Brown and Efur, and he considered abandoning his practice and leaving the state. But he also had debts piling up. So he found another hospital.

Granted privileges

This one was in Oak Cliff. University General Hospital, 2929 S. Hampton Road, had recently been sold to a Houston health care group.

In May of last year, University General sent an invitation to Dallas doctors for a "meet our specialist dinner" at the Old Warsaw restaurant. That specialist was Duntsch.

Kirby, the surgeon who had encountered Duntsch at Baylor Plano, said he immediately called University General's owner. "I was infuriated," he said. "I said, 'I cannot believe you're doing this.'"

Donald Sapaugh, president of the University General Health System, told *The News* his hospital checked with Baylor and Dallas Medical to see if they had any information to convey regarding Duntsch.

"They're supposed to. Of course they didn't," he said. "They didn't give us any bad information. And absent anything negative that was public knowledge, we gave Dr. Duntsch privileges."

On June 10, 2013, Duntsch began what was to be a cervical fusion on a 49-year-old Dallas man named Jeffrey Glidewell. There were immediate problems.

He encountered a large tissue mass in the man's neck, and heavy bleeding. Duntsch said he had no choice but to call off the procedure and suture the surgical incision.

Despite taking every normal precaution, Duntsch said, he left a sponge inside the patient, who developed a severe infection.

Kirby was given emergency privileges by University General so he could examine Glidewell.

"I came to the hospital and was horrified," Kirby later wrote. "[T]he incision was at the sternal notch, two to three inches lower and an inch too midline from where it should have been."

Kirby continued: Saliva and pus "were coming out of the wound, and his neck was severely swollen." The patient "could not swallow."

Within nine days, Kirby filed a complaint with the medical board. He said that the Glidewell procedure had gone so poorly from the outset that "Dr. Duntsch was forcibly restrained from continuing the surgery by the OR team."

Duntsch had no surgical plan of action, Kirby wrote, and "left the patient to die."

Kirby's complaint cited many of the other patients whom Duntsch was accused of harming. "The TMB [Texas Medical Board] must stop this sociopath Duntsch immediately or he will continue to maim and kill innocent patients," Kirby wrote. "Dr. Duntsch is a clear and present danger to the citizens of Texas."

Sapaugh said University General Hospital also took action. "We ultimately did suspend his privileges. We also were the hospital that reported him to the medical board," he said. "I know there's a lot of professional jealousy among hospitals, but gosh, it would have seemed to me that other hospitals would have reported him to the medical board. But we're the ones who had the guts to actually take that step in the right direction."

Soon afterward, surgeons Kirby and Henderson met with a prosecutor at the Dallas County district attorney's office to discuss possible criminal charges against Duntsch. Kirby said he was told late last year that the case remained under investigation.

The district attorney's office did not respond to requests for comment from *The News*.

Board action

Eleven months after Henderson first complained about Duntsch — and three days after Kirby's complaint — the Texas Medical Board acted. On June 26, 2013, the board ordered a temporary suspension of Duntsch's license.

The board order cited his treatment of four patients — Summers, Martin, Brown and Glidewell — in finding that Duntsch represented "an imminent peril to the public health."

In addition, the board also found that Duntsch was "unable to practice medicine with reasonable skill and safety due to impairment from drugs or alcohol."

Duntsch has denied that he used drugs or abused alcohol. "I'm a very hard worker," he said. "I couldn't find time for that if I wanted to."

He added that his levels of liver enzymes have been tested and all are normal. "That in itself is all that is really needed to defend that in a court of law."

No public record of his testing positive for drugs has surfaced.

The medical board met in December and considered Duntsch's case. He had filed an extensive rebuttal of several hundred pages. The accusations against him, he later said, were fabricated, erroneous and "had

no relevance.”

The board did not agree, and on Dec. 6, 2013, revoked Duntsch's license. It did not, however, uphold any findings of drug or alcohol abuse. Such allegations were unsupported, the board said.

At least one of his former patients rejoiced at the news. “I cried for two days after they took his license away; I was so relieved,” Mary Efurd said.

Duntsch could have challenged the revocation in court, but did not do so. “That would have been a circus,” he said. “It would have been an open hearing with patients and lawyers and the press.”

He said he believes lawyers for his patients have been working with rival surgeons so they can undermine him and pursue more lucrative targets. For proof, he pointed to an email he obtained in which Won, his former practice associate, shared information with a lawyer who is suing Duntsch. The lawyers “want to take this to another level and go after hospitals,” he said. “It's about going after hospitals.”

Duntsch filed for personal bankruptcy in December. He listed assets of \$204,319 and liabilities of \$1,591,650, including student loans and a \$220,000 personal loan from his father. One of the side effects of the filing is to temporarily halt medical malpractice lawsuits at the state court level until the bankruptcy is settled.

Dallas attorneys say they have at least a dozen former patients with grounds to sue Duntsch and local hospitals.

The three patients who have filed federal actions argue that Baylor Plano should have stopped Duntsch when it had him, and should have prevented him from moving elsewhere.

Efurd's suit, echoing the others, alleges that Baylor knew Duntsch was “an egomaniac, mentally ill, and alcoholic, drug addict or a combination thereof.” But, the suit adds, Baylor Plano's chief concern was money.

“I have pain that never goes away,” Efurd told *The News*. “I can't pick my foot up. ... I used to sew. I can't sit at my sewing machine now. Pain is really my life.”

She said she knew nothing of Duntch's problems at Baylor when she allowed him to operate on her. “Had I known those things were happening, I never would have gone to him.”

Under law, the plaintiffs must prove that Baylor had actual intent to harm, but they are challenging the constitutionality of that standard.

Baylor has denied the allegations in court pleadings. The statement from its public relations office said: “It is extremely frustrating and difficult for us to read and hear so many misleading allegations being made against us in these lawsuits. ... We certainly would not knowingly allow one person to compromise the level of quality care that we have worked so hard and invested so much to achieve for our patients and our community.”

Last month, the Texas Department of State Health Services, which oversees hospitals, began an investigation of how the Duntsch case was handled by Baylor Plano, Dallas Medical and University General. “Our focus is on the areas of patient rights, physician supervision, quality assurance, reporting and credentialing,” said Carrie Williams, agency spokesperson.

And last week, Baylor announced it would not accept the Malcolm Baldrige National Quality Award from the U.S. Department of Commerce. Baylor had trumpeted the original announcement of the award, given for innovation and leadership, with effusive news releases and colorful banners.

But the Duntsch affair, Baylor said, required it to “withdraw from the process” so as “not to give any misleading allegations an elevated public platform.”

As for Duntsch, he is not licensed in any state, and his future is uncertain. But he won't rule out trying to practice medicine again. “I won't say I won't,” he said.

“I'm just pretty beat up,” he added. “It's really hard for me to know what to do.”

He noted, however, that in December he can apply to have his Texas medical license reinstated.

Staff writer Brooks Egerton contributed to this report.

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Yes, and the statement issued by the Baylor hospital is about the worse I have ever read for damage control. You would think they were the victims here.

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Omar

17 hours ago

Uhh No Bryan, you are incorrect. Educate thy self

"Users take cocaine in "binges," during which the cocaine is used repeatedly and at increasingly higher doses. This can lead to increased irritability, restlessness, panic attacks, and paranoia—even a full-blown psychosis, in which the individual loses touch with reality and experiences auditory hallucinations. With increasing dosages or frequency of use, the risk of adverse psychological or physiological effects increases.

Reply · Share · 2 replies

3 1



cris

15 hours ago

Hmm, uhh pull thyself down off thy pedastool, friend. No one likes a snot nose. Bryan's point being that he most likely had sociopathic tendencies previous to abusing drugs and using just amplified said tendencies. That's all. And not all people go 'on' binges (not 'in' binges, lol). When a person goes on a binge, meaning they take more of the drug than they usually do, then it's possible to suffer paranoia etc, but only during the actual high. Once the user stops and comes down off the drug then those effects subside, including drug induced psychosis. This tells me that the Dr may have mental issues non related to drugs as well as drug related ones. In that regard, I agree with Bryan.

Reply · Share · 1 reply

0 1



Omar

13 hours ago

You know all about binges, cris? Sure you do...Dr. wannabe. Reread the article again smartarse---"Users take cocaine in binges." Now if we word it the way your grammar mind tells you to, it would read like this-- Users take cocaine "on" binges. Must be your public education at work, eh cris?

Reply · Share

1 1



Ruth Ella Owens

18 hours ago

Don't give him a pass on this, Omar. My mother used to say, a person's true character is exposed when alcohol is involved. The same holds true for any other vice. Professionals, are insulated from being taken down before there is a string of carnage in their wake. It goes for judges, doctors, attorneys, investment bankers...We get the axe for losing a file, or being tardy.

Reply · Share · 1 reply

3 1



Anonymous

18 hours ago

Saying that he is a menace to society is giving this guy a pass? I hardly think so Ruth.

Reply · Share

1 0



Marianthe Verver

20 hours ago

@Tammy Farmer @Randy McDonald Maybe you know you will never have to be hospitalized and it's not important to you. Yes he is no longer in Texas, but that doesn't mean the story should not be heard. That's the same mentality as hospitals thinking he can be some other hospital's problem.

(I do want to say although my last experiences with Baylor were not good ones, previously when taking care

of my elderly parents Baylor did a great job.)

I think this story is important for three reasons:

1. Hospitals need to know patients expect accountability and are entrusting them to have policies in place and followed to avoid this in the future. I know there are lots of great doctors out there, but are there other similar cases that are concerning.
2. My sister-in-law and family had no idea there were issues and now she is dead. I seriously doubt if his past history was available knowledge they would have proceeded. Information needs to be made readily available to patients in real time.
3. In my opinion Duntsch should not practice, consult or have any involvement in the medical industry. No one wants to give Duntsch fame by mentioning him, but did you read he won't say he won't practice medicine again. I pray he is never given that opportunity ever again.

Reply · Share · 2 replies ▾

👍 5 🗨️ 1



Tammy Farmer

20 hours ago

📌 @Marianthe Verver, my reply to you is the same as it was to others. Please consider the possibility that perhaps no one (not even Baylor) had the information at the time of your family's tragic loss. Plaintiffs' attorneys have highly skilled (and often unscrupled) investigators that are great at drumming up allegations after the fact in order to "get the big case" in Federal court. I hope the Martins and others are not having to experience further pain based on the actions of attorneys and journalists who are only trying to get the "big story" or the "big case". All who have been negatively impacted by Duntsch- the Martins, the other patients and families, Baylor and other health care organizations- remain very much in my prayers.

Reply · Share · 1 reply ▾

👍 0 🗨️ 2



Susan Wansbrough

16 hours ago

📌 The story indicates Baylor knew there was, at the least, a potential problem with potentially deadly consequences for future patients. Cocaine or not, when other health care providers are saying he is a menace, I'd expect a hospital to be more concerned. And to report its concerns to the state agency that investigates these things.

Reply · Share

👍 1 🗨️ 1



rr893

24 hours ago

📌 This unfortunate case shows that the system is designed to protect docs, not patients. Hospitals like Baylor see lots of \$ when they have surgeons who perform lots of procedures. There is a great reluctance by hospitals, and even the medical board, to take action against docs, even when there are clear concerns regarding quality of practice. Baylor will definitely have a huge headache on its hands with this case, and may be better off settling out of court on this.

Reply · Share

👍 5 🗨️ 1



Marilyn Hunt

1 day ago

📌 This is criminal and should be prosecuted as such.

Reply · Share · 1 reply ▾

👍 4 🗨️ 0



Omar

17 hours ago

📌 They're looking in to doing just that.

Reply · Share

👍 1 🗨️ 0



Carrie

22 hours ago

📌 Wow, a negative hospital story in the Dallas Morning News that doesn't mention Parkland or UT Southwestern. New territory for you guys...

Reply · Share · 5 replies ▾

👍 4 🗨️ 1



Tammy Farmer

22 hours ago

📌 Good point, Carrie. It seems the Dallas Morning News wants to cause the citizens of DFW to lose faith in ALL hospitals in the area by either blowing facts out of proportion or, as in this article, citing allegations as fact before those allegations even have their day in court. How very sad. I used to

think the paper existed to objectively report and support its communities. But it is becoming more and more evident that they want to spread the most sensational stories across their media outlets - truth or not.

Reply · Share · 4 replies ▼

👍 2 🗨️ 4



Carrie

20 hours ago

Newspapers exist to turn a profit. And they most often write to satisfy a lowest common denominator audience - thus the sensationalism. Look at the first paragraph - he "fled" town. Then later, the story admits that he went home to where his extended family lives. Where do they get the word "fled?" Might as well have said "in the middle of the night."

Further, newspapers like stories that, as they say "have legs" and can be stretched into a series of articles over time. Recurring articles on the same sensational subject create sales, even when the recurring articles add little to the story. You watch, the next long story about this doctor will repeat paragraph after paragraph of this original story, much of which will be verbatim.And some of the repetitive reporting will be, as has been mentioned, allegations as fact. This leads to an insidious reality where the public simply comes to accept it as fact, as they have read it so often.

Another problem this leads to - an inability to switch course if the allegations prove false.

As newspapers build up such a head of steam in a single direction, when the premise proves false they don't know what to do. They get the worst cases of cognitive dissonance. Their typical response is to downplay or ignore, and their unwillingness to use the same vigor in reporting that the allegations as false is EXTREMELY DAMAGING to the falsely accused.

Finally, the thing that chaps my hide the most - that these types of shenanigans become career milestones for the involved reporters and editors. These types of stories are career-makers. Thus, you will notice over the course of a series of sensational articles about the same topic that the reporter (in this case Doug Swanson) will stay the same, or maybe the addition of one other. He will be rewarded in the newsroom tomorrow morning for today's story and his ego will be stroked. Then, if the story gets enough "legs" to garner attention outside Dallas, he will start getting nominated for awards - stuff like "Texas Reporter of the Year" (or whatever its called) is a HUGE deal for these guys.

Further "legs" and its Pulitzer time. They sell out to get those accolades in the manner I have discussed above, thus becoming a less-than-stellar professional, similar to the alleged bad guy they wrote about in the first place. Advice? Stick to DMN's online sports page and their mansion tour powerpoints. Thanks.

Reply · Share · 2 replies ▼

👍 1 🗨️ 1



Douglas Swanson

19 hours ago

Carrie,

Far be it from me to interfere with the chapping of your hide, but I've been writing for newspapers for 40 years now, and I long ago passed the point of observing career milestones. I'm more interested in avoiding tombstones. Nonetheless, I would be more than happy to discuss this story with you, and try to explain why it was done the way it was. Give me a call at 214-977-8162 or write me at dswanson@dallasnews.com. I look forward to talking with you. And I extend the same invitation to any other readers who wish to talk about the story.
--Doug Swanson

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👍 5 🗨️ 1



Terri Harrel

19 hours ago

Thank you Douglas. Kellie Martin is my sister and I am thankful to the news media for covering this story, to the two doctors (Henderson and Kirby) who after witnessing Duntsch's work firsthand felt compelled to file complaints against him with the Texas Medical Board, and to the attorney that at helped Kellie have a voice for justice after her senseless death.

Reply · Share

👍 6 🗨️ 0

Susan Wansbrough

16 hours ago



So you'd let this guy operate on you, or someone you loved?

Reply · Share

1 0



Clarence LeDearn

14 hours ago

Wanna know what the other tragedy is?

Thanks to the Legislator and Judges you elected, there is a cap on the recovery of non-economic damages, which include damages for pain, mental anguish, impairment, disfigurement, loss of companionship. Depending on the facts of the case, the damages cap can range from \$250,000 to \$500,000. There is not a cap for economic damages, which includes medical expenses, future medical care, lost wages, future lost earnings, and funeral expenses.

In state courts the most any of the victims will ever get for pain and suffering is about \$250,000. One time, for as long as they live.

Greg Abbott is a major factor in it being passed, and kept.

Reply · Share

2 0



Reggie Markham

21 hours ago

Thank you for getting the article out there, people need to know his name so if they need surgery and he walks in the room they will have the knowledge that my friends, the Martin's, didn't have.

Reply · Share · 2 replies

3 1



Tammy Farmer

21 hours ago

Please consider the possibility that perhaps no one (not even Baylor) had the information at the time of your friends' tragic loss. Plaintiffs' attorneys have highly skilled (and often unscrupled) investigators that are great at drumming up allegations after the fact in order to "get the big case" in Federal court. I hope the Martins and others are not having to experience further pain based on the actions of attorneys and journalists who are only trying to get the "big story" or the "big case". All who have been negatively impacted by Duntsch- the Martins, the other patients and families, Baylor and other health care organizations- remain very much in my prayers.

Reply · Share · 1 reply

2 2



Susan Wansbrough

16 hours ago

If Baylor had no reason to know of problems with his practice, then they have nothing to worry about. But I suspect that isn't the case given their decision not to accept the Baldrige Award.

Reply · Share

1 1



Terri Harrel

12 hours ago

To see the latest from Christopher Duntsch connect to his new Facebook page Hybrid Bioscience, Inc.. This is how he is trying to reinvent himself since he is such a self proclaimed "brilliant scientist." Or you can Google his name and poetry to read some of his latest poems. He describes himself this way: Christopher Duntsch is a teacher, mentor, scientist, abstract thinker, doer, builder, giver, friend, ally, lover, liver, and life breather. I particularly like the poem Amazing where he says over and over how wonderful he is. "Egomaniac???? "

Reply · Share

1 0



Garrison Griffin

19 hours ago

"Duntsch said he believes she died of a "massive allergic reaction" to fentanyl, an anesthetic used during her surgery."

Whatever happened to determining if there are ANY allergies before surgery???

Reply · Share · 3 replies

2 1



Meredith Dickenson

17 hours ago

My thought exactly.

Reply · Share

1 0



Susan Wansbrough

16 hours ago

Unless she'd had Fentanyl twice before, they wouldn't have known in advance she was allergic. She has to have been exposed previously to have the reaction the second time, and unless she'd had the reaction, there'd be no way for them to know about the allergy. If she'd never had Fentanyl before, she wouldn't have had an allergic reaction to it the first time. And if this was her second exposure and she had an allergic reaction the anesthesiologist would almost certainly recognize it and give epinephrine to counteract it.

Reply · Share · 1 reply

1 0



Garrison Griffin

13 hours ago

@Susan - I am not a physician, but I know a lot about the practice of medicine from my many physician friends. My 1st opinion about Kellie Martin's blood pressure dropping after surgery was internal bleeding.

Subsequently, I read - "An autopsy found evidence of internal bleeding "adjacent to the operative site" but "no obvious source for this blood."

The training requirements for a neurosurgeon are:

- Four years of pre-medical education at a college or university
- Four years of medical school resulting in an M.D. or D.O. degree
- One year internship in general surgery
- Five to seven years in a neurosurgery residency program

With all of that training, how could this doctor misdiagnose a problem that was so apparent and lose an opportunity to save a life?

Reply · Share

0 0



George Schwarz

19 hours ago

I know Doug Swanson is a veteran reporter who has done some incredible health care reporting, including many years ago exposing the Texas Medical Board's ineffectiveness in protecting patients from bad doctors.

So, for those attacking the Dallas Morning News for this story, hang on to your hats, because I am more of an insider than many people realize. I am a former health care professional with a master's in hospital administration from the University of Iowa. I had 25 years experience in the industry at all levels before becoming an award-winning health care reporter. I say this only to make sure readers understand that I know what I am writing about.

As a group, I can tell you hospital administrators are some of the most gutless people in the industry. They will tell you their main jobs are to fulfill their fiduciary responsibilities to their employer and provide for the community's health needs. That's hogwash. Their job is to protect their own turf and ethics-be-damned in protecting the finances of their hospital. This is different from their fiduciary role because in the true sense; fulfilling fiduciary responsibilities would have ended Duntsch's privileges quickly. And, settled quickly as well.

Others' public relations assessments don't really acknowledge Baylor stonewalling the public and the public's right to safe medical and hospital care. The health care industry has a lot of help in this. The legal protections for peer review and other actions bar public information for all but the most egregious medical misadventure and this case is the poster child for my assertion. I used to think the public information issue about incompetent physicians was complicated. No longer. Pure and simple. If a peer review action is taken on a doctor, the information should not only be public on inquiry to the hospital, but it should also be included in the patient pre-registration packets for any patient coming to that hospital.

One small correction I caught in this story: Fentanyl is a pain killer, not an anesthetic. Not that it makes a difference in Duntsch's BS factor. But that doesn't discount from the fact that this is a great article. I hope the AP picks it up and it sees a widespread audience.

Reply · Share

3 2

L lastname

1 day ago



Another unfortunate consequence of the "low-regulation state" that Governor Goodhairdye never mentions.

Reply · Share · 5 replies ▾

👍 10 🗨️ 9



Truth Sayer

24 hours ago

Ridiculous comment, and I am not a fan of Perry either.

Reply · Share · 3 replies ▾

👍 6 🗨️ 4



B G W

23 hours ago

Unfortunately, it is true.

Reply · Share

👍 5 🗨️ 7



Susan Wansbrough

16 hours ago

No, the comment is correct. There is a conscious effort in low regulation states like Texas to underfund regulatory/investigative agencies, to appoint to boards like the State Board of Medical Examiners people whose primary interest is protecting doctors, and to discourage them from pursuing all but the most egregious cases.

Reply · Share · 1 reply ▾

👍 1 🗨️ 0



Susan Wansbrough

14 hours ago

I should have said Texas Medical Board, not State Board of Medical Examiners.

Reply · Share

👍 1 🗨️ 0



Carrie

20 hours ago

Yes, my thoughts exactly. With the primaries on Tuesday, i couldn't help but have my mind drawn to wonder how many self-righteous republicans roam the halls at Baylor as opposed to democrats.

Reply · Share

👍 3 🗨️ 3



Leslie Louise

2 hours ago

As someone who has had direct personal experience living with a sociopath and subsequently learning about the frightening disorder while recovering from the relationship, this guy fits the profile just from his quotations in this article alone. The article made me sick to my stomach because the pathology of the behavior is so familiar to me. So many people were harmed unnecessarily because of a trusted institution turned a blind eye to obvious pathology, most likely because of financial motivations. Glad this article was written and front page. This is exactly why we have to have the press involved! Government and other institutions must be put in check or they become controlled by such pathological undercurrents and we arrive at the problem of collective pathology. There are sociopaths in all walks of life, high and low. The ones that are most damaging are the ones who don't get caught before they get into positions of power and influence, or like this guy, trusted with people's lives. The public needs to be aware that not all people are morally ethically and mentally created equally in order to protect ourselves. When we turn a blind eye to this reality, it just grows like a tumor and takes over and turns into a large-scale systemic problem.

My sincerest sympathy and prayers for peace, healing and recovery go out to this man's victims.

Reply · Share

👍 0 🗨️ 0



David R

6 hours ago

This suspended MD is mentally ill, he's very very far from reality. Read his website for his latest venture. <http://texasmis.com/tni-global-2/>

These hospitals, fellow MDs, hospital staff should have stopped him sooner. Sounds like some tried. Hard to know why it took so long.

Reply · Share

👍 0 🗨️ 0



Truth Sayer

16 hours ago

Was Jerry Summers his boyfriend?

Reply · Share

👍 0 🗨️ 0

RayNdalx

16 hours ago



Thought for a minute that I was reading about Hannibal Lecter.

Reply · Share

0 0



Kerry Thornhill

19 hours ago

I hear he's a brilliant scientist

Reply · Share

0 0



Tammy Farmer

22 hours ago

Best comment of the morning: "And you seriously thought this story deserved a front page spread? The guy revels in his fame that you helped him achieve."

Reply · Share · 2 replies

3 4



Tammy Farmer

21 hours ago

Dallas Morning News is helping a sociopath get his "15 minutes of fame" and focusing ridiculous and unproven allegations. Wish everyone would refocus efforts from "taking down" a reputable hospital system to helping make sure a criminal investigation is truly underway on Dr. Duntsch.

Reply · Share · 1 reply

3 2



Susan Wansbrough

16 hours ago

It is very difficult to make a criminal case out of malpractice.

What is your connection to Baylor that you feel so compelled to defend them? Everyone knows they are an excellent hospital system, but even the best sometimes make mistakes. Your defensiveness on their behalf brings additional attention to them.

Reply · Share

1 1



Tammy Farmer

21 hours ago

Interesting that the author of this article interviewed Duntsch and describes Duntsch as "engaging" with "uncommon credentials" from a "well regarded" neurosurgical institution. Yet, in the very same article, the journalist insinuates that Baylor should have known from day 1 that Duntsch was incompetent? Interesting that the allegations of drug and alcohol abuse plus "highly concerned" surgeon colleagues did not surface until AFTER Duntsch's license was suspended and high dollar plaintiff's attorneys rush to get "a piece of the pie".

Reply · Share

3 5



Randy McDonald

1 day ago

And you seriously thought this story deserved a front page spread? The guy revels in his fame that you helped him achieve.

Reply · Share · 7 replies

2 9



B G W

23 hours ago

I think people needed to be warned.

Reply · Share · 5 replies

12 2



Tammy Farmer

22 hours ago

B G W - Warned about what?? Did you read the article? Dr. Duntsch no longer has license to practice in Texas and no longer even resides in our state. So I have to agree with Randy McDonald that the front page spread is only serving to feed the ego of an obviously unstable sociopath.

Reply · Share · 4 replies

2 5



Terri Harrel

21 hours ago

Tammy obviously you miss the point of the article. The travesty is not just that this one doctor could practice but that hospitals did not report him to the data bank or the Texas Medical board, that they allowed him to continue. As the last of 3 hospitals said: "We ultimately did suspend his privileges. We also were the hospital that reported him to the medical board," "I know there's a lot of professional jealousy among hospitals, but gosh, it would have seemed to me

that other hospitals would have reported him to the medical board. But we're the ones who had the guts to actually take that step in the right direction." If you do not want to be warned great and I hope you feel safe the next time you check into a hospital.

Reply · Share · 3 replies ▾

👍 3 🗨️ 0



Tammy Farmer

20 hours ago

Terri, my reply to you is the same as it was to Reggie Markham. Please consider the possibility that perhaps no one (not even Baylor) had the information at the time of your friends' tragic loss. Plaintiffs' attorneys have highly skilled (and often unscrupled) investigators that are great at drumming up allegations after the fact in order to "get the big case" in Federal court. I hope the Martins and others are not having to experience further pain based on the actions of attorneys and journalists who are only trying to get the "big story" or the "big case". All who have been negatively impacted by Duntsch- the Martins, the other patients and families, Baylor and other health care organizations- remain very much in my prayers.

Reply · Share · 2 replies ▾

👍 1 🗨️ 4



Terri Harrel

19 hours ago

Tammy you have no idea what you are talking about. Maybe you should consider that YOU don't have all the information. It is easy be vague and paint a picture of people's intent with words like "unscrupled" or "drumming up allegations" After reading this article you can say with a straight face that allegations had to be "drummed up ??????" Really...you sound as delusional as the doctor who says he did nothing wrong and seems to have more pity for himself then any patient he hurt. This went to federal court because he filed bankruptcy not because of some scheme by an attorney. Kellie Martin is my sister and I am thankful to the news media for covering this story, to the two doctors (Henderson and Kirby) who after witnessing Duntsch's work firsthand felt compelled to file complaints against him with the Texas Medical Board, and to the attorney that at helped Kellie have a voice for justice after her senseless death.

Share

👍 4 🗨️ 0



Susan Wansbrough

15 hours ago

Between December 2011 and March 2012, a period of less than four months:

Dec. 2011--Duntsch accused by another surgeon, in OR, of not recognizing patient suffered excessive blood loss obscuring the operating field, and removing part of patient's spine unnecessarily. The second surgeon took instruments from him until problem resolved. Next week, Duntsch misplaced surgical hardware in same patient.

January 2012--during spinal fusion another surgeon who was assisting in the surgery described Duntsch's performance as "pathetic".

Feb. 2012--Duntsch's surgery on his friend, rendering him quadriplegic. Did not get necessary imaging studies. Allegations of cocaine use.

March 2012--death of Kellie Martin. Duntsch tries to shift blame by saying she probably had allergic reaction to Fentanyl. Had she had such a reaction, it would be in surgical record and anesthesiologist could have given epinephrine to counteract it. Other doctors and medical examiner say cause of death was excessive blood loss.

All of this was known to Baylor, but nevertheless, they issue a letter to Duntsch saying his record was clean so he could get privileges elsewhere. There is no evidence they reported Duntsch's problems to the State Boqrd of Medical Examiners

or National Practitioner's Data Bank. This allowed him to move to another hospital and continue putting patients at risk. And you think Baylor is being unfairly cast in a negative light?

Share

2 1



Susan Wansbrough

16 hours ago

If he'd been properly dealt with when his problems first surfaced, there would be no front page story.

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0 1

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