

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

**In the Matter of the Second Amended
Accusation Against:**

Donald Yu-Kwong Siao, M.D.

**Physician's and Surgeon's
Certificate No. G 73395**

Respondent.

Case No. 800-2018-045188

DECISION

The attached Stipulated Surrender of License 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 February 13, 2024.

IT IS SO ORDERED February 6, 2024.

MEDICAL BOARD OF CALIFORNIA

JENNA JONES FOR
Reji Varghese
Executive Director

1 ROB BONTA
Attorney General of California
2 MICHAEL C. BRUMMEL
Supervising Deputy Attorney General
3 KALEV KASEORU
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10 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

Case No. 800-2018-045188

13 **DONALD YU-KWONG SIAO, M.D.**
14 **2690 S. White Road, Suite 200**
San Jose, CA 95148

**STIPULATED SURRENDER OF
LICENSE AND DISCIPLINARY ORDER**

15 **Physician's and Surgeon's Certificate**
16 **No. G 73395**

17 Respondent.
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19 IT IS HEREBY STIPULATED AND AGREED by and between the parties on the above-
20 entitled proceedings that the following matters are true:

21 **PARTIES**

22 1. Reji Varghese (Complainant) is the Executive Director of the Medical Board of
23 California (Board). He brought this action solely in his official capacity and is represented in this
24 matter by Rob Bonta, Attorney General of the State of California, by Kalev Kaseoru, Deputy
25 Attorney General.

26 2. Donald Yu-Kwong Siao, M.D. (Respondent) is represented in this proceeding by
27 attorney Shannon Baker, Esq., of Rothschild, Wishek & Sands, LLP, whose address is: 765
28 University Avenue, Sacramento, CA 95825.

3. On or about February 4, 1992, the Board issued Physician's and Surgeon's Certificate No. G 73395 to Donald Yu-Kwong Siao, 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. 800-2018-045188 and will expire on January 31, 2024, unless renewed.

JURISDICTION

4. Accusation No. 800-2018-045188 was filed before the Board, and is currently pending against Respondent. The Second Amended Accusation and all other statutorily required documents were properly served on Respondent on July 20, 2023. Respondent timely filed his Notice of Defense contesting the Accusation. A copy of the Second Amended Accusation No. 800-2018-045188 is attached as Exhibit A and incorporated by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2018-045188. Respondent also has carefully read, fully discussed with counsel, and understands the effects of this Stipulated Surrender of License 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. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

8. Respondent understands and agrees that the charges and allegations in Accusation No. 800-2018-045188, if proven at hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate and hereby surrenders his Physician's and Surgeon's Certificate No. G 73395.

9. Respondent agrees that, at a hearing, Complainant could establish a prima facie case or factual basis for the charges in the Accusation, and that Respondent hereby gives up his right to contest those charges.

10. Respondent further agrees that if he ever petitions for reinstatement of his Physician's and Surgeon's Certificate No. G 73395, all of the charges and allegations contained in Accusation No. 800-2018-045188, shall be deemed true, correct, and fully admitted by Respondent for purposes of any such proceedings or any other licensing proceeding involving Respondent in the State of California or elsewhere.

11. Respondent understands that by signing this stipulation he enables the Executive Director of the Board to issue an order, on behalf of the Board, accepting the surrender of his Physician's and Surgeon's Certificate No. G 73395 without further process.

CONTINGENCY

12. Business and Professions Code section 2224, subdivision (b), provides, in pertinent part, that the Medical Board “shall delegate to its executive director the authority to adopt a... stipulation for surrender of a license.”

13. This Stipulated Surrender of License and Disciplinary Order shall be subject to the approval of the Executive Director on behalf of the Board. The parties agree that this Stipulated Surrender of License and Disciplinary Order shall be submitted to the Executive Director for his consideration in the above-entitled matter and, further, that the Executive Director shall have a reasonable period of time in which to consider and act on this Stipulated Surrender of License 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 Executive Director, on behalf of the Board, considers and acts upon it.

14. The parties agree that this Stipulated Surrender of License and Disciplinary Order shall be null and void and not binding upon the parties unless approved and adopted by the Executive Director on behalf of 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 Surrender of License and Disciplinary Order, the Executive

1 Director and/or the Board may receive oral and written communication from its staff and/or the
2 Attorney General's Office. Communications pursuant to this paragraph shall not disqualify the
3 Executive Director, the Board, any member thereof, and/or any other person from future
4 participation in this or any other matter affecting or involving Respondent. In the event that the
5 Executive Director on behalf of the Board does not, in his discretion, approve and adopt this
6 Stipulated Surrender of License and Disciplinary Order, with the exception of this paragraph, it
7 shall not become effective, shall be of no evidentiary value whatsoever, and shall not be relied
8 upon or introduced in any disciplinary action by either party hereto. Respondent further agrees
9 that should this Stipulated Surrender of License and Disciplinary Order be rejected for any reason
10 by the Executive Director on behalf of the Board, Respondent will assert no claim that the
11 Executive Director, the Board, or any member thereof, was prejudiced by its/his/her review,
12 discussion and/or consideration of this Stipulated Surrender of License and Disciplinary Order or
13 of any matter or matters related hereto.

14 RESERVATION

15 15. The admissions made by Respondent herein are only for the purposes of this
16 proceeding, or any other proceedings in which the Medical Board of California or other
17 professional licensing agency is involved, and shall not be admissible in any other criminal or
18 civil proceeding.

20 ADDITIONAL PROVISIONS

21 16. This Stipulated Surrender of License and Disciplinary Order is intended by the parties
22 herein to be an integrated writing representing the complete, final, and exclusive embodiment of
23 the agreements of the parties in the above-entitled matter.

24 17. The parties understand and agree that Portable Document Format (PDF) and facsimile
25 copies of this Stipulated Surrender of License and Disciplinary Order, including PDF and
26 facsimile signatures thereto, shall have the same force and effect as the originals.

27 18. In consideration of the foregoing admissions and stipulations, the parties agree that
28 the Board may, without further notice or formal proceeding, issue and enter the following Order:

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ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 73395, issued to Respondent Donald Yu-Kwong Siao, M.D., is surrendered and accepted by the Board.

1. The surrender of Respondent's Physician's and Surgeon's Certificate and the acceptance of the surrendered license by the Board shall constitute the imposition of discipline against Respondent. This stipulation constitutes a record of the discipline and shall become a part of Respondent's license history with the Board.

2. Respondent shall lose all rights and privileges as a Physician in California as of the effective date of the Board's Decision and Order.

3. Respondent shall cause to be delivered to the Board his pocket license and, if one was issued, his wall certificate on or before the effective date of the Decision and Order.

4. If Respondent ever files an application for licensure or a petition for reinstatement in the State of California, the Board shall treat it as a petition for reinstatement. Respondent must comply with all the laws, regulations and procedures for reinstatement of a revoked or surrendered license in effect at the time the petition is filed, and all of the charges and allegations contained in Accusation No. 800-2018-045188 shall be deemed to be true, correct and admitted by Respondent when the Board determines whether to grant or deny the petition.

5. Respondent shall pay the agency its cost of investigation and enforcement in the amount of \$13,192.50 (Thirteen thousand one hundred and ninety-two dollars and fifty cents) prior to the issuance of a new or reinstated license.

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1 ACCEPTANCE

2 I have carefully read the above Stipulated Surrender of License and Order and have fully
3 discussed it with my attorney Shannon Baker, Esq. I understand the stipulation and the effect it
4 will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Surrender of
5 License and Order voluntarily, knowingly, and intelligently, and agree to be bound by the
6 Decision and Order of the Medical Board of California.

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8 DATED: 01/24/24



9 DONALD YU-KWONG SIAO, M.D.
Respondent

10 I have read and fully discussed with Respondent Donald Yu-Kwong Siao, M.D. the terms
11 and conditions and other matters contained in this Stipulated Surrender of License and
12 Disciplinary Order. I approve its form and content.

13 DATED: 01/24/2024



14 SHANNON BAKER, ESQ.
Attorney for Respondent

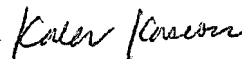
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16 ENDORSEMENT

17 The foregoing Stipulated Surrender of License and Disciplinary Order is hereby
18 respectfully submitted for consideration by the Medical Board of California of the Department of
19 Consumer Affairs.

20 DATED: January 24, 2024

Respectfully submitted,

21 ROB BONTA
Attorney General of California
22 ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General

23 

24 KALEV KASEORU
Deputy Attorney General
25 Attorneys for Complainant
26

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Exhibit A

Accusation No. 800-2018-045188

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7

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9 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

12 In the Matter of the Second Amended
Accusation Against:

Case No. 800-2018-045188

13 **DONALD YU-KWONG SIAO, M.D.**

SECOND AMENDED ACCUSATION

14 2690 S. White Road, Suite 200
15 San Jose, CA 95148-2077

16 Physician's and Surgeon's Certificate
No. G 73395,

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18 Respondent.

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21 **PARTIES**

22 1. Reji Varghese (Complainant) brings this Second Amended Accusation solely in his
23 official capacity as the Executive Director of the Medical Board of California, Department of
24 Consumer Affairs (Board).

25 2. On February 4, 1992, the Board issued Physician's and Surgeon's Certificate Number
26 G 73395 to Donald Yu-Kwong Siao, M.D. (Respondent). The Physician's and Surgeon's
27 Certificate was in full force and effect at all times relevant to the charges brought herein and will
28 expire on January 31, 2024, unless renewed.

JURISDICTION

3. This Second Amended Accusation is brought before the Board under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

4. Section 2001.1 of the Code makes public protection the Board's highest priority.

5. 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, or be subject to such other license discipline action as the Board deems proper.

6. Section 2234 of the Code states:

"The board shall take action against any licensee who is charged with unprofessional conduct. 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.

(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 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 that is substantially related to the qualifications, functions, or duties of a physician and surgeon.

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

(g) The failure by a certificate holder, in the absence of good cause, to attend and participate in an interview by the board. This subdivision shall only apply to a certificate holder who is the subject of an investigation by the board."

1 7. Section 2266 of the Code states: "The failure of a physician and surgeon to maintain
2 adequate and accurate records relating to the provision of services to their patients constitutes
3 unprofessional conduct."

4 8. Section 802.1 of the Code provides that a physician and surgeon shall make a written
5 report to the Board within 30 days of the bringing of a felony indictment against him/her.

6 9. Section 2236 of the Code states:

7 (a) The conviction of any offense substantially related to the qualifications,
8 functions, or duties of a physician and surgeon constitutes unprofessional conduct
9 within the meaning of this chapter [Chapter 5, the Medical Practice Act]. The record
of conviction shall be conclusive evidence only of the fact that the conviction
occurred.

10 (b) The district attorney, city attorney, or other prosecuting agency shall notify
11 the Medical Board of the pendency of an action against a licensee charging a felony
12 or misdemeanor immediately upon obtaining information that the defendant is a
13 licensee. The notice shall identify the licensee and describe the crimes charged and
the facts alleged. The prosecuting agency shall also notify the clerk of the court in
which the action is pending that the defendant is a licensee, and the clerk shall record
prominently in the file that the defendant holds a license as a physician and surgeon.

14 (c) The clerk of the court in which a licensee is convicted of a crime shall,
15 within 48 hours after the conviction, transmit a certified copy of the record of
conviction to the board. The division may inquire into the circumstances surrounding
16 the commission of a crime in order to fix the degree of discipline or to determine if
the conviction is of an offense substantially related to the qualifications, functions, or
17 duties of a physician and surgeon.

18 (d) A plea or verdict of guilty or a conviction after a plea of nolo contendere is
19 deemed to be a conviction within the meaning of this section and Section 2236.1.
The record of conviction shall be conclusive evidence of the fact that the conviction
occurred.

20 10. Section 125.3 of the Code provides, in pertinent part, that the Board may request the
21 administrative law judge to direct a licensee found to have committed a violation or violations of
22 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and
23 enforcement of the case, with failure of the licensee to comply subjecting the license to not being
24 renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be
25 included in a stipulated settlement.

26 11. The events described herein occurred in Santa Clara County, California.

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FIRST CAUSE FOR DISCIPLINE

(Gross Negligence/Repeated Negligent Acts)

12. Respondent is subject to disciplinary action for unprofessional conduct under sections 2234(b) and/or 2234(c) of the Code in that his care and treatment of Patient 1¹ included departures from the standard of care constituting gross negligence and/or repeated negligent acts.

13. Thirty-one-year-old Patient 1 first saw Respondent in September 2014, seeking a primary care physician to treat his reported attention deficit disorder and fibromyalgia with continuing prescriptions of the drug regimen he had been receiving: buprenorphine,² Adderall,³ and diazepam.⁴ Respondent continued that prescription regimen for Patient 1 until June 5, 2018, when Patient 1 underwent surgical repair of a broken left tibia. After Patient 1 was prescribed oxycodone⁵ post-operatively for pain by his treating surgeon upon his discharge from the hospital, Respondent discontinued the Adderall he had been prescribing for Patient 1 and added oxycodone to Patient 1's prescription regimen. Respondent's medical records contain no written informed consent to opioid therapy or a written pain contract with Patient 1. The records for Patient 1 are also devoid of any documented conversation between Respondent and Patient 1 on the relative risks and benefits of opioid therapy for Patient 1's pain.

14. Respondent continued to prescribe oxycodone to Patient 1 for his complaints of pain including a new complaint of shoulder pain from June 2019 through at least December 29, 2020,

¹ The four subject patients whose care is described herein are identified as Patient 1, Patient 2, Patient 3, and Patient 4 to preserve confidentiality. The patients' full names will be provided to Respondent upon request.

² Buprenorphine is a synthetic opioid-agonist with narcotic analgesic activity. Buprenorphine causes sedation, physical dependence, and respiratory depressant effects and decreases heart rate and blood pressure. Buprenorphine is a Schedule III controlled substance and a dangerous drug as defined in section 4022 of the Code.

³ Adderall, a trade name for mixed salts of a single-entity amphetamine, is a dangerous drug as defined in section 4022 of the Code and a Schedule II controlled substance as defined by section 11055 of the Health and Safety Code.

⁴ Diazepam is a psychotropic drug for the management of anxiety disorders. It is a dangerous drug as defined in section 4022 of the Code and a Schedule IV controlled substance as defined by section 11057 of the Health and Safety Code. Diazepam can produce psychological and physical dependence and it should be prescribed with caution.

⁵ Oxycodone is a semisynthetic narcotic analgesic with multiple actions qualitatively similar to those of morphine. It is a dangerous drug as defined in section 4022 of the Code and a Schedule II controlled substance and narcotic as defined by section 11055, subdivision (b)(1) of the Health and Safety Code. Oxycodone can produce morphine-like drug dependence.

1 often in combination with buprenorphine. The combination of buprenorphine and oxycodone
2 Respondent prescribed to Patient 1 resulted in a daily dose of narcotic medication exceeding 300
3 Morphine Milligram Equivalents (MME)⁶.

4 15. Respondent rarely ordered drug testing for Patient 1, despite acknowledging to Board
5 investigators that Patient 1 was opioid-dependent. A urine test sample collected from Patient 1 on
6 July 26, 2017, was negative for oxycodone, despite Respondent's having prescribed 80 mg/day of
7 oxycodone to Patient 1 regularly prior to that date; the medical records do not indicate that
8 Respondent undertook any measures to address that inconsistency.

9 16. Respondent did not document any attempt to refer Patient 1 to a pain management
10 specialist or consultation with other specialist providers to address Patient 1's pain while he was
11 regularly prescribing high doses of opioid medications to Patient 1. There is no indication in
12 Respondent's records that he attempted to taper the high dose of opioid medications he was
13 prescribing to Patient 1.

14 17. Respondent has subjected his license to disciplinary action for unprofessional
15 conduct, as defined by sections 2234(b) and 2234(c) of the Code, for the following departures
16 from the standard of care constituting gross negligence and/or repeated negligent acts in his care
17 of Patient 1: failure to obtain informed consent for prescribing high doses of opioid medications;
18 prescribing high doses of narcotics for a prolonged period to Patient 1 without attempting to taper
19 the dosages; failure to obtain sufficiently regular drug testing to ensure compliance in a patient
20 Respondent identified as opioid-dependent; failure to consult with—or refer Patient 1 to—
21 specialist providers; failure to address the clinical inconsistency of a negative urine test for
22 oxycodone for a patient to whom Respondent was consistently prescribing oxycodone; joint
23 prescribing of buprenorphine and oxycodone; and for his failure to regularly assess the clinical
24 effect of long-term prescribing of high doses of narcotics to Patient 1.

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26 ⁶ Morphine Milligram Equivalent (MME) is a calculated value established to allow
27 evaluation of the potency of a prescribed opioid relative to the potency of morphine; i.e., the
28 potency of X milligrams of the subject medication is functionally equivalent to 1 milligram of
morphine. The MME values used herein are those published in 2016 by the Center for Disease
Control.

1 **SECOND CAUSE FOR DISCIPLINE**

2 **(Failure to Maintain Adequate and Accurate Medical Records)**

3 18. The allegations of paragraphs 13 through 16 are incorporated by reference as if set
4 out in full. Respondent is subject to disciplinary action for unprofessional conduct under section
5 2266 of the Code in that he failed to maintain adequate and accurate medical records of his
6 treatment of Patient 1.

7 **THIRD CAUSE FOR DISCIPLINE**

8 **(Gross Negligence/Repeated Negligent Acts)**

9 19. Respondent is subject to disciplinary action for unprofessional conduct under sections
10 2234(b) and/or 2234(c) of the Code in that his care and treatment of Patient 2 included departures
11 from the standard of care constituting gross negligence and/or repeated negligent acts. The
12 circumstances are as follows:

13 20. Respondent first saw thirty-five-year-old Patient 2 at an office visit on February 8,
14 2018. Respondent's chart notes indicate that Patient 2 suffered from chronic back pain, anxiety,
15 and depression, among other conditions; that she was markedly overweight; and that she was
16 being treated by a psychologist. The records do not reflect a focused physical examination to
17 assess Patient 2's back pain, reportedly her primary complaint. Patient 2 reportedly told
18 Respondent she had been seeing a primary care physician who was "not very sensitive to her
19 pain." Respondent prescribed alprazolam⁷ for Patient 2's anxiety but did not prescribe narcotic
20 pain medication at this visit, as Patient 2 had not yet exhausted the pain medication prescribed by
21 her prior primary care physician. At the office visit on March 27, 2018, Respondent began
22 prescribing oxycodone to Patient 2, initially at 50 mg/day. There is no written pain contract or
23 informed consent to opioid therapy in Patient 2's chart, nor do Respondent's chart notes reflect a
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25 ⁷ Alprazolam is a psychotropic benzodiazepine used for the management of anxiety
26 disorders or for the short-term relief of the symptoms of anxiety. It is a dangerous drug as
27 defined in section 4022 of the Code and a Schedule IV controlled substance and narcotic as
28 defined by section 11057, subdivision (d) of the Health and Safety Code. Alprazolam has a
central nervous system (CNS) depressant effect and patients should be cautioned about the
simultaneous ingestion of alcohol and other CNS depressant drugs during treatment with
alprazolam. Due to the high potential for abuse, addiction-prone individuals should be under
careful surveillance when receiving alprazolam.

1 discussion with Patient 2 about the risks and benefits of opioids for pain. Patient 2 underwent
2 surgery by an orthopedic surgeon to repair a fractured ankle on May 17, 2018; she was prescribed
3 narcotics by that orthopedist to address post-surgical pain. Patient 2 was also receiving opioids
4 from other prescribers at this same time. There is no indication in Respondent's medical records
5 for Patient 2 that he attempted to contact the orthopedist or any of the other prescribers to discuss
6 and coordinate her care.

7 21. At the visit on January 3, 2019, Respondent increased the dose of oxycodone he
8 prescribed to Patient 2 to 120 mg/day; he also continued to give her the 2 mg/day dose of the
9 benzodiazepine alprazolam. There is no indication in Patient 2's medical record that Respondent
10 discussed with her the risks of taking opioids and benzodiazepines in combination. Respondent
11 did not prescribe Narcan⁸ for Patient 2, nor is there indication in the record that he discussed the
12 possibly life-saving benefit of such a prescription with her.

13 22. Over the course of the next two years--through at least December 23, 2020--
14 Respondent routinely prescribed both the benzodiazepine alprazolam and oxycodone (in a dose
15 measuring 180 MME/day) to Patient 2. Nothing in Respondent's medical records for Patient 2
16 suggests that at any time Respondent referred to or attempted to consult with any specialists
17 regarding her chronic pain, her depression, or her anxiety. Over this same period of years of
18 prescribing narcotics to Patient 2, Respondent did not order or document his review of any
19 laboratory testing to ensure compliance with the prescription regimen. His record is also silent as
20 to any periodic substantive review of the effects, beneficial or deleterious, of his prescribing to
21 Patient 2.

22 23. Respondent has subjected his license to disciplinary action for unprofessional conduct
23 as defined by sections 2234(b) and 2234(c) of the Code for the following departures from the
24 standard of care, constituting gross negligence and/or repeated negligent acts, in his care of
25 Patient 2: failure to obtain appropriate informed consent for prescribing high doses of oxycodone
26 in combination with a benzodiazepine; prescribing high doses of an opioid medication in

27 ⁸ Narcan, a trade name for naloxone hydrochloride, is a narcotic antagonist. It is a
28 dangerous drug as defined in section 4022 of the Code, indicated for complete or partial reversal
of narcotic intoxication, including respiratory depression induced by opioids.

1 combination with a benzodiazepine for a prolonged period to Patient 2 without periodic
2 assessment of the effects of that prescribing or attempting to taper the dosages of the two
3 medications; failure to obtain any verification of compliance with, and blood levels of, prescribed
4 medications by drug testing of a patient to whom Respondent was prescribing long-term opioid
5 therapy and benzodiazepines; failure to consult with or refer Patient 2 to specialist providers; and
6 for failure to regularly assess the clinical effect of long-term prescribing of high doses of
7 oxycodone to Patient 2.

8 FOURTH CAUSE FOR DISCIPLINE

9 (Failure to Maintain Adequate and Accurate Medical Records)

10 24. The allegations of paragraphs 20 through 22 are incorporated by reference as if set
11 out in full. Respondent is subject to disciplinary action for unprofessional conduct under section
12 2266 of the Code in that he failed to maintain adequate and accurate medical records of his
13 treatment of Patient 2.

14 FIFTH CAUSE FOR DISCIPLINE

15 (Gross Negligence/Repented Negligent Acts)

16 25. Respondent is subject to disciplinary action for unprofessional conduct under sections
17 2234(b) and/or 2234(c) of the Code in that his care and treatment of Patient 3 included departures
18 from the standard of care constituting gross negligence and/or repeated negligent acts.

19 26. Respondent first saw sixty-year-old Patient 3 at an office visit on September 8, 2015.
20 Patient 3 had been seeing a pain management specialist who had recently terminated Patient 3
21 from his practice for repeated violations of their pain contract by taking more than the prescribed
22 dose of narcotics and using medications not prescribed for her. Patient 3 presented to Respondent
23 with a primary complaint of chronic and worsening back pain. Respondent ordered an MRI study
24 of Patient 3's back at this September 8, 2015 visit; the MRI was eventually done on March 3,
25 2020. Respondent's medical record of this first visit does not reflect a focused examination of
26 Patient 3's back, a review of her prior medical records, or formulation of a differential diagnosis

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1 for Patient 3's pain. At this first visit, Respondent prescribed a Duragesic (fentanyl)⁹ patch, at a
2 dose of 50 mcg/hr for this patient's pain. Respondent obtained Patient 3's written agreement to
3 abide by a pain contract to govern her use of medication.

4 27. Patient 3 returned for four subsequent monthly office visits with Respondent. Patient
5 3 was seen by other primary care providers over the following two years, returning to Respondent
6 for an office visit in November 2017. At the first visit in his resumption of care for Patient 3,
7 Respondent continued the oxycodone and morphine sulfate¹⁰ she had received from the
8 physicians most recently treating her, but increased the dosage of both drugs.

9 28. Over the course of the following two years and nine months of visits with Patient 3,
10 Respondent continued to prescribe very high doses of opioid medications, with an aggregate daily
11 MME value of more than 200, without referring Patient 3 to another pain management specialist
12 or consulting with any such specialists about her care. Respondent ordered drug screens only
13 twice during this period for Patient 3, although the available records from her prior treating pain
14 management specialist in 2015 documented she had taken other's medications and exceeded the
15 prescribed doses of the opioids she had been prescribed on multiple occasions. There is no
16 indication in the medical record that Respondent discussed the value of a prescription for Narcan
17 with this patient for whom he was prescribing high dose opioids. Respondent notes at intervals in
18 the medical record that he is awaiting the results of the MRI scan he ordered for her in 2015, but
19 appeared to take no action to expedite the completion of that diagnostic test. Nothing in
20 Respondent's records of his care of Patient 3 reflects consideration of alternative modes of

21 ⁹ Duragesic is a trade name for a fentanyl transdermal system (patch). Fentanyl is an
22 opioid analgesic and is a dangerous drug as defined in section 4022 of the Code and a Schedule II
23 controlled substance as defined by section 11055 of the Health and Safety Code. Duragesic is a
24 strong opioid medication and is indicated only for treatment of chronic pain (such as that of
25 malignancy) that cannot be managed by lesser means and requires continuous opioid
26 administration. Duragesic presents a risk of serious or life-threatening hypoventilation. Use of
27 Duragesic together with other central nervous system depressants, including alcohol, can result in
28 increased risk to the patient. It should be used with caution in individuals with a history of
alcohol or drug abuse. Duragesic can produce drug dependence similar to that produced by
morphine and has the potential for abuse.

¹⁰ Morphine sulfate is a potent opioid analgesic for relief of moderate to severe pain.
Morphine is a dangerous drug as defined in section 4022 of the Code, and a Schedule II
controlled substance and narcotic as defined by section 11055, subdivision (b)(1) of the Health
and Safety Code. Morphine use can produce drug dependence and has a potential for being
abused.

1 treatment for her pain, attempts to taper the amount of narcotics he was prescribing to her, or
2 adequate periodic assessment of the clinical value of his prescribing regimen for Patient 3.

3 29. Respondent has subjected his license to disciplinary action for unprofessional conduct
4 as defined by sections 2234(b) and 2234(c) of the Code for the following departures from the
5 standard of care, constituting gross negligence and/or repeated negligent acts, in his care of
6 Patient 3: prescribing high doses of narcotics for a prolonged period without attempting to taper
7 the dosages; failure to consider clinical alternatives to opioid prescribing to address Patient 3's
8 pain; failure to obtain sufficiently frequent drug testing to ensure compliance in a patient
9 previously discharged from a prior prescriber's practice for misuse of narcotics; failure to consult
10 with specialist providers; and for failure to periodically assess the clinical effect of long-term
11 prescribing of high doses of narcotics to Patient 3.

12 **SIXTH CAUSE FOR DISCIPLINE**

13 **(Failure to Maintain Adequate and Accurate Medical Records)**

14 30. The allegations of paragraphs 26 through 28 are incorporated by reference as if set
15 out in full. Respondent is subject to disciplinary action for unprofessional conduct under section
16 2266 of the Code in that he failed to maintain adequate and accurate medical records of his
17 treatment of Patient 3.

18 **SEVENTH CAUSE FOR DISCIPLINE**

19 **(Gross Negligence/Repeated Negligent Acts)**

20 31. Respondent is subject to disciplinary action for unprofessional conduct under sections
21 2234(b) and/or 2234(c) of the Code in that his care and treatment of Patient 4 included departures
22 from the standard of care constituting gross negligence and/or repeated negligent acts. The
23 circumstances are as follows:

24 32. Sixty-three-year-old Patient 4 was hospitalized from mid-January 2017, until mid-
25 March of 2018 for an abscessed hip. Hospital records from that admission state that Patient 4 had
26 a history of intravenous drug use and a drug screen done early in his hospital stay was positive for
27 cocaine, methamphetamine, and opioids. Patient 4 was discharged from the hospital with a
28

1 prescription for Dilaudid.¹¹ Respondent first saw Patient 4 on April 3, 2018, who presented with
2 an array of physical complaints. Patient 4 reportedly told Respondent that the Dilaudid he had
3 been prescribed for his post-surgical hip pain was ineffective. At this first visit, Respondent
4 discontinued the Dilaudid and substituted oxycodone (90 mg/day) and methadone (60 mg/day).
5 In a subsequent interview with Board investigators, Respondent explained that he intended the
6 methadone for long-lasting pain relief and the oxycodone for Patient 4's occasional use as needed
7 for breakthrough pain. Despite Respondent's presented rationale for this combination of
8 prescribed opioids, the oxycodone dose he prescribed was in an amount allowing for maximum
9 daily use. Nothing in Respondent's medical notes for this visit or any subsequent visit indicates
10 his clinical consideration of, or plan of treatment for, the Hepatitis C and renal insufficiency
11 identified during Patient 4's recent hospitalization. The record is also devoid of any consideration
12 of alternative therapies and treatments for Patient 4's pain, nor was there any documentation of
13 consultation with, or referrals to, any medical specialists regarding Patient 4's treatment. While
14 Respondent's medical records refer to Patient 4 having suffered seizures, no plan for diagnosis or
15 treatment is present in the medical records. A documented hypertensive blood pressure reading
16 of 170/100 was also never addressed.

17 33. Respondent continued to see Patient 4 on a regular monthly schedule thereafter,
18 prescribing methadone, oxycodone, and alprazolam at the same high levels on every visit. On
19 November 14, 2018, Respondent obtained Patient 4's agreement to a written pain contract, which
20 explicitly forbids Patient 4's use of any medications not prescribed by Respondent. Exactly two
21 months later, on January 1, 2019, the first of a series of drug toxicology tests ordered by
22 Respondent revealed the appropriate presence of the prescribed methadone in Patient 4's blood,
23 but there was no trace of either the prescribed oxycodone or alprazolam.

24 34. Over the next 19 months, Respondent continued to regularly prescribe oxycodone,
25 alprazolam, and methadone to Patient 4, despite a series of eight additional drug toxicology tests
26

27 ¹¹ Dilaudid is a trade name for hydromorphone hydrochloride. Dilaudid is a hydrogenated
28 ketone of morphine and is a narcotic analgesic. It is a dangerous drug as defined in section 4022
of the Code and a Schedule II controlled substance as defined by section 11055, subdivision (d)
of the Health and Safety Code.

1 ordered by Respondent which consistently showed no trace of oxycodone in Patient 4's blood.
2 Those eight tests did show the invariable presence of methadone, and the presence of the
3 prescribed alprazolam on one occasion. The tests also established that Patient 4 had ingested
4 codeine, morphine, lorazepam,¹² methamphetamine, amphetamine, heroin, and phencyclidine
5 (PCP)¹³ at various times during the period between the first drug test on January 1, 2019, and the
6 test taken on August 24, 2020, the last drug test obtained by Respondent. Respondent's chart
7 notes for this period state that Patient 4 was complying with the terms of his drug contract. There
8 is no indication in Respondent's medical records that he discussed with Patient 4 the dangers of
9 using illicit drugs while being prescribed opioids and a benzodiazepine in combination, nor any
10 indication that Respondent ever suggested a prescription for Narcan to Patient 4. Respondent's
11 chart notes failed to include any plan or attempt to taper the high doses of the opioids and
12 benzodiazepine he was prescribing to Patient 4 and did not document any regular assessment of
13 the efficacy of this drug regimen he prescribed. Respondent continued to prescribe the
14 oxycodone, alprazolam, and methadone combination to Patient 4 through at least December 2020.

15 35. Respondent has subjected his license to disciplinary action for unprofessional conduct
16 as defined by sections 2234(b) and 2234(c) of the Code for the following departures from the
17 standard of care, constituting gross negligence and/or repeated negligent acts, in his care of
18 Patient 4: failure to address Patient 4's continued illicit drug use and apparent diversion of the
19 prescribed oxycodone; prescribing high doses of opioids in combination with a benzodiazepine
20 for a prolonged period without attempting to taper the dosages; failure to consider clinical
21 alternatives to opioid prescribing to address Patient 4's pain; failure to consult with specialist
22 providers; failure to provide Narcan to a patient to whom he was prescribing opioids and who
23 Respondent knew to be using illicit drugs including heroin; and for his failure to periodically
24 assess the clinical effect of long-term prescribing of high doses of narcotics to Patient 4.

25
26 ¹² Lorazepam (trade name Ativan) is a psychotropic drug used for the management of
27 anxiety disorders. Lorazepam has a central nervous system depressant effect. Lorazepam is a
28 dangerous drug as defined in section 4022 of the Code and a Schedule IV controlled substance as
defined by section 11057, subdivision (d) of the Health and Safety Code.

¹³ Phencyclidine (PCP) is an illegal hallucinogenic street drug once legally used for
anesthesia.

1 **EIGHTH CAUSE FOR DISCIPLINE**

2 **(Failure to Maintain Adequate and Accurate Medical Records)**

3 36. The allegations of paragraphs 32 through 34 are incorporated by reference as if set
4 out in full. Respondent is subject to disciplinary action for unprofessional conduct under section
5 2266 of the Code in that he failed to maintain adequate and accurate medical records of his
6 treatment of Patient 4.

7 **NINTH CAUSE FOR DISCIPLINE**

8 **(Failure to Report Felony Indictment)**

9 37. A felony indictment entitled "*United States of America v. Donald Siao*," No. 5:21-CR
10 00267-BLF, was filed against Respondent in the United States District Court for Northern
11 California on July 1, 2021. Respondent has subjected his Physician's and Surgeon's certificate to
12 disciplinary action for failure to make a timely written report of that indictment to the Board, as
13 required by Code section 802.1.

14 **TENTH CAUSE FOR DISCIPLINE**

15 **(Conviction of Substantially-Related Crime)**

16 38. Respondent has subjected his license to disciplinary action for unprofessional conduct
17 pursuant to section 2236 of the Code in that Respondent was convicted by jury verdict on June
18 21, 2023, in the matter of "*United States of America v. Donald Siao*," of twelve felony counts of
19 "Distributing Opioids Outside the Scope of Professional Practice" [21 USC 841(a)(1) &
20 (b)(1)(C)], crimes substantially related to the qualifications, functions, and duties of a physician
21 and surgeon.

22 **PRAYER**

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

25 1. Revoking or suspending Physician's and Surgeon's Certificate Number G 73395,
26 issued to Respondent Donald Yu-Kwong Siao, M.D.;

27 2. Revoking, suspending or denying approval of the authority given to Respondent
28 Donald Yu-Kwong Siao, M.D., to supervise physician assistants and advanced practice nurses;

1 3. Ordering Respondent Donald Yu-Kwong Siao, M.D., to pay the Board the costs of
2 investigation and enforcement of this case, and, if placed on probation, to pay the Board the costs
3 of probation monitoring; and

4 4. Taking such other and further action as deemed necessary and proper.
5

6
7 DATED: JUL 20 2023



REJI VARGHESE
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant