

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

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

Thuc Ba Tu, M.D.

**Physician's and Surgeon's
Certificate No. A 84863**

Case No.: 800-2023-096799

Respondent.

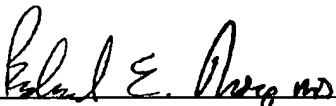
DECISION

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

This Decision shall become effective at 5:00 p.m. on September 26, 2025.

IT IS SO ORDERED: August 29, 2025.

MEDICAL BOARD OF CALIFORNIA



**Richard E. Thorp, M.D., Chair
Panel B**

1 ROB BONTA
Attorney General of California
2 ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General
3 ROSEMARY F. LUZON
Deputy Attorney General
4 State Bar No. 221544
600 West Broadway, Suite 1800
5 San Diego, CA 92101
P.O. Box 85266
6 San Diego, CA 92186-5266
Telephone: (619) 738-9074
7 Facsimile: (916) 732-7920

8 *Attorneys for Complainant*

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

13 In the Matter of the Accusation Against:

14 **Thuc Ba Tu, M.D.**
15 **6552 Bolsa Avenue, Suite N**
16 **Huntington Beach, CA 92647-2656**

17 **Physician's and Surgeon's Certificate**
18 **No. A 84863,**

19 Respondent.

Case No. 800-2023-096799

OAH No. 2025010245

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

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

22 **PARTIES**

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

27 2. Respondent Thuc Ba Tu, M.D. (Respondent) is representing himself in this
28 proceeding and has chosen not to exercise his right to be represented by counsel.

3. On or about October 3, 2003, the Board issued Physician's and Surgeon's Certificate No. A 84863 to Thuc Ba Tu, 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. 800-2023-096799, and will expire on July 31, 2025, unless renewed.

JURISDICTION

4. On or about November 7, 2024, Accusation No. 800-2023-096799 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on or about November 7, 2024, at his address of record. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A true and correct copy of Accusation No. 800-2023-096799 is attached as Exhibit A and incorporated by reference as if fully set forth herein.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read and understands the charges and allegations in Accusation No. 800-2023-096799. Respondent has also carefully read and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. 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 be represented by counsel at his own expense; 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.

8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

9. Respondent admits the truth of each and every charge and allegation in Accusation No. 800-2023-096799.

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10. Respondent agrees that his Physician's and Surgeon's Certificate No. A 84863 is subject to discipline and he agrees to be bound by the Board's imposition of discipline as set forth in the Disciplinary Order below.

CONTINGENCY

11. This stipulation shall be subject to approval by the Medical Board of California. Respondent understands and agrees that counsel for Complainant and the staff of the Medical Board of California may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent. By signing the stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

ADDITIONAL PROVISIONS

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

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

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

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1 assessment and clinical education and evaluation. Respondent shall pay all expenses associated
2 with the clinical competence assessment program.

3 At the end of the evaluation, the program will submit a report to the Board or its designee
4 which unequivocally states whether the Respondent has demonstrated the ability to practice
5 safely and independently. Based on Respondent's performance on the clinical competence
6 assessment, the program will advise the Board or its designee of its recommendation(s) for the
7 scope and length of any additional educational or clinical training, evaluation or treatment for any
8 medical condition or psychological condition, or anything else affecting Respondent's practice of
9 medicine. Respondent shall comply with the program's recommendations.

10 Determination as to whether Respondent successfully completed the clinical competence
11 assessment program is solely within the program's jurisdiction.

12 If Respondent fails to enroll, participate in, or successfully complete the clinical
13 competence assessment program within the designated time period, Respondent shall receive a
14 notification from the Board or its designee to cease the practice of medicine within three (3)
15 calendar days after being so notified. Respondent shall not resume the practice of medicine until
16 enrollment or participation in the outstanding portions of the clinical competence assessment
17 program have been completed. If Respondent did not successfully complete the clinical
18 competence assessment program, Respondent shall not resume the practice of medicine until a
19 final decision has been rendered on the accusation and/or a petition to revoke probation. The
20 cessation of practice shall not apply to the reduction of the probationary time period.

21 3. MONITORING - PRACTICE. Within 30 calendar days of the effective date of this
22 Decision, Respondent shall submit to the Board or its designee for prior approval as a practice
23 monitor, the name and qualifications of one or more licensed physicians and surgeons whose
24 licenses are valid and in good standing, and who are preferably American Board of Medical
25 Specialties (ABMS) certified. A monitor shall have no prior or current business or personal
26 relationship with Respondent, or other relationship that could reasonably be expected to
27 compromise the ability of the monitor to render fair and unbiased reports to the Board, including

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1 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree
2 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

3 The Board or its designee shall provide the approved monitor with copies of the Decision(s)
4 and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the
5 Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed
6 statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role
7 of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees
8 with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the
9 signed statement for approval by the Board or its designee.

10 Within 60 calendar days of the effective date of this Decision, and continuing throughout
11 probation, Respondent's practice shall be monitored by the approved monitor. Respondent shall
12 make all records available for immediate inspection and copying on the premises by the monitor
13 at all times during business hours and shall retain the records for the entire term of probation.

14 If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective
15 date of this Decision, Respondent shall receive a notification from the Board or its designee to
16 cease the practice of medicine within three (3) calendar days after being so notified. Respondent
17 shall cease the practice of medicine until a monitor is approved to provide monitoring
18 responsibility.

19 The monitor(s) shall submit a quarterly written report to the Board or its designee which
20 includes an evaluation of Respondent's performance, indicating whether Respondent's practices
21 are within the standards of practice of medicine and whether Respondent is practicing medicine
22 safely. It shall be the sole responsibility of Respondent to ensure that the monitor submits the
23 quarterly written reports to the Board or its designee within 10 calendar days after the end of the
24 preceding quarter.

25 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
26 such resignation or unavailability, submit to the Board or its designee, for prior approval, the
27 name and qualifications of a replacement monitor who will be assuming that responsibility within
28 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60

1 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
2 notification from the Board or its designee to cease the practice of medicine within three (3)
3 calendar days after being so notified. Respondent shall cease the practice of medicine until a
4 replacement monitor is approved and assumes monitoring responsibility.

5 In lieu of a monitor, Respondent may participate in a professional enhancement program
6 approved in advance by the Board or its designee that includes, at minimum, quarterly chart
7 review, semi-annual practice assessment, and semi-annual review of professional growth and
8 education. Respondent shall participate in the professional enhancement program at
9 Respondent's expense during the term of probation.

10 4. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the
11 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the
12 Chief Executive Officer at every hospital where privileges or membership are extended to
13 Respondent, at any other facility where Respondent engages in the practice of medicine,
14 including all physician and locum tenens registries or other similar agencies, and to the Chief
15 Executive Officer at every insurance carrier which extends malpractice insurance coverage to
16 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15
17 calendar days.

18 This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

19 5. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE
20 NURSES. During probation, Respondent is prohibited from supervising physician assistants and
21 advanced practice nurses.

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

25 7. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby
26 ordered to reimburse the Board its costs of investigation and enforcement in the amount of
27 \$20,169.60 (twenty thousand one hundred sixty-nine dollars and sixty cents). Costs shall be

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1 payable to the Medical Board of California. Failure to pay such costs shall be considered a
2 violation of probation.

3 Payment must be made in full within 30 calendar days of the effective date of the Order, or
4 by a payment plan approved by the Medical Board of California. Any and all requests for a
5 payment plan shall be submitted in writing by Respondent to the Board. Failure to comply with
6 the payment plan shall be considered a violation of probation.

7 The filing of bankruptcy by Respondent shall not relieve Respondent of the responsibility
8 to repay investigation and enforcement costs.

9 8. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations
10 under penalty of perjury on forms provided by the Board, stating whether there has been
11 compliance with all the conditions of probation.

12 Respondent shall submit quarterly declarations not later than 10 calendar days after the end
13 of the preceding quarter.

14 9. GENERAL PROBATION REQUIREMENTS.

15 Compliance with Probation Unit

16 Respondent shall comply with the Board's probation unit.

17 Address Changes

18 Respondent shall, at all times, keep the Board informed of Respondent's business and
19 residence addresses, email address (if available), and telephone number. Changes of such
20 addresses shall be immediately communicated in writing to the Board or its designee. Under no
21 circumstances shall a post office box serve as an address of record, except as allowed by Business
22 and Professions Code section 2021, subdivision (b).

23 Place of Practice

24 Respondent shall not engage in the practice of medicine in Respondent's or patient's place
25 of residence, unless the patient resides in a skilled nursing facility or other similar licensed
26 facility.

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1 License Renewal

2 Respondent shall maintain a current and renewed California physician's and surgeon's
3 license.

4 Travel or Residence Outside California

5 Respondent shall immediately inform the Board or its designee, in writing, of travel to any
6 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty
7 (30) calendar days.

8 In the event Respondent should leave the State of California to reside or to practice,
9 Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of
10 departure and return.

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

14 11. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
15 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
16 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
17 defined as any period of time Respondent is not practicing medicine as defined in Business and
18 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
19 patient care, clinical activity or teaching, or other activity as approved by the Board. If
20 Respondent resides in California and is considered to be in non-practice, Respondent shall
21 comply with all terms and conditions of probation. All time spent in an intensive training
22 program which has been approved by the Board or its designee shall not be considered non-
23 practice and does not relieve Respondent from complying with all the terms and conditions of
24 probation. Practicing medicine in another state of the United States or Federal jurisdiction while
25 on probation with the medical licensing authority of that state or jurisdiction shall not be
26 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
27 period of non-practice.

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1 In the event Respondent's period of non-practice while on probation exceeds 18 calendar
2 months, Respondent shall successfully complete the Federation of State Medical Boards' Special
3 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program
4 that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model
5 Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

6 Respondent's period of non-practice while on probation shall not exceed two (2) years.

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

8 Periods of non-practice for a Respondent residing outside of California will relieve
9 Respondent of the responsibility to comply with the probationary terms and conditions with the
10 exception of this condition and the following terms and conditions of probation: Obey All Laws;
11 General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or
12 Controlled Substances; and Biological Fluid Testing.

13 12. COMPLETION OF PROBATION. Respondent shall comply with all financial
14 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the
15 completion of probation. This term does not include cost recovery, which is due within 30
16 calendar days of the effective date of the Order, or by a payment plan approved by the Medical
17 Board and timely satisfied. Upon successful completion of probation, Respondent's certificate
18 shall be fully restored.

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

26 14. LICENSE SURRENDER. Following the effective date of this Decision, if
27 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy
28 the terms and conditions of probation, Respondent may request to surrender his license. The

Board reserves the right to evaluate Respondent's request and to exercise its discretion in determining whether or not to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its designee and Respondent shall no longer practice medicine. Respondent will no longer be subject to the terms and conditions of probation. If Respondent re-applies for a medical license, the application shall be treated as a petition for reinstatement of a revoked certificate.

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

16. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing action agency in the State of California, all of the charges and allegations contained in Accusation No. 800-2023-096799 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict license.

ACCEPTANCE

I have carefully read the Stipulated Settlement and Disciplinary Order. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate No. A 84863. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 4/22/2025


THUC BA TU, M.D.
Respondent

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ENDORSEMENT

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

DATED: 4/23/25

Respectfully submitted,

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



ROSEMARY F. LUZON
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2023-096799

1 ROB BONTA
Attorney General of California
2 ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General
3 ROSEMARY F. LUZON
Deputy Attorney General
4 State Bar No. 221544
600 West Broadway, Suite 1800
5 San Diego, CA 92101
P.O. Box 85266
6 San Diego, CA 92186-5266
Telephone: (619) 738-9074
7 Facsimile: (619) 645-2061

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13 In the Matter of the Accusation Against:

Case No. 800-2023-096799

14 **Thuc Ba Tu, M.D.**
6552 Bolsa Avenue, Suite N
15 Huntington Beach, CA 92647-2656

A C C U S A T I O N

16 **Physician's and Surgeon's Certificate**
17 **No. A 84863,**

Respondent.

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20 **PARTIES**

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

24 2. On or about October 3, 2003, the Board issued Physician's and Surgeon's Certificate
25 No. A 84863 to Thuc Ba Tu, M.D. (Respondent). The Physician's and Surgeon's Certificate was
26 in full force and effect at all times relevant to the charges brought herein and will expire on July
27 31, 2025, unless renewed.

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JURISDICTION

3. This 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 2220 of the Code states:

Except as otherwise provided by law, the board may take action against all persons guilty of violating this chapter. . .

5. Section 2227 of the Code states:

(a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:

(1) Have his or her license revoked upon order of the board,

(2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.

(3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.

(4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.

(5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem 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:

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(b) Gross negligence.

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COST RECOVERY

7. Section 125.3 of the Code states:

(a) Except as otherwise provided by law, in any order issued in resolution of a disciplinary proceeding before any board within the department or before the Osteopathic Medical Board, upon request of the entity bringing the proceeding, the administrative law judge may direct a licensee found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

(b) In the case of a disciplined licensee that is a corporation or a partnership, the order may be made against the licensed corporate entity or licensed partnership.

(c) A certified copy of the actual costs, or a good faith estimate of costs where actual costs are not available, signed by the entity bringing the proceeding or its designated representative shall be prima facie evidence of reasonable costs of investigation and prosecution of the case. The costs shall include the amount of investigative and enforcement costs up to the date of the hearing, including, but not limited to, charges imposed by the Attorney General.

(d) The administrative law judge shall make a proposed finding of the amount of reasonable costs of investigation and prosecution of the case when requested pursuant to subdivision (a). The finding of the administrative law judge with regard to costs shall not be reviewable by the board to increase the cost award. The board may reduce or eliminate the cost award, or remand to the administrative law judge if the proposed decision fails to make a finding on costs requested pursuant to subdivision (a).

(e) If an order for recovery of costs is made and timely payment is not made as directed in the board's decision, the board may enforce the order for repayment in any appropriate court. This right of enforcement shall be in addition to any other rights the board may have as to any licensee to pay costs.

(f) In any action for recovery of costs, proof of the board's decision shall be conclusive proof of the validity of the order of payment and the terms for payment.

(g) (1) Except as provided in paragraph (2), the board shall not renew or reinstate the license of any licensee who has failed to pay all of the costs ordered under this section.

(2) Notwithstanding paragraph (1), the board may, in its discretion, conditionally renew or reinstate for a maximum of one year the license of any licensee who demonstrates financial hardship and who enters into a formal agreement with the board to reimburse the board within that one-year period for the unpaid costs.

(h) All costs recovered under this section shall be considered a reimbursement for costs incurred and shall be deposited in the fund of the board recovering the costs to be available upon appropriation by the Legislature.

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1 (i) Nothing in this section shall preclude a board from including the recovery of
2 the costs of investigation and enforcement of a case in any stipulated settlement.

3 (j) This section does not apply to any board if a specific statutory provision in
4 that board's licensing act provides for recovery of costs in an administrative
5 disciplinary proceeding.

6 **FIRST CAUSE FOR DISCIPLINE**

7 **(Gross Negligence)**

8 8. Respondent has subjected his Physician's and Surgeon's Certificate No. A 84863 to
9 disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of
10 the Code, in that he committed gross negligence in his care and treatment of Patient A,¹ as more
11 particularly alleged hereinafter:

12 9. In or about January 2019, Patient A commenced care and treatment with Respondent.
13 Patient A's medical conditions included diet-controlled type 2 diabetes mellitus (DM),
14 hyperlipidemia, and migraines.

15 10. On or about October 20, 2022, in the late afternoon, Patient A presented to
16 Respondent with a chief complaint of intermittent abdominal pain, nausea, and vomiting for four
17 days. In addition, Patient A complained of decreased appetite, decreased "po intake" for several
18 weeks, and frequent urination with increased water intake for the past week. Patient A denied
19 any fever, chills, diarrhea, melena, hematochezia, hematemesis, dysuria, hematuria, chest pain,
20 and shortness of breath. His vital signs were within normal limits and he had mild abdominal
21 tenderness on physical examination.

22 11. In the progress notes for this visit, Respondent noted the need to "R/O acute
23 cholecystitis vs PUD vs other acute intra-abdominal processes" with respect to Patient A's
24 symptoms of abdominal pain, nausea, vomiting, poor appetite, and poor po intake. Respondent
25 then noted, "Order CT scan of abdomen and pelvis with contrast (urgently) . . ." Respondent
26 started Patient A on pantoprazole for abdominal pain/heartburn, Zofran for nausea or vomiting,
27 and Mintox Plus for indigestion, bloating, or gas. Respondent also noted that a GI referral for
28 further evaluation should be considered if Patient A's symptoms did not improve. Respondent

¹ References to "Patient A" herein are used to protect patient privacy.

1 continued, "As patient had frequent urination and drank more water[,] need to R/O uncontrolled
2 DM vs Hyperglycemic hyperosmolar Nonketosis (HONK) as patient might not have complied
3 with his ADA diet; order CMP, HbA1C; UA (patient was advised to have blood and urine tests as
4 soon as possible); will need to rule out Diabetic ketoacidosis even though he did not have fruity-
5 scented breath, no labor breathing, and no tachycardia . . ." Respondent further noted, ". . .
6 Patient was advised to have blood tests and urine test as soon as he could; Patient was advised to
7 go to ER if symptoms worsen; patient was advised to return to the clinic in 2-3 days for follow up
8 on his symptoms and for labs results[.]" With respect to Patient A's diabetes, Respondent noted,
9 "Repeat BMP, HbA1C; continue with ADA diet for now[.]"

10 12. Immediately after his visit with Respondent, Patient A went to the lab, but the lab had
11 already closed for the day. The next morning, on or about October 21, 2022, Patient A returned
12 to the lab and had his labs drawn. Patient A was told by an employee at the lab that the labs were
13 ordered as routine, not urgent, and the results would take a week. The labs resulted on or about
14 October 21, 2022, but they were not reported until on or about October 24, 2022. Patient A's
15 glucose level was high at 301 (with a reference interval of 70-99), his carbon dioxide level was
16 low at 14 (with a reference interval of 20-29), his urinalysis was abnormal with 3+ ketones, and
17 his A1c level was high at 14.2 (with a reference interval of 4.8-5.6).

18 13. After his labs were drawn on or about October 21, 2022, Patient A was concerned
19 about the delay in receiving the results. On or about the same day, at the recommendation of a
20 diabetic relative, Patient A took a home urine ketone test. The result was 160, which was the
21 highest value detectable by the test. The box instructions recommended that Patient A go to the
22 emergency department, which he did that afternoon.

23 14. Between on or about October 21, 2022, and October 24, 2022, Patient A was
24 hospitalized with a principal diagnosis of diabetic ketoacidosis, type 1. Upon arrival at the
25 emergency department, Patient A's labs were diagnostic of diabetic ketoacidosis. His glucose
26 level was 342, his carbon dioxide level was 15, his anion gap (AG) level was 17, his beta-
27 hydroxybutyrate (BHB) level was > 4, his urine was positive for ketones, and his venous blood
28 gas (VBG) revealed metabolic acidosis with a pH of 7.26.

1 15. On or about November 15, 2023, Respondent was interviewed by the Board's
2 investigators. Respondent stated that it is not his standard practice to order labs on a stat or
3 urgent basis and he relies on the lab to call him if lab values are critically abnormal. Respondent
4 further stated that, in urgent situations such as when the patient is in acute distress, his practice is
5 to instruct the patient to go to the emergency room. In Patient A's case, Respondent stated that,
6 by the time he saw Patient A on or about October 20, 2022, the lab had already closed so he told
7 him to go to the lab as soon as possible. Moreover, Respondent stated that he did not instruct
8 Patient A to go to the emergency room because he believed Patient A was hemodynamically
9 stable, he did not appear to be in acute distress, and he had been experiencing abdominal pain for
10 a month.

11 16. Respondent committed gross negligence in his care and treatment of Patient A, which
12 included, but was not limited to, the following:

13 A. Respondent failed to obtain urgent labs and abdominal imaging to
14 diagnose Patient A's acute abdominal pain and vomiting.

15 **DISCIPLINARY CONSIDERATIONS**

16 17. To determine the degree of discipline, if any, to be imposed on Respondent,
17 Complainant alleges that, on or about March 5, 2021, in a prior disciplinary action before the
18 Medical Board of California, titled *In the Matter of the Accusation Against Thuc Ba Tu, M.D.*,
19 Case No. 800-2017-037456, Respondent's Physician's and Surgeon's Certificate No. A.84863
20 was revoked, the revocation was stayed, and the Physician's and Surgeon's Certificate was placed
21 on probation for three years, subject to various terms and conditions, arising from his care and
22 treatment of four patients. That decision is now final and is incorporated by reference as if fully
23 set forth herein.

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1 PRAYER

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

4 1. Revoking or suspending Physician's and Surgeon's Certificate No. A 84863, issued
5 to Respondent Thuc Ba Tu, M.D.;

6 2. Revoking, suspending, or denying approval of Respondent Thuc Ba Tu, M.D.'s
7 authority to supervise physician assistants and advanced practice nurses;

8 3. Ordering Respondent Thuc Ba Tu, M.D., to pay the Board the costs of the
9 investigation and enforcement of this case, and if placed on probation, the costs of probation
10 monitoring; and

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

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13 DATED: NOV 07 2024

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

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