COMMONWEALTH OF MASSACHUSETTS

Middlesex, ss. Board of Registration in Medicine

Adjudicatory Case No. 2024-012

In the Matter of

ANTHONY G. EATON, M.D.

CONSENT ORDER

Pursuant to G.L. c. 30A, § 10, Anthony G. Eaton, M.D. (Respondent) and the Board of Registration in Medicine (Board) (hereinafter referred to jointly as the "Parties") agree that the Board may issue this Consent Order to resolve the above-captioned adjudicatory proceeding. The Parties further agree that this Consent Order will have all the force and effect of a Final Decision within the meaning of 801 CMR 1.01(11)(d). The Respondent admits to the findings of fact specified below and agrees that the Board may make the conclusions of law and impose the sanction set forth below in resolution of investigative Docket No. 20-366.

Findings of Fact

1. The Respondent graduated from the St. Louis University School of Medicine in 2000. The Respondent has been licensed to practice medicine in Massachusetts under certificate number 220078 since 2004. The Respondent specializes in internal medicine. He owns his own practice, Eaton Medical Associates, in Methuen and is affiliated with Merrimack Valley Hospital and Holy Family Hospital.

2. The Respondent is also licensed to practice medicine in New York.

3. The Respondent was previously licensed to practice medicine in Georgia and Maine.

Patient A

4. In 2013, the Respondent began treating Patient A, then a G.L. c. 4, § 7(26)(c) male, for multiple medical problems, including G.L. c. 4, § 7(26)(c) pain.

5. The Respondent breached the standard of care relating to Patient A by maintaining medical records reflecting internally inconsistent medications and by not including sufficient explanation of the medications being prescribed.

6. The Respondent also breached the standard of care for documentation by not consistently documenting all aspects of the patient's multiple, on-going conditions.

Patient B

7. In 2013, the Respondent began treating Patient B, then a tG.L. c. 4, § 7(26)(c) male, for multiple medical problems, including G.L. c. 4, § 7(26)(c) pain and G.L. c. 4, § 7(26)(c).

8. The Respondent breached the standard of care in the documentation of Patient B's complex pain management by not adequately documenting his rationale for evolving G.L. c. 4, § 7(26)(c) G.L. c. 4, § 7(26)(c) and by neglecting to reconcile major updates in treatment plans with the medication list.

9. Because Patient B was a G.L. c. 4, § 7(26)(c), the Respondent also breached the standard of care by not sufficiently documenting efforts made to monitor for health risks associated with G.L. c. 4, § 7(26)(c) use such as G.L. c. 4, § 7(26)(c).

10. The Respondent also breached the standard of care for documentation by not consistently documenting all aspects of the patient's multiple, on-going conditions.

Patient C

11. In January 2013, the Respondent began treating Patient C, then a G.L. c. 4, § 7(26)(c)-G.L. c. 4, male, for multiple medical problems, including G.L. c. 4, § 7(26)(c) pain and G.L. c. 4, § 7(26)(c)

12. The Respondent breached the standard of care for timely and accurate documentation of Patient C's G.L. c. 4, § 7(26)(c)r needs by failing to update the medical record.

Patient D

13. In 2013, the Respondent began treating Patient D, then a G.L. c. 4, § 7(26)(c) male, for multiple medical problems, including G.L. c. 4, § 7(26)(c) pain.

14. The Respondent breached the standard of care in the documentation of Patient D's G.L. c. 4, § 7(26)(c) by including incongruent notes about G.L. c. 4, § 7(26)(c)

15. The Respondent breached the standard of care for documentation by not consistently documenting all aspects of the patient's multiple, on-going conditions.

Conclusions of Law

A. The Respondent engaged in conduct which places into question the Respondent's competence to practice medicine, including but not limited to gross misconduct in the practice of medicine, or practicing medicine fraudulently, or beyond its authorized scope, or with gross incompetence, or with gross negligence on a particular occasion or negligence on repeated occasions in violation of G.L. c. 112 §5, eighth par. (c) and 243 CMR 1.03(5)(a)(3).

B. The Respondent failed to maintain a medical record for each patient that is complete, timely, legible, and adequate to enable a licensee or any other health care provider to provide proper diagnosis and treatment in violation of 243 CMR 1.03(5)(a)(11), to wit: 243 CMR 2.07(13)(a).

Sanction and Order

The Respondent's license is hereby REPRIMANDED. The Respondent is further ORDERED to successfully complete five continuing medical education credits on medical record documentation and provide proof of successful completion within 90 days of the ratification of this Consent Order. This sanction is imposed for each violation of law listed in the Conclusion section and not a combination of any or all of them.

Execution of this Consent Order

Complaint Counsel and the Respondent agree that the approval of this Consent Order is left to the discretion of the Board. The signature of Complaint Counsel and the Respondent are expressly conditioned on the Board accepting this Consent Order. If the Board rejects this Consent Order in whole or in part, then the entire document shall be null and void; thereafter, neither of the parties nor anyone else may rely on these stipulations in this proceeding.

As to any matter in this Consent Order left to the discretion of the Board, neither the Respondent, nor anyone acting on his behalf, has received any promises or representations regarding the same.

The Respondent waives any right of appeal that he may have resulting from the Board's acceptance of this Consent Order.

The Respondent shall provide a complete copy of this Consent Order with all exhibits and attachments within ten (10) days by certified mail, return receipt requested, or by hand delivery to the following designated entities: any in- or out-of-state hospital, nursing home, clinic, other licensed facility, or municipal, state, or federal facility at which the Respondent practices medicine; any in- or out-of-state health maintenance organization with whom the Respondent has privileges or any other kind of association; any state agency, in- or out-of-state,

with which the Respondent has a provider contract; any in- or out-of-state medical employer, whether or not the Respondent practices medicine there; the state licensing boards of all states in which the Respondent has any kind of license to practice medicine; the Drug Enforcement Administration Boston Diversion Group; and the Massachusetts Department of Public Health Drug Control Program. The Respondent shall also provide this notification to any such designated entities with which the Respondent becomes associated within one year following this reprimand. The Respondent is further directed to certify to the Board within ten (10) days that the Respondent has complied with this directive.

The Board expressly reserves the authority to independently notify, at any time, any of the entities designated above, or any other affected entity, of any action it has taken.

Anthony G. Eaton MD — 1/19/2024

Anthony G. Eaton, M.D.
Licensee

Date

Ingrid Martin — 1/25/2024

Ingrid Martin, Esq.
Counsel for Licensee

Date

Rachel Shute — 1/31/2024

Rachel N. Shute, Esq.
Complaint Counsel

Date

So ORDERED by the Board of Registration in Medicine this 14TH day of March, 2024

Booker T. Bush, M.D.
Chair