

COMMONWEALTH OF MASSACHUSETTS

MIDDLESEX, ss.

BOARD OF REGISTRATION
IN MEDICINE

Docket No. 18-167

2023-009

In the Matter of
Ashok K. Joshi, M.D.

CONSENT ORDER

Ashok K. Joshi, M.D. (Respondent) and the Complaint Counsel agree that the Board of Registration in Medicine (Board) may issue this Consent Order with 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 described below and agrees that the Board may make conclusions of law and impose a sanction in resolution of investigative Docket No. 18-167.

FINDINGS OF FACT

1. The Respondent graduated in June 1981 from Mahadevappa Rampure Medical College, Gulbarga University in Karnataka, India. His practice specialties are Emergency Medicine and General Practice. He is Board-certified in Emergency Medicine. The Respondent has been licensed to practice medicine in Massachusetts since May 1986 under certificate number 55726. He is affiliated with Lowell General Hospital (LGH).

Patient A

2. Patient A's first visit with the Respondent was on June 25, 2009. The Respondent performed a urinalysis to check for proteinuria that revealed the significant finding of microscopic hematuria with 2-3 RBC. .

3. On Patient A's follow-up visit on July 6, 2009, the Respondent did a repeat urinalysis by dipstick. The results of this repeat urinalysis showed that the blood had cleared. Patient A did not attend subsequent scheduled follow up visits.

4. The finding of hematuria warranted further evaluation of the urinary tract but was not performed.

5. Patient A passed away due to kidney cancer on December 31, 2014.

6. The Respondent's failure to follow-up with a renal scan and urology consultation to rule out occult malignancy did not meet the standard of care.

Patient B

7. Patient B was an elderly woman in very poor baseline health; she had critical Chronic Obstructive Pulmonary Disease (COPD) necessitating use of home oxygen (at 4 liters); she had chronic atrial fibrillation; was chronically debilitated; had congestive heart failure; and had multiple other comorbidities.

8. Patient B continued in obvious respiratory distress upon arrival to the Emergency Room (ER) at Athol Hospital on the evening of April 3, 2015, as evidenced by a rapid respiratory rate and the need for 8 liters of oxygen to maintain an oxygen saturation in the low 90s.

9. Patient B was in atrial fibrillation at a rapid rate of 128 bpm (beats per minute). Per cardiology guidelines, rapid atrial fibrillation should be treated until the heart rate is below 110 beats per minute, even in the absence of other medical problems.

10. Patient B was also exhibiting signs of significant dehydration, infection, and sepsis. She had lost fluids due to vomiting and diarrhea.

11. The Respondent ordered one liter of IV fluids to be administered over 6 hours. The recommended administration of IV fluids for Patient B's degree of dehydration and tachycardia

would have been to administer the one liter of IV fluids over 10-15 minutes and then re-assess for further need.

12. Patient B had four markers of severe infection (fever, rapid heart rate, rapid respiratory rate, and an elevated white blood cell count).

13. These markers serve as diagnostic criteria for Systemic Inflammatory Response Syndrome (SIRS) and would give the diagnosis of sepsis, the identification of a potentially life-threatening form of infection.

14. Patient B was transferred to the ICU at Heywood Hospital in the early morning hours of April 4, 2015. She passed away on April 12, 2015.

15. The Respondent's undertreatment of Patient B did not meet the standard of care.

CONCLUSIONS OF LAW

A. The Respondent has violated G.L. c. 112, §5, eighth par. (c) and 243 CMR 1.03(5)(a)3 by engaging in conduct that places into question the Respondent's competence to practice medicine by providing substandard care to Patient A and Patient B as outlined in paragraphs 2-15 above..

B. The Respondent's substandard care of Patient A and B constitutes conduct that undermines the public confidence in the integrity of the medical profession, in violation of the standards set forth in Levy v. Board of Registration in Medicine, 378 Mass. 519 (1979), and Raymond v. Board of Registration in Medicine, 387 Mass. 708 (1982).

SANCTION

The Respondent is permanently restricted from practicing Emergency Medicine. The Respondent's license is hereby indefinitely suspended. The indefinite suspension will be stayed upon the Respondent's entry into a standard five-year Probation Agreement. The Probation

Agreement will provide that the Respondent must comply with each of the recommendations listed on page 3 of the March 22-23, 2021 CPEP Assessment Report, except those that pertain to his practice of Emergency Medicine. See Exhibit A, CPEP Assessment Report, pp. 1-4.

This sanction is imposed for Conclusions of Law A and B individually and not for any combination of them.

EXECUTION OF THIS CONSENT ORDER

Complaint Counsel, the Respondent, and the Respondent's counsel agree that the approval of this Consent Order is left to the discretion of the Board. The signature of Complaint Counsel, the Respondent, and the Respondent's counsel 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.

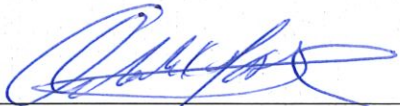
As to any matter in this Consent Order left to the discretion of the Board, neither the Respondent, nor anyone acting on his behalf, has received any promises or representations regarding the same.

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 he practices medicine; any in- or out-of-state health maintenance organization with whom he has privileges or any other kind of association; any state agency, in- or out-of-state, with which he has a provider contract; any in- or

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



Ashok K. Joshi, M.D., Respondent

6/13/2022

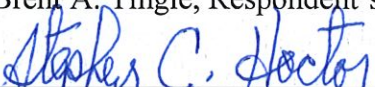
Date



Brent A. Tingle, Respondent's Counsel

7/12/22

Date




Stephen C. Hctor, Complaint Counsel

7/19/22

Date

Accepted by the Board of Registration in Medicine on this 2nd day of February 2023



Julian N. Robinson, M.D.
Board Chair