

COMMONWEALTH OF MASSACHUSETTS

Middlesex, SS.

Board of Registration in Medicine

Adjudicatory Case No. 2021-033

In the Matter of

DAVID B. KANTOR, M.D.

CONSENT ORDER

Pursuant to G.L. c. 30A, § 10, David B. Kantor, 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. 18-300.

Findings of Fact

1. The Respondent was born on January 3, 1972. He graduated from Johns Hopkins University School of Medicine in 2005. He is certified by the American Board of Medical Specialties in Pediatrics and Pediatric Critical Care Medicine. He has been licensed to practice medicine in Massachusetts under certificate number 237753 since July 2008. He is affiliated with Boston Children's Hospital and Boston Medical Center and cares for patients in the Pediatric Intensive Care Unit at both institutions.

2. On or about July 20, 2018, Boston Children's Hospital placed the Respondent on a six-month leave of absence due to three incidents of disruptive behavior with co-workers or staff at Boston Children's Hospital.

3. The first incident occurred on or about December 13, 2017, when the Respondent saw a child in distress laying on the floor of a Hospital stairwell. The child was surrounded by a security officer and hospital staff. The Respondent was in street clothing and had an ID badge on his belt, as opposed to on a lanyard around his neck.

4. Believing the situation to be a medical emergency, the Respondent approached the child and was blocked by the security officer, who informed him that the situation was under control. The Respondent, who is on the Code Blue Team, placed his hands on the shoulders of the security officer and pushed past him. At that point the Respondent was advised by the Behavioral Health Team members on site that this was a behavioral health response, not a Code Blue. The Respondent was needlessly confrontational and argumentative with the security officer at the scene. The Respondent then verbally confronted this security officer a second time approximately 30 minutes later regarding the initial incident.

5. The second incident occurred in or around February 10, 2018. The Respondent was caring for a critically ill patient with life-threatening bleeding from esophageal varices. Part of the emergency management of this patient involved treatment with Tranexamic acid (TXA), a medication used to treat severe bleeding. A fellow ordered TXA from the hospital pharmacy, but two hours later the medication had not arrived at the patient's bedside.

6. The Respondent went to the pharmacy and verbally confronted the pharmacist in an intimidating, unprofessional, and disrespectful manner about why the medication had not yet arrived at the patient's bedside.

7. Thereafter, the Respondent learned that because the medication request had not been placed as a stat order, the order was filled and placed in the local Pyxis machine awaiting retrieval, in the usual nonemergency manner.

8. The third incident occurred on or about March 23, 2018. A complex and critically ill patient with acute respiratory failure developed a life-threatening mucous plug in the endotracheal tube. The patient was under the immediate care of a Resident, a Respiratory Therapist, and bedside nursing team. After communications with the Resident by phone, the Respondent arrived bedside and together with the Respiratory Therapist, eventually identified and cleared the mucus plug, stabilizing the patient.

9. In the course of managing this emergency, the Respondent was curt in his interactions with the Resident and bedside nursing team. He did not adequately explain his management approach, which left the Resident feeling unclear about the rationale for the plan before Dr. Kantor arrived bedside. The Respondent did not properly debrief with the bedside team after the patient had been stabilized. The Respondent's interactions with the bedside team were dismissive and created distrust on their part.

10. The Respondent was required by Boston Children's Hospital to take a six month leave of absence from his clinical duties from March 28, 2018 to September 28, 2018. During this time, he was required to undergo professional counseling twice monthly. The Respondent returned to clinical service in October of 2018. He was supervised/monitored for his first six months back on service before returning to independent practice.

11. The Respondent accepts personal responsibility for these lapses in professionalism and sincerely regrets the way his actions undermined co-workers. There have been no docketed Board complaints of workplace conflict on the part of Dr. Kantor since he

returned from his leave of absence in October of 2018. Respondent has submitted letters of support from his Chiefs of Service at Boston Children's Hospital and Boston Medical Center attesting to his clinical skills and positive contributions to patient care at both institutions.

Conclusion of Law

A. The Respondent has engaged in conduct that undermines the public confidence in the integrity of the medical profession. *See Levy v. Board of Registration in Medicine*, 378 Mass. 519 (1979); *Raymond v. Board of Registration in Medicine*, 387 Mass. 708 (1982).

B. The Respondent has violated G.L. c. 112, § 5, eighth par. (h) and 243 CMR 1.03(5)(a)11 by violating a rule or regulation of the Board. Specifically, the Respondent engaged in conduct that is contrary to Board Policy 01-01, Disruptive Physician Behavior (Adopted June 13, 2001).

Sanction and Order

The Respondent's license is hereby Admonished. 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, 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 and Probation Agreement 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 s/he 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 in the year following the date of imposition of this admonishment. 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.



David B. Kantor, M.D.
Licensee

4/15/21

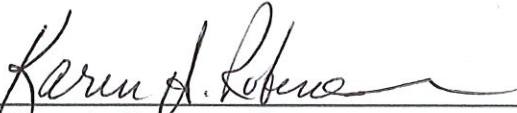
Date



Brent A. Tingle, Esq.
Attorney for the Licensee

4/22/21

Date




Karen A. Robinson, Esq.
Complaint Counsel

5/11/21

Date

So ORDERED by the Board of Registration in Medicine this 7th day of
July, 20 21.



George Abraham, M.D.
Board Chair