

COMMONWEALTH OF MASSACHUSETTS

Middlesex, SS.

Board of Registration in Medicine

Adjudicatory Case No. 2019-012

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In the Matter of )  
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NEAL W. NADELSON, M.D. )  
\_\_\_\_\_)

**CONSENT ORDER**

Pursuant to G.L. c. 30A, § 10, Neal W. Nadelson, 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. 14-365.

**Findings of Fact**

1. The Respondent was born in May 1948. He graduated from Albany Medical College of Union University in 1974 and is board-certified in Internal Medicine and Gastroenterology. The Respondent has been licensed to practice medicine in Massachusetts under certificate number 44345 since June 1979.

2. Prior to October 2014, the Respondent served as the Chief of the Gastroenterology Department at Melrose-Wakefield Hospital for thirty-five years.

3. On January 20, 2013, Patient A, a 71-year old female, was admitted to Melrose-Wakefield Hospital complaining of a one-day incident of lower abdominal cramps, episodes of bloody stool, and diarrhea.

4. On January 23, 2013, the Respondent performed a colonoscopy on Patient A.

5. The Respondent did not order any abdominal imaging, such as a Computed Tomography ("CT") scan, before performing the colonoscopy.

6. The Respondent noted in Patient A's medical record the following findings from the colonoscopy: sigmoid colitis, sigmoid polyp, and diverticulitis.

7. The Respondent did not remove the sigmoid polyp during the colonoscopy. Instead, he scheduled Patient A for a second procedure to be performed by another gastroenterologist six weeks later.

8. The Respondent did not document the size of the sigmoid polyp or provide a description of the colitis in the medical record.

9. After completing the procedure the Respondent started Patient A on steroids in the form of a Medrol-pack.

10. On January 24, 2013, the pathology results were completed and Patient A was discharged. The results suggested a pattern of ischemic colitis.

11. The Respondent did not instruct Patient A to discontinue the Medrol-pack based on the pathology results.

12. On January 26, 2013, Patient A was readmitted to Melrose-Wakefield Hospital with signs and symptoms of colonic perforation and sepsis.

13. Patient A underwent a Hartmann's procedure that was complicated by wound dehiscence requiring surgical intervention.<sup>1</sup>

14. The Respondent's care of Patient A fell below the standard of care at several points:

- a. The Respondent's decision to perform a colonoscopy without first performing abdominal imaging was negligent;
- b. The Respondent's decision to leave the sigmoid polyp for another gastroenterologist to remove during a subsequent procedure was negligent;
- c. The Respondent's failure to document the size of the sigmoid polyp and a description of the colitis in the medical record was negligent; and
- d. The Respondent's decision to continue Patient A on a regiment of corticosteroids after learning that she had ischemic colitis was negligent.

The Board has jurisdiction over this matter pursuant to G.L. c. 112, §§ 5, 61 and 62. This adjudicatory proceeding will be conducted in accordance with the provisions of G.L. c. 30A and 801 CMR 1.01.

#### Conclusion of Law

A. The Respondent has violated G.L. c. 112, §5 (c) and 243 CMR 1.03(5)(a)(3) by engaging in conduct which calls into question the physician's competence to practice medicine including, but not limited to, negligence on repeated occasions.

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<sup>1</sup> Per [www.emedicine.medscape.com](http://www.emedicine.medscape.com): A Hartmann's procedure involves a resection of the recto-sigmoid colon with a creation of a colostomy.

Per [www.emedicine.medscape.com](http://www.emedicine.medscape.com): wound dehiscence is defined as a separation of the wound's edges.

### Sanction and Order

The Respondent agrees that the following restriction will be placed upon his Massachusetts license, certificate number 44345:

1. The Respondent will permanently cease the practice of gastroenterology.

### 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.

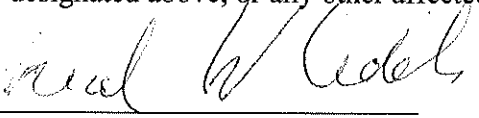
As to any matter in this Consent Order left to the discretion of the Board, neither the Respondent, nor anyone acting on his behalf, has received any promises or representations regarding the same.

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 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 following the date of imposition of this permanent license restriction. 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.

  
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Neal W. Nadelson, M.D.

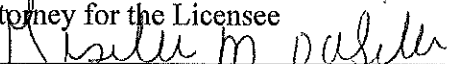
10/18/18  
\_\_\_\_\_  
Date

Licensee

  
\_\_\_\_\_  
Martin C. Foster, Esq.


10/22/2018  
\_\_\_\_\_  
Date

Attorney for the Licensee

  
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Gisela DaSilva, Esq.

10/22/2018  
\_\_\_\_\_  
Date

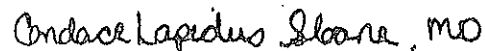
Attorney for the Licensee

  
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Lisa L. Fuccione, Esq.

10/23/18  
\_\_\_\_\_  
Date

Complaint Counsel

So ORDERED by the Board of Registration in Medicine this 28 day of February, 2019.

  
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Candace Lapidus Sloane, M.D.

Candace Lapidus Sloane, M.D.  
Board Chair