COMMONWEALTH OF MASSACHUSETTS

BOARD OF REGISTRATION IN MEDICINE

Middlesex, ss. Adjudicatory Case No. 2021-030

(RM-21-0251)

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In the Matter of ) FINAL DECISION AND ORDER )

Charles M. Rosenthal, M.D. )

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**Procedural History**

This matter came before the Board for disposition on the basis of the Administrative Magistrate’s Recommended Decision, incorporating a Stipulation, dated June 8, 2022, which is attached hereto and incorporated by reference. No evidence was taken with respect to the facts. Neither party filed Objections to the Recommended Decision or Memoranda on Disposition. After full consideration of the Recommended Decision, incorporating the facts as stipulated in the Stipulation, the Board ADOPTS the Recommended Decision.

**Discussion**

On October 3, 2020, the Respondent entered into a Consent Order with the State of Rhode Island Board of Medical Licensure and Discipline in which he agreed to a reprimand for “unprofessional conduct” for “any departure from, or the failure to conform to, the minimal standards of acceptable and prevailing medical practice in his or her area of expertise as is determined by the board.” The Respondent, a radiologist, reviewed Patient A’s CT scan and did not identify any urgent or emergent conditions. After being discharged home, Patient A returned to the Emergency Department with increased pain. The CT scan was reviewed again and indicated the presence of free air, a critical finding. The Rhode Island Board consulted an expert who determined that the failure to detect the presence of free air fell below the standard of care.

Where the Massachusetts Board seeks to impose discipline based on discipline meted out in another state (reciprocal discipline), the basis for the out-of-state discipline must align with Massachusetts requirements for “reasons substantially the same as those set forth in M.G.L. c. 112, sec 5 or 243 CMR 1.03(5)”. Where the subject of the Rhode Island discipline involved a single case of substandard care, without any finding of the reason for the substandard care, the Massachusetts’ statute G.L. c. 112, sec 5, and Code of Massachusetts Regulation 243 CMR 1.03(5)(a)3 would be the requirements that would be “substantially the same.”

As recently quoted in In the Matter of Victoria P. Peters, D.O., Adj. Case No, 2020-034 (Final Decision & Order February 17, 2022), “[t]he Board has written and the Supreme Judicial Court has concurred: ‘The law will not support a sanction for a single action of negligence.’ *Board of Medicine v, David M. Edinburgh, M.D.,* No. 89-3-TR December 18, 1991), citing M.G.L. c. 112, sec.5(c) and 243 CMR 1.03(5)(a)(3). *Egan v. Board of Registration in Medicine*, Supreme Judicial Court, No. 82-421, September 19, 1983 (Memorandum of Decision), at p. 20 (One act of negligence, standing alone….cannot support the imposition of discipline.)”

Given the findings of fact setting forth one instance of substandard care, and the conclusion of law as set forth in the Recommended Decision, the parties’ Stipulation, and the documentation of the completion of 8 hours of Continuing Medical Education courses in emergent conditions in radiology, the Board hereby DISMISSES the Statement of Allegations dated June 17, 2021.

DATE: September 8, 2022 Signed by Julian Robinson, M.D.

Julian Robinson, M.D.

Chair

Board of Registration in Medicine