

COMMONWEALTH OF MASSACHUSETTS

Middlesex, SS.

Board of Registration in Medicine

Adjudicatory Case No. 2019-001

In the Matter of

Lisette M. Bouret-Echevarria, M.D.

**STATEMENT OF ALLEGATIONS**

The Board of Registration in Medicine (Board) has determined that good cause exists to believe the following acts occurred and constitute a violation for which a licensee may be sanctioned by the Board. The Board therefore alleges that Lisette M. Bouret-Echevarria, M.D. (Respondent) has practiced medicine in violation of law, regulations, or good and accepted medical practice as set forth herein. The investigative docket number associated with this order to show cause is Docket No. 16-283.

**Biographical Information**

1. The Respondent was born on March 21, 1964. She graduated from the University of Puerto Rico School of Medicine in June 2000. The Respondent is board-certified in Family Medicine and has been licensed to practice medicine in Massachusetts since November 2015 under certificate number 265252. The Respondent is affiliated with AFC Urgent Care in Malden. The Respondent had previously been affiliated with Dimock Community Health Center (Dimock).

### Factual Allegations

2. In August 2016, the Board received a complaint that the Respondent had inappropriately prescribed thyroid medication to patients for whom it was not indicated when she was employed as a locum tenens at Dimock. While employed at Dimock, the Respondent provided substandard care to Patients A, B, and C by prescribing thyroid medication or increasing the dosage of thyroid medication to them when it was not warranted.

#### Patient A

3. Patient A was an 82 year old man when he sought treatment from the Respondent on May 5, 2016. Patient A had mild elevations of thyroid stimulating hormone (TSH) and a minor reduction of free thyroxine (FT4).

4. The Respondent prescribed 75 mcg of Levothyroxine to Patient A on May 5, 2016.

5. On May 27, 2016, the Respondent increased Patient A's Levothyroxine to 100 mcg.

6. The Respondent did not document her rationale for prescribing the Levothyroxine or for increasing the dosage.

7. Patient A missed the endocrinology consultation that had been arranged for him and the Respondent did not attempt to rebook the appointment.

8. Patient A had no physical symptoms of hypothyroidism.

9. Given Patient A's thyroid test results, his advanced age, lack of symptoms, and the fact that he did not have an endocrinology consultation, prescribing thyroid replacement therapy to Patient A and then increasing the dose was below the standard of care.

#### Patient B

10. The Respondent first saw Patient B, a 59 year old woman, on April 25, 2016 and ordered lab tests.

11. Patient B had no symptoms of hypothyroidism, no physical manifestations of hypothyroidism, and normal TSH levels.

12. On May 9, 2016, the Respondent prescribed 25 mcg of Levothyroxine to Patient B without documenting a rationale for doing so.

13. Respondent's prescribing of thyroid medication to Patient B was below the standard of care.

#### Patient C

14. Patient C was a 44 year old woman who first saw the Respondent on March 24, 2016 for follow-up on a complaint of fatigue.

15. Patient C suffered from anxiety and depression and was on a significant dose of a selective serotonin reuptake inhibitor (SSRI), which can alter thyroid hormone levels.

16. Patient C had minimal elevations of TSH and low normal levels of FT4.

17. On May 24, 2016, the Respondent prescribed 100 mcg of Synthroid to Patient C.

18. On May 5, 2016, when Patient C was feeling a little better but still fatigued, the Respondent increased Patient C's dose to 125 mcg of Synthroid.

19. The Respondent did not refer Patient C to an endocrinologist for consultation.

20. Given Patient C's SSRI medications, her borderline thyroid hormone results, it was below the standard of care to prescribe and increase thyroid replacement medication to Patient C without first sending her for an endocrinology consultation.

### Legal Basis for Proposed Relief

A. Pursuant to G.L. c. 112, §5, eighth par. (c) and 243 CMR 1.03(5)(a)3, the Board may discipline a physician upon proof satisfactory to a majority of the Board, that she engaged in conduct that 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.

B. Pursuant to G.L. c. 112, §5, eighth par. (h) and 243 CMR 1.03(5)(a)11, the Board may discipline a physician upon proof satisfactory to a majority of the Board, that said physician has violated of a rule or regulation of the Board. Specifically:

1. 243 CMR 2.07(13)(a), which requires a physician to:

- a. maintain a medical record for each patient that is complete, timely, legible, and adequate to enable the licensee or any other health care provider to provide proper diagnosis and treatment.

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.

### Nature of Relief Sought

The Board is authorized and empowered to order appropriate disciplinary action, which may include revocation or suspension of the Respondent's license to practice medicine. The Board may also order, in addition to or instead of revocation or suspension, one or more of the following: admonishment, censure, reprimand, fine, the performance of uncompensated public

service, a course of education or training or other restrictions upon the Respondent's practice of medicine.

Order

Wherefore, it is hereby **ORDERED** that the Respondent show cause why the Board should not discipline the Respondent for the conduct described herein.

By the Board of Registration in Medicine,

*Candace Lapidus Sloane, MD*

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Candace Lapidus Sloane, M.D.  
Board Chair

Date: January 10, 2019