

COMMONWEALTH OF MASSACHUSETTS

Middlesex, ss.

Board of Registration in Medicine

Adjudicatory Case No. 2023-009

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In the Matter of )  
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Ashok K. Joshi, M.D. )  
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**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 Ashok K. Joshi, M.D. (Respondent) has practiced medicine in violation of law, regulation, and/or good and accepted medical practice, as set forth herein. The investigative docket number associated with this order to show cause is Docket No. 18-167.

**Biographical Information**

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) and Athol Memorial Hospital (Athol).

**Factual Allegations**

**Patient A**

2. Patient A's first visit with the Respondent was on June 25, 2009. The Respondent performed a urinalysis that revealed the significant finding of microscopic hematuria and sent the urine

for culture to check for an infection as a urinary tract infection (UTI) is the most common cause of hematuria.

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 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) that continually progressed to a severe tachycardia at 180 bpm at the time of transfer to Heywood Hospital. 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 on 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.

#### Legal Basis for Proposed Relief

A. Pursuant to G.L. c. 112, §5, ninth 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 he engaged in conduct that places into question the physician'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 243 CMR 1.03(5)(a)18, the Board may discipline a physician upon proof satisfactory to a majority of the Board that said physician committed misconduct in the practice of medicine.

C. Pursuant to Levy v. Board of Registration in Medicine, 378 Mass. 519 (1979); Raymond v. Board of Registration in Medicine, 387 Mass. 708 (1982), and Sugarman v. Board of Registration in Medicine, 422 Mass. 338 (1996), the Board may discipline a physician upon proof satisfactory to a

majority of the Board that said physician lacks good moral character and has engaged in conduct that undermines the public confidence in the integrity of the medical profession.

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,



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Julian N. Robinson, M.D.  
Board Chair

Date:

2/21/2023