

COMMONWEALTH OF MASSACHUSETTS

Middlesex, SS.

Board of Registration in Medicine

Adjudicatory Case No. 2019-012

In the Matter of)
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)

NEAL W. NADELSON, 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 Neal W. Nadelson, 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. 14-365.

Biographical Information

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.

Factual Allegations

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.¹

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 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.

Legal Basis for Proposed Relief

A. Pursuant to G.L. c. 112, §5 (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 which calls into question his competence to practice medicine, including, but not limited to, negligence on repeated occasions.

The Board has jurisdiction over this matter pursuant to G.L. c. 112, §§ 5, 61 and 62. This

¹ Per www.emedicine.medscape.com: A Hartmann's procedure involves a resection of the recto-sigmoid colon with a creation of a colostomy.

Per www.emmedicine.medscape.com: wound dehiscence is defined as a separation of the wound's edges.

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

Candace Lapidus Sloane, M.D.
Board Chair

Date: February 28, 2019