

5. In October 2011, the Respondent began taking alcohol with him to work at MGH.
6. On December 16, 2011, the Respondent was assigned to work the over-night shift on a general medical floor at MGH.
7. On December 16, 2011, just prior to his shift at MGH, the Respondent drank alcohol.
8. On December 16, 2011, the Respondent brought alcohol with him to work.
9. During the course of the December 16 and 17, 2011 overnight shift, the Respondent treated patients.
10. During the course of the December 16 and 17, 2011 overnight shift, several nurses noticed that the Respondent smelled of alcohol and that he exhibited increasing signs of impairment.
11. As a result of the nursing staff's observations, the Respondent's MGH supervisor sent the Respondent home before the end of his shift.
12. The Respondent entered treatment for his alcohol use on December 23, 2011. He began random testing with Physician Health Services on March 20, 2012, and entered into a PHS monitoring contract effective April 20, 2012. He has remained in compliance with his contract since he entered into it.

Legal Basis for Proposed Relief

A. Pursuant to G.L. c. 112, §5, ninth par. (d) and 243 CMR 1.03(5)(a)4, the Board may discipline a physician upon proof satisfactory to a majority of the Board, that said physician practiced medicine while his ability to do so was impaired by alcohol, drugs, physical disability or mental instability.

B. Pursuant to *Levy v. Board of Registration in Medicine*, 378 Mass. 519 (1979); *Raymond v. Board of Registration in Medicine*, 387 Mass. 708 (1982), the Board may discipline a physician upon proof satisfactory to a majority of the Board, that said 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,

Candace Lapidus Sloane, MD

Candace Lapidus Sloane, M.D.
Board Chair

Date: July 17, 2013