

COMMONWEALTH OF MASSACHUSETTS

Middlesex, SS.

Board of Registration in Medicine

Adjudicatory Case No. 2013-042

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In the Matter of )  
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TIMOTHY SOULE-REGINE, 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 Timothy Soule-Regine, 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. 11-091.

1. The Respondent was born on April 23, 1955. He graduated from the Tufts University School of Medicine in 1986. He is certified by the American Board of Family Medicine. He has been licensed to practice medicine in Massachusetts under certificate number 70502 since 1989. He has privileges at Athol Memorial Hospital (Athol) and Henry Heywood Hospital.

Factual Allegations

Patient A

2. On December 8, 2009, the Respondent was the hospitalist on call at Athol.

3. On December 8, 2009, Patient A, a 33-year-old pregnant female, was admitted shortly after midnight to Athol's Emergency Department with a chief complaint of shortness of breath.

4. On December 8, 2009, at approximately 2:30 a.m., the Emergency Department called and spoke with the Respondent and the Respondent admitted Patient A to the hospital.

5. The Respondent was frustrated because he believed that Patient A should have been transferred to another hospital by the Emergency Department and because he believed that the nurses at Athol would feel uncomfortable taking care of a pregnant woman.

6. After Patient A's admission to the hospital, a nurse called him with concerns about Patient A's condition.

7. When answering the call from the nurse, the Respondent, who was still frustrated, interrupted the nurse and told the nurse that he was not coming in to see Patient A.

8. The Respondent failed to come into Athol to evaluate Patient A.

9. After the nurse spoke with the Respondent, Patient A was again seen by the Emergency Department physician who transferred her to another facility.

10. Athol required the Respondent, as the hospitalist on duty, to evaluate every patient admitted to the hospital.

#### Patient B

11. On November 29, 2010, Patient B, a 68-year-old female, was admitted by the Respondent's partner to Athol for COPD exacerbation, pneumonia, and related symptoms.

12. During the November 30, 2010 to December 1, 2010 overnight shift, the Respondent was the hospitalist on call.

13. The Respondent was frustrated because he believed that Patient B should have been transferred to another hospital for treatment which Patient B had refused on prior occasions.

14. At approximately 3:00 a.m. on December 1, 2010, the nursing staff spoke to the Respondent by telephone and informed him that they had concerns about abnormalities in Patient B's heart rate and blood pressure.

15. The Respondent, who was still frustrated, responded negatively when speaking with the nurses, told the nurses to call him under limited circumstances, and to call a code if need be.

#### Disruptive Behavior

16. Board Policy Number 01-01 on Disruptive Physician Behavior states that "Disruptive behavior by a physician has a deleterious effect on the health care system and increases the risk of patient harm."

17. Behaviors such as foul language; rude, loud or offensive comments; and intimidation of staff, patients and family members are now recognized as detrimental to patient care.

18. Disruptive behavior can include passive behavior such refusing to perform tasks.

19. During his care of Patient A and Patient B, the Respondent violated the Board of Registration in Medicine's Disruptive Physician Behavior Policy.

#### Legal Basis for Proposed Relief

A. 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.

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 physician 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*

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Candace Lapidus Sloane, M.D.  
Board Chair

Date: September 11, 2013