

COMMONWEALTH OF MASSACHUSETTS

Middlesex, ss.

Board of Registration in Medicine
Adjudicatory Case No. 2024-016

In the Matter of

CARL SIGSBEE, M.D.

CONSENT ORDER

Pursuant to G.L. c. 30A, § 10, Carl Sigsbee, M.D. (Respondent) and the Board of Registration in Medicine (Board) (hereinafter referred to jointly as the “Parties”) agree that the Board may issue this Consent Order to resolve the above-captioned adjudicatory proceeding. The Parties further agree that this Consent Order will have all the force and effect of a Final Decision within the meaning of 801 CMR 1.01(11)(d). The Respondent admits to the findings of fact specified below and agrees that the Board may make the conclusions of law and impose the sanction set forth below in full resolution of investigative Docket No. 21-528.

Findings of Fact

1. The Respondent graduated from the University of Massachusetts Medical School in 1982. He has been licensed to practice medicine in Massachusetts under license number 74100 since 1991. His practice specialties are emergency medicine and internal medicine, and he is board-certified in internal medicine. He is currently affiliated with Cape Cod Health Systems and Cape Cod Hospital.

2. On G.L. c. 4, § 7(26)(c), 2020 at approximately 1:10 pm, Patient A went to an urgent care facility after having G.L. c. 4, § 7(26)(c) pain and swelling that morning.

3. Patient A saw the Respondent and stated that his pain and swelling had come on suddenly that morning and it was very painful. The Respondent documented that Patient A reported that the pain and swelling began last night.

4. The Respondent examined Patient A and told him that there were two concerns in G.L. c. 4, § 7(26)(c) pain and discussed the differential diagnosis of G.L. c. 4, § 7(26)(c) and G.L. c. 4, § 7(26)(c).
G.L. c. 4, § 7(26)(c).

5. The Respondent told Patient A that the only way to tell the difference between G.L. c. 4, § 7(26)(c) and G.L. c. 4, § 7(26)(c) would be to do an G.L. c. 4, § 7(26)(c) of the G.L. c. 4, § 7(26)(c) but they could not do that in urgent care. The Respondent told Patient A that if they were at the hospital, he would order an ultrasound but asserts that he told Patient A that he could not do so from urgent care.

6. The Respondent told Patient A that because the urgent care facility did not have G.L. c. 4, § 7(26)(c) Patient A would have to go to the hospital to get an G.L. c. 4, § 7(26)(c), which was the only way to rule out G.L. c. 4, § 7(26)(c).

7. Patient A had Googled his symptoms while waiting to see the Respondent and told the Respondent that he could go to the hospital to get an G.L. c. 4, § 7(26)(c) because he had read that, if it was G.L. c. 4, § 7(26)(c) and not treated promptly, he would G.L. c. 4, § 7(26)(c).

8. The Respondent told Patient A that he felt that his exam supported G.L. c. 4, § 7(26)(c) and not G.L. c. 4, § 7(26)(c). The Respondent prescribed G.L. c. 4, § 7(26)(c), which Patient A took without relief.

9. On G.L. c. 4, § 7(26)(c), 2020, Patient A followed up with his G.L. c. 4, § 7(26)(c)'s office and was seen by a physician assistant. He was not seen by a physician.

10. The physician assistant diagnosed G.L. c. 4, § 7(26)(c) prescribed additional pain medication and a different G.L. c. 4, § 7(26)(c) and ordered an urgent outpatient G.L. c. 4, § 7(26)(c), which was scheduled for G.L. c. 4, § 7(26)(c), 2020 at G.L. c. 4, § 7(26)(c) at G.L. c. 4, § 7(26)(c) Hospital.

11. On G.L. c. 4, § 7(26)(c), 2020, Patient A's G.L. c. 4, § 7(26)(c) pain and swelling had become so severe he could not wait for the G.L. c. 4, § 7(26)(c) appointment and he went to the Emergency Department around G.L. c. 4, § 7(26)(c).

12. Patient A was evaluated by an emergency physician who ordered an G.L. c. 4, § 7(26)(c), which indicated G.L. c. 4, § 7(26)(c), and Patient A underwent operative exploration that same day and underwent G.L. c. 4, § 7(26)(c).

13. On G.L. c. 4, § 7(26)(c) 2020, a G.L. c. 4, § 7(26)(c) in the G.L. c. 4, § 7(26)(c) practice who had not examined Patient A signed the physician assistant's G.L. c. 4, § 7(26)(c), 2020 note without change.

14. After acknowledging that the only way to tell the difference between G.L. c. 4, § 7(26)(c) and G.L. c. 4, § 7(26)(c) would be to do an G.L. c. 4, § 7(26)(c) of the G.L. c. 4, § 7(26)(c), the Respondent did not order an G.L. c. 4, § 7(26)(c) or direct Patient A to go to the Emergency Department to get an G.L. c. 4, § 7(26)(c), but did provide advice as set forth above.

15. The Respondent did not document any G.L. c. 4, § 7(26)(c) examination of Patient A on G.L. c. 4, § 7(26)(c), 2020.

Conclusions of Law

- A. The Respondent committed malpractice as defined by M.G.L.c.112, sec. 61 in violation of 243 CMR 1.03(5)(a)(17).
- B. The Respondent failed to maintain patient records that are complete, timely, legible, and adequate to enable the licensee or any other health care provider to provide proper diagnosis and treatment, in violation of M.G.L.c.112, sec. 5, eighth par. (h), and 243 CMR 2.07(13)(a).

Sanction and Order

The Respondent's license is hereby REPRIMANDED. This sanction is imposed for each violation of law listed in the Conclusion section and not a combination of any or all of them.

Execution of this Consent Order

Complaint Counsel and the Respondent agree that the approval of this Consent Order is left to the discretion of the Board. The signature of Complaint Counsel and the Respondent are expressly conditioned on the Board accepting this Consent Order. If the Board rejects this Consent Order in whole or in part, then the entire document shall be null and void; thereafter, neither of the parties nor anyone else may rely on these stipulations in this proceeding.

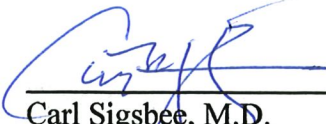
As to any matter in this Consent Order left to the discretion of the Board, neither the Respondent, nor anyone acting on his behalf, has received any promises or representations regarding the same.

The Respondent waives any right of appeal that he may have resulting from the Board's acceptance of this Consent Order.

The Respondent shall provide a complete copy of this Consent Order with all exhibits and attachments within ten (10) days by certified mail, return receipt requested, or by hand delivery to the following designated entities: any in- or out-of-state hospital, nursing home, clinic, other licensed facility, or municipal, state, or federal facility at which the Respondent practices medicine; any in- or out-of-state health maintenance organization with whom the Respondent has privileges or any other kind of association; any state agency, in- or out-of-state, with which the Respondent has a provider contract; any in- or out-of-state medical employer, whether or not the Respondent practices medicine there; the state licensing boards of all states in which the Respondent has any kind of license to practice medicine; the Drug Enforcement Administration Boston Diversion Group; and the Massachusetts Department of Public Health Drug Control Program. The Respondent shall also provide this notification to any such designated entities with which the Respondent becomes associated within one year following the

imposition of the reprimand. The Respondent is further directed to certify to the Board within ten (10) days that the Respondent has complied with this directive.


The Board expressly reserves the authority to independently notify, at any time, any of the entities designated above, or any other affected entity, of any action it has taken.



Carl Sigsbee, M.D.
Licensee

5/1/2025

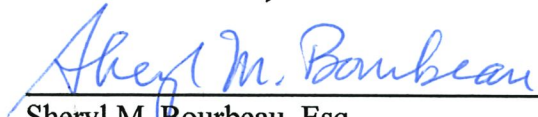
Date



John P. Mulvey, Esq.
Counsel for Licensee

5/11/25

Date




Sheryl M. Bourbeau, Esq.
Complaint Counsel

5/16/2025

Date

So ORDERED by the Board of Registration in Medicine this 29th day of May,
2025.



Booker T. Bush, M.D.
Board Chair