

COMMONWEALTH OF MASSACHUSETTS

Middlesex, SS.

Board of Registration in Medicine
Adjudicatory Case No. 2020-033

In the Matter of)

ALEXANDRA L. ACCARDI, M.D.)
_____)

FINAL DECISION AND ORDER

Procedural History

The Board initiated this matter by issuing a Statement of Allegations against the Respondent on July 16, 2020 and referring the matter to the Division of Administrative Law Appeals (DALA). The DALA Administrative Magistrate conducted a hearing on June 9-11, 2021 and issued a Recommended Decision on June 9, 2022. There were no objections filed concerning the Recommended Decision. Respondent and Petitioner each submitted a Memorandum on Disposition on December 15, 2022.

The Board has reviewed the Recommended Decision and the Memoranda on Disposition. At its meeting on March 23, 2023, the Board, the Board heard from the parties on the issue of sanction. The Board also took into consideration a Victim Impact Statement that was submitted by Patient A and provided to Respondent in accordance with G.L. c. 112, § 5. On the basis of the foregoing, the Board determines that there is no basis to amend the Recommended Decision¹. The Board hereby adopts the Recommended Decision and incorporates it into its Final Decision and Order.

Discussion

The Recommended Decision adopted by the Board concludes Respondent violated physician patient boundaries through her numerous questionable communications and interactions

¹ See footnote 4.

with Patient A. In so doing, the Respondent: a) committed misconduct in the practice of medicine;² and b) engaged in conduct that places into question her competence to practice medicine.^{3 4}

In prior boundary violation cases, Board has looked to several factors, such as the nature and extent of the overall misconduct, the number of patients involved, and the duration of the misconduct in fashioning an appropriate sanction. The Board has also recognized mitigating factors such as the physician's forthrightness and cooperation with the Board.⁵

In cases involving non-sexual boundary violations involving a single patient that have transpired over a year, the Board has sanctioned such with indefinite license suspension followed by probation. See *In the Matter of Heidi W. Ashih, M.D.*, Board of Registration in Medicine, Adjudicatory Case No. 2016-011 (Final Decision and Order, April 27, 2017)(indefinite suspension for inviting a current patient to reside and vacation with family); *In the Matter of Raymond W. Kam, M.D.*, Board of Registration in Medicine, Adjudicatory Case No. 2013-017 (Consent Order, May 8, 2013)(indefinite suspension for seeking to spiritually mentor a 16 y/o

² G.L. c. 112, §5, ninth ¶ (c) and 243 CMR 1.03(5)(a)3.

³ 243 CMR 1.03(5)(a)18.

⁴ The Magistrate did not make an express finding that Respondent's conduct undermines the public confidence in the integrity of the medical profession, pursuant to *Levy* and *Raymond*; only that this basis for discipline is duplicative of the charges of repeated acts of negligence and misconduct. The Board does not concur that an asserted basis for discipline in a Statement of Allegations may be disregarded as "duplicative" because the conduct on which it is based supports multiple asserted bases for discipline. Other Board decisions sanctioning non-sexual boundary violations have not made a distinction between conduct that is negligent, constitutes misconduct and undermines the public's confidence in the integrity of the medical profession. See, e.g., *In the Matter of Heidi W. Ashih, M.D.*, Board of Registration in Medicine, Adjudicatory Case No. 2016-011 (Final Decision and Order, April 27, 2017); and *In the Matter of Paul Hamburg, M.D.*, Board of Registration in Medicine, Adjudicatory Case No. 02-47-xx (Consent Order, November 20, 2002). However, in this particular instance the Board has chosen to not modify the Recommended Decision since the absence of this legal conclusion in this matter does not alter the sanction. The Board's choice to adopt the Recommended Decision as submitted in this instance is based on expedience and does not serve as precedent for striking or ignoring an asserted grounds for discipline in all matters where the same conduct is alleged as the basis for multiple grounds for discipline.

⁵ See *In the Matter of Douglas A. Janowski, M.D.*, Board of Registration in Medicine, Adjudicatory Case No. 2011-032 (Final Decision & Order, February 20, 2013) (physician's license indefinitely suspended after he inappropriately touched two (2) patients but immediately entered into a VANP and underwent treatment).

patient with complex psychiatric issues); and *In the Matter of Paul Hamburg, M.D.*, Board of Registration in Medicine, Adjudicatory Case No. 02-47-xx (Consent Order, November 20, 2002)(indefinite suspension for visiting current patient's home on multiple occasions, writing cards and letters to patient and giving patient stuffed animals).

Sanction

The record demonstrates that the Respondent's communications and offers of assistance were multiple, offered without much thought to establishing and maintaining the necessary physician-patient boundaries, and reflect that the Respondent appeared to no longer view Patient A as her patient but as a friend.⁶ While the Board recognizes the Respondent has reviewed some educational materials concerning patient-physician boundaries, made changes to her practice and sought informal supervision, these activities do not fully mitigate the need for a formal assessment of Respondent's clinical skills.

Given the findings of fact and conclusions of law set forth in the Recommended Decision, the Board hereby INDEFINITELY SUSPENDS the Respondent's license to practice medicine, which is immediately stayed for ninety (90) days. Any further stay of the suspension will be at the Board's discretion and will be contingent upon (1) the Respondent submitting the results of a clinical skills assessment by a Board-approved psychiatrist to assess the Respondent's ability to practice medicine and, more specifically, psychiatry, and her ability to maintain boundaries, and (2) further conditions, including but not limited to entry into a Probation Agreement, as the Board may determine necessary to protect the public's health and safety following its review of the assessment.

⁶ See Recommended Decision at p. 61

The Respondent shall provide a complete copy of this Final Decision and 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 she practices medicine; any in- or out-of-state health maintenance organization with which he has privileges or any other kind of association; any state agency, in- or out-of-state, with which she has a provider contract; any in- or out-of-state medical employer, whether or not she practices medicine there; the state licensing boards of all states with which she 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 she becomes associated for the duration of this suspension or subsequent Probation Agreement. The Respondent is further directed to certify to the Board within ten (10) days that she 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 taken.

The Respondent has the right to appeal this Final Decision and Order within thirty (30) days, pursuant to G.L. c. 30A §§14 and 15, and G.L. c. 112, § 64.

DATE: March 23, 2023



Julian Robinson, M.D.
Chair