COMMONWEALTH OF MASSACHUSETTS

Middlesex, SS. Board of Registration in Medicine

Adjudicatory Case No. 2015-030

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In the Matter of )

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TAREK ALASIL, 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 Tarek Alasil, 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. 13-260.

# Biographical Information

1. The Respondent was born on April 1, 1981. He is a 2004 graduate of University of Aleppo Faculty of Medicine. In 2010, he became licensed to practice medicine in Massachusetts under certificate number 242108. He is certified by the American Board of Internal Medicine. In April 2013, he became licensed to practice medicine in Connecticut. In June 2014, the Respondent relocated to Connecticut to begin a residency in ophthalmology.

Factual Allegations

1. In 2012, the Respondent was a hospitalist at Charlton Memorial Hospital (CMH).
2. On the evening of April 22, 2012, Patient A was seen in the Emergency Room (ER) at CMH.
3. The Respondent was on-call from 8 p.m., April 22 to 7 a.m. April 23, 2012.
4. The Respondent lived in Braintree, approximately forty miles from CMH.
5. The ER staff contacted the Respondent in order to admit Patient A.
6. Patient A had signs of early sepsis.
7. In the early morning of April 23, 2012, a code was called for Patient A.
8. In the early morning of April 23, 2012, the Respondent was:

a. Contacted by staff when Patient A was transferred to the telemetry unit;

b. Contacted by a physician who told him that a sepsis protocol had been instituted, and who requested that he report to the hospital to perform the History & Physical. The Respondent told the physician that he would do so.

c. Contacted by an Intensive Care Unit (ICU) nurse, around 4 – 4:30 a.m., who requested that he report to the hospital. He told the nurse that he or another physician in his call group (Other Physician) would come to the hospital.

1. At approximately 5:30 a.m., hospital staff called the Other Physician.
2. The Other Physician responded to the hospital around 6 a.m.
3. Despite the three requests to report to the hospital, the Respondent did not do so.
4. As a result of his failure to report when on-call, he was disciplined by the hospital. Specifically, the Respondent was:

a. suspended for 30 days;

b. required to complete three hours of CME credits in ethics;

c. required to complete three hours of CME credits in the recognition and management of sepsis;

d. counseled by the Chair regarding expectations for physician- to-physician communication; and

e. monitored for one month followed by a three month retrospective review regarding his responsiveness to patient care (nursing pages and attending at the bedside).

Legal Basis for Proposed Relief

A. 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 engaged in conduct that undermines the public confidence in the integrity of the medical profession.

B. 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.

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,

Signed by Kathleen Sullivan Meyer

Kathleen Sullivan Meyer

Board Vice Chair

Date: October 22, 2015