

COMMONWEALTH OF MASSACHUSETTS

Middlesex, SS.

Board of Registration in Medicine

Adjudicatory Case No. 2021-004

In the Matter of)
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)
RICHARD CHOI, M.D.)
_____)

STATEMENT OF ALLEGATIONS

The Board of Registration in Medicine (the “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 Richard Choi, M.D. (the “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. 18-112.

Biographical Information

1. The Respondent was born on December 3, 1969. He graduated from the University of Medicine and Dentistry in Edison, New Jersey in 1995. He has been licensed to practice medicine in Massachusetts under certificate number 209648 since May 9, 2001. He is also licensed to practice medicine in New Hampshire.

Factual Allegations

The February 26, 2016 Incident

2. On or around the morning of February 26, 2016, the Respondent was performing a surgery in an operating room (“OR”) in Lawrence General Hospital (“Lawrence General”) with

other OR staff, including but not limited to a Certified Registered Nurse Anesthetist (“CRNA”) Trainee from Northeastern University (“CRNA 1”).

3. At some point during the surgery described in the preceding paragraph, CRNA 1, believing that a temperature adjustment was necessary to comply with pertinent protocol at Lawrence General, used the thermostat in the OR to raise the temperature in the room.

4. The Respondent grew angry with CRNA 1 because the latter adjusted the temperature in the OR as described in the preceding paragraph without first consulting him.

5. Following the surgery described in ¶¶ 2-3, above, the Respondent contacted another physician at Lawrence General who was familiar with CRNA 1 (“Physician A”) and instructed the latter to remove CRNA 1 from the OR.

6. Based on the Respondent’s instruction as described in the preceding paragraph, Physician A permitted CRNA 1 to leave Lawrence General for the remainder of February 26, 2016.

7. After Physician A permitted CRNA 1 to leave Lawrence General as described in the preceding paragraph and at or around 1:30 pm on that same day, the Respondent approached Physician A at a nurse’s station in the Post-Anesthesia Care Unit (the “PACU”) and yelled and cursed about CRNA 1’s behavior in the OR that day, as described in ¶ 3, above.

8. The Respondent also threw a water bottle onto the ground during his interaction with Physician A as described in the preceding paragraph.

9. At least one (1) patient observed the Respondent’s behavior at the nurse’s station in the PACU on February 26, 2016 and Physician A felt very uncomfortable with the Respondent’s conduct at that time.

The December 22, 2017 Incident

10. On December 22, 2017, members of the Lawrence General administration (“Lawrence General Administration”) grew concerned over the Respondent’s approach to addressing two (2) sets of parents of two (2) child-patients that the Respondent had operated on that day at Lawrence General and that required longer-than-normal stays in the PACU.

11. As a result of the concerns described in ¶ 10, above, Lawrence General Administration met with the Respondent in a dictation room behind the PACU after the Respondent addressed the first set of parents to discuss his approach to meeting the second set of parents.

12. The Respondent left the aforementioned meeting in the PACU dictation room abruptly, walking around a member of Lawrence General Administration that was then addressing him in order to do so.

13. Following the meeting in the PACU dictation room as described in ¶¶ 11-12, above, the Respondent went to speak with the second set of parents.

14. The Respondent addressed both sets of parents brusquely and unprofessionally when he spoke to them on December 22, 2017.

15. Later in the day on December 22, 2017, the Respondent mocked Physician A, who worked with him on both of the child-patient cases referenced in ¶ 10, above, to OR staff.

16. On January 5, 2018, as a result of his conduct on December 22, 2017 as described in ¶¶ 10-15, above, the Respondent’s privileges at Lawrence General were involuntarily suspended for a period to last no longer than thirty (30) days.

17. On February 1, 2018, the Respondent's privileges at Lawrence General were reinstated after he met with Lawrence General Administration and agreed to certain terms for his return to work.

The May 11, 2018 Incident

18. At or around 7:15 am on May 11, 2018, the Respondent approached Physician B in the surgery department of Lawrence General to ask who was assigned to his OR that day.

19. Physician B, who was "running the board" for the surgery department in Lawrence General that day, informed the Respondent that Physician A and CRNA 1 were both assigned to the Respondent's OR.

20. As of May 11, 2018, CRNA 1 had not worked with the Respondent since the February 26, 2016 Incident, described above.

21. Upon learning that Physician A and CRNA 1 were both assigned to his OR, the Respondent became angry and asked Physician B, "Why are you doing this to me? Why are you trying to screw me over?"

22. The Respondent proceeded to loudly vocalize his grievances about that day's OR assignments to Physician B for approximately five (5) minutes, during which time he also stated to Physician B: "I hate this fucking place."

23. Multiple patients situated in cubicles in the general area of the Respondent and Patient B overheard some or all of their interaction as described in ¶¶ 18-22, above.

24. Later in the day on May 11, 2018, the Respondent requested and was granted a Leave of Absence from Lawrence General for a minimum of six (6) weeks in order to further address his behavior.

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 has engaged in conduct that undermines the public confidence in the integrity of the medical profession; and

b. Pursuant to Mass. Gen. Laws c. 112 § 5, eighth par. (b) and 243 CMR 1.03(5)(a)(2), the Board may discipline a physician upon proof satisfactory to a majority of the Board that said physician has committed an offense/offenses against a provision of the laws of the Commonwealth relating to the practice of medicine, or a rule or regulation adopted thereunder, to wit:

- i. Board Policy 01-01 – Disruptive Physician Behavior (adopted June 13, 2001).

The Board has jurisdiction over this matter pursuant to Mass. Gen. Laws c. 112, §§ 5, 61, and 62. This adjudicatory proceeding will be conducted in accordance with the provisions of Mass. Gen. Laws 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 or revocation of the Respondent's inchoate right to renew his 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,



George M. Abraham, M.D.
Board Chair

Date: February 11, 2021