

COMMONWEALTH OF MASSACHUSETTS

Middlesex, SS.

Board of Registration in Medicine

Adjudicatory Case No. 2021-033

In the Matter of

DAVID B. KANTOR, M.D.

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 the Board may sanction a licensee. The Board therefore alleges that DAVID B. KANTOR, 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. 18-300.

Biographical Information

1. The Respondent was born on January 3, 1972. He graduated from Johns Hopkins University School of Medicine in 2005. He is certified by the American Board of Medical Specialties in Pediatrics and Pediatric Critical Care Medicine. He has been licensed to practice medicine in Massachusetts under certificate number 237753 since July 2008. He is affiliated with Boston Children's Hospital and Boston Medical Center and cares for patients in the Pediatric Intensive Care Unit at both institutions.

Factual Allegations

2. On or about July 20, 2018, Boston Children's Hospital placed the Respondent on a six-month leave of absence due to three incidents of disruptive behavior with co-workers or staff at Boston Children's Hospital.

3. The first incident occurred on or about December 13, 2017, when the Respondent saw a child in distress laying on the floor of a Hospital stairwell. The child was surrounded by a security officer and hospital staff. The Respondent was in street clothing and had an ID badge on his belt, as opposed to on a lanyard around his neck.

4. Believing the situation to be a medical emergency, the Respondent approached the child and was blocked by the security officer, who informed him that the situation was under control. The Respondent, who is on the Code Blue Team, placed his hands on the shoulders of the security officer and pushed past him. At that point the Respondent was advised by the Behavioral Health Team members on site that this was a behavioral health response, not a Code Blue. The Respondent was needlessly confrontational and argumentative with the security officer at the scene. The Respondent then verbally confronted this security officer a second time approximately 30 minutes later regarding the initial incident.

5. The second incident occurred in or around February 10, 2018. The Respondent was caring for a critically ill patient with life-threatening bleeding from esophageal varices. Part of the emergency management of this patient involved treatment with Tranexamic acid (TXA), a medication used to treat severe bleeding. A fellow ordered TXA from the hospital pharmacy, but two hours later the medication had not arrived at the patient's bedside.

6. The Respondent went to the pharmacy and verbally confronted the pharmacist in an intimidating, unprofessional, and disrespectful manner about why the medication had not yet arrived at the patient's bedside.

7. Thereafter, the Respondent learned that because the medication request had not been placed as a stat order, the order was filled and placed in the local Pyxis machine awaiting retrieval in the usual nonemergency manner.

8. The third incident occurred on or about March 23, 2018. A complex and critically ill patient with acute respiratory failure developed a life-threatening mucous plug in the endotracheal tube. The patient was under the immediate care of a Resident, a Respiratory Therapist, and bedside nursing team. After communications with the Resident by phone, the Respondent arrived bedside and together with the Respiratory Therapist, eventually identified and cleared the mucus plug, stabilizing the patient.

9. In the course of managing this emergency, the Respondent was curt in his interactions with the Resident and bedside nursing team. He did not adequately explain his management approach, which left the Resident feeling unclear about the rationale for the plan before Dr. Kantor arrived bedside. The Respondent did not properly debrief with the bedside team after the patient had been stabilized. The Respondent's interactions with the bedside team were dismissive and created distrust on their part.

10. The Respondent was required by Boston Children's Hospital to take a six month leave of absence from his clinical duties from March 28, 2018 to September 28, 2018. During this time, he was required to undergo professional counseling twice monthly. The Respondent returned to clinical service in October of 2018. He was supervised/monitored for his first six months back on service before returning to independent practice.

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

B. The Respondent has violated G.L. c. 112, § 5, eighth par. (h) and 243 CMR 1.03(5)(a)11 by violating a rule or regulation of the Board—to wit, the Respondent engaged in conduct that is contrary to Board Policy 01-01, Disruptive Physician Behavior (Adopted June 13, 2001).

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.

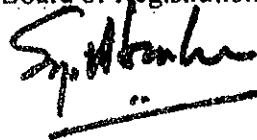
Nature of Relief Sought

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,

A handwritten signature in black ink, appearing to read "G. Abraham", written over a horizontal line.

George Abraham, M.D.
Board Chair

Date: July 7, 2021