

Factual Allegations

Patient A:

3. In June 2014 Patient A went to HUHS for a consult with the Respondent after learning that his Prostate-specific Antigen (“PSA”) level was elevated.
4. The Respondent recommended that Patient A have a prostate biopsy to determine whether he had prostate cancer.
5. On July 7, 2014 the Respondent performed the biopsy at BWH.
6. On July 14, 2014 Patient A’s biopsy results were completed and recorded in his BWH medical record.
7. The Respondent had a personal notebook in which he kept a log of his patients’ test results and his attempts to notify them of the same.
8. The Respondent erroneously put a check mark next to Patient A’s name in his personal notebook.
9. The Respondent believed, based on the check mark next to Patient A’s name, that he had notified Patient A of the positive biopsy results.
10. On May 22, 2015, Patient A went to HUHS for a visit with his primary care provider (“PCP”).
11. Patient A’s PCP informed him of the positive biopsy results from July 2014.
12. Patient A’s PSA level on May 22, 2015 was essentially unchanged from July 2014.
13. The Respondent’s failure to notify Patient A of his positive biopsy results in a timely manner constituted negligence.

Patient B:

14. In January 2014 Patient B was referred to the Respondent for an evaluation of a symptomatic, non-obstructing kidney stone.
15. On May 6, 2014, Patient B saw the Respondent for evaluation of left flank pain.
16. On May 9, 2014, Patient B underwent a renal ultrasound.
17. On May 27, 2014, the Respondent reviewed the results of Patient B's renal ultrasound which showed mild fullness of the left kidney as well as the presence of two kidney stones.
18. From June to July 2014, Patient B repeatedly contacted HUHS requesting the results of his ultrasound.
19. At some point between July 21, 2014 and October 2, 2014, the Respondent left Patient B a voicemail message stating that his ultrasound was normal.
20. The Respondent did not record in Patient B's medical record that he notified Patient B of the ultrasound results.
21. On October 2, 2014, Patient B went to his PCP at HUHS complaining of continuing left flank pain.
22. On October 2, 2014, Patient B's PCP informed him that the May 9, 2014 renal ultrasound actually revealed the presence of two 6mm kidney stones.
23. Patient B subsequently had a Computerized Tomography ("CT") scan of his left kidney performed. The scan revealed hydronephrosis (swelling of the kidney) and the presence of small stones in the left ureter.
24. On December 8, 2014, Patient B underwent dilation of a ureteral stricture (narrowing of the ureter) which was performed by another urologist at BWH.

25. The Respondent's failure to provide Patient B with an accurate description of his ultrasound results constituted negligence.

26. The Respondent's failure to provide Patient B with his ultrasound results in a timely manner constituted negligence.

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.

Legal Basis for Proposed Relief

A. Pursuant to G.L. c. 112, §5 (c) and 243 CMR 1.03(5)(a)3, the Board may discipline a physician upon proof satisfactory to a majority of the Board, that he engaged in conduct which places into question the physician's competence to practice medicine, including, but not limited to, negligence on repeated occasions.

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,

Candace Lapidus Sloane, MD

Candace Lapidus Sloane, M.D.
Board Chair

Date: *December 20, 2018*