

COMMONWEALTH OF MASSACHUSETTS

Middlesex, SS.

Board of Registration in Medicine

Adjudicatory Case No. 2022-040

In the Matter of

SIDNEY CHARLES RUBENSTEIN, 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 a licensee may be sanctioned by the Board. The Board therefore alleges that SIDNEY CHARLES RUBENSTEIN, 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. 18-260.

Biographical Information

1. The Respondent graduated from Harvard Medical School in 1989. He has been licensed to practice medicine in Massachusetts under certificate number 73086 since 1990. He is board-certified in urology and specializes in urology and urological surgery. He holds additional medical licenses in Kansas, Missouri, North Dakota, and New Mexico. The Respondent had privileges at Mount Auburn Hospital until he resigned in March 2020.

Factual Allegations

2. In November 2017, an attending physician at Mount Auburn Hospital instructed her third-year resident to call the Respondent who was the on-call urologist and ask him to come

into the hospital to insert a foley catheter in a case involving a female patient who suffered minor pelvic trauma and had blood in her urine.

3. The Respondent initially refused to come in and told the resident the case was not urgent, and it would take him approximately an hour to drive to the hospital.

4. Later in the day, the resident called the Respondent a second time and renewed the request to have the Respondent, in his capacity as the on-call urologist, assist given the heightened risk of injury to the female patient.

5. During the second telephone call the Respondent berated the third-year resident for not being able to insert a catheter into a woman. The Respondent eventually agreed to come in but ended the call by asking that the resident remain at the hospital so he could learn the procedure.

6. The resident felt very uncomfortable and left the hospital at the end of his shift before the Respondent arrived.

7. In March 2018, the Respondent was preparing to take a teenage patient to surgery who suffered from testicular torsion.

8. Upon learning that another physician was about to use the same operating room for non-urgent orthopedic surgery on a different patient, the Respondent went to that physician and argued vigorously in front of staff and the orthopedic patient, whom he incorrectly believed to be unconscious, that his patient's surgery was an emergency and he should get the operating room first.

9. The orthopedic patient was awake, heard the exchange, and was offended. The two physicians subsequently moved their conversation to someplace private and ultimately resolved their operating room scheduling conflict.

10. In December 2019, the Respondent completed a yearlong longitudinal program through Acumen Institute for coaching and education on conflict resolution.

11. The Respondent resigned his privileges at Mount Auburn Hospital in March 2020 after another staff complaint of disruptive behavior.

12. Board Policy Number 01-01 on Disruptive Physician Behavior states "Behaviors such as foul language; rude, loud or offensive comments; and intimidation of staff, patients and family members are now recognized as detrimental to patient care."

13. In 2008, the Board reprimanded the Respondent for engaging in disruptive behavior. *In the Matter of Sidney Rubenstein*, Board of Registration in Medicine, Adjudicatory Case No. 2008-034 (September 17, 2008, Consent Order) (while in the Melrose-Wakefield operating room the Respondent said he hated everyone at the hospital and when he retired, he was going to come back with a machine gun and kill everyone).

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.

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,



Julian N. Robinson, M.D.
Board Chair

Date: 10/6/2022