

COMMONWEALTH OF MASSACHUSETTS

Middlesex, SS.

Board of Registration in Medicine

Adjudicatory Case No 2017-029

In the Matter of

Raja Rehman, M.D.

CONSENT ORDER

Pursuant to G.L. c. 30A, § 10, Raja Rehman (Respondent) and the Board of Registration in Medicine (Board) (hereinafter referred to jointly as the "Parties") agree that the Board may issue this Consent Order to resolve the above-captioned adjudicatory proceeding. The Parties further agree that this Consent Order will have all the force and effect of a Final Decision within the meaning of 801 CMR 1.01(11)(d). The Respondent admits to the findings of fact specified below and agrees that the Board may make the conclusions of law and impose the sanction set forth below in resolution of investigative Docket No. 12-411.

Findings of Fact

1. The Respondent was born on June 6, 1965. He graduated from King Edward College, University Punjab in 1987. He is Board certified in gastroenterology and internal medicine. He has been licensed to practice medicine in Massachusetts under certificate number 207022 since 2000. He is currently practicing at Lawrence General Hospital (LGH) and Holy Family Hospital. He also practices in New Hampshire at the Salem Surgery Center.
2. The Board received two 5F reports alleging disruptive behavior by the Respondent.

3. On August 22, 2012, the Respondent had an incident involving an anesthesiologist in the endoscopy unit at LGH where the Respondent used offensive language and displayed aggressive behavior.
4. The Respondent entered a procedure room in the endoscopy unit at LGH where an anesthesiologist and several other hospital staff were preparing for an endoscopic procedure to begin.
5. The Respondent collected a history from the patient and completed his exam.
6. The Respondent turned to the anesthesiologist and told the anesthesiologist that the anesthesiologist should have told the Respondent when the anesthesiologist was leaving the endoscopy unit the previous day.
7. The anesthesiologist had never, in the two months he had been working at LGH, told the Respondent when he was leaving the endoscopy unit.
8. The Respondent had arrived more than an hour late for a full day of cases.
9. The anesthesiologist reminded the Respondent that the agreement between the anesthesiology department and LGH stated that the anesthesia unit worked in endoscopy until 3 p.m. and after 3 p.m. only if staffing levels allowed.
10. The anesthesiologist told the Respondent that the Respondent could speak to the Chief of Anesthesia Services if he wished to alter the agreement.
11. The Respondent raised his voice and began cursing at the anesthesiologist.
12. The anesthesiologist left the room and also asked the nurse anesthetist who was working on the case to leave the room because a nurse anesthetist cannot work without a supervising anesthesiologist.
13. The anesthesiologist told the Respondent that they could continue the conversation privately, not in front of the patient or nursing staff.
14. The Respondent again cursed at the anesthesiologist from the patient's bedside.

15. Members of the staff were still present.
16. On February 12, 2013, the Respondent had a second incident in the endoscopy unit at LGH. The Respondent again used offensive language and displayed disruptive behavior.
17. The anesthesiologist walked into a procedure room and told the CRNA that this would be the last case with the Respondent because she had to go to another room after this procedure.
18. After the procedure, the anesthesiologist and the Respondent met in the doctor's dictation room. The Respondent told the anesthesiologist that he had scheduled cases and the anesthesiologist was obliged to render anesthesia services. The anesthesiologist told the Respondent that he would have to prioritize with the other gastroenterologist who needed anesthesia services because there was a staffing shortage.
19. The anesthesiologist received a call from his certified nurse anesthetist (CNA) stating that the Respondent refused to release her to go to a different procedure room.
20. The anesthesiologist had spoken to the Respondent 30 minutes earlier to explain that the physicians in the endoscopy unit would have to share the nurse anesthetist because there was a staffing shortage. The Respondent agreed.
21. The anesthesiologist was unable to go immediately to the endoscopy unit to address the matter with the Respondent because he was working on a case in the operating room.
22. The anesthesiologist called the endoscopy unit to try to speak with the Respondent.
23. The Respondent yelled and cursed at the anesthesiologist and insisted that the anesthesiologist tell the Respondent in person that the CNA had to leave the Respondent's procedure room.
24. The anesthesiologist finished his procedure in the OR within 10 to 15 minutes of hanging up the phone from the Respondent.
25. He immediately went to speak with the Respondent in the endoscopy unit.

26. The Respondent, the gastroenterologist who also needed a CNA for his procedure, and the anesthesiologist met in an office within the endoscopy unit.
27. The Respondent continued yelling and cursing because he was angry that the anesthesiologist had hung up the phone earlier.
28. A nurse closed the door because patients could hear the physicians arguing.
29. The anesthesiologist and the Respondent had a heated exchange when the anesthesiologist asked the Respondent if he felt emasculated because the anesthesiologist's penis was larger than the Respondent's arm.
30. The Respondent became more upset.
31. The gastroenterologist said that he did not want to step on the Respondent's toes since the Respondent's case was scheduled and not an add-on.
32. The anesthesiologist found another CNA to work on the gastroenterologist's case.
33. Both cases were completed favorably.
34. On February 15, 2013, the Respondent had another case with the same anesthesiologist.
35. A procedure, an endoscopic retrograde cholangiopancreatography (ERCP) that usually took the Respondent 30-45 minutes took more than 2 hours.
36. The patient experienced post-procedure complications.
37. The Emergency Department team was working to stabilize the patient.
38. The Respondent came into the room and began yelling.
39. The anesthesiologist laughed at the absurdity of the Respondent's behavior at a time when the patient needed their attention.
40. After these incidents, LGH issued a letter of reprimand to the Respondent.
41. LGH also addressed a systems issue that created a shortage of anesthesia staff in the afternoon.

42. The Respondent was also referred to Physician Health Services (PHS).
43. PHS recommended that the Respondent participate in an anger management program and enter into substance abuse treatment.
44. On April 25, 2017, the Respondent entered into a PHS monitoring contract. He is currently in compliance with that contract.
45. The Respondent entered and completed a substance abuse program.
46. The Respondent failed to disclose on two physician renewal applications that he had been disciplined by LGH and that he had an ongoing investigation with the Board.
47. The Respondent failed to conform his behavior to professional standards for a physician.
48. The Respondent failed to disclose hospital discipline on his 2013 renewal application.
49. The Respondent failed to disclose that he was the subject of an ongoing investigation on his 2013 and 2015 physician renewal application.

#### Conclusions of Law

- A. The Respondent has violated G.L. c. 112, § 5, ninth par. (c) and 243 CMR 1.03(5)(a)3 by engaging in conduct that places into question the Respondent's competence to practice medicine including practicing medicine with negligence on repeated occasions.
- B. The Respondent has engaged in conduct that undermines the public confidence in the integrity of the medical profession. See Levy v. Board of Registration in Medicine, 378 Mass. 519 (1979); Raymond v. Board of Registration in Medicine, 387 Mass. 708 (1982).

#### Sanction and Order

The Respondent's license is hereby indefinitely suspended, stayed upon entry into a standard Probation Agreement that includes clinical monitoring, Board-approval of a proposed practice plan,

and compliance with Dr. Rehman's April 25, 2017 PHS contract for three years from the date the Consent Order is approved.

Execution of this Consent Order

Complaint Counsel, the Respondent, and the Respondent's counsel agree that the approval of this Consent Order is left to the discretion of the Board. The signature of Complaint Counsel, the Respondent, and the Respondent's counsel are expressly conditioned on the Board accepting this Consent Order. If the Board rejects this Consent Order in whole or in part, then the entire document shall be null and void; thereafter, neither of the parties nor anyone else may rely on these stipulations in this proceeding.

As to any matter in this Consent Order left to the discretion of the Board, neither the Respondent, nor anyone acting on his behalf, has received any promises or representations regarding the same.

The Respondent waives any right of appeal that he may have resulting from the Board's acceptance of this Consent Order.

The Respondent shall provide a complete copy of this Consent Order and Probation Agreement with all exhibits and attachments within ten (10) days by certified mail, return receipt requested, or by hand delivery to the following designated entities: any in- or out-of-state hospital, nursing home, clinic, other licensed facility, or municipal, state, or federal facility at which s/he practices medicine; any in- or out-of-state health maintenance organization with whom the Respondent has privileges or any other kind of association; any state agency, in- or out-of-state, with which the Respondent has a provider contract; any in- or out-of-state medical employer, whether or not the Respondent practices medicine there; the state licensing boards of all states in which the Respondent has any kind of license to practice medicine; the Drug Enforcement Administration Boston Diversion Group; and the Massachusetts Department of Public Health Drug Control Program. The Respondent shall also provide this notification to any such designated

entities with which the Respondent becomes associated for the duration of this suspension. The Respondent is further directed to certify to the Board within ten (10) days that the Respondent has complied with this directive.

*Raja Rehman*

Raja Rehman, M.D., Licensee

6/25/17

Date

*David Gould*

David Gould, Esq., Attorney for the Licensee

6/26/17

Date

*Gloria Brooks*

Gloria Brooks, Complaint Counsel

9/14/17

Date

So ORDERED by the Board of Registration in Medicine this 14<sup>th</sup> day of September

2017.

*Candace Lapidus Sloane, MD*

Candace Lapidus Sloane, Board Chair

SENT CERTIFIED MAIL

9/18/17 mg