

**STATE OF RHODE ISLAND
DEPARTMENT OF HEALTH
BOARD OF MEDICAL LICENSURE AND DISCIPLINE**

**IN THE MATTER OF:
JOSEPH P. TURNER, D.O. License Number DO00558
Controlled Substances Registration Number CDO00558**

AMENDED CONSENT ORDER

Joseph P. Turner, D.O. (hereinafter "Respondent") is licensed as a physician in Rhode Island and is licensed to prescribe controlled substances under RIGL 21-28, having both a state Controlled Substances Registration and a Federal Drug Enforcement Administration Registration to prescribe controlled substances. The Board of Medical Licensure and Discipline (hereinafter the "Board") through its investigating committee voted to find Respondent had committed unprofessional conduct and made the following:

FINDINGS OF FACT

1. Respondent is a licensed physician in the State of Rhode Island and was issued his license on May 14, 2003. Respondent's office is located at 3462 South County Trail, East Greenwich, Rhode Island, and his primary specialty is internal medicine, in which he is board certified. He has privileges at Rhode Island, South County and Saint Joseph's Hospitals.
2. A 56 year old male patient on March 17, 2009, had undergone an elective laparoscopic cholecystectomy (gallbladder removal), he was subsequently discharged home the same day without apparent complication. On March 23, at 6:25 p.m., patient went to the emergency department of Our Lady of Fatima

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Hospital complaining of severe lower abdominal pain at "ten on a scale of ten" , as well as fever, chills and nausea Respondent prescribed two doses of intravenous Dilaudid (which reduced the patient's pain) and Zofran for nausea. X-rays showed no free intraperitoneal air, and "mild distention of central bowel loops suspicious for small bowel with air fluid levels[.]" Respondent's notes indicated that the "findings may represent ileus, enteritis, or small bowel obstruction. * * * Advise follow up."

3. Respondent spoke by telephone on March 23 at 8:55 p.m. with patient's cholecystectomy surgeon, who felt the laboratory work was not alarming and the patient had no free air; so the surgeon advised that no CT scan should be done, and that patient should be discharged and then follow up with surgeon within 48 hours. Respondent agreed to discharge patient because he had no acute hemorrhage or free air that would indicate a perforation. Patient was discharged at 9:37 p.m., with a prescription for Oxycodone and Phenergan, and nearly six hours later, arrived by rescue at another hospital at 3:24 a.m., on March 24 , where patient died about one hour after admission.

4. The Medical Examiner's report found that the cause of the patient's death was "[p]ostoperative peritonitis following laparoscopic cholecystectomy of treatment of cholelithiasis with chronic cholecystitis." No source for the peritonitis (inflammation of the membrane that lines cavity of the abdomen) could be identified by the Medical Examiner.

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5. The Board's expert case reviewer found that both the surgeon and the Respondent as emergency department attending physician overlooked important clinical findings in light of patient's recent cholecystectomy. The severity of pain, which is out of the ordinary this far after such surgery and the choice of Dilaudid for pain management rather than looking for other sources of the pain, was alarming. Further evaluation was warranted by the blood test that showed a 94 percent polys and one band (a large left shift) and by significant dehydration per urine glucose test. The expert opined that the surgeon and Respondent should have ordered an abdominal CT scan (in addition to the x-ray that had been ordered), done more vigorous treatment, and admitted the patient to the hospital. The expert opined that they should have considered diagnoses of partial small bowel obstruction, due to the description of the patient's flat plate; however, they considered bleeding or overt perforation as the only two causes of the patient's distress. The reported cause of death, peritonitis, could have been caused by either micro perforation or transmural migration of bacteria, in the opinion of the Board's expert.
6. Respondent is in violation of Rhode Island General Laws § 5-37-5.1 (28) for malpractice on a particular occasion.

Based on the foregoing, the parties agree as follows:

1. Respondent admits to the jurisdiction of the Board.

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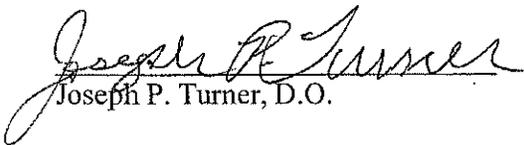
2. Respondent has reviewed this Consent Order and understands that it is subject to final approval of the Board; and this Consent Order is not binding on Respondent until final ratification by the Board;
3. If ratified by the Board, Respondent hereby acknowledges and waives:
 - a. The right to appear personally or by counsel or both before the Board;
 - b. The right to produce witnesses and evidence on his behalf at a hearing;
 - c. The right to cross examine witnesses;
 - d. The right to have subpoenas issued by the Board;
 - e. The right to further procedural steps except for those specifically contained herein;
 - f. Any and all rights of appeal of this Consent Order;
 - g. Any objection to the fact that this Consent Order will be presented to the Board for consideration and review;
4. Respondent agrees to this Reprimand by the Board based on the above findings.
5. Respondent served a period of probation after the original Consent Order in this matter, and he has complied with the terms of that order. The period of probation included in the original Consent Order is hereby modified and shall be deemed concluded on the date of ratification of this Amended Consent Order. Respondent

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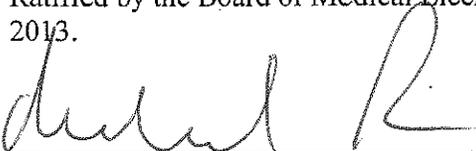
has already submitted his administrative fee referenced in the Consent Order.

6. In the event that any conditions of this Consent Order are violated after it is signed and accepted, the Director of the Department of Health shall have the discretion to impose further disciplinary action, including summarily suspending the Respondent's license to practice medicine in the State of Rhode Island. If the Director suspends such license, Respondent shall be given notice and shall have the right to request an administrative hearing within twenty (20) days of the suspension. The Director of the Department of Health shall also have the discretion to request an administrative hearing after notice to Respondent of any violation of this Consent Order. The Administrative Hearing Officer may suspend Respondent's license for the remainder of Respondent's probationary period if the alleged violation is proven by a preponderance of evidence.

Signed this 10 day of September, 2013.


Joseph P. Turner, D.O.

Ratified by the Board of Medical Licensure and Discipline on the 11 day of September, 2013.



Michael Fine, M.D.
Director of Health
Rhode Island Department of Health