

RHODE ISLAND BOARD OF MEDICAL LICENSURE AND DISCIPLINE

IN THE MATTER OF:  
Anthony G. Thomas, DO  
License No.: DO00360  
Case No.: C23-0389

**CONSENT ORDER**

The Board of Medical Licensure and Discipline (“Board”) makes the following:

**FINDINGS OF FACT**

1. Anthony G. Thomas, DO (“Respondent”) has been licensed to practice medicine in the State of Rhode Island since June 9, 1987.
2. At the time of the filing of the Complaint, Respondent was employed by Brown Medicine and worked at the Lifespan Cancer Institute.
3. Respondent specializes in Hematology Oncology.
4. On or about September 17, 2021, the Board received notice of a malpractice claim against Respondent filed in Providence County Superior Court, giving rise to the above-referenced Complaint against Respondent. After the Board’s initial investigation of this matter, the Board administratively closed its investigation on January 12, 2022, pending resolution of the malpractice lawsuit.
5. On April 18, 2023, the Board received notice of the resolution of the aforementioned malpractice lawsuit, which was reported to the Board by Respondent’s carrier, Lifespan Risk Services, Inc.
6. The Board conducted an investigation into the underlying allegations of malpractice and determined that Respondent originally saw the subject patient in September of 2019 for an evaluation of thrombocytopenia. Respondent treated the condition as immune-related before considering the introduction of chemotherapy. When the patient failed to respond

to the first line of treatment, Respondent recommended treatment with Rituximab. Rituximab is known to cause reactivation of hepatitis B in patients with chronic infection, which can lead to fulminant hepatitis, hepatic failure and death. The FDA has a boxed warning on the drug that states that all patients should be screened for hepatitis B infection prior to initiating treatment with Rituximab. Respondent ordered laboratory testing to rule out Hepatitis B, namely Hepatitis B core antibody-IgM and Hepatitis B surface antigen. Both test results were negative. However, a Hepatitis B core antibody-IgG test was not performed. The patient was started on Rituximab on February 6, 2020. During a return visit on May 29, 2020, the patient was evaluated and agreed to undergo laboratory testing. That testing revealed that the patient's liver function studies were significantly elevated from baseline values that had been tested prior to initiating Rituximab. When the patient was seen in the office on June 9, 2020, he had a protime-INR of 2.1 without anticoagulation. The liver function studies were not repeated since the patient was found to be in atrial fibrillation and was directed to seek hospital-level care. The patient called Respondent's office on June 12, 2020, to report that his eyes and skin were yellow. The patient was referred to the emergency department where he was found to be in fulminant liver failure. Hepatitis B surface antigen was positive. As a result of the infection, the patient subsequently passed away.

7. During an appearance before the Board's Investigative Committee on October 24, 2023, Respondent explained that the patient did not report a prior history of hepatitis B. Respondent indicated that he was aware of the need to perform a full panel of testing for Hepatitis B infection, including Hepatitis B core antibody-IgG; however, due to the fact that he was placing the order through a new electronic medical record system, he was unable to find the appropriate menu choice that would include an order for a Hepatitis B core antibody-IgG test.

Respondent acknowledged that he was aware that the patient's liver function studies drawn on May 29, 2020 were clearly and significantly elevated. Respondent informed the Investigative Committee that he and his office called the patient and requested that the patient return for an evaluation of his liver function studies, and that the patient was advised of the urgency of this evaluation; however, the patient refused to return until June 9, 2020. Respondent also informed the Investigative Committee that the patient had repeatedly refused to allow Respondent to speak with the patient's family members about his medical care. When the patient returned on June 9, 2020, he was in atrial fibrillation and required referral for hospital-level care for same. Respondent expressed his belief that the patient's repeated non-compliance with requested laboratory testing during his time in treatment and his delays and in some instances failure to appear for evaluation was a significant contributing factor to the patient's demise.

8. Based upon a review of the medical records and the appearance of Respondent, the Investigative Committee made a probable cause determination of a violation of R.I. Gen. Laws § 5-37-5.1(19) due to Respondent's failure to confirm that the patient did not have chronic hepatitis B infection prior to initiating Rituximab therapy. Hepatitis B core antibody-IgG testing was not ordered, despite his knowledge that a negative Hepatitis B core antibody-IgG result was needed before Rituximab could be safely introduced as a course of treatment. Respondent also failed to comply with the standard of care under R.I. Gen. Laws § 5-37-5.1(19) when he failed to document his efforts to address the May 29, 2020 findings of abnormally elevated lab results with the patient.

**Based upon the foregoing, the Parties agree as follows:**

1. Respondent admits to and agrees to remain under the jurisdiction of the Board.

2. Respondent agrees to this Consent Order and understands that it is subject to final approval by the Board and is not binding on Respondent until such final ratification.

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; and
- g) any objection to the fact that this Consent Order will be reported to the National Practitioner Data Bank and Federation of State Medical Boards and posted to the RI DOH public website.

4. Respondent is hereby issued an order of reprimand by the Board and shall pay administrative fees in the amount of \$1,100.00. No fines have been imposed. The administrative fees must be paid within three (3) months of the ratification of this Consent Order and shall be made payable to the Rhode Island General Treasurer, and delivered to the Rhode Island Department of Health, 3 Capitol Hill, Room 205, Providence, RI 02908, Attn. Jessica DeSanto. Respondent will send notice of compliance of this condition to [DOH.PRCOMPLIANCE@health.ri.gov](mailto:DOH.PRCOMPLIANCE@health.ri.gov) within thirty (30) days of submitting the above-referenced payment.

5. In the event that any term of this Consent Order is violated, after ratification and approval, the Board or its Director shall have the discretion to impose further disciplinary action pursuant to R.I. Gen. Laws §§ 5-37-5.1 through 5-37-6.3. If the Board or its Director imposes further disciplinary action, Respondent shall be given notice and

shall have the right to request an administrative hearing within twenty (20) days of further discipline. The Board or its Director shall also have the discretion to request an administrative hearing after notice to Respondent of a violation of any term of this Consent Order. Any administrative hearings, whether initiated by the Board or the Respondent, shall be conducted in accordance with R.I. Gen. Laws §§ 5-37-5.1 through 5-37-6.3 or R.I. Gen. Laws §§ 5-37-8 and 42-35-14(c), the Rules and Regulations for the Licensure and Discipline of Physicians (216-RICR-40-05-1), the Rules and Regulations for Practices and Procedures Before the Rhode Island Department of Health (216-RICR-10-05-4), and applicable provisions of R.I. Gen. Laws Chapter 42-35-1 *et seq.*

As Assented to and Signed this 26<sup>th</sup> day of APRIL 2024.



Anthony G. Thomas, DO

Ratified by the Medical Licensure and Discipline Board on the 8<sup>th</sup> day of

May 2024.

