

IN THE MATTER OF

*** BEFORE THE MARYLAND**

Jock Simon, M.D.

*** STATE BOARD OF**

Respondent

*** PHYSICIANS**

License No. D 28257

*** Case Nos. 2007-0804 & 2008-0828**

*** * * * ***

FINAL DECISION AND ORDER

The Board charged Jock Simon, M.D. (“Dr. Simon”) with unprofessional conduct in the practice of medicine under Md. Health Occ. Code Ann. § 14-404(a)(3) and with being addicted to or habitually abusing a narcotic or controlled dangerous substance, within the meaning of § 14-404(a)(8) of that law. An evidentiary hearing was held before an Administrative Law Judge (“ALJ”) of the Office of Administrative Hearings on December 6, 2010.

The ALJ issued a Proposed Decision making findings of fact and concluding that Dr. Simon was indeed addicted to or habitually abused a narcotic or controlled dangerous substance, and that certain of his actions did constitute unprofessional conduct in the practice of medicine. As a sanction, the ALJ recommended that Dr. Simon’s license be revoked.

The ALJ notified that parties that they had the right to file exceptions before the Board. Neither party filed exceptions. In the absence of exceptions, the Board considered the case as required by its regulations at COMAR 10.32.02.03F (4).

FINDINGS OF FACT

The Board adopts the findings of fact proposed by the ALJ. The decision of the ALJ is attached to this decision as Attachment A and incorporated herein. The Board also adopts the comments made in the "Discussion" section of the ALJ's decision.

CONCLUSIONS OF LAW

The Board adopts the conclusions of law proposed by the ALJ. Dr. Simon committed unprofessional conduct in the practice of medicine within the meaning of Md. Health Occ. Code Ann. § 14-404(a)(3) and was addicted to or habitually abused a narcotic or controlled dangerous substance, within the meaning of § 14-404(a)(8) of that law.

SANCTION

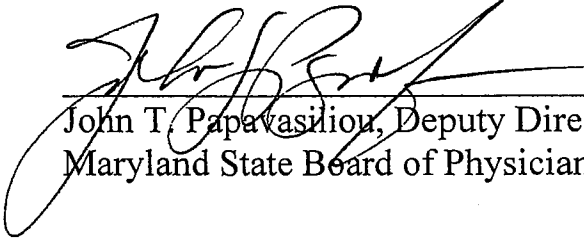
The Board also adopts the sanction proposed by the ALJ. The Board adopts the ALJ's language concerning the sanction also. The Board agrees with the ALJ that Dr. Simon's license must be revoked for the protection of patients.

ORDER

It is therefore **ORDERED** that the medical license of Jock Simon, M.D., license number D 28257, be, and it hereby is, **REVOKED**; and it is further

ORDERED that this is a Final Order of the Board and, as such, is a **PUBLIC DOCUMENT** pursuant to Md. State Gov't Code Ann. § 10-611 et seq. (2004).

7/25/2011
Date



John T. Papavasiliou, Deputy Director
Maryland State Board of Physicians

NOTICE OF RIGHT TO APPEAL

Pursuant to section 14-408(b) of the Health Occupations Article, Dr. Simon has the right to seek judicial review of this decision. Any petition for judicial review shall be filed within 30 days from the date this Final Decision and Order is mailed. This Final Decision and Order is mailed on the date it is executed, which is set out above. The petition for judicial review shall be made as provided for in the Maryland Administrative Procedure Act, Md. Code Ann., State Gov't § 10-222, and Maryland Rules 7-201 *et seq.*

If Dr. Simon files an appeal, the Board is a party and should be served with the court's process at the following address: **Maryland State Board of Physicians, c/o Christine A. Farrelly, Supervisor, Compliance Administration, 4201 Patterson Avenue, Baltimore, Maryland 21215.** The administrative prosecutor is not involved in the circuit court process and need not be served or copied on pleadings filed in the circuit court.

MARYLAND STATE BOARD OF
PHYSICIANS

v.

JOCK SIMON, M. D.

RESPONDENT

LICENSE No.: D28257

* BEFORE RICHARD O'CONNOR,
* ADMINISTRATIVE LAW JUDGE
* THE MARYLAND OFFICE
* OF ADMINISTRATIVE HEARINGS
* OAH NO.: DHMH-SBP-71-10-30970

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PROPOSED DECISION

STATEMENT OF THE CASE
ISSUES
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CONCLUSIONS OF LAW
PROPOSED DISPOSITION

STATEMENT OF THE CASE

On November 30, 2009, the Maryland State Board of Physicians (Board) issued charges against Jock Simon, M.D., (Respondent) for immoral or unprofessional conduct in the practice of medicine and being addicted to or habitually using narcotics or controlled dangerous substances, in violation of the Medical Practice Act. Md. Code Ann., Health Occ. § 14-404(a)(3) and (8) (Supp. 2010).¹ The Board forwarded the charges to the Office of the Attorney General for prosecution.

I held a hearing on December 6, 2010, at the Office of Administrative Hearings in Hunt Valley, Maryland. Md. Code Ann., Health Occ. § 14-405(a) (2009). The Respondent was present without representation and waived his right to representation. Debra A. Smith, Assistant Attorney General and administrative prosecutor, represented the State of Maryland (State).

¹ The Board had summarily suspended the Respondent's license in November 2008 for the same charges. The Respondent did not request a hearing on that suspension.

Procedure in this case is governed by the contested case provisions of the Administrative Procedure Act, the Rules of Procedure of the Board, and the Rules of Procedure of the Office of Administrative Hearings. Md. Code Ann., State Gov't §§ 10-201 through 10-226 (2009 & Supp. 2010); Code of Maryland Regulations (COMAR) 10.32.02; COMAR 28.02.01.

ISSUE

The issue in this case is whether the Respondent's license to practice medicine should be revoked because he committed immoral or unprofessional conduct in the practice of medicine, or because he is addicted to or habitually uses narcotics or controlled dangerous substances.

SUMMARY OF THE EVIDENCE

Exhibits

I admitted the following exhibits on behalf of the State:

- St. Ex. 1. Charges Under the Maryland Medical Practice Act, November 30, 2009
- St. Ex. 2. License, August 20, 1982; application and supporting materials, March 3, 1982
- St. Ex. 3. Report of Investigation, October 24, 2008
- St. Ex. 4. Statement of Charges, traffic citations, and court documents relating to District Court of Maryland for Wicomico County case no. 1H00047258
- St. Ex. 5. Docket entries, Statement of Charges, Statement of Probable Cause, and Charge Summary, Circuit Court for Wicomico County case no. 22-K-09-000084
- St. Ex. 6. Transcript, Circuit Court for Wicomico County case no. 22-K-09-000084, April 14, 2009
- St. Ex. 7. Transcript, Circuit Court for Wicomico County case no. 22-K-09-000084, June 5, 2009
- St. Ex. 8. Docket entries, Statement of Charges, Statement of Probable Cause, and Initial Appearance Report, Circuit Court for Worcester County case no. 23-K-08-000621
- St. Ex. 9. Transcript, Circuit Court for Worcester County case no. 23-K-08-000621, July 2, 2009

- St. Ex. 10. Copies of pages from the Respondent's appointment book, September 18-21, 2008; prescriptions, September 19, 2008; Progress Note, September 19, 2008
- St. Ex. 11. The Respondent's Maryland driving record, September 24, 2008
- St. Ex. 12. Transcript of interview with Candace S. McLaurin, September 26, 2008
- St. Ex. 13. Ocean City Police Department Incident/Investigation Report, September 25, 2008
- St. Ex. 14. Memorandum to File, October 21, 2008
- St. Ex. 15. Copy of a receipt from the Renaissance Hotel, October 20, 2008
- St. Ex. 16. Letter from Bailey's Taxi Service to the Board, October 21, 2008
- St. Ex. 17. Disposition Agreement, August 27, 1991
- St. Ex. 18. Transcript of interview with the Respondent, October 20, 2008

I admitted the following exhibits on behalf of the Respondent:

- Resp. Ex. 1. Show Cause Order, November 5, 2008
- Resp. Ex. 2. Page 1 of Charges Under the Maryland Medical Practice Act, November 30, 2009
- Resp. Ex. 6.² Letter from the Respondent to the Board, July 20, 2009; letter from the Respondent to the Board, February 18, 2010
- Resp. Ex. 7. Maryland Physician Health Program Participant Monitoring and Advocacy Contract, March 2, 2010
- Resp. Ex. 8. The Respondent's letter of apology, printed in *Delmarvanow.com*, April 10, 2010
- Resp. Ex. 9. Letter from the Wicomico County Health Department to the Division of Parole and Probation, July 21, 2009
- Resp. Ex. 10. Twenty-two toxicology screens, June 17, 2009, through October 7, 2010
- Resp. Ex. 11. Letter from David Thomas, the Respondent's probation agent, to Whom It May Concern, November 19, 2010
- Resp. Ex. 12. Substance Abuse Screening Referral Form, March 9, 2010

² The Respondent pre-marked his exhibits; no exhibits 3, 4, or 5 were identified or offered.

Resp. Ex. 13. Letter to the Administrative Law Judge from Fred Gager, Psy.D., the Respondent's case manager for the Maryland Physician Health Program, December 1, 2010

Testimony

The State presented the following witnesses:

1. The Respondent;
2. Detective Jeffrey Johns of the Ocean City, Maryland, Police Department;
3. Heather McLaughlin, Compliance Analyst for the Board.

The Respondent also testified on his own behalf and called no other witnesses.

FINDINGS OF FACT

I find the following facts by a preponderance of the evidence:

1. At all times relevant to this proceeding, the Respondent was a licensed physician in the State of Maryland, practicing under license number D28257.
2. The Respondent was arrested in 1988 for possession of cocaine and driving on a suspended license. He pled guilty to those charges in United States District Court for the District of Maryland case number 88-180P.
3. As a result of this arrest and conviction, the Respondent entered into a Disposition Agreement with the Board on August 27, 1991, whereby the Board agreed to reinstate the Respondent's license if he complied with the conditions of the agreement.
4. The Respondent successfully completed the terms of the Disposition Agreement, and it was terminated on February 14, 1994.
5. On May 24, 2007, the Board received a complaint from the Maryland Board of Pharmacy that the Respondent was overprescribing pain medications.

6. On June 12, 2008, the Board received a complaint from a concerned family member that the Respondent was overprescribing narcotics to a patient in exchange for money.

7. While the Board was investigating these complaints, it received information concerning two arrests of the Respondent in 2008.

8. On October 20, 2008, the Board interviewed the Respondent in Baltimore about the allegations against him. The Respondent drove to the interview in a gold Chrysler PT Cruiser, even though his driver's license was suspended, and denied to the Board that he had driven.

9. During the interview, the Respondent denied using drugs for the last twenty years and stated that the drugs and paraphernalia found in his vehicle belonged to his girlfriend, whom he refused to name.

10. Maryland State Police stopped the Respondent's vehicle in Wicomico County on May 6, 2008, after a trooper observed the vehicle cross the center line three times. The Respondent attempted to discard a dry cleaning receipt containing crack cocaine, and the trooper found a device for smoking crack cocaine (crack pipe) in the vehicle. The Respondent was arrested for possession of cocaine, possession of drug paraphernalia, driving on a suspended license, and failing to drive right of center.

11. During a jury trial on the above charges on April 14, 2009, the Respondent denied any knowledge of the cocaine and crack pipe and implied through his testimony that they belonged to his girlfriend.

12. The jury found the Respondent guilty of possession of cocaine and failure to drive right of center, and not guilty of driving on a suspended license. The court entered judgments on the guilty verdicts. The State had previously entered a *nolle prosequi* on the possession of paraphernalia charge.

13. On June 5, 2009, the Circuit Court for Wicomico County sentenced the Respondent to two years imprisonment on the charge of possession of cocaine, with all but twenty days incarceration suspended. The court also imposed a fine of \$1,000.00 plus court costs, and placed the Respondent on supervised probation for twenty-four months, with substance abuse evaluation, testing, and treatment as directed by his probation agent. The court imposed a \$90.00 fine on the traffic offense.

14. On September 19, 2008, the Maryland State Police stopped the Respondent's vehicle in Worcester County after a citizen had called in a complaint of a possible impaired driver and a trooper saw the vehicle straddle the slow lane and shoulder of the highway.

15. Troopers also observed the Respondent throw a crack pipe out the passenger side window of his vehicle. The pipe contained a trace of cocaine.

16. The Respondent was arrested and charged with possession of cocaine, possession of drug paraphernalia, and driving on a suspended license.³

17. On the date of this arrest, the Respondent had been making house calls to see patients and had patient records in his vehicle.

18. On July 2, 2009, the Respondent pled guilty in the Circuit Court for Worcester County to possession of drug paraphernalia and driving on a suspended license. The State entered *nolle prosequis* to all other charges, including possession of cocaine.

19. The court imposed a sentence of six months incarceration, suspended, and a fine of \$500.00 plus court costs on the charge of driving on a suspended license, and a \$100.00 fine on the possession of paraphernalia charge. The court also placed the Respondent on supervised probation for twenty-four months.

³The Respondent may have also been charged with some minor traffic offenses.

20. On September 25, 2008, the Respondent was stopped and arrested in Ocean City, Maryland, for driving on a suspended license. He was driving a gold Chrysler PT Cruiser at the time.

21. On July 21, 2009, the Respondent received a substance abuse evaluation from the Wicomico County Health Department, which determined that he does not meet the criteria for treatment.

22. Between June 17, 2009, and October 7, 2010, the Respondent submitted twenty-two urine samples for toxicology screens. All tested negative.

23. On March 2, 2010, the Respondent entered into a Participant Monitoring and Advocacy Contract with the Maryland Physician Health Program. The Respondent has complied with the conditions of the contract by attending Narcotics Anonymous or other twelve-step meetings, submitting urine samples, and attending case management meetings with his case manager, Fred Gager, Psy.D.

24. The Respondent began documenting his attendance at twelve-step meetings on October 19, 2010, after some minor changes to the Participant Monitoring and Advocacy Contract.

25. As of the date of the hearing, the Respondent was in compliance with the terms of his probation.

DISCUSSION

The Board may reprimand any licensee, place any licensee on probation, or suspend or revoke a license if the licensee:

(3) Is guilty of:

- (i) Immoral conduct in the practice of medicine; or
- (ii) Unprofessional conduct in the practice of medicine;

.....

(8) Is addicted to, or habitually abuses, any narcotic or controlled dangerous substance as defined in § 5-101 of the Criminal Law Article;

Md. Code Ann., Health Occ. § 14-404(a)(3) and (8) (Supp. 2010).

Cocaine is defined as a narcotic drug in section 5-101 of the Criminal Law Article. Md. Code Ann., Crim. Law § 5-101(r)(1)(ii).2 (2002).

I shall first address the second allegation against the Respondent, *i.e.*, whether the evidence supports a conclusion that he is addicted to or habitually uses a narcotic drug or controlled dangerous substance.

The Respondent has been arrested three times in his life for possession of cocaine.⁴ The concept of being “addicted” to a controlled dangerous substance like cocaine is a slippery one. If a user is not physically addicted to a substance, such as nicotine, addiction is a psychological craving for the drug that is exceedingly difficult to resist. I am not sure that anyone can define “addict” satisfactorily; it is possible that one could go many years without using a drug and still be an addict. On the other hand, a person might regularly use drugs or alcohol and not be an addict. In crafting this decision, therefore, the most useful approach is to look at the known facts and how they have impacted the Respondent’s life.

Throughout the Board’s proceedings, the Respondent has maintained that he has not used cocaine or other drugs for twenty years and does not have a problem with drugs. The facts show that this is not true.

Subsequent to his two arrests in 2008, the Respondent was convicted by a jury of possession of cocaine for the crack cocaine rolled up in a laundry receipt that came out the driver’s door of his vehicle when he was pulled over on May 6, 2008. His vehicle also contained a crack pipe on that occasion. The Respondent pled guilty to possession of a crack pipe after his arrest on September 19,

⁴ In the transcript of the Board’s interview with the Respondent (St. Ex. 18), another arrest in 2007 is discussed. No additional evidence of that arrest was presented, and I make no assumptions concerning it.

2008. Analysis at the Maryland State Police laboratory showed that the pipe held a trace amount of cocaine, although the State did not pursue the possession charge (St. Ex. 9).

In his sworn testimony to the Board's investigators on October 20, 2008 (St. Ex. 18), the Respondent denied using drugs and blamed his girlfriend, whom he refused to name, for leaving the incriminating evidence in his car on both occasions. Similarly, testifying during the jury trial in the Wicomico County case, the Respondent strongly implied that the cocaine and crack pipe found in his vehicle on May 6, 2008, belonged to his girlfriend, whom he named. The Respondent's testimony in the hearing before me was in the same vein, denying drug use.

Like the jury, I do not find the Respondent's denials believable. In the history of drug prosecutions, almost everyone found in a vehicle with controlled substances has denied knowledge of the drugs and attempted to blame someone else for leaving them in the vehicle. During the first arrest, the crack pipe was found in the Respondent's ashtray, where he surely would have noticed it. On that occasion, the Respondent tried to surreptitiously roll the paper containing crack cocaine out of the vehicle in hope that the trooper would not notice it, or to give his denial of knowledge of the substance some plausibility. At the second arrest, the Respondent threw the crack pipe out the passenger-side window, betraying guilty knowledge. These facts leave little doubt that the Respondent regularly smoked crack cocaine in his car in 2008.

Combined with the Respondent's arrest and conviction for a similar offense in 1988, the events of 2008 convince me that the Respondent has an addiction to crack cocaine of many years duration. Crack is one of the most addicting substances in the spectrum of illegal drugs, and, quite obviously, no one who uses crack gets arrested every time he lights the crack pipe. The Respondent's three arrests, even over a period of twenty years, show a significant problem with this insidious substance. The Respondent may maintain that that he does not have such a problem, but

crack cocaine has obviously caused him overwhelming problems recently, leading to jail time, fines, the scrutiny of two years probation, attorney's fees, suspension of his license to practice medicine, and additional time without a driver's license.

The State produced evidence, in the form of a transcript of an interview with Candace McLaurin, that the Respondent regularly smoked crack cocaine with her. Det. Johns of the Ocean City Police Department described Ms. McLaurin as a confidential informant who had been convicted of possession in 2006 and was "on the run" from a violation of probation warrant. The State subpoenaed Ms. McLaurin to appear and testify at this hearing, but the subpoena was apparently not served and Ms. McLaurin did not appear. Det. Johns testified that Ms. McLaurin gave her information about the Respondent in an attempt to get her sentence for violation of probation reduced. I conclude that the information that Ms. McLaurin gave in her interview is not reliable and has no evidentiary value. I give it no weight.

Even without Ms. McLaurin's statement, however, the State has produced strong evidence that the Respondent is addicted to and is a habitual user of crack cocaine, a narcotic substance. The three arrests and convictions, two for possession of cocaine and one for possession of a crack pipe, are sufficient to convince me of the truth of this allegation. I find that the Respondent did violate section 14-404(a)(8) of the Medical Practice Act.

Turning to the first charge, that the Respondent is guilty of immoral or unprofessional conduct in the practice of medicine, the State relies heavily on the undisputed fact that at the time of his second arrest, the Respondent was driving to see patients and had their medical records in the vehicle with him. On this occasion, a citizen called in the Respondent as a possible impaired driver and a trooper observed his vehicle straddle the shoulder line. These facts, although significant in the criminal prosecution, are insufficient to prove that the Respondent was actively smoking crack

while he drove about seeing patients or that he was under the influence of a controlled dangerous substance at the time. Nevertheless, the Respondent certainly had the crack pipe in the car with him so he could use it while in the vehicle, although it is impossible to say when this occurred.

The State cites *Finucan v. Maryland Bd. of Physician Quality Assur.*, 380 Md. 577 (2004), for the proposition that unprofessional conduct “in the practice of medicine” need not be confined to actions relating to the diagnosis and treatment of patients. Dr. Finucan had carried on sexual relationships with three female patients, although no sexual contact occurred during medical treatment. The Court of Appeals held:

Unethical conduct may indicate unfitness to practice medicine if it raises reasonable concerns that an individual abused, or may abuse, the status of being a physician in such a way as to harm patients or diminish the standing of the medical profession in the eyes of a reasonable member of the general public.

Id. at 601.

The *Finucan* case is not directly applicable here, however, because it addressed sexual misconduct, which has always been a concern to the medical profession, dating back to the time of Hippocrates. *Id.* at 595, footnote 5. In the present case, although not completely articulated at the hearing, the State seems to be basing this charge on, first, the Respondent’s addiction to narcotics and, second, the fact that he was untruthful with the Board during the course of its investigation.

A physician who habitually uses crack cocaine, as the Respondent did, certainly diminishes the standing of the medical profession in the eyes of the public. In fact, the Respondent submitted a public apology that was printed in the local newspaper (Resp. Ex. 8). A more difficult question is whether this diminution occurred as a result of the Respondent’s abuse of his “status of being a physician” as required under the *Finucan* analysis.

The evidence in this case shows that the Respondent's addiction to crack cocaine was independent of his status as a physician. His position did not afford him the ability to obtain the drug, and there is no evidence that the Respondent actually practiced medicine while under its influence. Therefore, although the Respondent certainly is guilty of unprofessional conduct by habitually using narcotics, I cannot conclude that it occurred "in the practice of medicine" as required by the statute.

Turning to the second prong of the State's argument on this issue, *i.e.*, that the Respondent is guilty of unprofessional conduct by being untruthful during the Board's investigation, I find that the evidence supports this charge. When summoned for an interview in Baltimore on October 20, 2008, the Respondent drove from Salisbury even though his driver's license was suspended. The Board, knowing of the suspended license, asked about this, and the Respondent made up a story about renting a car and having a taxi company employee drive him. Heather McLaughlin, the Board's investigator, saw the Respondent get into a gold PT Cruiser and drive away after the interview. The Respondent had told the Board that this was a rental car, but the Respondent had been stopped in Ocean City on September 25, 2008, while driving the same vehicle. On that occasion, the Respondent was also driving on a suspended license, so it is obvious that the Respondent was choosing to drive on a suspended license during this period and that he lied to the Board about it.

More troubling is the Respondent's consistent refusal to admit his drug use, coupled with his attempt to blame the arrests on his girlfriend. The Respondent adopted this tactic during the Board's investigation, in the trial in Wicomico County, and (although to a somewhat lesser

extent) in this hearing. As stated earlier, the facts establish very clearly that the Respondent was regularly smoking crack in 2008, yet he vigorously denied responsibility to the Board.

In *Cornfeld v. State Bd. of Physicians*, 174 Md. App. 456 (2007), the physician burned a patient during surgery because the cutting and coagulation instrument was at too high a setting. In a written statement to the Board, Dr. Cornfeld blamed the operating room nurse for the high setting, when, in fact, he had directed the nurse to set the instrument at seventy after she initially set it at fifty. The Board charged Dr. Cornfeld with unprofessional conduct in the practice of medicine by making this misrepresentation to the Board and to a hospital peer review committee. Dr. Cornfeld argued that his misrepresentations had not been made “in the practice of medicine” because they took place during “judicial proceedings against the physician.”⁵

The court rejected this argument, holding that “Cornfeld’s dishonesty in hospital peer review proceedings and the Board investigation qualifies as unprofessional conduct in the practice of medicine. There can be no debate that a physician’s lack of veracity regarding events in an operating room constitutes unprofessional conduct.” *Id.* at 479. Although the court gave considerable weight to the fact that the physician was dishonest about events that related directly to patient care, the principle of the ruling applies in the present case. The Respondent was dishonest about his drug use, denying it and attempting to cover it up. He also lied about driving on a suspended license. Although the latter offense does not involve the practice of medicine, it emphasizes the Respondent’s tendency to be untruthful when confronted with unfavorable allegations. The fact is that patients can be, and are, harmed by physicians who practice medicine

⁵ See *McDonnell v. Comm’n on Medical Discipline*, 301 Md. 426 (1984), holding that intimidating witnesses during a medical malpractice trial was not “in the practice of medicine.”

under the influence of drugs. I conclude that the Respondent's untruthful statements to the Board, which was investigating a situation of potential harm to patients, were made in the practice of medicine, in violation of section 14-404(a)(3) of the Medical Practice Act.

Having sustained both of the Board's allegations against the Respondent, I turn to the question of the appropriate sanction. As set forth above, the Board may reprimand any licensee, place any licensee on probation, or suspend or revoke a license for violations of the Medical Practice Act. In this case, the Board has already suspended the Respondent's license, and that suspension is still in effect. The Board now seeks to revoke the license. Neither the statute nor any case law of which I am aware addresses the factors to be considered in imposing a sanction.

The Respondent's conduct in 2008 was appalling and harmful, both to himself and the medical profession, and potentially to his patients. Since that time, he has essentially denied culpability, despite his guilty pleas and convictions. He did not start documenting his attendance at twelve-step meetings until shortly before the hearing. However, the Respondent has abided by terms of his criminal probation and his contract with the Maryland Physician Health Program. He has turned in clean urine samples for many months. The evidence convinces me that the Respondent is not now using illegal drugs and has a sincere desire not to do so in the future.

Nevertheless, despite his denials, the Respondent remains an addict, with a constant danger of relapse. A longer track record of freedom from substance abuse is necessary before the Respondent can reasonably be expected to have overcome his addiction. For the protection of patients, I find that the Board's proposal to revoke the Respondent's license is a reasonable sanction.

CONCLUSIONS OF LAW


I conclude that the Respondent violate sections 14-404(a)(3) and (8) of the Health Occupations Article (Supp. 2010). I further conclude that, as a result, the Board may discipline the Respondent. Md. Code Ann., Health Occ. § 14-404(a) (Supp. 2010).

PROPOSED DISPOSITION

I **PROPOSE** that the charges filed by the Board on November 30, 2010, against the Respondent be **UPHELD**.

I **PROPOSE** that the Respondent's license to practice medicine be **REVOKED**.

March 2, 2011
Date Decision mailed


Richard O'Connor
Administrative Law Judge

120576

NOTICE OF RIGHT TO FILE EXCEPTIONS

Any party may file exceptions, in writing, to this Proposed Decision with the Board of Physicians within fifteen days of issuance of the decision. Md. Code Ann., State Gov't § 10-216 (2009) and COMAR 10.32.02.03F. The Office of Administrative Hearings is not a party to any review process.

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