

IN THE MATTER OF

\*

BEFORE THE

SAUL J. WEINREB, M.D.

\*

MARYLAND STATE

Respondent

\*

BOARD OF PHYSICIANS

License Number: D61299

Case Number: 2013-0332

\* \* \* \* \*

**ORDER FOR SUMMARY SUSPENSION  
OF LICENSE TO PRACTICE MEDICINE**

The Maryland State Board of Physicians (the "Board") hereby **SUMMARILY SUSPENDS** the license of Saul J. Weinreb, M.D., (the "Respondent") (D.O.B. 01/19/1969), license number D61299, to practice medicine in the State of Maryland. The Board takes such action pursuant to its authority under Md. State Govt Code Ann. § 10-226(c)(2009 Repl. Vol. & 2011 Supp.) concluding that the public health, safety or welfare imperatively requires emergency action.

**INVESTIGATIVE FINDINGS**

Based on information received by, and made known to the Board, and the investigatory information obtained by, received by and made known to and available to the Board, including the instances described below, the Board has reason to believe that the following facts are true:<sup>1</sup>

1. At all times relevant hereto, the Respondent was and is licensed to practice medicine in the State of Maryland. The Respondent was originally licensed to practice medicine in Maryland on February 13, 2004.
2. The Respondent is board-certified in obstetrics and gynecology.

---

<sup>1</sup> The statements regarding the Respondent's conduct are intended to provide the Respondent with notice of the basis of the suspension. They are not intended as, and do not necessarily represent a complete description of the evidence, either documentary or testimonial, to be offered against the Respondent in connection with this matter.

3. The Respondent was employed by an obstetrical group practice affiliated with a hospital located in Baltimore County, "Hospital A."<sup>2</sup>

#### **Patient A's Complaint**

4. On or about October 23, 2012, the Board received a complaint from "Patient A," a former patient of the Respondent regarding the Respondent's conduct.
5. Patient A reported that she had had an appointment with the Respondent in his office on October 15, 2012. During the appointment, the Respondent conducted a physical examination of Patient A. The Respondent telephoned Patient A shortly after the office visit, ostensibly for the purpose of discussing the results of one of Patient A's previous visits. During the conversation, the Respondent stated that he admired Patient A's intelligence and her political views and asked if he could call her again to discuss politics. The Respondent later texted Patient A, giving her his personal cell phone number and requesting that she call him by his first name.
6. Over the next two days, the Respondent disclosed personal information to Patient A by telephone and text, including his personal problems and resulting condition.
7. On October 18, 2012, the Respondent telephoned Patient A and told her that he had to see her in person about an important matter. Patient A, who is married, was concerned and agreed to meet the Respondent at a nearby park. Patient A told the Respondent that she did not consider the meeting to be a date and was not interested in having lunch or dinner with him.

---

<sup>2</sup> The names of facilities and individuals are confidential. They will be provided to the Respondent upon request.

8. At the meeting, the Respondent told Patient A that he had not been truthful with her regarding the nature of his marital problems. The Respondent also told Patient A that he wanted to have sex with her and had “a lot to offer.” Patient A was very upset at the Respondent’s offer and told him not to contact her again.
9. About one hour later, Patient A texted the Respondent to send the results of her office visit by mail and to never contact her again.
10. The Respondent texted Patient A stating that he would respect her wishes.

#### **Hospital A – Complaints**

11. On or about October 22, 2012, Patient A telephoned Hospital A’s customer service office and requested a copy of her medical records. Patient A indicated that she had contacted the Board to discuss her concerns regarding the Respondent and was requested to obtain her records.
12. Patient A notified Hospital A customer service staff of her complaint regarding the Respondent.
13. Hospital A’s subsequent investigation revealed that within 12 months prior to Patient A’s complaint, two other patients of the Respondent had complained to Hospital A that the Respondent had asked to see them socially:
  - a. In November 2011, “Patient B” had complained that during her office visit, the Respondent seemed to be “hitting on her” and later went to her place of business. The Respondent and Patient B had a cup of coffee; no sexual contact occurred at that time and the Respondent did not have contact with Patient B outside of the hospital thereafter.

- b. In May 2012, "Patient C" had complained that during her office visit, the Respondent told her that he would like to see her outside the office. The Respondent was counseled that he must self-monitor and avoid any comments that may be construed as sexually explicit or having sexual innuendo.
- 14. On or about October 22, 2012, the Respondent presented himself to Hospital A's Employee Assistance Program.
- 15. On or around November 23, 2012, Hospital A placed the Respondent on leave.

#### **Psychiatric Assessments**

- 16. On December 4, 2012, Hospital A's Medical Director referred the Respondent for a psychiatric evaluation.
- 17. During the evaluation, the Respondent disclosed additional information regarding his conduct.
- 18. The Evaluator opined that the Respondent's disorder is "treatable, and is not incompatible with competent and safe practice as long as [the Respondent] is engaged and compliant with a solid recovery program."
- 19. The Evaluator's specific treatment recommendations included: group therapy with other men who are recovering from a behavioral disorder; twelve-step meetings; voluntary enrollment in the Maryland Physician Health Program ("MPHP") with monitoring; counseling and mentoring in the area of ethics by a peer.<sup>3</sup>

---

<sup>3</sup> The Evaluator noted that the Respondent is an ethics scholar who can "talk the talk", but needs a fully developed recovery program and mentoring system to help him "walk the walk."

20. The Evaluator noted that when he explained his assessment to the Respondent, the Respondent stated that he disagreed with the assessment, complained that the evaluation was insufficient to fully grasp the nature of his problems and that he had felt “diminished and talked down to.” The Respondent further stated that it was his right to obtain a second opinion; a statement with which the Evaluator agreed.
21. The Respondent independently sought a second evaluation. On December 19, 2012, he was evaluated by a second psychiatrist (“Evaluator 2”). With regard to his contact with patients, the Respondent disclosed information to Evaluator 2 about only one female patient who reportedly had invited the Respondent to talk outside of the hospital. There is no indication that the Respondent provided Evaluator 2 with the report by the initial Evaluator.
22. Evaluator 2 provided a diagnosis and indicated that there were insufficient symptoms to fulfill the criteria for a behavioral disorder.

#### **MPHP Referral**

23. On January 8, 2013, the Respondent met with the full Maryland Physician Health Committee. The Committee reported to the Board that it could not positively affirm that the Respondent was able to practice medicine safely and requested that he undergo additional evaluation. The Respondent was referred for a multi-day, comprehensive targeted evaluation at “Facility A” for the purpose of forming a clearer diagnostic picture.

### **Facility A Report**

24. The Respondent was assessed at Facility A from March 18 through March 20, 2013.
25. During the assessment, the Respondent eventually disclosed additional sexual liaisons and inappropriate behaviors with patients and non-patients than he had previously reported.
26. On April 3, 2013, Facility A issued a report of the Respondent's assessment.
27. Facility A reported that the Respondent was not fully forthcoming during the evaluation and that his psychological testing was "largely invalid due to his defensive responsive style." The full extent of his sexual contact with patients is thus unknown, but "indicates serious boundary problems."
28. Facility A further reported that the Respondent:

...had initiated contact with several patients outside of the physician-patient relationship with the clear intent of having sexual contact. Due to his inherent position of authority as treating physician and the vulnerability of his patients based on the initial role they established (patient and OB/GYN doctor), his actions are considered predatory.
29. The report concluded that based on the evaluation, and "with a reasonable degree of medical certainty, the Respondent is unfit to practice medicine pending completion of intensive residential treatment."

### **CONCLUSION OF LAW**

Based on the foregoing facts, the Board concludes that the public health, safety or welfare imperatively require emergency action in this case, pursuant to Md. State Gov't Code Ann. § 10-226 (c) (2) (i) (2009 Repl. Vol.).

## **ORDER**

Based on foregoing Findings of Fact and Conclusions of Law, it is by the majority of a quorum of the Board considering this case:

**ORDERED** that pursuant to the authority vested by Md. State Gov't Code Ann., § 10-226(c)(2), the Respondent's license to practice medicine in the State of Maryland be and is hereby **SUMMARILY SUSPENDED**; and be it further

**ORDERED** that a post-deprivation hearing in accordance with Code Md. Regs. tit. 10, § 32.02.09.B (7) and E on the Summary Suspension has been scheduled for **Wednesday, April 17, 2013, at 9:45 a.m.**, at the Maryland State Board of Physicians, 4201 Patterson Avenue, Baltimore, Maryland 21215-0095; and be it further

**ORDERED** that at the conclusion of the **SUMMARY SUSPENSION** hearing held before the Board, the Respondent, if dissatisfied with the result of the hearing, may request within ten (10) days an evidentiary hearing, such hearing to be held within thirty (30) days of the request, before an Administrative Law Judge at the Office of Administrative Hearings, Administrative Law Building, 11101 Gilroy Road, Hunt Valley, Maryland 21031-1301; and be it further

**ORDERED** that on presentation of this Order, the Respondent **SHALL SURRENDER** to the Board's Compliance Analyst, the following items:

- (1) the Respondent's original Maryland License;
- (2) the Respondent's current renewal certificate;
- (3) the Respondent's Maryland Controlled Dangerous Substance Registration;
- (4) all controlled dangerous substances in the Respondent's possession and/or practice;

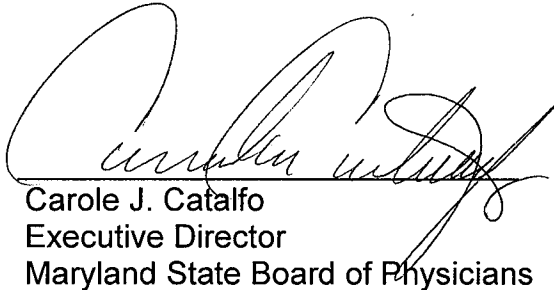
- (5) all Medical Assistance prescription forms;
- (6) all prescription forms and pads in the Respondent's possession and/or practice; and
- (7) Any and all prescription pads on which his name and DEA number are imprinted; and be it further

**ORDERED** that a copy of this Order of Summary Suspension shall be filed with the Board in accordance with Md. Health Occ. Code Ann. § 14-407 (2009 Repl. Vol. & 2012 Supp.); and be it 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.*

Date

4-9-13

  
Carole J. Catalfo  
Executive Director  
Maryland State Board of Physicians