

IN THE MATTER OF
SAUL J. WEINREB, M.D.

Respondent

License Number: D61299

* BEFORE THE
* MARYLAND STATE
* BOARD OF PHYSICIANS

Case Number: 2013-0332

* * * * *

CONSENT ORDER

On April 12, 2013, the Maryland State Board of Physicians (the "Board") charged Saul J. Weinreb, M.D. (the "Respondent") (D.O.B. 01/19/1969), License Number D61299, under the Maryland Medical Practice Act (the "Act"), Md. Health Occ. Code Ann. ("H.O.") §§ 14-401 *et seq.* (2009 Repl.Vol. & 2012 Supp.)

The pertinent provision of the Act under H.O. § 14-404(a) provides as follows:

§ 14-404. Denials, reprimands, probations, suspensions, and revocations – Grounds.

(a) *In general.* Subject to the hearing provisions of § 14-405 of this subtitle, the Board, on the affirmative vote of a majority of the quorum, 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[.]

The Board's regulations provide:

10.32.17 – Sexual Misconduct

.02 Definitions

...
(2) Sexual Impropriety

- (a) "Sexual impropriety" means behavior, gestures, or expressions that are seductive, sexually suggestive, or sexually demeaning to

- a patient or key third party regardless of whether the sexual impropriety occurs inside or outside of a professional setting.
- (b) "Sexual impropriety" includes, but is not limited to:
- ...
- (iii) Using the health care practitioner-patient relationship to initiate or solicit a dating, romantic, or sexual relationship; and
- (iv) Initiation by the health care practitioner of conversation regarding the health care practitioner's sexual problems, sexual likes or dislikes or fantasies.

.03 Sexual Misconduct

- ...
- B. Health Occupations Article § 14-404(a)(3)...Annotated Code of Maryland, includes, but is not limited to, sexual misconduct.

Prior to the issuance of the charges, on April 9, 2013, the Board summarily suspended the Respondent's license to practice medicine in Maryland, concluding that the public health, safety or welfare imperatively required emergency action. The summary suspension was based on the same allegations regarding the Respondent's conduct as the charges.

On May 22, 2013, the Respondent was given an opportunity to attend a hearing before the Board to show cause why the suspension should not be continued. The Respondent was present at the hearing and was represented by counsel. On May 28, 2013, the Board issued an Order in which it continued the Respondent's summary suspension.

On June 5, 2013, a conference with regard to this matter was held before the Board's Case Resolution Conference ("CRC"). As a result of the CRC, the Respondent

agreed to enter into this Consent Order, consisting of Findings of Fact, Conclusions of Law and Order.

FINDINGS OF FACT

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.
3. The Respondent was employed by an obstetrical group practice affiliated with a hospital located in Baltimore County, "Hospital A."¹

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.

¹ The names of facilities and individuals are confidential.

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.
8. At the meeting, the Respondent told Patient A that he had not been truthful with her regarding the nature of his personal 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.²
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.

² 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."

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.

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.”

CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact, the Board concludes as a matter of law that the Respondent is guilty of immoral and unprofessional conduct in the practice of medicine, in violation of H.O. § 14-404(a)(3)(i) and (ii).

ORDER

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

ORDERED that the summary suspension, under section 10-226(c)(2) of the State Government Article, is terminated; and it is further

ORDERED that the Respondent is suspended under section 14-404(a) of the Health Occupations Article, with the following terms and conditions:

(i) Within 10 days, the Respondent shall enroll in the Maryland Professional Rehabilitation Program (“MPRP”);

(ii) Once enrolled in the MPRP, the Respondent shall undergo an evaluation by the MPRP or its agents to determine the Respondent’s fitness to practice medicine and, if the Respondent is fit to practice medicine, what conditions and treatment, if any, should be ordered to ensure that the Respondent’s conduct, related to practicing medicine and in interacting with patients, is appropriate;

(iii) The Respondent shall fully cooperate in the evaluation, including complying with all of the MPRP’s recommendations. The Respondent shall provide the MPRP with all records and information requested by the MPRP, and the Respondent shall sign all releases and consent forms to ensure that the MPRP is able to obtain all records and information, including mental health records and information, necessary for a complete and thorough evaluation. The Respondent shall also sign all


releases and consent forms to ensure that the Board receives all necessary documents and information from the MPRP; and it is further

ORDERED that once the MPRP completes its evaluation, a Board committee or panel will review the evaluation and meet with the Respondent and administrative prosecutor. The Board committee or panel will then determine whether the suspension is terminated and the appropriate terms and conditions, if any, to be imposed; and it is further

ORDERED that if the Respondent fails to comply with any term or condition of the suspension or the Consent Order, the Board or Board panel, after notice and an opportunity for a show cause hearing before the Board or Board panel, may further suspend or revoke the Respondent's license and impose any further terms and conditions it deems reasonable, and it is further

ORDERED that this Consent Order shall be a public document pursuant to Md. State Gov't Code Ann. § 10-611 (2009 Repl. Vol.).

June 26, 2013
Date



Andrea L. Mathias, M.D., M.P.H.
Chair
Maryland State Board of Physicians


CONSENT

I, Saul J. Weinreb, M.D., acknowledge that I am represented by counsel and have consulted with counsel before entering this Consent Order. By this Consent and for the purpose of resolving the issues raised by the Board, I agree and accept to be bound by the foregoing Consent Order and its conditions.

I acknowledge the validity of this Consent Order as if entered into after the conclusion of a formal evidentiary hearing in which I would have had the right to counsel, to confront witnesses, to give testimony, to call witnesses on my own behalf, and to all other substantive and procedural protections provided by the law. I agree to forego my opportunity to challenge these allegations. I acknowledge the legal authority and jurisdiction of the Board to initiate these proceedings and to issue and enforce this Consent Order. I affirm that I am waiving my right to appeal any adverse ruling of the Board that I might have filed after any such hearing.

I sign this Consent Order after having an opportunity to consult with counsel, voluntarily and without reservation, and I fully understand and comprehend the language, meaning and terms of the Consent Order.

6-12-13
Date


Saul J. Weinreb, M.D.
Respondent

STATE OF MARYLAND
CITY/COUNTY OF Baltimore

I HEREBY CERTIFY that on this 12th day of June 2013, before me,
a Notary Public of the foregoing State and City/County personally appeared Saul J.
Weinreb, M.D., and made oath in due form of law that signing the foregoing Consent
Order was his voluntary act and deed.

AS WITNESSETH my hand and notarial seal.

Dwight Jump
Notary Public

my commission expires
12/5/13