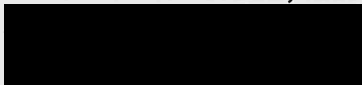


Sofian J. Al-Khatib, M.D.



Date : 10/07/2016

Damean W. E. Freas, D.O., Chair, Disciplinary Panel B
Maryland State Board of Physicians
4th Floor
4201 Patterson Avenue
Baltimore, Maryland 21215

Re: Surrender of Unlicensed Medical Practitioner Registration
Registration Number: P32070
Case Number: 2016-0366B

Dear Dr. Freas and Members of Disciplinary Panel B:

Please be advised that I have decided to **SURRENDER** my registration to practice as an unlicensed medical practitioner in the State of Maryland, Registration Number P32070, effective immediately. I understand that upon surrender of my registration, I may not give medical advice or treatment to any individual, with or without compensation, and cannot prescribe medications or otherwise engage in the practice of medicine in the State of Maryland as it is defined in the Maryland Medical Practice Act (the "Act"), Md. Code Ann., Health Occ. II ("Health Occ. II") §§ 14-101 *et seq.* (2014 Repl. Vol.) and other applicable laws. In other words, as of the effective date of this Letter of Surrender, I understand that the surrender of my registration means that I am in the same position as an unlicensed/unregistered individual in the State of Maryland.

I understand that this Letter of Surrender is a **PUBLIC DOCUMENT** and that upon the acceptance of Disciplinary Panel B of the Maryland State Board of Physicians (the "Board"), becomes a **FINAL ORDER** of the panel.

I acknowledge that the Board initiated an investigation of me after a health care facility (the "Facility") in Maryland where I was enrolled in a fellowship reported that I took a leave of absence from duty following an emergency room visit to an outside hospital for an opioid overdose. On June 28, 2016, Disciplinary Panel B issued disciplinary charges against me under the Act and Md. Code Regs. ("COMAR") in which it alleged that while enrolled in a fellowship at the Facility, I used illicit substances and had been hospitalized on two separate occasions for opioid overdoses. A copy of Disciplinary Panel B's disciplinary charges is attached hereto and incorporated herein.

I have decided to surrender my registration to practice as an unlicensed medical practitioner in the State of Maryland to avoid further prosecution of the disciplinary charges now pending before the Board. If the disciplinary charges in this case were to

proceed to a hearing, I agree that the State would be able to prove that I violated the following provisions of COMAR 10.32.07.07C: (4) Immoral or unprofessional conduct of the unlicensed medical practitioner in the postgraduate training program; and (7) Practicing medicine while: (b) Using any narcotic or controlled dangerous substance as defined in Criminal Law Article, Annotated Code of Maryland, or other drug that is in excess of therapeutic amounts or without valid medical indication. For purposes related to registration/medical licensure, these charges will be treated as proven.

I wish to make it clear that I have voluntarily, knowingly, and freely chosen to submit this Letter of Surrender to avoid prosecution of the aforementioned disciplinary charges under the Act and COMAR.

I understand that by executing this Letter of Surrender, I am waiving my right to contest the disciplinary charges issued by Disciplinary Panel B and its investigative findings in a formal evidentiary hearing at 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 law, including the right to appeal.

I understand that the Board will advise the Federation of State Medical Boards, the National Practitioner Data Bank, and the Healthcare Integrity and Protection Data Bank of this Letter of Surrender, and in response to any inquiry, that I have surrendered my registration in lieu of further disciplinary action under the Act. I also understand that in the event I would apply for registration or licensure in any form in any other state or jurisdiction, this Letter of Surrender and any underlying investigative documents may be released or published by the Board or Disciplinary Panel B to the same extent as a Final Order that would result from disciplinary action, pursuant to Md. Code Ann., Gen. Prov. §§ 4-101 *et seq.* (2014), and that this Letter of Surrender constitutes a disciplinary action by Disciplinary Panel B.

I affirm that as of the date of this Letter of Surrender, I will present to the Board my original Maryland unlicensed medical practitioner registration, registration number P32070. I also affirm that I will provide access to and copies of patient medical records in compliance with Title 4, subtitle 3 of the Health General article.

I further recognize and agree that by submitting this Letter of Surrender, my registration will remain surrendered unless and until the Board grants reinstatement. In the event that I apply for reinstatement of my Maryland registration, I understand that Panel B or its successor is not required to grant reinstatement; and, if it does grant reinstatement, may impose any terms and conditions the disciplinary panel considers appropriate for public safety and the protection of the integrity and reputation of the profession. I further understand that if I file a petition for reinstatement, I will approach Panel B or its successor in the same position as an individual whose registration has been revoked. I also understand that if I apply for reinstatement, I bear the burden of demonstrating my professional competence and fitness to practice medicine to the satisfaction of Panel B or its successor.

I acknowledge that I may not rescind this Letter of Surrender in part or in its entirety for any reason whatsoever. Finally, I wish to make clear that I have been advised of my right to be represented by an attorney of my choice throughout proceedings before Disciplinary Panel B, including the right to consult with an attorney prior to signing this Letter of Surrender. I understand both the nature of Disciplinary Panel B's actions and this Letter of Surrender fully. I acknowledge that I understand and comprehend the language, meaning and terms and effect of this Letter of Surrender. I voluntarily choose to surrender my Maryland unlicensed medical practitioner registration pursuant to the terms and conditions set out herein. I make this decision knowingly and voluntarily.

Very truly yours,



Sofian J. Al-Khatib, M.D.

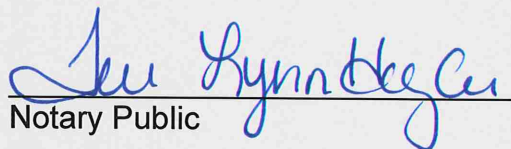
NOTARY

STATE OF Georgia

CITY/COUNTY OF Dawsonville/Dawson

I HEREBY CERTIFY that on this 7th day of October, 2016 before me, a Notary Public of the City/County aforesaid, personally appeared Sofian J. Al-Khatib, M.D., and declared and affirmed under the penalties of perjury that the signing of this Letter of Surrender was his voluntary act and deed.

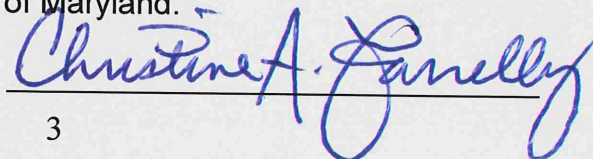
AS WITNESSETH my hand and Notarial seal.


Notary Public

My commission expires:
April 27, 2018

ACCEPTANCE

On behalf of Disciplinary Panel B, on this 12th day of October, 2016, I, Christine A. Farrelly, accept Sofian J. Al-Khatib, M.D.'s **PUBLIC SURRENDER** of his license to practice medicine in the State of Maryland.



Christine A. Farrelly, Executive Director
Maryland Board of Physicians

Exhibit A

IN THE MATTER OF	*	BEFORE THE
SOFIAN J. AL-KHATIB, M.D.	*	MARYLAND STATE
Respondent	*	BOARD OF PHYSICIANS
Registration Number: P32070	*	Case Number: 2016-0366B
* * * * *	*	* * * * *

CHARGES UNDER THE MARYLAND MEDICAL PRACTICE ACT

Disciplinary Panel B ("Panel B") of the Maryland State Board of Physicians (the "Board") hereby charges **SOFIAN J. AL-KHATIB, M.D.** (the "Respondent"), Registration Number P32070, with violating the Maryland Medical Practice Act (the "Act"), Md. Code Ann., Health Occ. II ("Health Occ. II") §§ 14-101 *et seq.* (2014 Repl. Vol. and 2015 Supp.) and Md. Code Regs. ("COMAR") 10.32.07.07.

The pertinent provision of the Act provides:

Health Occ. II § 14-302 Exceptions from licensing -- In general.

Subject to the rules, regulations, and orders of the Board, the following individuals may practice medicine without a license if the individuals submit to a criminal history records check in accordance with § 14-308.1 of this subtitle:

- (1) A medical student or an individual in a postgraduate medical training program that is approved by the Board, while doing the assigned duties at any office of a licensed physician, hospital, clinic or similar facility[.]

Panel B charges the Respondent with violating the following provisions of COMAR 10.32.07.07:

COMAR 10.32.07.07 Prohibited Conduct, Hearings, and Appeals.

- C. The following causes constitute grounds for discipline:

- (4) Immoral or unprofessional conduct of the unlicensed medical practitioner in the practice of medicine; [and]
- (7) Practicing medicine while:
 - (b) Using any narcotic or controlled dangerous substance as defined in Criminal Law Article, Annotated Code of Maryland, or other drug that is in excess of therapeutic amounts or without valid medical indication[.]

ALLEGATIONS OF FACT¹

Panel B bases its charges on the following facts that it has reason to believe are true:

I. Background/Licensing Information

1. In or around 2015, the Respondent enrolled in a critical care fellowship at a health care facility (the "Facility")² that is located in the State of Maryland. In conjunction with his proposed enrollment in this fellowship program, the Respondent, in or around April 2015, submitted an application to the Board to register as an unlicensed medical practitioner ("UMP") at the Facility.

2. The Board registered the Respondent as an UMP at the Facility for the period beginning July 1, 2015, and continuing until June 30, 2016. The Respondent began practicing medicine in the fellowship on or about July 1, 2015.

¹ The allegations set forth in this document are intended to provide the Respondent with notice of the Panel B's action. 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 action.

² To ensure confidentiality, the names of all health care facilities, hospitals, business entities and all other individuals referenced herein will not be disclosed in this document. The Respondent may obtain the identities of any health care facility, hospital, business entity or individual referenced herein by contacting the assigned administrative prosecutor.

II. The Complaint

3. On or about November 23, 2015, the Facility notified the Board through two Mandated 10-Day Reports (the "Reports") that: (a) effective November 17, 2015, the Respondent took a leave of absence from duty following an emergency room visit to an outside hospital for an opioid overdose; and (b) on November 23, 2015, the Respondent submitted his resignation from the fellowship program, effective December 9, 2015.

III. Board Investigative allegations

4. The Board initiated an investigation of the Respondent based on the above Reports. The Board's investigation determined that the Respondent, while enrolled in a fellowship program at the Facility, engaged in immoral or unprofessional conduct in the practice of medicine and/or practiced medicine while using a narcotic or controlled substance or other drug in excess of therapeutic amounts or without valid medical indication. The Board's investigation determined that while enrolled as an UMP at the Facility, the Respondent was hospitalized on two separate occasions for opioid overdoses. On both occasions, Emergency Medical Services ("EMS") personnel responded to motels in Baltimore County (both of which were in close geographic proximity) where they found the Respondent in an unconscious state. On both occasions, EMS personnel administered naloxone³ to the Respondent and transported him to the emergency department ("ED") of a nearby hospital (the "Hospital") for emergency treatment, where he was diagnosed with opiate overdoses. During these incidents, the Respondent admitted to using illicit substances, including but not limited

³ Naloxone, sold under the brand name Narcan, is a prescription medication that blocks the effects of opioids and reverses opioid overdoses. It is indicated for the emergency treatment of opioid overdose.

to heroin (an opioid and Schedule I controlled dangerous substance ("CDS")). Other individuals associated with the Respondent also reported that the Respondent was using heroin and/or illicit substances, as set forth below.

ED admission, September 24, 2015

5. On or about September 24, 2015, EMS personnel responded to a motel in Baltimore County ("Motel A") where, at approximately 10:50 a.m., they found the Respondent lying supine on the floor of a room of the motel, in an unconscious state. The Respondent was profusely diaphoretic with low respirations. EMS personnel administered naloxone to the Respondent. Once responsive, the Respondent admitted to EMS personnel that he had used heroin. EMS reports state that the Respondent had several visible "track marks."

6. EMS personnel transported the Respondent to the ED of the Hospital. While being assessed in the ED, the Respondent admitted to using intravenous heroin on a weekly basis and also reported a history of "injecting meth." The Respondent was diagnosed as having an "accidental drug overdose." The Respondent was stabilized, stated his intention to sign out "AMA,"⁴ and was discharged from the Hospital.

ED admission, November 16, 2015

7. On or about November 16, 2015, EMS personnel responded to another motel in Baltimore County ("Motel B") where, at approximately 1:28 a.m., they found the Respondent lying on the floor of a room at the motel, in an unresponsive state, with large amounts of vomit on and around him. EMS personnel described the Respondent as having "agonal respirations, skin was cyanotic (sic), pale, clammy." EMS reports state

⁴ AMA is an acronym for *against medical advice*.

that the Respondent's friends called "911" after they found him unresponsive and that "he is known to use heroin."

8. EMS personnel administered naloxone to the Respondent and transported him to the ED of the Hospital for further evaluation. Upon arrival to the ED, the Respondent was hypoxic, vomited, and had to be suctioned. ED records state that EMS personnel found the Respondent with a needle by his side.

9. ED personnel administered naloxone to the Respondent. Shortly thereafter, the Respondent began cursing at, and became belligerent, threatening, confrontational and aggressive toward, Hospital staff. At one point, the Respondent stated to a staff member that he was a physician in Georgia and that he "came to Maryland to get high." The Respondent removed cardiac monitor leads and other monitoring equipment, pulled out his intravenous line, engaged in aggressive and abusive behavior toward a staff member, and made racial epithets toward her.

10. During the course of his ED admission, the Respondent made aggressive, sexually demeaning and violent comments against staff members who were attempting to attend to him. The Respondent refused all diagnostic testing, except for a chest x-ray, and told a physician, "if you don't have any labs, you don't have any proof." Hospital staff asked the Respondent to provide a urine specimen, whereupon the Respondent filled the specimen container with water.

11. An individual who identified herself as a close family member of the Respondent stated that she found the Respondent at the motel, that he had a history of drug abuse, had used heroin and had overdosed prior to the arrival of EMS personnel.

12. The Respondent was observed in the ED for approximately two hours, during which time he refused treatment for substance abuse. The Respondent announced his intention to leave AMA. The Respondent, however, refused to sign the AMA form. Hospital security escorted the Respondent out of the Hospital due to concerns about his aggressive behavior and to ensure the safety of Hospital staff.

13. The Hospital diagnosed the Respondent as having an opiate overdose.

14. During his ED admission, the Respondent stated to Hospital staff that he was a critical care physician in a local training program. Senior Hospital staff contacted the Facility to report concerns that the Respondent represented a danger to himself and to his patients.

15. After this incident, a Hospital staff member contacted the Respondent to discuss his/her concerns about the Respondent's substance abuse issues. During this conversation, the Respondent expressed a desire to receive help.

16. After receiving the above information from the Hospital, Facility officials confronted the Respondent about his recent ED admissions. The Respondent stated that he had used benzodiazepines the night before his ED admission on November 16, 2015. Facility officials required the Respondent to undergo a fitness evaluation due to his statement about his drug use on November 15-16, 2015, his failure to report for work on November 16, 2015, and his two admissions to the Hospital for drug overdoses.

17. The Facility documented several reports that the Respondent had behavioral issues during his fellowship, including an incident occurring on or about September 20, 2015, in which he was rude and disrespectful toward a nurse; a report

dated October 22, 2015, in which he had to be called back to finish his shift, missed his rounds, and was reported sleeping during his shift; and another incident in which he failed to appear for a work presentation and did not respond to an email related to the missed presentation within 24 hours.

18. The Respondent underwent urine toxicology testing on November 17, 2015. The Respondent was not directly observed when providing the sample. The testing was negative for both opiates and benzodiazepines. Shortly after this test, Facility staff asked the Respondent to provide a second urine sample, which the Respondent refused to provide. The Respondent also refused to sign a release for the Hospital's medical records.

19. The Respondent took a leave of absence from his Facility fellowship, effective November 17, 2015, and on or about November 23, 2015, submitted his resignation from the fellowship, effective December 9, 2015.

20. By letter dated March 1, 2016, the Board notified the Respondent to report to a laboratory for drug and alcohol testing. After the Respondent requested an alternative date from the one the Board assigned, the Board scheduled this testing for March 15, 2016. On March 15, 2016, the Respondent presented for this testing. The Respondent had shaved his head, which precluded the laboratory from performing a hair analysis.

21. On or about March 15, 2016, the Respondent was interviewed by a Board investigator. When asked about his inability to provide a hair sample to the laboratory, the Respondent claimed that sometime prior to the testing, he shaved off all of his hair due to religious reasons and also to decrease his swim lap times.

IV. Grounds for Discipline

22. The Respondent's actions, as described above, constitute, in whole or in part, a violation of one or more of the following provisions of COMAR 10.32.07.07C: (4) Immoral or unprofessional conduct of the unlicensed medical practitioner in the postgraduate training program; and (7) Practicing medicine while: (b) Using any narcotic or controlled dangerous substance as defined in Criminal Law Article, Annotated Code of Maryland, or other drug that is in excess of therapeutic amounts or without valid medical indication.

NOTICE OF POSSIBLE SANCTIONS

If, after a hearing, Disciplinary Panel A of the Board finds that there are grounds for action under COMAR 10.32.07.07, it may impose disciplinary sanctions against the Respondent's registration, including reprimand, probation, suspension, revocation, or other action including, but not limited to, limiting the privilege to practice, requiring further education, or admonishment.

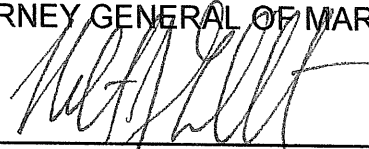
NOTICE OF DISCIPLINARY COMMITTEE FOR CASE RESOLUTION CONFERENCE, PREHEARING CONFERENCE AND HEARING

A conference before Disciplinary Panel B, sitting as the Disciplinary Committee for Case Resolution ("DCCR") in this matter, is scheduled for **Wednesday, September 28, 2016, at 9:00 a.m.**, at the Board's office, 4201 Patterson Avenue, Baltimore, Maryland 21215. The Respondent must confirm in writing his intention to attend the DCCR. The Respondent should send written confirmation of his intention to participate in the DCCR to: Christine A. Farrelly, Executive Director, Maryland State Board of Physicians, 4201 Patterson Avenue, 4th Floor, Baltimore, Maryland 21215. The nature and purpose of the DCCR is described in the attached letter to the Respondent.

If the case cannot be resolved at the DCCR, a pre-hearing conference and a hearing in this matter will be scheduled at the Office of Administrative Hearings, 11101 Gilroy Road, Hunt Valley, Maryland 21031. The hearing will be conducted in accordance with Md. Code Ann., Health Occ. II § 14-405 and Md. Code Ann., State Gov't II §§ 10-201 *et seq.* (2014 Repl. Vol.).

June 28, 2016
Date

BRIAN E. FROSH
ATTORNEY GENERAL OF MARYLAND



Robert J. Gilbert, Deputy Counsel
Health Occupations Prosecution and Litigation
Division
Office of the Attorney General
300 West Preston Street, Suite 201
Baltimore, Maryland 21201