

**RICHARD L. HUSLIG, M.D.**

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**STATE BOARD OF**

**Respondent**

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**PHYSICIANS**

**License Number: D36814**

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**Case Number: 2225-0110 B**

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**CONSENT ORDER**

On January 22, 2026, Disciplinary Panel B ("Panel B") of the Maryland State Board of Physicians (the "Board") charged **RICHARD L. HUSLIG, M.D.** (the "Respondent"), License Number D36814, under the Maryland Medical Practice Act (the "Act"), codified at Md. Code Ann., Health Occ. ("Health Occ.") §§ 14-101 *et seq.* (2021 Repl. Vol. & 2025 Supp.).

Panel B charged the Respondent with violating the following provisions of the Act:

**Health Occ. § 14-404. License denial, suspension, or revocation.**

(a) *In general.* -- Subject to the hearing provisions of § 14-405 of this subtitle, a disciplinary panel, on the affirmative vote of a majority of the quorum of the disciplinary panel, may reprimand any licensee, place any licensee on probation, or suspend or revoke a license if the licensee:

.....

(3) Is guilty of:

.....

(ii) Unprofessional conduct in the practice of medicine[.]

One form of unprofessional conduct in the practice of medicine is providing treatment to family members. In published opinions, the American Medical Association

(“AMA”) has identified that treating immediate family members with controlled substances is not appropriate except in emergencies or for short-term, minor problems.

### **AMA Code of Medical Ethics 1.2.1 - Treating Self or Family (2016)**

Treating oneself or a member of one’s own family poses several challenges for physicians, including concerns about professional objectivity, patient autonomy, and informed consent.

When the patient is an immediate family member, the physician’s personal feelings may unduly influence his or her professional medical judgment. Or the physician may fail to probe sensitive areas when taking the medical history or to perform intimate parts of the physical examination. Physicians may feel obligated to provide care for family members despite feeling uncomfortable doing so. They may also be inclined to treat problems that are beyond their expertise or training.

Similarly, patients may feel uncomfortable receiving care from a family member. A patient may be reluctant to disclose sensitive information or undergo an intimate examination when the physician is an immediate family member. This discomfort may particularly be the case when the patient is a minor child, who may not feel free to refuse care from a parent.

In general, physicians should not treat themselves or members of their own families. However, it may be acceptable to do so in limited circumstances:

- (a) In emergency settings or isolated settings where there is no other qualified physician available. In such situations, physicians should not hesitate to treat themselves or family members until another physician becomes available.
- (b) For short-term, minor problems.

When treating self or family members, physicians have a further responsibility to:

- (c) Document treatment or care provided and convey relevant information to the patient’s primary care physician.
- (d) Recognize that if tensions develop in the professional relationship with a family member, perhaps as a result of a negative medical outcome, such difficulties may be carried over into the family member’s personal relationship with the physician.

- (e) Avoid providing sensitive or intimate care especially for a minor patient who is uncomfortable being treated by a family member.
- (f) Recognize that family members may be reluctant to state their preference for another physician or decline a recommendation for fear of offending the physician.

**AMA Journal of Ethics, May 2012, Vol. 14, No. 5:396-97**

**Opinion 8.19 - Self-Treatment or Treatment of  
Immediate Family Members**

Physicians generally should not treat themselves or members of their immediate families. Professional objectivity may be compromised when an immediate family member or the physician is the patient; the physician's personal feelings may unduly influence his or her professional medical judgment, thereby interfering with the care being delivered. Physicians may fail to probe sensitive areas when taking the medical history or may fail to perform intimate parts of the physical examination. Similarly, patients may feel uncomfortable disclosing sensitive information or undergoing an intimate examination when the physician is an immediate family member. This discomfort is particularly the case when the patient is a minor child, and sensitive or intimate care should especially be avoided for such patients. When treating themselves or immediate family members, physicians may be inclined to treat problems that are beyond their expertise or training. If tensions develop in a physician's professional relationship with a family member, perhaps as a result of a negative medical outcome, such difficulties may be carried over into the family member's personal relationship with the physician. Concerns regarding patient autonomy and informed consent are also relevant when physicians attempt to treat members of their immediate family. Family members may be reluctant to state their preference for another physician or decline a recommendation for fear of offending the physician. In particular, minor children will generally not feel free to refuse care from their parents. Likewise, physicians may feel obligated to provide care to immediate family members even if they feel uncomfortable providing care. It would not always be inappropriate to undertake self-treatment or treatment of immediate family members. In emergency settings or isolated settings where there is no other qualified physician available, physicians should not hesitate to treat themselves or family members until another physician becomes available. In addition, while physicians should not serve as a primary or regular care provider for immediate family members, there are situations in which routine care is acceptable for short-term, minor problems. Except in emergencies, it is not appropriate for physicians to write prescriptions for controlled substances for themselves or immediate family members.

On March 25, 2026, Panel B was convened as a Disciplinary Committee for Case Resolution ("DCCR") in this matter. Based on the negotiations occurring as a result of this

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

## **FINDINGS OF FACT**

Panel B finds the following:

### **I. Background**

2. The Respondent was originally issued a license to practice medicine in Maryland on June 7, 1988, under License Number D36814. The Respondent's license expires on September 30, 2026, subject to renewal.

3. The Respondent is board certified in medical oncology.

4. At all relevant times, the Respondent was employed at a hospital in Baltimore, Maryland.

### **II. The Complaint**

5. On or about December 9, 2024, the Board received a referral (the "Complaint") from a state agency<sup>1</sup> alleging concerns regarding the Respondent's prescribing practices.

6. The Board conducted an investigation into the Complaint.

### **III. The Board Investigation**

7. The Board investigation determined that the Respondent inappropriately prescribed controlled substances to three family members ("Family Member A", "Family

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<sup>1</sup> For confidentiality and privacy reasons, the name of the agency, the hospital, and individuals referenced herein, will not be disclosed in this document. The Respondent may obtain this information from the administrative prosecutor.

Member B”, “Family Member C”, and collectively referred to as the “Family Members”).

8. The Respondent’s prescribing records subpoenaed and received by the Board stated that the Respondent:

a. Prescribed a Schedule IV<sup>2</sup> controlled substance to Family Member A on seven occasions between July 11, 2016, and January 23, 2023.

b. Prescribed a Schedule II controlled substance to Family Member B on twelve occasions between March 6, 2015, and June 26, 2021.

c. Prescribed a Schedule II controlled substance to Family Member C on four occasions between January 21, 2015, and January 2, 2016.

9. By letter dated September 17, 2025, the Board requested that the Respondent provide summaries of care for the Family Members.

10. On or around September 29, 2025, the Board received the Respondent’s response in a letter where the Respondent stated, among other things, that:

a. He was never the primary care provider for his Family Members.

b. He wrote prescriptions for Family Member A, on occasion, as a stop-gap measure when Family Member A was between primary care providers.

c. He wrote prescriptions for Family Member B, on occasion, as a stop-gap measure when Family Member B could not get in to see Family Member B’s regular provider.

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<sup>2</sup> The U.S. Drug Enforcement Administration classifies controlled substances into five (5) categories or “schedules” based upon the drug’s acceptable medical use and its potential for abuse and/or dependency. Schedule I drugs have a high potential for abuse and/or dependency while Schedule V drugs have the lowest potential for abuse and/or dependence.

d. He wrote prescriptions for Family Member C, on occasion, as a stop-gap measure when Family Member C could not get in to see a provider due to Family Member C's travel schedule.

### CONCLUSIONS OF LAW

Based upon the foregoing Findings of Fact, Disciplinary Panel B concludes that the Respondent violated: Health Occ. § 14-404(a)(3)(ii) Is guilty of unprofessional conduct in the practice of medicine.

### ORDER

It is, thus, by Disciplinary Panel B, hereby:

**ORDERED** that the Respondent is **REPRIMANDED**; and it is further

**ORDERED** that this Consent Order is a public document. *See* Md. Code Ann., Health Occ. §§ 1-607, 14-411.1(b)(2) and Gen. Prov. § 4-333(b)(6).

04/14/2026  
Date

*Signature on File*

Christine A. Farrelly, Executive Director  
Maryland State Board of Physicians

### CONSENT

I, Richard Huslig, M.D., acknowledge that I have consulted with counsel before signing this document.

By this Consent, I agree to be bound by this Consent Order and all its terms and conditions and understand that the disciplinary panel will not entertain any request for amendments or modifications to any condition.

I assert that I am aware of my right to a formal evidentiary hearing, pursuant to Md. Code Ann., Health Occ. § 14-405 and Md. Code Ann., State Gov't §§ 10-201 *et seq.* concerning the pending charges. I waive this right and have elected to sign this Consent Order instead.


I acknowledge the validity and enforceability of this Consent Order as if entered 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 behalf, and to all other substantive and procedural protections as provided by law. I waive those procedural and substantive protections. I acknowledge the legal authority and the jurisdiction of the disciplinary panel to initiate these proceedings and to issue and enforce this Consent Order.

I voluntarily enter into and agree to comply with the terms and conditions set forth in the Consent Order as a resolution of the charges. I waive any right to contest the Findings of Fact and Conclusions of Law and Order set out in the Consent Order. I waive all rights to appeal this Consent Order.

4/10/26  
Date

***Signature on File***

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Richard Huslig, M.D.



NOTARY

STATE OF MARYLAND

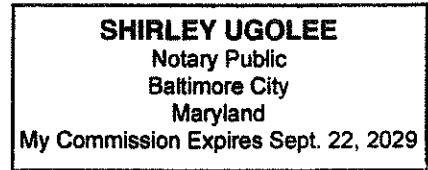
CITY/COUNTY OF BALTIMORE

I HEREBY CERTIFY that on this 10<sup>th</sup> day of APRIL 2026, before me, a Notary Public of the State and County aforesaid, personally appeared Richard Huslig, M.D., gave oath in due form of law that signing the foregoing Consent Order was his voluntary act and deed.

AS WITNESSTH my hand and notarial seal.



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Notary Public



My commission expires: September 22, 2029