David T. Isaacs

Date: July 23, 2024

Harbhajan Ajrawat, M.D., Chair
Disciplinary Panel B
Maryland State Board of Physicians
4201 Patterson Avenue, 4th Floor
Baltimore, MD 21215-2299

Re: Permanent Surrender of License to Practice Medicine
David T. Isaacs License Number: D24289
Case Number: 2224-0034B

Dear Dr. Ajrawat and Members of the Disciplinary Panel B,

Please be advised that I have decided to permanently **SURRENDER** my license to practice medicine in the State of Maryland, License Number D24289, effective immediately. I understand that upon surrender of my license, 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. §§ 14-101 *et seq.* and other applicable laws. In other words, as of the effective date of this Permanent Letter of Surrender, I understand that the permanent surrender of my license means that I am in the same position as an unlicensed individual in the State of Maryland.

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

I acknowledge that the Board initiated an investigation of my practice and on May 6, 2024, Panel B issued disciplinary charges against me under Health Occ. § 14-404(a)(3)(ii). Specifically, Panel B alleged that I used blank prescriptions sheets from another physician to obtain CDS medication and I wrote prescriptions for Schedule II medications for myself and for a family member. A copy of the charges is attached as Attachment 1. I have decided to permanently surrender my license to practice medicine in the State of Maryland to avoid further investigation and prosecution of these disciplinary charges.

I wish to make it clear that I have voluntarily, knowingly and freely chosen to submit this Permanent Letter of Surrender to avoid further prosecution of the disciplinary charges. I acknowledge that for all purposes related to medical licensure in Maryland, the charges will be treated as if proven.

I understand that by executing this Permanent Letter of Surrender I am waiving my right to a hearing to contest the disciplinary charges. In waiving my right to contest the charges, I am also waiving the right to be represented by counsel at the hearing, to confront witnesses, to give testimony, to call witnesses on my own behalf, and all other substantive and procedural protections provided by law, including the right to appeal to circuit court.

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 Permanent Letter of Surrender, and in response to any inquiry, that I have surrendered my license as if it were revoked. I also understand that in the event I would apply for licensure in any form in any other state or jurisdiction that this Permanent Letter of Surrender may be released or published by the Board 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.*, and that this Permanent Letter of Surrender constitutes a disciplinary action by Panel B.

I affirm that as of the date of this Permanent Letter of Surrender, I will present to the Board my drug dispensing permit. 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 Permanent Letter of Surrender, my license in Maryland will remain permanently surrendered. In other words, I agree that I have no right to reapply and will not reapply for a license to practice medicine in the State of Maryland. I further acknowledge that the Board is not obligated to consider any application for licensure or reinstatement that I might file at a future date.

I acknowledge that I may not rescind this Permanent 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 Panel B, including the right to counsel with an attorney prior to signing this Permanent Letter of Surrender. I have consulted with an attorney before signing this letter permanently surrendering my license to practice medicine in Maryland. I understand both the nature of Panel B's actions and this Permanent Letter of Surrender fully. I acknowledge that I understand and comprehend the language, meaning and terms and effect of this Permanent Letter of Surrender. I make this decision knowingly and voluntarily.

Very truly yours,

Signature On File

David T. Isaacs, M.D.

NOTARY

STATE OF Maryland
CITY/COUNTY OF Montgomery

I HEREBY CERTIFY that on this 19 day of July, 2024 before me, a Notary Public of the City/County aforesaid, personally appeared David T. Isaacs, 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 WITNESS my hand and Notarial seal.

Notary Public

My commission expires: Bayley Mae Thompson
NOTARY PUBLIC STATE OF MARYLAND
My Commission Expires: April 23, 2028

BAYLEY MAE THOMPSON NOTARY PUBLIC MONTGOMERY COUNTY MD

ACCEPTANCE

On behalf of Disciplinary Panel B, on this 23rd day of July, 2024, I, Christine A. Farrelly, accept David T. Isaacs, M.D.'s **PUBLIC PERMANENT SURRENDER** of her license to practice medicine in the State of Marvland.

Signature On File

Christine A. Farrelly, Executive Director
Maryland Board of Physicians

Attachment 1

IN THE MATTER OF	*	**BEFORE THE**
DAVID T. ISAACS, M.D.	*	**MARYLAND STATE**
Respondent	*	**BOARD OF PHYSICIANS**
License No. D24289	*	**Case No. 2224-0034 B**

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CHARGES UNDER THE MARYLAND MEDICAL PRACTICE ACT

Disciplinary Panel B ("Panel B") of the Maryland State Board of Physicians (the "Board") hereby charges **DAVID T. ISAACS, M.D.** (the "Respondent"), License No. D24289, under the Maryland Medical Practice Act (the "Act"), Md. Code Ann., Health Occ. § 14-101 *et seq*. (2021 Repl. Vol.). Panel B charges the Respondent with violating the following provision 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 self-treatment or treatment to family members. The American Medical Association has addressed this in a series of ethics opinions:

Opinion 8.19 (2012) – 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.

Opinion 1.2.1 (2016) – Treating Self or Family

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) Avoiding 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.

ALLEGATIONS OF FACT[1]

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

I. Licensing and Practice Information

1. On or about September 20, 1979, the Board issued the Respondent a license to practice medicine in Maryland, under license number D24289. The Respondent's Maryland license expires on or about September 30, 2024.

2. The Respondent is board certified in internal medicine. He currently has no hospital privileges.

3. From 1996 until his retirement in 2019, the Respondent was employed at a medical practice (the "Medical Practice")[2] in Prince George's County, Maryland.

4. The Respondent has been licensed to practice medicine in Washington, D.C. since on or about January 26, 1979. His Washington, D.C. medical license expired on or about December 31, 2018.

II. Physician A's Self-Report Letter

5. On or about September 13, 2023, the Board received a letter (the "Self-Report Letter") from a physician ("Physician A") who stated that he was the Respondent's

[1] The statements set forth in this document are intended to provide the Respondent with reasonable notice of the alleged facts. 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 the charges.

[2] To ensure confidentiality and privacy, the names of individuals, patients and institutions involved in this case are not disclosed in this document. The Respondent may obtain the identity of all individuals, patients, and institutions referenced in this document from the Administrative Prosecutor.

primary care provider from around 2005 until about a year after the Respondent's retirement in July 2019. Physician A reported that, from 2014 to 2019, he signed "multiple prescriptions" for Schedule II[3] medication[4] for the Respondent "without documenting examinations and assessments."

6. Physician A also reported that he signed "about 10 pieces of prescription sheets" for the Respondent "to help him out" shortly before the Respondent retired in 2019.

7. Physician A reported that, in or around May 2023, he received a request from a pharmacy (the "Pharmacy") to verify a prescription for the Respondent for a Schedule II medication, dated May 4, 2023, that was signed by Physician A. Physician A reported that he did not issue the prescription.

III. Investigation

8. After reviewing Physician A's Self-Report Letter, the Board initiated an investigation.

9. On September 21, 2023, Board staff issued a *subpoena duces tecum* to the Prescription Drug Monitoring Program ("PDMP") for a computer-generated printout of all controlled substances written by the Respondent from January 1, 2013 to present.

10. On September 25, 2023, the Board received the Respondent's PDMP report. The PDMP report showed that, on or about March 19, 2013, the Respondent wrote a

[3] The U.S. Drug Enforcement Administration classifies controlled dangerous substances ("CDS") 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.

[4] To ensure confidentiality and privacy, the specific names of the medications are not disclosed in this document. The Respondent knows the specific names of the medications discussed herein.

prescription for himself for a Schedule IV medication. Further, on or about April 5, 2013, the Respondent wrote a prescription for the Family Member for a Schedule II medication. Both of the prescriptions were dispensed by the Pharmacy.

11. By letter dated September 25, 2023, Board staff informed the Respondent that the Board opened a full investigation based on allegations that he used blank prescription sheets from Physician A to obtain CDS medications. Board staff also requested that the Respondent provide a written response to the allegations.

12. By letter dated October 4, 2023, the Respondent provided his written response in which he stated in part:

a. Physician A was the Respondent's primary care provider who prescribed the Respondent "longer-acting [Schedule II] medications along with shorter acting [medications;]"

b. After the Respondent retired from the Medical Practice in 2019, Physician A continued prescribing him medications;

c. The Respondent stated, "All of [Physician A's] prescriptions included my personal patient information, diagnosis, medicine dose, quantity, directions for use, and his signature. The date, however, was left blank. I would fill in the date when I submitted the prescription for quarterly filling at one pharmacy - [the Pharmacy.]"

13. On December 18, 2023, Board staff conducted an under-oath interview with Physician A. Physician A stated in part:

a. Approximately every three months between 2014 and 2019, the Respondent came into the Medical Practice with prescription sheets that he had already filled out, and asked Physician A to sign them. The Respondent determined the type of Schedule II medication and the dosage for himself. Physician A briefly reviewed the prescriptions and then signed them. Physician A did not document these prescriptions in the Respondent's chart;

b. Physician A never ordered urine drug screening for the Respondent, and he did not otherwise monitor the Respondent's medication usage;

c. Physician A did not refer the Respondent to another provider to have him or her prescribe CDS medications to the Respondent, even though the Respondent did see other providers;

d. Prior to the Respondent's retirement in 2019, Physician A and the Respondent formed an agreement in which Physician A would sign 10 blank prescription sheets for the Respondent with the understanding that the Respondent would fill the rest of the sheets out himself, including type of Schedule II medication and dosage;

e. Physician A stated, "Those blank prescriptions did not have any date on it; that was the key really. I would sign it so he could date it when he needed it[;]"

f. Physician A did not see the Respondent for any medical appointments after the Respondent's retirement in 2019, and Physician A "never opened his chart after that[;]"

g. In January 2020, the Respondent mailed six blank prescription sheets to Physician A, which he asked Physician A to sign. Physician A signed them and sent them back to the Respondent;

h. Physician A believes it "was a big mistake on [his] part" to sign blank prescription sheets to let the Respondent fill in whatever he wanted to fill in;

i. During the interview, Physician A reviewed copies of the original paper prescriptions that he signed for the Respondent and the Family Member, dated between 2014 and 2023. Physician A stated that he did not write any of the prescriptions, but he did sign them all. Physician A stated that the Respondent wrote all of the prescriptions;

j. The Respondent wrote prescriptions for Schedule II medications for the Family Member, which Physician A signed.

IV. The Respondent's Interview

14. On December 21, 2023, Board staff conducted an interview with the Respondent. In the under-oath interview, the Respondent stated in part:

a. Physician A was the Respondent's primary care physician from approximately 1998 until the Respondent retired from the Medical Practice in June 2019;

b. While Physician A was the Respondent's primary care provider, he treated the Respondent for general medical conditions, and the appointments took place at the Medical Practice;

c. After the Respondent retired in June 2019, he never went back to the Medical Practice for any examinations, evaluations or medical appointments;

d. The Respondent recalls that Physician A began prescribing CDS medications to him for medical conditions sometime around 2005 or 2010;

e. Prior to retiring, the Respondent "would write . . . three or four at a time, usually a year's dosage, and [Physician A] would review them and sign them[;]"

f. Just before the Respondent retired, the Respondent wrote 12 prescriptions for Schedule II medications for himself and gave them to Physician A for his signature;

g. The Respondent stated, "Now . . . the way it worked is that – when I left . . . I wrote the prescriptions for both of these medicines, and handed it to [Physician A]. He agreed to . . . fill them for me . . . when I retired, and he signed them, and we did not date them, and I used them . . . as needed. When the prescription would run out I would send them to [the Pharmacy]. There was one pharmacy involved[;]"

h. Physician A signed the prescriptions, but he did not date them, so that the Respondent could use them "as needed." The Respondent "just put the date in when [he] needed it to be refilled[;]"

i. The Respondent told Board staff, "[W]e both agreed not to date [the prescriptions], because . . . we weren't sure precisely, and how long I'd be taking them, number one, when I'd be refilling them, but the refills were always done on a . . . basis of when I needed them and when the last prescription ran out[;]"

j. The Respondent "spoke to [Physician A] in late 2019 about switching the medicine" from one type of Schedule II medication to

another. Physician A agreed and the Respondent began that medicine in approximately early 2021;

k. The Respondent stated, "I left the office with prescriptions, and . . . when they ran out, which was in early 2021 . . . I would send prescriptions to [Physician A's] home, [he] would review them, and he would send them back to me at my home[;]"

l. The Respondent was able to send the prescription sheets because he took approximately 30-35 of them from the office and kept them at his home when he retired. The prescription sheets had the names of all three doctors from the Medical Practice on them, including Physician A;

m. In April 2022, the Respondent contacted Physician A via text message to tell him he had a problem refilling the Schedule II medicines even though he still had Schedule II medicines left over;

n. The Respondent stated, ". . . [S]ometimes I wasn't taking the full dose and so there may have been some left over[;]"

o. During the Board interview, the Respondent reviewed copies of original paper prescriptions from the Pharmacy for Schedule II medications that Physician A signed for the Respondent, dated between 2014 and 2023. After reviewing them, the Respondent stated that he wrote "[v]irtually all of them[;]

p. The Respondent stated that he wrote his "name, address, the indication for the medicine, the diagnosis, then the medicine, dose, quantity, and the instructions to take, and then [he] would give it to [Physician A] to sign[;]"

q. During the Board interview, the Respondent reviewed copies of original paper prescriptions from the Pharmacy for Schedule II medications that Physician A signed for the Family Member, dated between 2016 and 2019. After reviewing them, the Respondent stated that he wrote all of the prescriptions for the Family Member, and gave them to Physician A for his signature;

r. The Respondent did not initially diagnose the Family Member's condition, nor did he start the Family Member on the Schedule II medication. The Respondent did not conduct any examinations or evaluations of the Family Member. The Respondent did not maintain

a medical record for the Family Member.

V. Grounds for Discipline

15. The Respondent's conduct described above constitutes, in whole or in part, unprofessional conduct in the practice of medicine in violation of Health Occ. § 14-404(a)(3)(ii).

NOTICE OF POSSIBLE SANCTIONS

If, after a hearing, a disciplinary panel of the Board finds that there are grounds for action under Health Occ. § 14-404(a)(3)(ii), it may impose disciplinary sanctions against the Respondent's license in accordance with the Board's regulations under Md. Code Regs. 10.32.02.09 and 10.32.02.10, including revocation, suspension, reprimand, and may place the Respondent on probation. The panel may, in addition to one or more of the sanctions set forth above, impose a civil monetary fine upon the Respondent.

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

A Disciplinary Committee for Case Resolution ("DCCR") Conference in this matter is scheduled for **Wednesday, June 26, 2024, at 9:00 a.m.** at the Board's office, 4201 Patterson Avenue, Baltimore, Maryland 21215. The nature and purpose of the DCCR is described in the attached letter to the Respondent. The Respondent must confirm their intent to attend the DCCR in writing. The Respondent should send written confirmation of their intent to participate in the DCCR to:

Christine A. Farrelly
Executive Director
Maryland Board of Physicians
4201 Patterson Avenue, 4th Floor

Baltimore, Maryland 21215

If this case cannot be resolved at the DCCR, a prehearing 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. § 14-405 and Md. Code Ann., State Gov't § 10-201 *et seq.* (2021 Repl. Vol.).

ANTHONY G. BROWN
ATTORNEY GENERAL OF MARYLAND

5/6/2024
Date

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