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| IN THE MATTER OF | * | BEFORE THE MARYLAND |
| LAUREN A. GORDON, M.D. | * | STATE BOARD OF |
| Respondent | * | PHYSICIANS |
| License Number: D56973 | * | Case Number: 2223-0112 B |

* * * * *

CONSENT ORDER

On August 20, 2024, Disciplinary Panel B (“Panel B”) of the Maryland State Board of Physicians (the “Board”) charged **LAUREN A. GORDON, M.D.** (the “Respondent”), License Number D56973, under the Maryland Medical Practice Act (the “Act”), Md. Code Ann., Health Occ. §§ 14-101 *et seq.* (2021 Repl. Vol. & 2023 Supp.).

Panel B charged the Respondent with violating Health Occ. § 14-404:

(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[.]

Panel A considered the Respondent’s treating and prescribing practices and voted to charge unprofessional conduct in the practice of medicine. The American Medical Association (“AMA”) has issued the following relevant opinions:

AMA Opinion 1.2.1 “Treating Self or Family” (Issued in 2016)

Treating oneself or a family member 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 Opinion 8.19 “Self-Treatment or Treatment of Immediate Family Members” (Issued in 1993)

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 October 23, 2024, 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

1. The Respondent was originally issued a license to practice medicine in Maryland on January 13, 2001, under License Number D56973. The Respondent’s current license expires on September 30, 2026, subject to renewal.
2. The Respondent is board certified in family medicine.
3. At all relevant times, the Respondent was employed at a health care practice (the “Practice”)¹ with multiple locations in the area of Baltimore, Maryland.

II. The Complaint

4. On or about May 4, 2023, the Board received a letter (the “Complaint”) from a state inspector stating allegations and concerns regarding the Respondent’s practice of medicine.

¹ For confidentiality reasons, the names of health care facilities and individuals referenced herein will not be disclosed in this document.

5. The Board conducted an investigation into the Complaint and based on the investigation, the Board made determinations as detailed below.

III. The Board Investigation

6. The Board investigation determined that the Respondent inappropriately prescribed medications to herself.

7. The Respondent's prescribing records subpoenaed and received by the Board stated that the Respondent self-prescribed on eight occasions between 2012 and 2024.

8. The majority of the Respondent's self-prescribing occurred between 2022 and 2024 during which time the Respondent self-prescribed medication used to treat a specific medical condition.²

9. During the course of the Board's investigation, the Board also learned that the Respondent stated to a patient that another Practice physician was practicing outdated medicine.

CONCLUSIONS OF LAW

Based on the Findings of Fact, Disciplinary Panel B of the Board concludes as a matter of law that the Respondent is guilty of unprofessional conduct in the practice of medicine, in violation of Health Occ. § 14-404(a)(3)(ii).

ORDER

It is, thus, on the affirmative vote of a majority of the quorum of Panel B, hereby

² For confidentiality reasons, specific information in the Respondent's prescribing records are not disclosed in this document.

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

ORDERED that the Respondent is placed on **PROBATION** for a minimum of **SIX (6) MONTHS**.³ During probation, the Respondent shall comply with the following terms and conditions of probation:

Within **SIX (6) MONTHS**, the Respondent is required to take and successfully complete courses in (1) **medical ethics** and (2) **professionalism**. The following terms apply:

- (a) it is the Respondent's responsibility to locate, enroll in and obtain the disciplinary panel's approval of the courses before the courses begin;
- (b) the disciplinary panel will not accept a course taken over the internet;
- (c) the Respondent must provide documentation to the disciplinary panel that the Respondent has successfully completed the courses;
- (d) the courses may not be used to fulfill the continuing medical education credits required for license renewal;
- (e) the Respondent is responsible for the cost of the courses; and it is further

ORDERED that a violation of probation constitutes a violation of this Consent Order; and it is further

ORDERED that the Respondent shall not petition for early termination of probation; and it is further

ORDERED that, if the Respondent allegedly fails to comply with any term or condition imposed by this Consent Order, the Respondent shall be given notice and an opportunity for a hearing. If a disciplinary panel determines that there is a genuine dispute as to a material fact, the hearing shall be before an Administrative Law Judge of the Office of Administrative Hearings followed by an exceptions process before a disciplinary panel; and if a disciplinary panel determines that there is no genuine dispute as to a material fact, the Respondent shall be given a show cause hearing before a disciplinary panel; and it is further

ORDERED that, after the appropriate hearing, if the disciplinary panel determines that the Respondent has failed to comply with any term or condition imposed by this Consent Order, the disciplinary panel may reprimand the Respondent, place the Respondent on further probation with appropriate terms and conditions, impose a suspension of the Respondent's medical license with appropriate terms or conditions, or revoke the Respondent's license to practice medicine in Maryland. The disciplinary panel

³ If the Respondent's license expires during the period of probation, the probation and any conditions will be tolled.

may, in addition to one or more of the sanctions set forth above, impose a civil monetary fine on the Respondent, and it is further

ORDERED that the Respondent is responsible for all costs incurred in fulfilling the terms and conditions of this Consent Order; and it is further

ORDERED that this Consent Order goes into effect upon the signature of the Executive Director of the Board or her designee. The Executive Director or her designee signs the Consent Order on behalf of Panel B, 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).

11/14/2024
Date

Signature On File

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

CONSENT

I, Lauren A. Gordon, 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, Conclusions of Law, and Order set out in the Consent Order. I waive all rights to appeal this Consent Order.

I sign this Consent Order, without reservation, and fully understand the language and meaning of its terms.

Signature On File

11/8/24
Date



Lauren A. Gordon, M.D.
Respondent

NOTARY

STATE OF Maryland

CITY/COUNTY OF Prince George's

I HEREBY CERTIFY that on this 8th day of November 2024, before me, a Notary Public of the foregoing State and City/County, Lauren A. Gordon, M.D., personally appeared and made oath in due form of law that signing the foregoing Consent Order was her voluntary act and deed.

AS WITNESSTH my hand and notarial seal.

Shellie McKay Christie
Notary Public

My commission expires: 04/13/2025

SHELLIE MCKAY CHRISTIE
Notary Public-Maryland
Charles County
My Commission Expires
April 13, 2025