

**IN THE MATTER OF  
CYRUS LAWYER III, M.D.**

**Respondent**

**License Number: D29299**

**\* BEFORE THE  
\* MARYLAND STATE  
\* BOARD OF PHYSICIANS  
\* Case Number: 2219-0035A**

\* \* \* \* \*

**CONSENT ORDER**

On May 30, 2019, Disciplinary Panel A (“Panel A”) of the Maryland State Board of Physicians (the “Board”) charged **CYRUS LAWYER, III, M.D.** (the “Respondent”), License Number D29299, under the Maryland Medical Practice Act (the “Act”), Md. Code Ann., Health Occ. (“Health Occ.”) § 14-404(a)(3)(i), (ii) (2014 Repl. Vol. and 2018 Supp.), and Md. Code Regs. (“COMAR”) 10.32.17.03.

The pertinent provisions of the Act provide:

(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:
  - (i) Immoral conduct in the practice of medicine; or
  - (ii) Unprofessional conduct in the practice of medicine[.]

On August 14, 2019, Panel A was convened as a Disciplinary Committee for Case Resolution (“DCCR”) in this matter. Based on negotiations occurring because of the DCCR, the Respondent agreed to enter this Consent Order, consisting of Findings of Fact, Conclusions of Law, Order, and Consent.

## FINDINGS OF FACT

Panel A of the Board makes the following findings of fact:

1. At all times relevant, the Respondent was and is licensed to practice medicine in the State of Maryland. The Respondent is board certified in Obstetrics and Gynecology. The Respondent was initially licensed to practice medicine in Maryland on May 9, 1983, under License Number D29299. The Respondent's license is currently active and is scheduled for renewal on September 30, 2020.

2. On September 5, 2018, the Respondent reported to the Board that he had been the subject of a complaint made about his care of a patient on August 27, 2018. On or about September 17, 2018, the Board received a Mandated 10-Day Report from the medical center where the Respondent was employed (the "Medical Center") that a complaint had been made, alleging the Respondent engaged in inappropriate sexual contact with a minor female patient (the "Patient").

3. As part of the Board's investigation, the Board subpoenaed the Patient's medical records from the Medical Center. The Board also conducted interviews of the Respondent and the Patient.

4. According to the Patient's medical records received from the Medical Center, the Patient was seen by the Respondent on August 27, 2018, for a routine prenatal visit.

5. In an interview with the Board's investigator on or about December 13, 2018, the Patient stated:

a. The Respondent was the only Medical Center employee in the examination room with her, although she was accompanied throughout the encounter by a female companion.

b. While the Patient and the Respondent were in the examination room the Patient kept her clothing on.

c. The Respondent made “inappropriate” comments to her and the visit with the Respondent made her feel “uncomfortable.”

d. During the visit the Respondent lifted up the Patient’s shirt.

e. Later, he touched the Patient’s breast with one of his hands.

f. The Respondent informed the Patient that she “need[ed] to wear a bra . . . because of the baby.”

g. The Patient felt that it was unnecessary for the Respondent to touch her breast for the examination, which consisted of listening to the fetal heartbeat.

h. The Respondent also moved the Patient’s pants, looked, and said “oh, you have underwear[] on” and laughed.

6. In an interview with the Board’s investigator on or about January 11, 2019, the Respondent stated that the visit consisted of the following:

a. He saw the Patient for the first time on August 27, 2018, for a prenatal visit. The Patient had a friend present with her. At the visit he listened to the baby’s heartrate, measured the fundal height, reviewed the Patient’s blood pressure, and reviewed her weight gain.

b. The Patient was on the examination table wearing all of her clothes including a “crop top” and right before he began to listen to the baby’s heartrate with the Doppler, “all of a sudden” he noticed “that both of her breasts [we]re hanging out from under her crop top. She didn’t have a bra on.” He then had a verbal exchange with the Patient explaining to her that she should wear a bra when dressed as she was and because she was pregnant, and her breasts would become larger. “I said, basically said, . . . hey, what’s up with your basically not having a bra on? She started laughing and I think she responded to the effect that . . . they were rushing, they didn’t have time. And I said you actually came out of the house with no bra on? She said yes, we were rushing. I said how did you get here? She said we came by bus. I said you came by a bus? Like this? She said yes. I said did anyone bother you? She said no. I said well look, . . . you can’t come out of the house like looking like this. I said did anyone approach you or anything? She says no. I said well look, you’re pregnant, you have large breasts, more milk is going to come into your breasts, you’re going to end up with very heavy breasts and it can become very painful, so you should wear a bra 24 hours a day.”

c. He then took one of his hands, lifted up the Patient’s shirt and then after he put the Patient’s shirt back down, he pushed the Patient’s left breast with his right hand, “in a demonstrative fashion,” and said, “you should keep your breasts tight to your chest.” And then the Respondent said he and the Patient “laughed about it.” The Respondent then “said okay, let’s get very serious, . . . you need to wear a bra 24 hours a day because you don’t want the milk to come into your breasts too soon to make them much heavier.”

d. The Respondent stated that “in order to . . . make the point that you need to wear a bra,” he checked “and said okay, you have underwear on.”

e. The Respondent stated that he had two reasons for lifting the Patient's shirt, exposing her breasts, and instructing her to wear a bra. The Respondent's first rationale was because "the number one reason for pain after delivery is breast pain" and because he "was taken back by" the Patient's "breasts hanging from under her crop top," he "felt that it was probably important to address the issue" of wearing a bra. The Respondent's second rationale was because he "went a little bit too on the paternalistic side" by saying that the Patient should not "want to come out [in public] looking like this because it might be an invitation for someone to address [the Patient] or present themselves to [the Patient] in the wrong fashion because of [the Patient's] appearance."

f. Finally, the Respondent stated that after the incident was reported to the Medical Center, he learned about the Patient's history, including that the Patient had become pregnant as the result of being raped. The Respondent went on to say that his "approach" of asking the Patient if she had been approached by anyone on the bus because of how she was dressed, "maybe . . . wasn't the best way to approach it, but maybe that truly needed to be addressed because maybe that's why . . . she was caught up in a rape incident, from the way she was dressed and everything."

#### **CONCLUSIONS OF LAW**

Based on the foregoing Findings of Fact, Disciplinary Panel A 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).

The charges of immoral conduct in the practice of medicine, Health Occ. § 14-404(a)(3)(i), and COMAR 10.32.17.03 are dismissed.

## ORDER

It is thus by Disciplinary Panel A of the Board, hereby:

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

**ORDERED** that the Respondent is permanently prohibited from evaluating and treating female patients without a chaperone. The following conditions apply:

(a) the Respondent shall on every January 31st thereafter if the Respondent holds an active Maryland medical license, provide the Board with:

(1) an affidavit verifying that he has had a chaperone present for every examination or treatment of any patient or type of patient for whom the requirement of a chaperone was imposed;

(2) the names of those persons who have functioned as chaperones in the past year; and

(3) the signatures of those persons who have functioned as a chaperone in the past month attesting that they have done so, together with the schedule of the chaperones for the past month;

(b) if the Respondent fails to provide the required annual verification of compliance with this condition:

(1) there is a presumption that the Respondent has violated the permanent condition of this Consent Order; and

(2) the alleged violation will be adjudicated pursuant to the procedures of a show cause hearing; and it is further

**ORDERED** that within **SIX (6) MONTHS**, the Respondent is required to take and successfully complete a course in appropriate professional boundaries. The following terms apply:

(a) it is the Respondent's responsibility to locate, enroll in and obtain the disciplinary panel's approval of the course before the course is begun;

(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 course;

(d) the course 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 course; and it is further

**ORDERED** that the effective date of the Consent Order is the date the Consent Order is signed by the Executive Director of the Board or her designee. The Executive Director or her designee signs the Consent Order on behalf of the disciplinary panel which has imposed the terms and conditions of this Consent Order; 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 the disciplinary panel determines 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 the disciplinary panel determines 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 probation with appropriate terms and conditions, or suspend with appropriate terms and conditions, or revoke the Respondent's license to practice medicine

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

09/13/2019  
Date

## *Signature on File*

Christine A. Farrelly  
Executive Director  
Maryland State Board of Physicians

### CONSENT

I, Cyrus Lawyer, III, 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.

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

9/12/19  
Date

## ***Signature on File***

Cyrus Lawyer, III, M.D.  
Respondent

### **NOTARY**

**STATE OF MARYLAND**

**CITY/COUNTY OF** Baltimore

**I HEREBY CERTIFY** that on this 12th day of September, 2019, before me, a Notary Public of the foregoing State and City/County personally appeared Cyrus Lawyer, III, 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 notary seal.

Darlene M. Behner  
Notary Public

My commission expires: January 14, 2021

**DARLENE M. BEHNER**  
NOTARY PUBLIC STATE OF MARYLAND  
My Commission Expires January 14, 2021