

IN THE MATTER OF	*	BEFORE THE
JOHN S. DALTON, II, M.D.	*	MARYLAND STATE
Respondent	*	BOARD OF PHYSICIANS
License Number: D30542	*	Case Number: 7718-0029

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**ORDER ON PETITION TO
TERMINATE SUSPENSION OF MEDICAL LICENSE**

I. INTRODUCTION

On September 11, 2017, Disciplinary Panel A (the “Panel”) of the Maryland State Board of Physicians (the “Board”) issued a Final Decision and Order finding that John S. Dalton, II, M.D., committed unprofessional conduct based on two incidents involving verbal abuse, threatening behavior, and physical violence towards patient aides. The Panel suspended Dr. Dalton’s license to practice medicine for a minimum period of six months and referred him to the Maryland Professional Rehabilitation Program (“MPRP”). On March 22, 2018, Dr. Dalton petitioned the Board to terminate the suspension of his license. On May 9, 2018, the Panel considered Dr. Dalton’s position. The Panel reviewed the file and heard oral presentations from Dr. Dalton and the administrative prosecutor.

II. PROCEDURAL AND FACTUAL HISTORY

A. The Board’s First Suspension of Dr. Dalton’s License

In 2010, the Board found that Dr. Dalton was guilty of unprofessional conduct in the practice of medicine. Dr. Dalton yelled at a patient on three occasions and acted loud and irate to another patient’s relative. In the 2010 Final Decision and Order, the Board stated that it is “convinced that he suffers from behavioral problems that have caused him to act at times intemperately towards patients and staff.” The Board imposed a stayed suspension and three

years of probation with conditions that included meeting with a psychiatrist and enrolling in an anger management course.

B. The Board's Second Suspension of Dr. Dalton's License

On September 11, 2017, Dr. Dalton's license was suspended for a minimum of six months for unprofessional conduct in the practice of medicine based on an incident on December 5, 2015 and another on February 22, 2016. The first incident involved a patient aide who wore a burqa, a head-to-toe outer garment worn by women in some Islamic traditions. Dr. Dalton asked the patient aide questions about whether she supported or opposed the shooting attack that occurred earlier in the week in San Bernardino, California, where a married couple, who were radical followers of Islam, killed fourteen people. Dr. Dalton lectured the aide that murder is illegal in the United States and criticized her for wearing the burqa. Becoming increasingly agitated and belligerent, Dr. Dalton raised his voice, repeatedly telling her, "there will be no jihad in this office." After the aide retreated into the hallway to call her supervisor to ask how to address the situation, Dr. Dalton followed her into the hallway and advanced towards her with his hand raised while screaming. Dr. Dalton then locked the patient in the examination room away from the aide. The aide called the police, who arrived and deescalated the situation.

In a second occurrence, Dr. Dalton had an altercation with a different patient aide. This time, Dr. Dalton felt that the aide was not sufficiently responsive to his requests for help. Dr. Dalton yelled at the aide, physically pushed her, and pushed a wheelchair into her. He, again, locked the patient in an examination room away from the aide, and, again, the aide called the police, who deescalated the situation.

On September 11, 2017, the Board suspended Dr. Dalton's license for a minimum of six months and referred Dr. Dalton to MPRP for an assessment on whether additional rehabilitative

and remedial steps would be necessary to address his conduct. Dr. Dalton enrolled in MPRP per the terms of the Order.

III. APPLICATION FOR TERMINATION OF SUSPENSION

On March 22, 2018, the Panel received Dr. Dalton's petition to terminate the suspension of his license. The Panel reviewed Dr. Dalton's psychiatric evaluation by [REDACTED] M.D., two essays written by Dr. Dalton that were supposed to address the reasons he believed the Panel referred him to MPRP, a one-page letter from MPRP providing an assessment of Dr. Dalton, and the recommendation from the Administrative Prosecutor. The Panel will briefly summarize the documents it considered.

A. [REDACTED] evaluation

Dr. [REDACTED] is a psychiatrist who is board-certified in psychiatry and neurology. Dr. [REDACTED] spent three-and-a-half hours interviewing Dr. Dalton. Dr. [REDACTED] summarized the incidents behind Dr. Dalton's second suspension. The report notes that Dr. Dalton blames others for their misbehavior, exaggerations, and lying. As far as Dr. Dalton is concerned, "it is not to himself and his own fragile ego that he feels he needs to look, but to be prepared for the slings and arrows of the difficult people who he might encounter in the office." Dr. Dalton told Dr. [REDACTED] that there was nothing he had done that merited the suspension in this case. Dr. [REDACTED] found that Dr. Dalton was unable to express any feelings of embarrassment or remorse. He was unable or unwilling to acknowledge any personal flaw or inadequacy. Dr. Dalton denied anything that would make him feel deficient or vulnerable. Dr. Dalton told Dr. [REDACTED] that he stood behind what he did with the two patient aides. In his report, Dr. [REDACTED] stated that he "fear[s] that this character armor may be impenetrable." Dr. [REDACTED] expressed concern about continuing the suspension, warning "[i]t would be psychologically catastrophic for this man to

lose his career through extended license suspension or revocation.” Dr. [REDACTED] however, found Dr. Dalton’s defense very difficult to soften and thinks that he is psychologically incapable of deeper self-reflection, looking at himself and seeing anything unflattering and imperfect. Dr. [REDACTED] suggested intensive therapy designed to deconstruct strong narcissistic defenses or intensive therapy workshops. Dr. [REDACTED] concluded that there is no evidence of deficient medical skills or poor medical decision-making but explained that there are continued risks concerning his “rudeness, insensitivity, and interpersonal coarseness affecting the doctor-patient alliance.”

B. Dr. Dalton’s essays

Dr. Dalton was asked by MPRP to write an essay on what he had learned by his most recent sanction by the Board. His first attempt at the essay is titled “An Essay on the Current Society of the United States Concerning the Rule of Law, Political Correctness, and the Role of Religion in current American Society.” The essay covered religious history, American history, and “political correctness.” After clarification from MPRP, Dr. Dalton submitted a second essay with his version of the two incidents that resulted in his suspension. He characterized his asking the aide whether she supported the San Bernardino attack as a “vetting” question. In his second essay, Dr. Dalton stated he was

very sorry that the first caregiver took great offense on being vetted, but the facts of the matter were that innocent medical workers had just been killed by Muslim American terrorists in defiance of the law which says that killing others is against the law. . . . [T]his doctor found himself unable to work with a caregiver who pitched a fit in the office because she was asked whether or not she believed in terrorism. . . . There is a law throughout the United States which says that killing your neighbor is forbidden, and I could have said nothing to the first caregiver. But believe me that if she were a terrorist and if she were to pull such a stunt as the Muslim American couple in San Bernardino, California, it would be expected that she herself would be killed on the spot, or at least held accountable for her crimes.

Dr. Dalton characterized the second incident as a caregiver refusing to help with the care of the patient and was thus ejected by Dr. Dalton. He stated, “[t]here was no way to take care of this patient properly with the caregiver standing in the way of her getting the care that the patient required.”

C. MPRP Letter

MPRP wrote a letter stating that Dr. Dalton has gained “some level of insight.” MPRP notes that Dr. Dalton’s medical decision-making was not the issue and that his interpersonal behaviors is still a future risk. The letter recommended that the Panel re-interview Dr. Dalton to assess if the suspension of his license should be terminated.

D. Administrative Prosecutor Letter

The Administrative Prosecutor wrote a letter recommending the Board deny Dr. Dalton’s petition and continue the suspension. The letter notes that Dr. Dalton’s professional history is punctuated with incidents of explosive and sometimes violent outbursts. The Administrative Prosecutor characterizes his outbursts as irrational and combative. After summarizing the reports and letters, the prosecutor strongly urged the Panel not to lift the suspension because it would not be in the interest of public protection. The Administrative Prosecutor notes that Dr. Dalton demonstrated little insight into his actions. The prosecutor cites Dr. Dalton’s history of confrontational, demeaning, or physically threatening behavior for decades and fears that there is a very real likelihood that he would engage in the same behaviors in the future.

IV. CONSIDERATION OF PETITION

Terminating a suspension of a physician’s medical license is a discretionary decision by the Panel. Md. Code Ann., Health Occ. § 14-409. The Panel “may reinstate the license of an individual whose license has been suspended . . . only in accordance with [t]he terms and

conditions of the order of suspension or revocation.” *Id.* See also COMAR 10.32.02.06A(1). The Final Decision and Order imposed by the Board required Dr. Dalton to undergo an evaluation by MPRP or its agent during the suspension period “to determine whether [Dr. Dalton] is fit to resume clinical practice and under what conditions.” The Final Decision and Order further stated that if Dr. Dalton applies for termination,

[t]he Reinstatement Inquiry Panel shall consider Dr. Dalton’s request, the response from the Administrative Prosecutor, any MPRP’s reports, MPRP’s evaluation regarding whether Dr. Dalton is safe to return to practice, and any information from the Reinstatement Inquiry Panel meeting while making its decision. After consideration of the petition the suspension may be terminated or continued through an order of the Board panel.

Critical issues for the Panel’s consideration include Dr. Dalton’s understanding of the nature of his violations, his acceptance of responsibility for these violations, and whether such conduct is likely to occur in the future.

As an initial matter, the Panel notes the serious nature of Dr. Dalton’s conduct. Verbal abuse and physical contact with patient aides are not acceptable. The Panel considered the seriousness of Dr. Dalton’s behavior when considering whether to terminate the suspension of his license.

By suspending his license, rather than revoking his license, the Panel gave Dr. Dalton another chance to demonstrate that he is fit to practice medicine. Thus far, Dr. Dalton has not taken advantage of this opportunity. Dr. Dalton has failed to acknowledge or demonstrate any understanding that his behavior was egregious, and he has failed to take responsibility for his conduct. Dr. [REDACTED] report clearly indicates that Dr. Dalton does not believe he erred and might be incapable of the self-reflection needed to critically assess his own behaviors. Dr. Dalton instead stands by his actions. This unrepentant stance, blaming others while taking no responsibility for his own actions, is further reflected in his essay. Dr. Dalton blamed the first

aide for overreacting to his “vetting” questions and blamed the second aide for being uncooperative. He took no responsibility for instigating and then escalating both situations, yelling at both aides, pushing the second aide, and then pushing a wheelchair into her. Indeed, the Panel agrees with the prosecutor that Dr. Dalton’s statement, that if the aide was a terrorist “she herself would be killed on the spot,” is unsettling.

Based on these factors and Dr. Dalton’s responses to questions of Board members on May 9, 2018, the Panel is not reassured that Dr. Dalton will be more restrained and less prone to violent outbursts in the future. The Panel has no indication that Dr. Dalton has reflected on his past conduct or has effectively engaged in any remedial work to ensure that these types of outbursts will not reoccur. In sum, rather than assuaging the Panel’s concerns about his ability to control his behavior, after reviewing Dr. Dalton’s own statements and the psychiatric evaluation, the Panel is even more concerned about whether he is safe to return to practice.

Having considered the foregoing information, the Panel concludes that Dr. Dalton has not demonstrated that he is fit to return to the practice of medicine in this State. The Panel will, therefore, deny Dr. Dalton’s petition for termination of suspension of his license and will not entertain further petitions for termination of suspension of his license for a minimum of two years.

V. ORDER

It is, by Board Disciplinary Panel A, hereby

ORDERED that the Petition for Termination of Suspension of the Medical License of John S. Dalton, II, M.D., license number **D30542**, is **DENIED**; and it is further

ORDERED that the Suspension of Dr. Dalton’s medical license to practice medicine in Maryland is continued for **TWO YEARS** from the date of this Order; and it is further

ORDERED that Dr. Dalton may not reapply for termination of the suspension of his license to practice medicine in Maryland for **TWO YEARS** from the date of this Order; and it is further

ORDERED that this Order is a public document under Md. Code Ann., Gen. Prov. § 4-101 *et seq.* and Health Occ. § 14-411.1.

July 16, 2018
Date

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