

<b>IN THE MATTER OF</b>	*	<b>BEFORE THE</b>
<b>CHRISTOS BALLAS, M.D.</b>	*	<b>MARYLAND STATE</b>
<b>Respondent</b>	*	<b>BOARD OF PHYSICIANS</b>
<b>License Number: D37752</b>	*	<b>Case Numbers: 2017-0447B</b>
* * * * *	*	* * * * *

**CONSENT ORDER**

On or about March 22, 2017 , Disciplinary Panel B of the Maryland State Board of Physicians (the "Board"), voted to charge **CHRISTOS BALLAS, M.D.** (the "Respondent"), License No.: D37752, under the Maryland Medical Practice Act (the "Act"), Md. Code Ann., Health Occ. II ("Health Occ.") §§ 14-101 *et seq.* (2014 Repl. Vol. and 2016 Supp.) with the following provisions of H.O. § 14-404(a):

- (3) Is guilty of:
  - ...
  - (ii) Unprofessional conduct in the practice of medicine[.]

**THE AMA CODE OF MEDICAL ETHICS**

The American Medical Association ("AMA") Code of Medical Ethics provides in pertinent part:

**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 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.

Prior to the issuance of formal disciplinary charges, Respondent agreed to enter into the following public Consent Order, consisting of Findings of Fact, Conclusions of Law, and Order.

### **FINDINGS OF FACT**

The Board finds:

#### **I. BACKGROUND**

1. At all relevant times, the Respondent was and is a physician licensed to practice medicine in the State of Maryland. He was initially licensed in Maryland on November 29, 1988. His Maryland license is active through September 30, 2018.
2. The Respondent is board-certified in obstetrics and gynecology at a private practice in Westminster, Maryland.
3. The Respondent has hospital privileges at Hospital A<sup>1</sup> in Westminster, Maryland.

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<sup>1</sup> In order to maintain confidentiality, names will not be used in this Consent Order.

4. On January 3, 2017, the Board received a complaint from the Maryland Board of Pharmacy ("BOP") regarding the Respondent's prescribing practices. Specifically, the complaint alleged that on November 16, 2015, during the BOP's annual inspection of a pharmacy ("Pharmacy A") in Westminster, Maryland, the BOP's Inspector observed a prescription for a controlled dangerous substance ("CDS") written by the Respondent for the Respondent's family member ("Patient A"). According to Pharmacy A's pharmacist, the Respondent writes the same prescription for Patient A every month.

5. Thereafter, the Board initiated an investigation.

6. On January 20, 2017, the Board notified the Respondent of the complaint and full investigation, and requested a written response to the complaint.

7. On February 22, 2017, the Board approved the issuance of a Prescription Drug Monitoring Program ("PDMP") subpoena for the Respondent. The PDMP report documented that between January 25, 2014 and February 5, 2016, the Respondent wrote 10 prescriptions for a CDS for Patient A.

8. On February 8, 2017, the Board received the Respondent's written response to the complaint.

9. In his written response, the Respondent stated that beginning in or around mid-2012, he began prescribing medication for Patient A. The Respondent further stated that he prescribed a CDS beginning in the fall of 2012 until approximately May 2016.

10. The Respondent stated that he continued to prescribe medication for Patient A until he received the Board's correspondence regarding the investigation.

11. The Respondent further stated that he did not maintain a medical record for Patient A.

12. The Respondent's conduct, as set forth above, constitutes a violation of the following provision of the Act: Health Occ. § 14-404(3)(ii) Unprofessional conduct in the practice of medicine.

### **CONCLUSIONS OF LAW**

Based on the foregoing Findings of Fact, Disciplinary Panel B of the Board concludes as a matter of law that the Respondent violated Health Occ. § 14-404(a)(3)(ii).

### **ORDER**

Based on the foregoing Findings of Fact and Conclusions of Law, it is, by Disciplinary Panel B, hereby:

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

**ORDERED** that no later than **SIX (6) MONTHS** from the date of this Consent Order, the Respondent shall successfully complete a Board disciplinary panel-approved course in ethics, focusing on the issues that gave rise to this case. The course may not be used to fulfill the continuing medical education credits required for license renewal. The Respondent must provide documentation to the Board that the Respondent has successfully completed the course; and it is further

**ORDERED** that the Respondent shall comply with all laws governing the practice of medicine under the Maryland Medical Practice Act and all rules and regulations; and it is further

**ORDERED** that if the Respondent fails to comply with any of the terms and conditions of this Consent Order, a disciplinary panel of the Board, in its discretion, after notice and opportunity for a show cause hearing before a disciplinary panel of the Board

or an evidentiary hearing at the Office of Administrative Hearings if there is a genuine dispute as to the underlying material facts, may impose additional sanctions authorized under the Medical Practice Act, including a reprimand, suspension, an additional period of probation, revocation and/or a monetary fine; 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 shall be a **PUBLIC DOCUMENT** pursuant to Md. Code Ann. Ann. General Provisions §§ 4-101 *et seq.* (2014).

04/25/2017  
Date

Christine A. Farrelly  
Christine A. Farrelly, Executive Director

**CONSENT**

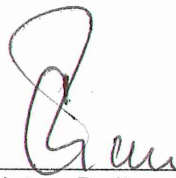
I, Christos Ballas, M.D, acknowledge that I am represented by counsel and have consulted with counsel before entering into this Consent Order. By this Consent and for the sole purpose of resolving the issues raised by the Board, I agree and accept to be bound by the foregoing Consent Order and its conditions.

I acknowledge the validity of this Consent Order as if entered into 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 own behalf, and to all other substantive and procedural protections provided by law. I agree to forego my opportunity to challenge these allegations. I acknowledge the legal authority and jurisdiction of a disciplinary panel of the Board to initiate these proceedings and to issue and enforce this Consent Order. I affirm that I am waiving my right to appeal any

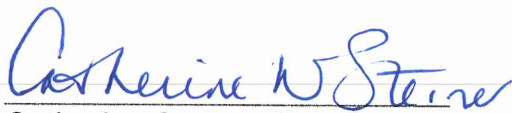
adverse ruling of a disciplinary panel of the Board that I might have filed after any such hearing.

I sign this Consent Order after having an opportunity to consult with counsel, voluntarily and without reservation, and I fully understand and comprehend the language, meaning and terms of the Consent Order.

4/18/17  
Date

  
\_\_\_\_\_  
Christos Ballas, M.D.

Read and approved by:

  
Catherine Steiner, Esq.  
Attorney for Dr. Ballas

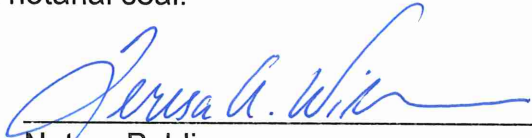
NOTARY

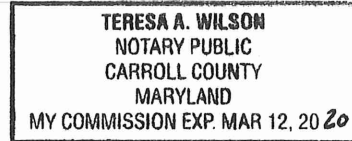
STATE OF MARYLAND

CITY/COUNTY OF Carroll:

I HEREBY CERTIFY that on this 18<sup>th</sup> day of April, 2017  
before me, a Notary Public of the foregoing State personally appeared **Christos Ballas,**  
**M.D.**, and made oath in due form of law that signing the foregoing Consent Order was  
his voluntary act and deed, and the statements made herein are true and correct.

AS WITNESSETH my hand and notarial seal.

  
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Notary Public



My Commission Expires: 3/12/2020