

IN THE MATTER OF	*	BEFORE THE
PETER G. UGGOWITZER, M.D.	*	MARYLAND STATE
Respondent	*	BOARD OF PHYSICIANS
License Number: D38489	*	Case Number: 2219-0200B
* * * * *		

CONSENT ORDER

On March 2, 2020, Disciplinary Panel B (“Panel B”) of the Maryland State Board of Physicians (the “Board”) charged Peter G. Uggowitzer, M.D. (the “Respondent”) under the Maryland Medical Practice Act (the “Act”), Md. Code Ann., Health Occ. §§ 14-101 *et seq.* (2014 Repl. Vol. & 2019 Supp.).

Specifically, the Respondent was charged with violating the following:

§ 14-404. Denials, reprimands, probations, suspensions, and revocations – Grounds.

(a) *In general.* Subject to the hearing provisions of § 14-405 of this subtitle, a disciplinary panel of the Board, 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.

In addition, the American Medical Association (“AMA”) Code of Medical Ethics provides in relevant part:

1.2.1 Treating Self or Family

Treating oneself or a member of one’s own family 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, physician 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.

On May 27, 2020, Panel B was convened as a Disciplinary Committee for Case Resolution (“DCCR”) in this matter. Based on 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 & LICENSING INFORMATION

1. At all relevant times, the Respondent was and is licensed to practice medicine in Maryland. The Respondent was first licensed to practice medicine in Maryland on or about June 7, 1989, under License Number D38489. His license is currently active through September 30, 2021.

2. The Respondent is board-certified in family medicine. He currently practices as a solo practitioner in Hampstead, Maryland, where he supervises a physician assistant.

II. COMPLAINT

3. On or about May 17, 2019, the Board received a complaint from the Director of the Maryland Office of Controlled Substances Administration (“OCSA”) who reported that an inspection of a pharmacy in Carroll County, Maryland, revealed that the Respondent had repeatedly prescribed Schedule II controlled dangerous substances (“CDS”) to a family member (“Family Member A”).¹ According to the complaint, a pharmacist reported to

¹ To maintain confidentiality, the names of all witnesses, facilities, employees, and patients will not be used in this document.

OCSA inspectors that when the pharmacist questioned the Respondent, he “threaten[ed] to involve his lawyer if the pharmacist refuse[d] to fill the prescription.”

III. BOARD INVESTIGATION

4. The Board initiated an investigation into the OCSA complaint.

A. Prescriptions

5. As part of its investigation, the Board determined through the Respondent’s recent CDS prescribing history that he had prescribed Schedule II CDS to two family members multiple times as well as to himself at least once.² The Board obtained copies of the prescriptions that the Respondent wrote for his family members as well as for himself from the pharmacy where those prescriptions were filled.

6. The prescription copies obtained by the Board showed that between January 2018 and May 2019, the Respondent prescribed Family Member A with 30-day supplies of a Schedule II CDS each month from January 2018 through May 2019, as well as a non-CDS medication twice; the Respondent prescribed Family Member B with 30-day supplies of a Schedule II CDS each month from January 2018 through June 2018 and in September and October 2018, as well as non-CDS medications at least four times; and the Respondent prescribed himself a Schedule IV CDS once, on or about February 28, 2018.

B. The Respondent’s Written Response

7. On or about August 26, 2019, as part of its investigation, the Board notified the Respondent about the OCSA complaint and required that he provide a written response.

² The Board obtained a report of the Respondent’s recent CDS prescribing history through the Maryland Prescription Drug Monitoring Program (“PDMP”), which the PDMP provided in response to a Board subpoena.

8. On or about September 10, 2019, the Respondent provided a written response to the Board in which he admitted to prescribing CDS to Family Member A for several years. The Respondent explained that after Family Member B had been diagnosed with a specific medical condition, he determined that Family Member A exhibited similar signs of the same medical condition. He then diagnosed Family Member A with that condition and wrote prescriptions for a Schedule II CDS to treat that condition. He said that he prescribed the CDS to Family Member A “as a matter of convenience.”

9. The Respondent also admitted in his written response that he prescribed CDS to Family Member B “from time to time” when Family Member B was unable to make an appointment with the physician who treated Family Member B’s medical condition.

10. The Respondent also admitted in his written response that he prescribed CDS to himself after he slipped on ice and injured his back.

C. *Medical Records*

11. On or about August 26, 2019, the Board issued subpoenas to the Respondent for the medical records he maintained for Family Members A and B as well as for himself.

12. In response to the Board’s subpoena, the Respondent provided the medical records that he maintained for Family Member A. The list of medications in the record included the CDS medication that the Respondent prescribed, although the “Past Medical History” section of the record did not include the diagnosis that prompted the Respondent to prescribe that specific medication. The record for Family Member A did not include any of the signs or symptoms that the Respondent asserted were present and that led him to believe that Family Member A had the same medical condition as Family Member B.

13. In response to the Board's subpoena, the Respondent provided the medical records that he had for Family Member B. The records from his office included only a partial immunization history and a list of medications. The remainder of the records that the Respondent provided were partial medical records from a medical facility where Family Member B sees the physician who treats his medical condition and manages Family Member B's prescriptions. The Respondent obtained these records on the same day that he provided them to the Board.

14. In response to the Board's subpoena, the Respondent provided the medical records that he maintained for himself. The records include occasional examination notes from the physician assistant he supervised as well as various lab results that he ordered for himself. There were no records that related to the back injury that prompted him to prescribe himself a CDS in February 2018.

D. Interview of the Respondent

15. On or about November 14, 2019, as part of its investigation, Board staff interviewed the Respondent under oath.

16. The Respondent stated during the interview that he has acted as Family Member A's primary care physician for about 10 years. The Respondent explained that about 10 years ago, and through his own observations, he diagnosed Family Member A with a medical condition soon after another physician had diagnosed Family Member B with that same condition. The Respondent said that he decided to "try [Family Member A] on the same medications" as Family Member B, a Schedule II CDS. The Respondent said that he prescribed Family Member A the CDS as well as non-CDS medications on some occasions "as a matter of convenience." He admitted that he did not document the

symptoms that led him to diagnose Family Member A's condition or to prescribe CDS, and stated "it's just been done informally," and "not done the same way that I've done my other patients." He said that he never referred Family Member A to another physician to evaluate or treat Family Member A for the medical condition.

17. The Respondent further admitted during the interview that he prescribed a Schedule II CDS to Family Member B if Family Member B "couldn't get a prescription from [the treating physician]." The Respondent explained that he initially prescribed a Schedule II CDS for Family Member B approximately 10 years ago after he was diagnosed with a medical condition. The Respondent also explained that his initial prescriptions for Family Member B appeared to be ineffective, and further evaluations by other physicians about six years ago resulted in the diagnoses of an additional medical condition that required different medications than what the Respondent had initially prescribed.

18. The Respondent also admitted during the interview that he had prescribed himself with a CDS after he fell on ice and hurt his back. He also admitted to prescribing himself a non-CDS medication for approximately one and a half years. The Respondent said that he does not keep any records when he self-prescribes and, while he has a primary care physician, has not seen that physician for "quite a few years."

19. The Respondent said that he "had heard that as a physician, you're not really supposed to treat family long-term," and recognized that "it's probably something I should not have done."

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 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 Board Disciplinary Panel B, hereby

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

ORDERED that the Respondent is placed on **PROBATION** for a minimum of **ONE YEAR**.³ During probation, the Respondent shall comply with the following terms and conditions of probation:

1. Within **ONE YEAR**, the Respondent shall pay a civil fine of **\$1,000.00**. The payment shall be by money order or bank certified check made payable to the Maryland Board of Physicians and mailed to P.O. Box 37217, Baltimore, Maryland 21297. The Board will not renew or reinstate the Respondent's license if the Respondent fails to timely pay the fine to the Board;

2. Within **SIX MONTHS**, the Respondent is required to take and successfully complete a course in **ethics**. 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 begin;

(b) the Respondent must provide documentation to the disciplinary panel that the Respondent has successfully completed the course;

(c) the course may not be used to fulfill the continuing medical education credits required for license renewal; and

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

(d) the Respondent is responsible for the cost of the course; and

3. The disciplinary panel may issue administrative subpoenas to the Maryland Prescription Drug Monitoring Program on a quarterly basis for the Respondent's Controlled Dangerous Substances ("CDS") prescriptions. The administrative subpoenas will request the Respondent's CDS prescriptions from the beginning of each quarter; and it is further

ORDERED that a violation of probation constitutes a violation of this Consent Order; 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, after the minimum period of probation imposed by the Consent Order has passed and the Respondent has been compliant with the terms and conditions of this Consent Order, the Respondent may submit a written petition for termination of probation. After consideration of the petition, the Respondent's probation may be administratively terminated through an order of the disciplinary panel if the Respondent has complied with all probationary terms and conditions and there are no pending complaints related to the charges; 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, 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. *See* Health Occ. §§ 1-607, 14-411.1(b)(2) and Gen. Prov. § 4-333(b)(6).

Signature on File

07/13/2020

Date

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

CONSENT

I, Peter G. Uggowitzer, 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.

Signature on File

6/9/2020
Date

Peter G. Uggowitzer, M.D.

NOTARY

STATE OF: Maryland

CITY/COUNTY OF: Baltimore County

I HEREBY CERTIFY that on this 19th day of June, 2020,
before me, a Notary Public of the State and City/County aforesaid, personally appeared
Peter G. Uggowitzer, M.D. and made oath in due form of law that the foregoing Consent
Order was his voluntary act and deed.

AS WITNESS, my hand and Notary Seal.

Kathleena Wesley
Notary Public

06/17/2022
My commission expires: