

IN THE MATTER OF * BEFORE THE
ROBERT SCHNITZLEIN, M.D. * MARYLAND STATE
Respondent * BOARD OF PHYSICIANS
License Number: D62487 * Case Number: 2219-0202B

**ORDER FOR SUMMARY SUSPENSION
OF LICENSE TO PRACTICE MEDICINE**

Disciplinary Panel B (“Panel B”) of the Maryland State Board of Physicians (the “Board”) hereby **SUMMARILY SUSPENDS** the license of **Robert Schnitzlein, M.D.** (the “Respondent”), license number D62487, to practice medicine in the State of Maryland. Panel B takes such action pursuant to its authority under Md. Code Ann., State Gov’t § 10-226(c)(2) (2014 Repl. Vol. & 2019 Supp.), having concluded that the public health, safety, or welfare imperatively requires emergency action.

INVESTIGATIVE FINDINGS¹

Panel B has reasonable cause to believe that the following facts are true:

I. BACKGROUND & LICENSING INFORMATION

1. At all relevant times, the Respondent was and is licensed to practice medicine in the State of Maryland. The Respondent was initially licensed to practice medicine in the State of Maryland on or about December 3, 2004, under license number D62487. His license is currently active through September 30, 2021.

¹ The statements about the Respondent’s conduct set forth in this document are intended to provide the Respondent with reasonable notice of the basis for the suspension. They are not intended as, and do not necessarily represent, a complete description of the evidence, either documentary or testimonial, to be offered against the Respondent in connection with this action.

2. The Respondent practices as a psychiatrist. He is not board certified in any medical specialty. The Respondent completed his residency training in both adult and adolescent psychiatry and neurology.

3. Between on or about January 7, 2019, to on or about May 7, 2019, the Respondent worked as a locum tenens physician at a hospital on Maryland's Eastern Shore (the "Hospital").²

II. COMPLAINTS

4. On or about June 10, 2019, the Board received a complaint from a clinical psychologist (the "Psychologist") who reported that a patient of hers (the "Patient") had discussed an intimate relationship between the Patient and the Respondent, which occurred soon after the Respondent had treated the Patient at the Hospital for serious mental health issues. In the complaint, the Psychologist described text messages she reviewed between the Patient and the Respondent. These messages included some that discussed meeting at a nearby hotel where the Respondent was staying. The Psychologist said that based on her conversations with the Patient, the Patient met the Respondent multiple times at the hotel for "treatment, swimming, conversation and sex."

5. On or about July 19, 2019, the Board received a complaint from the Patient who alleged having a personal relationship with the Respondent after he had treated her while she was admitted to the Hospital. The Patient said that the Respondent suggested that they exchange personal cell phone numbers so they could communicate after she was discharged. The Patient described various encounters that she had with the Respondent

² To maintain confidentiality, the names of all witnesses, facilities, employees, and patients will not be used in this document but will be provided to the Respondent on request.

after she was discharged, including at the hotel where the Respondent was staying. During these encounters, according to the Patient, the Respondent and her swam in the hotel pool, kissed in an outside whirlpool, and engaged in multiple sex acts in the Respondent's hotel room. The Patient also explained that as she recovered, she "understood the gravity of [the Respondent's] behavior." She explained that she began to have negative flashbacks to her encounters with the Respondent, which prompted her to discuss with the Psychologist her relationship with the Respondent.

III. BOARD INVESTIGATION

6. The Board initiated an investigation into the Respondent upon receiving the Psychologist's complaint.

A. Interview of the Psychologist

7. On or about July 12, 2019, as part of its investigation, Board staff interviewed the Psychologist under oath.

8. The Psychologist said that she began treating the Patient after the Patient was discharged from the Hospital. On or about June 7, 2019, the Psychologist observed that the Patient was "quite distressed." The Patient first revealed during that session that she had been involved in an intimate relationship with the Respondent, her treating psychiatrist while she was in the Hospital. The Psychologist confirmed and reiterated the description of the relationship that she provided in her complaint to the Board.

9. The Psychologist explained that the Patient expressed guilt for not resisting the relationship with Respondent and questioned whether she should blame herself for the relationship. The Psychologist described the Patient as "incredibly vulnerable" and "not in a position to make a decision as to whether this was a good relationship or not."

10. The Psychologist stated that after the Patient explained her relationship with the Respondent, the Psychologist attempted to arrange for her patients needing inpatient psychiatric admissions to go to facilities other than the Hospital so that they would not be “exposed to [the Respondent].”

B. Patient Records

11. On or about July 12, 2019, as part of its investigation, the Board issued subpoenas for the Patient’s records to both the Psychologist and the Hospital.

12. On or about July 22, 2019, the Board received the Patient’s records from the Hospital. These records included the following information, among other things:

- a. The Patient was involuntarily admitted to the Hospital on or about January 14, 2019, for serious mental health issues.
- b. The Respondent was the Patient’s treating physician at the Hospital.
- c. The Respondent documented his evaluation of the Patient in Progress Notes on four consecutive days, specifically January 15-18, 2019.
- d. On or about January 18, 2019, the Respondent noted that the Patient “has an [appointment] on Monday for psychiatric follow-up,” and that she is “not a danger to self or other and tolerates the current medication and is ready to continue [follow-up] [mental health] care as an [outpatient].”
- e. The Patient was discharged on or about January 18, 2019.
- f. A “Discharge Summary Note” included an appointment scheduled with the Psychologist for Monday, January 21, 2019.
- g. The Patient’s records do not include notes for any follow-up treatment with the Respondent.

13. On or about July 29, 2019, the Board received the Patient’s records from the Psychologist. These records included the following information, among other things:

- a. The Patient first saw the Psychologist on or about January 21, 2019.
- b. The Patient first appeared anxious, agitated, and angry. However, by April 22, 2019, the Psychologist noted “mental status improved” with no rigidity, anger, or paranoia.
- c. Notes from June 7, 2019, include the Patient’s description of her relationship with the Respondent. The Psychologist noted that the Patient had become anxious and agitated again and noted her progress as “regression.”

C. Text Messages

14. As part of its investigation, the Board obtained text messages between the Patient and the Respondent that they exchanged from on or about January 23, 2019, to on or about May 20, 2019. The text messages included, among other things, the Patient’s assurance that she would remain “confidential” to “protect both of our licenses always.” The messages went on to include references to sadomasochism and the Respondent’s interest in engaging in it, though he told the Patient he had “not had a partner willing.” On one occasion the Patient and the Respondent exchanged heart emojis. On or about February 27, 2019, the Patient and the Respondent began exchanging messages that included plans to meet in person “for a swim,” among other things. At one point, the Respondent asked the Patient to delete the text messages that they had sent each other. In another exchange of messages, the Patient wrote that “swimming and a meal” were not necessary every time they met in person, and that “Low key Late night [*sic*] sleeping/snuggling is just fine too.” The Respondent replied, “I have the same assumptions.” The Patient and the Respondent later exchanged messages setting up times for “a warm bath” and “another evening bath” together. The Patient last wrote to

the Respondent on or about May 13, 2019. The Respondent wrote “Hi” to the Patient on or about May 20, 2019, but the Patient did not respond.

D. Interview of the Patient

15. As part of its investigation, Board staff interviewed the Patient under oath on or about August 19, 2019.

16. During the interview, the Patient explained that the Respondent was her treating psychiatrist while she was admitted to the Hospital. The Patient said that, at the time, she felt “lucky” to have the Respondent as her psychiatrist because, in her view, he “alluded to [the Patient] as being sort of a special patient.” The Respondent offered to exchange personal cell phone numbers just before she was discharged from the Hospital so that the Patient could update him on her status. The Patient agreed because she thought this provided her “a beeline to a doctor who’s been there for me.”

17. The Patient explained that she first sent a message to the Respondent a few days after being discharged from the Hospital. She said that the two communicated by text message every few days. Eventually, according to the Patient, the Respondent asked to see the Patient in person at the Hospital.

18. The Patient described the first in-person meeting with the Respondent after being discharged as “a lot about him” and not about the Patient. The Respondent asked to continue that conversation and suggested a restaurant at a nearby hotel. The Patient agreed, “thinking it would be nice to have a meal [and] a nice conversation[.]” The Patient learned that the Respondent lived at that hotel during the week. Afterwards, the Respondent invited the Patient to return to the hotel on a different day “and enjoy the amenities[.]”

19. The Patient said that she returned to the hotel and initially went swimming in the hotel pool with the Respondent, but he “continually cajoled me up to his room.” She explained that there were “no boundaries” between them. The Patient said that she and the Respondent first kissed in the hotel whirlpool, and “that’s all it was . . . kissing in the hot tub until his bedroom.” She explained that by the third time she met the Respondent at the hotel, she went to his room. During one encounter in the Respondent’s room, he suggested that they should “get naked and just see what happens.” The Patient agreed. She said that she and the Respondent undressed completely and got into his bed together and engaged in sexual activity.

20. The Patient said that over the next several weeks, she and the Respondent “took two baths together” and engaged in various sexual activities in his hotel room.

E. The August 26, 2019 Voicemails

21. On or about August 27, 2019, the Patient told the Board that the Respondent had recently called her from a blocked number and left a series of voicemails. The Board obtained recordings of six voicemails that the Respondent left for the Patient on or about August 26, 2019, between approximately 11:29 a.m. and 11:46 a.m.

22. The voicemail recordings included the following information:

- a. At approximately 11:29 a.m., the Respondent left a voicemail for the Patient saying, among other things, “I want to be totally responsible . . . I deeply, deeply care. I know you do. And I – I know I was weak and in a bad place myself, but I wasn’t – I wasn’t looking to hurt you at all, ever. And I still do; still care a lot. More than care. And I can’t deny that”

- b. At approximately 11:32 a.m., the Respondent left a voicemail for the Patient saying, among other things, “This is a – was a novel, life-changing experience that I don’t want to remember in a different way. I want to find a solution, a creative solution, between you and I in a way that works for both of us and not have it forced upon us through insurance or legal or destroying the option of me working again . . . We can do this if you give us a chance . . . Help. Please help us”
- c. At approximately 11:35 a.m., the Respondent left a voicemail for the Patient saying, among other things, “I am wanting to connect with you because I need to . . . And I wanted to continue to talk to you. And on a deep level, I miss you, and I have for a long time.”
- d. At approximately 11:37 a.m., the Respondent left a voicemail for the Patient saying, among other things, “Maybe I’m crazy, but that’s what feelings are about. I know I was vulnerable, too, and that’s my fault. And I take responsibility for that and do whatever I need to do to get stronger . . . I am responsible for my actions in every sense of the word. And I want to make it right with you. Please, please”
- e. At approximately 11:42 a.m., the Respondent left a voicemail for the Patient saying, among other things, “Hey, I’m not the enemy. But if you go this route I won’t be able to see or talk to you again. And I can’t deal with that . . . [If] there’s any healing to be had, it’s going to be between us. And I’m totally willing to do that. All job aside, all career aside, all everything aside . . . So I – I want to see you really bad . . . Help me help you and help us . . . Please don’t beat – beat us up.”
- f. At approximately 11:46 a.m., the Respondent left a voicemail for the Patient saying, among other things, “Sorry to leave all these voicemails . . . I’m really hoping that I get a chance to talk to you. No matter what . . . If there’s some things that you have to do, I want to understand . . . I want to understand about what I don’t know. Thanks.”

23. As part of its investigation, the Board obtained phone records for the Patient and the Respondent. These records show that on or about August 26, 2019, the Respondent called the Patient approximately nine times within 20 minutes and used

“Calling Number Identity Restriction” so that the Patient could not see the number that was calling her.

F. The Respondent’s Written Responses

24. On or about September 6, 2019, the Board notified the Respondent about the complaint against him and the Board’s ongoing investigation. The Board requested that the Respondent provide a written response and issued a subpoena to the Respondent for all records of the Patient that he had in his possession.

25. On or about September 17, 2019, the Board received a handwritten “Statement” from the Respondent on lined paper as well as five pages of handwritten notes on lined paper that the Respondent claimed were the records he maintained for the Patient.

26. In his “Statement,” the Respondent wrote, among other things, “How was it that I have not been able to successfully complete an outpatient therapy task with [the Patient] ‘Has been a toothpick in my eye,’ since it happened. I knew how to do it . . . but I could not execute.” The rest of his Statement did not directly address the complaint, but discussed the Respondent’s stressors and desire to “rebuild [his] integrity[.]”

27. On or about November 20, 2019, the Respondent, through his attorney, provided a supplemental written response in which he said that he, among other things, “categorically denies the allegation that he a sexual relationship with [the Patient].” The Respondent “reluctantly agreed to let [the Patient] check in with him once a week, until she found a therapist and medication provider in the community . . .” (*but see* ¶ 14d, *supra*). The Respondent also expressed that he “now believes that he was manipulated by [the Patient] into a compromising situation which he did not sufficiently recognize at

the time.” He admitted, however, that “by the fourth session, in a mis-guided attempt to build trust, [the Respondent] did engage in what he acknowledges was inappropriate contact with the patient. While they did not engage in sexual intercourse, they did remove most of their clothes. As soon as [the Respondent] realized what he had been led into, he ended the session and did not see the patient again, nor respond to her attempts to contact him” (*but see* ¶¶ 14 and 21-22, *supra.*).

G. Interview of the Respondent

28. As part of its investigation, Board staff interviewed the Respondent under oath on or about November 25, 2019. The Respondent’s attorney was present.

29. During the interview, the following exchange occurred when Board staff asked the Respondent about his relationship with the Patient:

[Board Staff]: Can you just describe in detail the nature of your relationship with her?

[The Respondent]: I can’t. I don’t remember.

[Board Staff]: What don’t you remember? . . .

[The Respondent]: Anything.

[Board Staff]: So you don’t remember treating her as a patient?

[The Respondent]: Not to the level of certainty . . . that would allow me to say it’s a fact.

[Board Staff]: So these notes . . . that you provided to the Board in writing, were those notes that you recalled or are those contemporaneous notes from when you were treating her?

[The Respondent]: Not sure. I think they’re contemporaneous, but my memory is wiped.

30. The Respondent repeatedly said during the interview that he could not recall details about his treatment or personal contact with the Patient after she was discharged. When shown copies of specific text messages, including an exchange of heart emojis and references to baths, the Respondent answered, “Good question; don’t know.” When asked to discuss any intimate contact with the Patient, the Respondent answered, “I can’t because it’s wiped from my memory.” He later described his memory loss about his relationship with the Patient as follows: “I can’t see or feel or remember the experience, but I’m left with these symptoms that point to an experience and I can’t say what the experience is.”

31. When asked about exchanging text messages that may have had sexual innuendos, the Respondent said that “anything’s open game in therapy, you could talk about anything, that is the safety about therapy, is that’s a safe place to discuss anything.” He said that he would have sent such messages to the Patient for “her therapy.”

32. The Respondent acknowledged calling the Patient in August 2019 and leaving voicemails, but he could not recall what he said.

CONCLUSION OF LAW

Based on the foregoing Investigative Findings, Panel B concludes that the public health, safety or welfare imperatively require emergency action in this case, pursuant to Md. Code Ann., State Gov’t § 10-226(c)(2) (2014 Repl. Vol. & 2019 Supp.) and Md. Code Regs. 10.32.02.08B(7)(a).

ORDER

It is, by a majority of a quorum of Panel B, hereby

ORDERED that pursuant to the authority vested in the Board by Md. Code Ann., State Gov't § 10-226(c)(2) and Md. Code Regs. 10.32.02.08B(7)(a), the license of **Robert Schnitzlein, M.D.**, to practice medicine in the State of Maryland, license number D62487, is **SUMMARILY SUSPENDED**; and it is further

ORDERED that in accordance with Md. Code Regs. 10.32.02.08B(7) and E a post-deprivation initial hearing on the summary suspension hearing has been scheduled for **January 29, 2020, at 8:30 a.m.** before Disciplinary Panel B at the Maryland State Board of Physicians, 4201 Patterson Avenue, Baltimore, Maryland 21215; and it is further

ORDERED that after the post-deprivation summary suspension hearing held before Panel B, the Respondent, if dissatisfied with the result of the hearing, may request within ten (10) days an evidentiary hearing, such hearing to be held within thirty (30) days of the request before an Administrative Law Judge at the Office of Administrative Hearings, Administrative Law Building, 11101 Gilroy Road, Hunt Valley, Maryland 21031; and it is further

ORDERED that a copy of this Order for Summary Suspension shall be filed with the Board in accordance with Md. Code Ann., Health Occ. § 14-407 (2014 Repl. Vol. & 2019 Supp.); and it is further

ORDERED that this Order for Summary Suspension is an Order of Panel B and, as such, is a **PUBLIC DOCUMENT**. See Health Occ. §§ 1-607, 14-411.1(b)(2) and Md. Code Ann., Gen. Prov. § 4-333(b)(6).

01/14/2020
Date

Signature on File

Christine A. Farrelly 
Executive Director
Maryland State Board of Physicians