

<b>IN THE MATTER OF</b>	*	<b>BEFORE THE</b>
<b>BARBARA L. LEIGHTON, M.D.</b>	*	<b>MARYLAND STATE</b>
<b>Respondent</b>	*	<b>BOARD OF PHYSICIANS</b>
<b>License Number: D79979</b>	*	<b>Case Number: 2016-0864A</b>
* * * * *	*	* * * * *

**CONSENT ORDER**

On November 22, 2016, Disciplinary Panel A of the Maryland State Board of Physicians (the "Board"), charged **BARBARA L. LEIGHTON, M.D.** (the "Respondent"), under the Maryland Medical Practice Act (the "Act"), Md. Code Ann., Health Occ. II ("H.O.") §§ 14-101 et seq. The pertinent provisions of the Act provide the following:

- (a) *In general.* Subject to the hearing provisions of § 14-405 of this subtitle, the Board, on the affirmative vote of a majority of the quorum, 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;
  - (7) Habitually is intoxicated;
  - (9) Provides professional services:
    - (i) While under the influence of alcohol[.]

On February 8, 2017, a conference with regard to this matter was held before Panel A of the Board's Disciplinary Committee for Case Resolution ("DCCR"). As a result of the DCCR, the Respondent agreed to enter into this Consent Order, consisting of Findings of Fact, Conclusions of Law and Order.

## FINDINGS OF FACT

1. At all relevant times, the Respondent was and is a physician licensed to practice medicine in the State of Maryland. She was initially licensed in Maryland on June 22, 2015. Her license is presently active and is scheduled to expire on September 30, 2018.
2. The Respondent is board-certified in anesthesiology.
3. The Respondent is employed as the Chief of Anesthesiology at Facility A, a medical center in Oakland, Maryland.
4. On or about April 20, 2016, the Board received a Mandated 10-Day Report from Facility A, stating that the Respondent took a medical leave of absence for substance abuse treatment.
5. Thereafter, the Board initiated an investigation.
6. In furtherance of its investigation, the Board subpoenaed the Respondent's employment records from Facility A, as well as the Respondent's substance abuse treatment records from Treatment Center A. A member of the Board's staff also interviewed the Respondent and the Chief Medical Officer at Facility A.
7. The Board's investigation revealed that on March 31, 2016, the Respondent was the on-call anesthesiologist for Facility A on March 31, 2016,
8. On March 31, 2016, at approximately 21:15, the nursing supervisor at Facility A notified the Respondent that there were two cases requiring an anesthesiologist, including an acute appendicitis and an esophagogastroduodenoscopy ("EGD") for an esophageal foreign body. The Respondent answered the telephone and acknowledged the message.
9. According to Facility A's Chief Medical Officer, the Respondent did not arrive at the hospital in time for the first surgery. Facility A staff made several more attempts to contact the

Respondent without success. As a result, Facility A staff became concerned about the Respondent's wellbeing, and contacted the police.

10. The police told Facility A staff that they made contact with the Respondent at her house. Subsequently, the Respondent spoke to the Chief Medical Officer, who believed that the Respondent sounded confused and that her speech was "not normal." The Chief Medical Officer sent emergency medical personnel to the Respondent's home. However, the Respondent refused care.

11. As a result of the Respondent's absence, staff at Facility A arranged for alternate anesthesia coverage during the Respondent's on-call shift.

12. Shortly thereafter, the Respondent drove herself to Facility A. The Chief Medical Officer intercepted the Respondent in the preparation area of the operating room. The Chief Medical Officer noticed that the Respondent's "eyes were droopy" and her speech was "slurred." The Chief Medical Officer told the Respondent that she did not look well and needed to go to the emergency department for evaluation.

13. The Respondent presented to the emergency department and laboratory tests revealed that the Respondent had a Blood Alcohol Concentration ("BAC") of 0.320 g/DL.

14. As a result of the events on March 31, 2016, Facility A CEO imposed a temporary leave of absence on the Respondent. The Respondent, in accordance with Facility A's recommendations, began attending self-help meetings on April 1, 2016.

15. Facility A's CEO also instructed the Respondent to make an appointment with the Maryland Physician Health Program ("MPHP"). The MPHP recommended that the Respondent enter an inpatient treatment program lasting up to 28 days. The Respondent entered the

treatment program on April 17, 2016. The Respondent successfully completed the program and was discharged on May 15, 2016.

16. On or about June 1, 2016, the Respondent returned to her employment at Facility A.

17. The Respondent's conduct, as set forth above, constitutes a violation of one or more of the following provisions of the Act: H.O. §§ 14-404(3)(i) Unprofessional conduct in the practice of medicine; (7) Habitually is intoxicated; and/or (9) Provides professional services while under the influence of alcohol.

### **CONCLUSIONS OF LAW**

Based on the foregoing Findings of Fact, the Board concludes as a matter of law that the Respondent violated. H.O. §§ 14-404(a)(3)(ii), (7) and (9).

### **ORDER**

It is, on the affirmative vote of a majority of the quorum of Board Disciplinary Panel A, hereby

**ORDERED** that the Respondent is placed on **PROBATION** for a minimum period of **ONE YEAR**.<sup>1</sup> During the probationary period, the Respondent shall comply with all of the following probationary terms and conditions:

1. Within 10 days, the Respondent shall enroll in the Maryland Professional Rehabilitation Program ("MPRP"). The Respondent shall enter into a Participant Rehabilitation Agreement and Participant Rehabilitation Plan with MPRP. The Respondent shall fully and timely cooperate and comply with all of MPRP's referrals, rules, and requirements, including but not limited to, the terms and conditions of the Participant Rehabilitation Agreement(s) and

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<sup>1</sup>If the Respondent's license expires while the Respondent is on probation, the probationary period will be tolled.

Participant Rehabilitation Plan(s) entered into with MPRP and shall fully participate and comply with all therapy, treatment, evaluations, and toxicology screening as directed by MPRP;

2. The Respondent shall sign and update the written release/consent forms requested or required by the Board and MPRP. The Respondent shall sign the release/consent forms to authorize MPRP to make verbal and written disclosures to the Board, including disclosure of any and all MPRP records and files possessed by MPRP. The Respondent shall also sign any written release/consent forms to authorize MPRP to exchange with (i.e., disclose to and receive from) outside entities (including all of the Respondent's current therapists and treatment providers) verbal and written information concerning the Respondent and to ensure that MPRP is authorized to receive the medical records of the Respondent, including, but not limited to, mental health and drug or alcohol treatment records;

3. The Respondent shall participate in MPRP until MPRP deems her safe to practice without being monitored by MPRP;

4. The Respondent shall comply with the Maryland Medical Practice Act, Md. Code Ann., Health Occ. §§ 14-101—14-702, and all laws and regulations governing the practice of medicine in Maryland; and it is further

**ORDERED** that, after a minimum period of one year and after MPRP deems that the Respondent is safe to practice without being supervised by MPRP, the Respondent may submit a written petition to the Board requesting termination of probation. After consideration of the petition, the probation may be terminated through an order of the Board or Panel A. The Respondent may be required to appear before the Board or Panel A to discuss his/her petition for termination. The Board or Panel A will grant the petition to terminate the probation if the Respondent has complied with all of the probationary terms and conditions, MPRP has deemed

the Respondent safe to practice without MPRP supervision, and there are no pending complaints related to the charges; and it is further

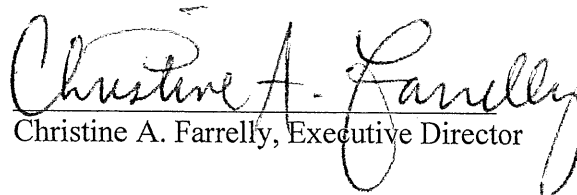
**ORDERED** that if the Board or Panel A determines that the Respondent has failed to comply with any term or condition of probation or this Consent Order, after notice and an opportunity for a hearing before an Administrative Law Judge of the Office of Administrative Hearings if there is a genuine dispute as to a material fact, or a show cause hearing before the Board or Panel A if there is no genuine dispute as to a material fact, the Board or Panel A may reprimand the Respondent, place the Respondent on probation with appropriate terms and conditions, suspend or revoke the Respondent's license to practice medicine in Maryland, or impose a civil monetary fine upon the Respondent in addition to any of the above sections or; 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, unless stated otherwise in the order, any time period prescribed in this order begins when the Consent Order goes into effect. The Consent Order goes into effect upon the signature of the Board's Executive Director, who signs on behalf of Panel A.

**ORDERED** that this Consent Order is a public document pursuant to Md. Code Ann., General Provisions, §§ 4-101 *et seq.* (2014 & 2015 Supp.).

03/21/2017  
Date

  
Christine A. Farrelly, Executive Director

CONSENT

I, Barbara L. Leighton, 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.

3-16-17  
Date

Barbara L. Leighton MD  
Barbara L. Leighton, M.D.

Read and approved by:

Carolyn Jacobs  
Carolyn Jacobs, Esq.  
Attorney for Dr. Leighton

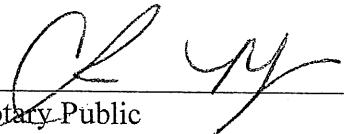
NOTARY

STATE OF MARYLAND

CITY/COUNTY OF Charles H \_\_\_\_\_:

I HEREBY CERTIFY that on this 16 day of March, 2016 before me, a Notary Public of the foregoing State personally appeared Barbara L. Leighton, 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: 11-19 \_\_\_\_\_