

IN THE MATTER OF
MARK R. GEIER, M.D.,

Respondent.

*** BEFORE THE MARYLAND**
*** STATE BOARD OF**
PHYSICIANS

License No. D24250

*** Case Nos. 2007-0083, 2008-0454,**
2009-0308

* * * * *

FINAL DECISION AND ORDER

I. PROCEDURAL HISTORY

On September 15, 2011, the Board charged Mark R. Geier, M.D., with numerous violations of the Medical Practice Act, including: (1) unprofessional conduct in the practice of medicine; (2) willfully making or filing a false report or record in the practice of medicine; (3) willfully failing to file or record any medical report as required under law; (4) practicing medicine with an unauthorized person or aiding an unauthorized person in the practice of medicine; (5) grossly overutilizing health care services; (6) failing to meet appropriate standards for the provision of quality medical care; and (7) failing to keep adequate medical records, under Md. Health Occ. Code Ann. § 14-404(a) (3) (ii), (11), (12), (18), (19), (22) & (40), respectively.

A five-day evidentiary hearing was held before an Administrative Law Judge (“ALJ”) of the Office of Administrative Hearings in December of 2011. On March 13, 2012, the ALJ issued a Proposed Decision finding that Dr. Geier had violated numerous provisions of the Medical Practice Act and recommending that his license be revoked. Exceptions and responses were filed by both parties. An oral exceptions hearing was held before the full Board on May 23, 2012. This Final Decision and Order is the Board’s final administrative decision in this case. In making this decision, the Board has considered the entire record in this case, including all of the

exhibits and testimony produced before the ALJ as well as the arguments made before the ALJ and before the Board during the exceptions process.

II. FINDINGS OF FACT

The Board makes the following findings of fact.¹

(1) Dr. Geier failed to meet basic medical standards for evaluating patients and conducting medical examinations and keeping adequate records of treatments and diagnoses.² He failed to conduct an adequate initial evaluation of any of these patients³ and failed to make an adequate record of an examination for any of these patients.⁴ He began treatment often without sufficient information about the patients' physical condition.⁵ "In many cases, [Dr. Geier] had no information at all about the Patients' physical condition."⁶

For example, Dr. Geier treated Patient I for nine months without any physical examination and in fact without seeing him and without even documenting this patient's height and weight.⁷ He treated Patient B for almost three⁷ years without a physical examination and before ever seeing him, and he also treated Patient G without first physically examining him or even seeing him in person.⁸

(2) Dr. Geier treated patients with Lupron, a medication that is not approved by the FDA in the absence of precocious puberty. He did not, however, perform an adequate examination to determine whether these patients had precocious puberty, or the cause of these patients' symptoms.⁹ For example, Dr. Geier failed in any patient to perform a left wrist X-ray, a

¹ The board will indicate in footnotes the similar findings made by the ALJ, whether made in the numbered findings of fact or in the commentary by the ALJ.

² See page 51 of Proposed Decision ("PD"), numbered findings ("#") 199-213; PD 97.

³ PD 51 # 199-213; PD 56 # 227-248.

⁴ PD 53 # 214-218; PD 104.

⁵ PD 69 # 281-286

⁶ PD 70 #286.

⁷ PD 104

⁸ PD 50 # 197; PD 57 n. 31; PD103-104

⁹ PD105.

necessary test used to determine if the patient suffers from precocious puberty.¹⁰ Without conducting an adequate physical examination, and based largely on information supplied by the parents, Dr. Geier prescribed nearly identical treatment for these patients regardless of the information provided by the parents.¹¹ Dr. Geier, after having failed to perform an adequate physical examination or perform all of the necessary diagnostic tests, ordered an intensive regimen of therapy with powerful drugs without making any adequate notation in the medical record as to why he ordered such treatment.¹²

(3) Based on his theory that Lupron therapy is appropriate in certain situations in which its administration is not approved by the FDA or the American Academy of Pediatrics, Dr. Geier purported to treat patients who met his profile with Lupron. With the exception of Patient E, however, none of these patients met even Dr. Geier's profile for Lupron therapy.¹³

(4) Dr. Geier prescribed chelation therapy to patients who failed to display the need for chelation.¹⁴ He began this therapy without documenting a reason for the treatment and without adequate documented informed consent.¹⁵ He violated the standard of quality care by so doing. He also violated the standard of quality care by prescribing for patients the drug DMPS, a drug not approved for any use in the United States.¹⁶

(5) Dr. Geier provided a consent form to the parent of Patient I that named an FDA-approved drug and which falsely stated that it was to be used in the chelation treatment when another drug, DMPS, which was not FDA-approved, was to be used (and in fact was used) in the chelation treatment.¹⁷ Dr. Geier "failed to explain to the parents that the drug that he was

¹⁰ See PD 70 # 284. The Board finds that these X-rays were not performed.

¹¹ PD 56 # 227-248.

¹² PD 56 # 227-248; PD 99-103.

¹³ PD 37 # 155-160; PD 39 # 156; PD 41 # 159; PD 69 # 281-286; PD 96; PD 112.

¹⁴ PD 42 # 182-213; PD 113, 125.

¹⁵ PD 121-122.

¹⁶ PD 43 # 173; PD 44 # 181.

¹⁷ PD 32 # 124(b); PD 42 # 161-181; PD 113, 125.

asking them to insert into their children's rectums was not approved for use in the United States."¹⁸

(6) After prescribing these treatments without an adequate previous medical examination and without adequate informed consent, Dr. Geier then failed to adequately monitor whether these treatments were working.¹⁹ His use of lab testing and intermittent reports from the parents was inadequate to assess the efficacy of treatment.²⁰ He routinely ordered an extensive array of laboratory tests but failed to document any connection between these test results and his treatment plan.²¹ In Patient A's case, Dr. Geier ordered a continuation of his treatment protocol even though Patient A was permanently leaving for Nigeria, Dr. Geier had no way to monitor the patient, and Dr. Geier had not provided a referral to any physician who could.²²

(7) Dr. Geier provided drug therapy to Patient I according to a protocol not approved by the FDA after telling the parent that his protocol was approved by an Institutional Review Board, when in fact the Institutional Review Board consisted entirely of persons affiliated with his practice and did not meet the requirements of federal or state law.²³

(8) Dr. Geier also supplied "informed consent" documents to the Patient I's parent that told a falsehood about the drug that was going to be used. The actual drug used was not approved for use in the United States. The form, however, stated that another drug, a drug that was approved for use in the United States, was going to be used.²⁴

¹⁸ PD 125; see also PD 42 # 161-181, PD 113.

¹⁹ PD 41 # 159-160; PD 65-67 # 266-77, 279; PD 107, 121-22

²⁰ PD 41 # 160; PD 65 # 266-277; 279.

²¹ PD 103, 106.

²² PD 43 # 174; PD 108

²³ PD 25 *et seq.*, # 93-113; PD 125.

²⁴ PD 125; see also PD 31 # 119.

(9) Dr. Geier willfully falsified his credentials when renewing his medical license with the Board by falsely stating that he was certified by an ABMS Board when he was not.²⁵

(10) The information gathered by Dr. Geier during the treatment of these patients was not sufficient to gauge whether his treatment was effective. The charts themselves, and the testimony of Dr. Grossman about these charts, convince the Board that the information recorded in his charts was not sufficient for Dr. Geier to determine the progress, if any, made by these patients. See, e.g., Dr. Grossman's testimony at Tr. 313, 315, 322-26, 328-30, 413, 416-17, 430, 433-34, 438-443. Despite the accumulation of thousands of laboratory tests, there is not enough information in the charts for anyone to make any rational medical evaluation of the progress of the patients, to make any rational medical decision to change treatment, or to make any rational medical decision to change the diagnosis. Nevertheless, without sufficient information, Dr. Geier variously continued the treatment, changed the treatment and even changed the diagnosis.²⁶

(11) A diagnosis is a critical method by which physicians communicate with each other about the condition of a patient. Dr. Geier falsely recorded a diagnosis of precocious puberty in patients who did not meet the criteria for that diagnosis. Among other omissions made by Dr. Geier in reaching this diagnosis was his failure to evaluate to conduct a physical examination sufficient to determine the Tanner Stage of most of these patients. The Board finds that a Tanner Stage evaluation is required before this diagnosis of precocious puberty can be made.²⁷

²⁵ PD 16 # 39-75; see also PD 118-119.

²⁶ The ALJ made extensive proposed findings articulating how Dr. Geier failed to adequately assess the efficacy of his treatment. See PD 41 # 160; PD 65-67 # 266-277, 279. The ALJ found that the information available to Dr. Geier gave him the ability to monitor the effectiveness of treatment, PD 67 # 278, and that this information "could have been effective," but that it was not used. PD 107-08. The Board has found that he did not have sufficient information to monitor the treatment even if he had used it. In the Board's view, the ALJ's proposed finding #278 is inconsistent with proposed findings #266-277 and #279 and may have been the result of a typographical error; in any case, it has not been adopted by the Board.

²⁷ Dr. Geier admitted in his Response to the State's Exceptions, p. 9, that most of his patients did not meet the criteria for precocious puberty.

(12) In the course of the Board's investigation, the Board staff notified Dr. Geier that certain medical records, previously subpoenaed by the Board, appeared to be missing from his response to the subpoena. The Board's staff then sent Dr. Geier a letter stating that these particular medical records appeared to be missing. That letter specifically stated that Dr. Geier should respond in writing if these medical records would not be produced. See St. Ex. 30. Dr. Geier did not respond in any way to this letter. Dr. Geier did not possess any additional medical records.

The ALJ made findings that the Lupron therapy may have been medically beneficial. (PD 124) These findings are questionable, in the Board's opinion, because Dr. Geier did not even properly evaluate whether the treatment was effective. The ALJ made these findings about the effectiveness of Lupron therapy primarily based on the testimony of the parents, but that testimony was unsupported by any adequate documentation in the medical records.²⁸ The Board does not believe that this is the appropriate methodology to evaluate the effectiveness of medical treatment. The Board does not adopt these proposed findings of fact regarding the possible effectiveness of Lupron.²⁹ Nor does the Board adopt the ALJ's finding that determining the Tanner Stage of these patients was irrelevant.³⁰ The Board is also not adopting the findings of the ALJ apparently approving the use of chelation therapy in these circumstances and dismissing the possible dangers of too-frequent use of chelation therapy. The evidence of the safety of this treatment was, in the Board's opinion, insufficient to justify the dismissal of this serious concern. However, it is not necessary to make findings on the value of this off-label use of Lupron, or the dangers of frequent chelation therapy, or the necessity of determining the

²⁸ See, e.g., the testimony of Dr. Grossman that the purported "lifesaving" effect of the treatment on Patient B was not supported by either the entries in Patient B's chart or by the questionnaire filled out by his family. (Tr. 439-40) See also SS Tr. 179-183 (concerning placebo effect). Dr. Geier's own expert admitted that the symptoms suffered by these children often wax and wane, sometimes without apparent cause. (Tr. 156)

²⁹ See, e.g., PD 37 # 151.

³⁰ See PD 100. The Board notes that in reaching this proposed finding, the ALJ contradicted her previous proposed finding on the same issue in the summary suspension case.

Tanner Stage (except as it relates to making a diagnosis of precocious puberty; see the Board's finding # 11, above) because Dr. Geier in any case egregiously violated basic medical standards in his treatment of these patients by not evaluating them properly, lying about which drug he was prescribing, and failing to evaluate in any realistic medical way whether his intensive and very expensive treatment was effective.

The allegation that Dr. Geier permitted an unlicensed person to practice with him, in violation of Health Occ. § 14-404(a) (18), depends of course on whether Mr. David Geier practiced medicine in Dr. Geier's office. The Board does not adopt any of the facts proposed by the ALJ with respect to the alleged unlicensed practice of medicine by Dr. Geier's son, David Geier, in Dr. Geier's office. Although there was some evidence introduced on this issue in this case, the issue was adjudicated in full in Case Nos. 2008-0022 and 2009-0318. In those cases, Mr. David Geier himself was directly charged with practicing medicine without a license. Significant additional testimony was presented in Mr. David Geier's case. The Board will not make a decision in this case on this same factual issue based upon the less complete record made in this case. In light of the egregious violations of the standard of quality care and the deliberate unprofessional conduct set out in the numbered facts recited above, a decision as to whether Dr. Mark Geier also allowed Mr. David Geier to practice medicine without a license would have no effect on the sanction that the Board would impose on Dr. Mark Geier. The Board will thus not make any findings of fact on this issue based upon the record of this case alone; for this reason, the Board will not make any conclusion in this case that Dr. Mark Geier violated Md. Health Occ. Code Ann. § 14-404(a) (18).

There is insufficient proof that Dr. Geier overutilized medical services within the meaning of Health Occ. § 14-404(a)(19). Although the Board questions why the patients were subjected to an extraordinary amount of laboratory testing when there was scant documentation that Dr. Geier made any significant use of the results of these tests in his continuing treatment, the

Board nevertheless agrees with the ALJ that the evidence of overutilization was insufficient. The Board does not agree that there must be an element of financial aggrandizement on the part of a physician as a pre-condition to a finding of overutilization. If the legislature intended to make that an element of the offense, it would have been set out in the statute.³¹

III. CONCLUSIONS OF LAW

Dr. Geier committed unprofessional conduct in the practice of medicine within the meaning of Health Occ. § 14-404(a)(3)(ii) when he had parents sign a consent form that falsely implied that he was conducting an experimental protocol approved by an Institutional Review Board when in fact that review board was, as the ALJ put it, “a façade covering the intentions of a group that did not believe that they were bound by federal or state law and had no intention of being so bound.”³² He committed further unprofessional conduct when he had a parent sign a consent form for the use of one drug for chelation therapy when in fact another drug, a drug not approved for use in the United States, was intended to be used and was in fact used. His violations of the standard of care, especially his treating of some patients without examining them and his reaching diagnoses in the absence of required diagnostic tests, were so egregious as to amount to unprofessional conduct in themselves.³³

By willfully reporting false credentials when he applied for the renewal of his medical license, Dr. Geier made a willfully false statement in the practice of medicine within the meaning of Health Occ. § 14-404(a)(11).³⁴

³¹ Similarly, although the record appears to show that Dr. Geier submitted bills for services greatly in excess of those services that he actually provided, see, e.g., the testimony of Dr. Grossman at Tr. 330-38, Dr. Geier was not specifically charged with this offense, and so the Board will not make any specific findings of fact on this issue.

³² PD 117.

³³ The Board has previously concluded that egregious violations of the standard of care can constitute unprofessional conduct in and of themselves. *Matter of Richard C. Yeron, M.D.*, Case No. 2006-0479. This conclusion is particularly appropriate where the care provided displays elements of dishonesty or recklessness, as it does here.

³⁴ The Board makes no ruling on the issue of whether his falsifications of his medical credentials in court proceedings also constitutes “the practice of medicine” within the meaning of Health Occ. § 14-404(a)(3).

By failing to properly evaluate patients before treating them with an intensive regimen of drug therapy, by providing the parents with inadequate or falsified consent forms, by failing to properly evaluate whether his treatment was working, by ordering continued therapy to a patient for whom there was no possibility of monitoring the effects, and by failing to keep adequate records, Dr. Geier failed to meet the standard of quality care required by Health Occ. § 14-404(a)(22).

By failing to document adequately the reasons these treatments were initiated, halted or modified, by failing to maintain clear evidence of informed consent, or even in some cases failing to document even the manner in which the patients were contacted, Dr. Geier failed to keep adequate medical records within the meaning of Health Occ. § 14-404(a)(40).

An additional peripheral charge against Dr. Mark Geier was that he “willfully fail[ed] to file or record any medical report as required under law, willfully imped[ed] or obstruct[ed] the filing or recording of the report, or induc[ed] another to fail to file or record the report,” within the meaning of Health Occ. § 14-404(a) (12). This charge was based on the fact that the Board’s analyst, having subpoenaed Dr. Geier’s medical records for a certain patient and having received records that appeared on their face to be incomplete, wrote to Dr. Geier, emphasizing that all medical records for this patient should be produced. The Board’s letter also required Dr. Geier to respond in writing if no additional records were submitted. Dr. Geier did not produce any records; neither did he respond in writing as required. According to the testimony provided at the hearing, there were no additional records regarding this patient.

The ALJ concluded that Dr. Geier did not violate Health Occ. § 14-404(a) (12) because no records existed which Dr. Geier failed to file with the Board. The Board disagrees. The statute elsewhere requires a physician to “cooperate” with the Board’s investigation. Health Occ. § 14-404(a) (33). The most obvious way in which most investigated physicians are asked

The Board notes, however, that the ALJ’s resolution of this matter appears to be contrary to case law. Compare PD 116 with *Joseph v. District of Columbia Board of Medicine*, 587 A. 2d 1085 (1991).

to cooperate is by filing reports in response to questions posed by an analyst in the course of an investigation. In light of the facts that (1) the statute requires cooperation by the investigated physician; (2) the medical records appeared on their face to be incomplete; and (3) that the analyst required in writing that Dr. Geier respond in writing if there were no additional medical records, Dr. Geier's failure to file a report to the Board to that effect when required by the analyst was a violation of Health Occ. § 14-404(a) (12). This was a peripheral offense, however, unrelated to Dr. Geier's actual care of his patients, and it pales in comparison to the egregious violations of the standard of care and the egregious unprofessional conduct displayed by Dr. Geier in this case. For these reasons, the Board will not impose a sanction based upon this violation of Health Occ. § 14-404(a) (12).

IV. DISCUSSION OF EXCEPTIONS

Dr. Geier argues that two peer reviewers must testify in order for a Board prosecution to be valid. (Geier Exceptions ["GE"] at 9-12). He cites for that proposition the case of *State Board of Physicians v. Bernstein*, 167 Md. App. 714 (2007). *Bernstein* stands for the opposite proposition, that the testimony of a single expert is sufficient. *Id.* at 764. The requirement of the use of peer reviewers applies only to the Board's investigative process. The statute requires the submission of the case to peer review for "investigation." Md. Health Occ. Code Ann. § 14-401(c)(ii). "The peer review panel does not determine whether the accused physician ... is 'guilty' of anything, only whether there is a sufficient basis for the filing of charges." *Board of Physician Quality Assurance v. Levitsky*, 353 Md. 188, 206 (1999). This exception is without merit.

Dr. Geier's counsel argues that a second peer reviewer was not obtained even during the investigative stage of the proceeding. (GE 12) This is not true. The record shows that the second investigative peer review report not only exists but also was offered into evidence at the hearing as proposed State's Exhibits 63, 64 and 65. (Tr. 728-742) Dr. Geier's counsel, having

successfully argued that the second peer review report not be admitted into evidence, cannot seriously complain now before the Board that it is not in evidence.

Dr. Geier argues that Dr. Grossman was not a true peer of his and thus should not have been qualified as an expert. (GE 12-14, 26) The Board disagrees. Dr. Grossman is board certified in pediatrics and developmental-behavioral pediatrics and has been an Associate Professor of Pediatrics, the Director of the Behavioral and Developmental Pediatrics Fellowship Program at the University of Maryland School of Medicine and the head of the Division of Behavioral and Developmental Pediatrics at that institution. She has also held many other positions of great responsibility in her 35-year career in pediatrics. She testified knowledgeably about the standard of care applicable to pediatric patients in general and to these patients in particular. The Board is satisfied that she was appropriately admitted as an expert in this case. The fact that she may not have been familiar with the details of some of Dr. Geier's idiosyncratic theories, theories that appear to be supported in large part by literature that he or his son created and which have been rejected to some extent by the Institutes of Medicine of the National Academy of Science, does not detract from the weight of her testimony about the quality of the actual medical treatment provided to these patients, in the Board's opinion.

Dr. Geier argues that the ALJ should not have faulted him for prescribing Lupron and chelation to patients who did not fit his profile. (GE 16-18) The profile, however, is Dr. Geier's only justification for this off-label treatment.³⁵ This treatment is not a treatment recognized by pediatric endocrinologists, neurodevelopmental disability specialists, developmental behavior pediatricians, or child psychiatrists. (Tr. 319) Dr. Geier nevertheless argues that a "trained clinician" can "identify the correct therapy after an appropriate examination." (GE 18) Dr. Geier, however, is not a "trained clinician." He completed only a one-year residency in obstetrics and gynecology, has no formal specialized training in the treatment of autism, and is not Board

³⁵ The use of DMPS, which was not approved for use in the United States, is not justified at all.

certified in any medical specialty. Nor did he complete an “appropriate examination” of these patients.

The Board also notes that Dr. Kartzinel’s testimony on the adequacy of Dr. Geier’s physical examinations of these patients was particularly unpersuasive. Dr. Kartzinel testified that Dr. Geier’s physical examinations (or lack thereof, apparently) were sufficient because Dr. Geier was acting merely “as a consulting specialist ... as a medical geneticist.” (Tr. 116) Dr. Geier, however, is not a medical geneticist. See Tr. 146-48, 310, 376, 397-90. It is difficult to determine from Dr. Kartzinel’s testimony exactly what functions he believes a physician is required to perform in order to evaluate autistic children for precocious puberty. He admitted that Dr. Geier performed no bone age tests or gonad releasing hormone tests (Tr. 144) and the record is clear that he did not adequately evaluate the Tanner Stages in many of these patients and in some cases did not conduct a physical examination at all or an adequate review of symptoms before prescribing his treatment. Dr. Kartzinel discounted the value of some testing for lead (Tr. 154) and admitted that Dr. Geier did not know the results of all the tests that he did order. (Tr. 151) He testified that a physical examination of the patients is highly overrated (Tr. 200) and that the physician “generally ... can bide by his eye” (Tr. 148-49) and just try to “get a gestalt,” and that it is not even necessary for the physician to document that “gestalt” in the medical record. (Tr. 182) It is sufficient for the physician then to “step back and say, did I get a clinical response that everybody is thrilled with, or was it a swing and a miss,” according to Dr. Kartzinel. (Tr. 155) In the Board’s opinion, what Dr. Kartzinel describes as an acceptable medical examination and mode of treatment is not acceptable at all, and it is questionable as to whether this conduct can even be described as “medical.”

Dr. Geier argues that his medical records were adequate. (GE 20-25) The Board disagrees. Dr. Geier quotes the testimony of his expert, Dr. Kartzinel, that the records would be clear to any physician “who does what we do 24/7.” (GE 25) This is not the standard for

“adequate” medical records. Medical records that are decipherable only to a small group of physicians, physicians who practice the same type of unconventional therapy on a full-time basis, are not “adequate” medical records, in the Board’s view.

Dr. Geier also argues that he did not falsify his application to the Board for licensure (GE 26-31), that his misrepresentations concerning the IRB were irrelevant (GE 31-35), and that the ALJ’s decision was inconsistent. (GE 19-20) The Board disagrees. Falsification of credentials in an application for medical licensure is a serious matter. The misrepresentations regarding the IRB constituted dishonest communication to parents about the nature of the protocol. Although the ALJ was inconsistent in the two different cases with respect to whether Lupron therapy and chelation therapy violated the standard of quality care *per se*, that inconsistency is not relevant to this decision, as explained above. See discussion at pp. 6-7, above. The ALJ’s description of some of the parents as highly educated and informed does not conflict with her description of them as desperate. A description of the parent’s characteristics has little to do with the main issues of this case. In any case, the ALJ’s proposed decision is not the issue in this case. The Board makes the findings of fact. None of Dr. Geier’s exceptions convince the Board to modify its findings set out at pp. 2-6, above.

The State urges the Board in its exceptions (“SE”) to reject the ALJ’s findings regarding the necessity of evaluating the Tanner Stage, the appropriateness of Lupron treatment and of intensive chelation therapy for these children. (SE 1, 8, 9, 11-12) The State points out that the ALJ changed her opinion on all of these issues from her previous opinion and that Dr. Geier’s own expert witnesses changed their own testimony between the two proceedings, at least on the Tanner Stage issue. (SE 8-9) The Board was persuaded by these exceptions, at least to the point of not adopting the ALJ’s proposed findings on any of these issues and making a finding of fact that a physical examination and an evaluation of the Tanner Stages is necessary before one can prescribe powerful drugs based on a diagnosis of precocious puberty. The

State's exceptions also point out that the ALJ's proposed findings were somewhat inconsistent regarding the adequacy of the information that Dr. Geier collected to evaluate his patients' progress, and whether Dr. Geier used what information was actually available. (SE 3, 10-12) The Board has found as facts that Dr. Geier neither obtained sufficient information to evaluate the children's response to treatment, nor in most cases even took note of that information that he did have.³⁶

V. SANCTION

The ALJ commented that Dr. Geier abused the trust that these patients' families placed in him. "By dissembling, misrepresenting, failing to see his patients for months and years before treating them, applying a protocol-based treatment to children who do not fit the protocol, using non-FDA-approved drugs without fully informed consent, and for all of the other violations found and discussed in this Proposed Decision, he abused that trust. I agree with the State that these actions betray the relationship of a physician to a vulnerable child and his desperate parents." The Board agrees.

The ALJ proposed that the Board revoke Dr. Geier's license. Dr. Geier has displayed in this case an almost total disregard of basic medical and ethical standards by treating patients without properly examining or diagnosing them, continuing treatment without properly evaluating its effectiveness, and providing "informed consent" forms that were misleading and in at least one case blatantly false. He provided treatments supposedly according to an investigational protocol, but the investigation was approved only by a sham Institutional Review Board, and he applied protocols to patients who did not fit his own profile. He provided treatment by a drug not approved for use in this country while informing parents that a different drug would be used. His actions toward his patients were not those of an honest and competent physician, nor do they

³⁶ The Board did not consider Dr. Geier's rejected exhibit discussed at GE 26. As the ALJ pointed out, at the hearing, Dr. Geier had every chance to submit it at the hearing but failed to do so. (Tr. 859-71) The Board also agrees with the State's argument at that hearing that the document is irrelevant. (Tr. 861-66)

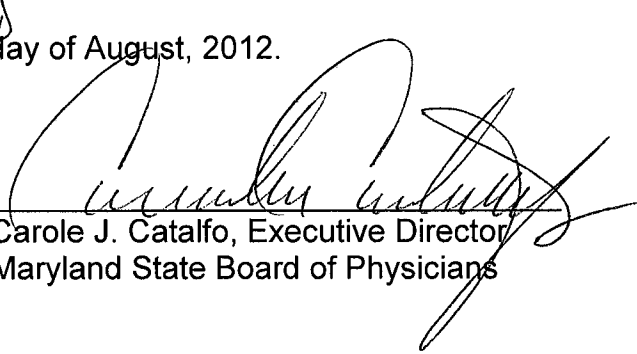
appear to be those of an objective and ethical researcher. Dr. Geier made little use of those methodologies that distinguish the practice of medicine as a profession. At the same time, he profited greatly from the minimal efforts he made for these patients. In plain words, Dr. Geier exploited these patients under the guise of providing competent medical treatment. Such a use of a medical license is anathema to the Board. The Board has no hesitation in revoking his medical license.³⁷

VI. ORDER

It is therefore **ORDERED** that the medical license of Mark R. Geier, M.D., No. D24250, be, and it hereby is, **REVOKED**; and it is further

ORDERED that the summary suspension of Dr. Mark R. Geier imposed by the Board in its Final Decision and Order of March 22, 2012 under Md. State Gov't Code Ann. § 10-226(c) (2) is **TERMINATED** as moot.

SO ORDERED this 22ND day of August, 2012.


Carole J. Catalfo, Executive Director
Maryland State Board of Physicians

NOTICE OF RIGHT TO PETITION FOR JUDICIAL REVIEW

Pursuant to Section 14-408(b) of the Health Occupations Article, Dr. Geier has the right to seek judicial review of this decision. Any petition for judicial review must be filed within 30 days from the date this Final Decision and Order is mailed. The cover

³⁷ This order revoking Dr. Geier's medical license renders moot the Board's previous summary suspension of his license, ordered as an emergency matter during the pendency of these proceedings. The Board will now terminate that summary suspension order for the sole reason that the summary suspension is now moot.

letter accompanying this decision indicates the date the decision is mailed. Any petition for judicial review shall be made as provided for in the Maryland Administrative Procedure Act, Md. Code Ann., State Gov't § 10-222, and the Maryland Rules at 7-201 *et seq.*

If Dr. Geier files an appeal, the Board should be notified at the following address:

**Maryland State Board of Physicians
Christine Farrelly, Chief of Compliance
4201 Patterson Avenue
Baltimore, Maryland 21215**

Notice of any petition filed should also be sent to the Board's counsel at the following address:

**Thomas W. Keech
Assistant Attorney General
Department of Health and Mental Hygiene
300 West Preston Street, Suite 302
Baltimore, Maryland 21201.**