

IN THE MATTER OF  
MAHMAUD SHIRAZI, M.D.

Respondent

License Number: D46962

\* BEFORE THE  
\* MARYLAND BOARD  
\* OF PHYSICIANS

\* Case Number: 2007-0710

\* \* \* \* \*

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

The Maryland Board of Physicians (the "Board") hereby **SUMMARILY SUSPENDS** the license of Mahmaud Shirazi, M.D. (the Respondent") (D.O.B. 05/07/1967), License Number D46962, to practice medicine in the State of Maryland. The Board takes such action pursuant to its authority under Md. State Gov't Code Ann. § 10-226(c)(2)(i) (2004 Repl. vol.), concluding that the public health, safety or welfare imperatively requires emergency action.

**INVESTIGATIVE FINDINGS**

Based on information received by, and made known to the Board, and the investigatory information obtained by, received by and made known to and available to the Board and the Office of the Attorney General, including the instances described below, the Board has reason to believe that the following facts are true:<sup>1</sup>

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<sup>1</sup> The statements regarding the Respondent's conduct are intended to provide the Respondent with notice of the basis of the suspension and charges. 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 with this matter.

## PROCEDURAL BACKGROUND

1. At all times relevant hereto, the Respondent was and is licensed to practice medicine in the State of Maryland. The Respondent was originally licensed to practice medicine in Maryland on January 3, 1995.
2. At the time of the incidents described herein, the Respondent maintained an office for the general practice of Internal Medicine at Peninsula Internal Medicine, 31575 Winterplace Parkway. He held hospital privileges at Anne Arundel Medical Center, Baltimore Washington Medical Center (formerly known as North Arundel Hospital) and Peninsula Regional Medical Center.
3. On or about May 3, 2007, the Board opened an investigation of the Respondent based on a complaint from a former patient (hereinafter, "Patient A") alleging that he had inappropriately touched her in a sexual manner during an office visit.
4. The Board received information from the Wicomico County Bureau of Investigation that as a result of its investigation, the Respondent had been criminally charged on May 1, 2007 with a third and fourth degree sex offense and second degree assault with regard to Patient A,<sup>2</sup> stemming from Patient A's November 15, 2006 office visit.
5. Peninsula Regional Medical Center summarily suspended the Respondent's hospital privileges on May 3, 2007, as a result of his arrest.

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<sup>2</sup> For purposes of confidentiality, patient names are not used in this document, but will be provided to the Respondent.

6. On or about May 2, 2007, the Respondent was terminated from employment at Peninsula Internal Medicine, "due to multiple complaints of sexual contact and unprofessional behavior with patients at Peninsula Internal Medicine, LLC."
7. The Board received additional information during its investigation involving allegations of inappropriate sexual touching in relation to two additional patients: Patients B and C.
8. As a result of the Board's investigation relating to the Respondent's actions as to Patients A, B and C, the Board voted to summarily suspend his license to practice medicine, under Md. State Gov't Code Ann. § 10-226(c)(2)(i) (2004 Repl. vol.), concluding that the public health, safety or welfare imperatively requires emergency action.

### **INVESTIGATIVE FINDINGS**

#### **Patient A**

9. Patient A was a 48 year-old female patient on or about October 6, 2006, when she began seeing the Respondent for medical care.
10. Patient A's medical visits with the Respondent took place at his office located at Peninsula Internal Medicine, 31575 Winter Park Place in Salisbury, Maryland.
11. Patient A saw the Respondent for medical care on October 6, 2006, for complaints of dizziness, decreased energy and decreased appetite. The Respondent conducted a physical examination, and documented the

name of the Respondent's gynecologist, "Dr. G\_\_\_\_\_." He documented that Patient A be seen again in the office in two weeks.

12. On November 1, 2006, Patient A returned for a follow-up visit. The Respondent's documentation was largely illegible, but the note appears to read in part that Patient A was there to follow up on her laboratory results.

13. On or about November 15, 2006, Patient A saw the Respondent for a third scheduled medical appointment. Patient A indicates she saw the Respondent for complaints of hip and shoulder pain and a rash on her back, at the level of her waist. The Respondent's note however, is largely illegible.

14. According to Patient A, during the November 15, 2006, office visit, the Respondent inappropriately touched her in a sexual manner.

15. Patient A reported the Respondent's actions by telephone to the owner of the practice, C.B., several months after the incident, on or about April 6, 2007. Another employee, K.E. was on the telephone as well.

16. On April 9, 2007, Patient A reported the Respondent's actions to the Wicomico County Bureau of Investigation.<sup>3</sup>

17. On May 1, 2007, the Respondent was criminally charged in the District Court of Maryland for Wicomico County, under Case Number 2H00043045, with the following criminal offenses alleged to have taken place on or about November 15, 2006, relating to Patient A:

- a. Sex offense in the third degree under Md. Cr. Code Ann. § 3-307;<sup>4</sup>

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<sup>3</sup> Patient A filed a complaint with the Board regarding the November 15, 2006, incident, on or about April 16, 2007.

- b. Sex offense in the fourth degree under Md. Cr. Code Ann. § 3-308; and
- c. Assault in the second degree under Md. Cr. Code Ann. § 3-203.

18. The Application for Statement of Charges, provides in pertinent part as follows:

...Only Shirazi and [Patient A]<sup>5</sup> were present in the examination room. Shirazi then entered the room and shut the door. Shirazi had [Patient A] place her hands on the examination table, facing away from Shirazi. Shirazi stood behind [Patient A] and began manipulating her hips. [Patient A] also said that she felt Shirazi grinding with his pubic area on her buttocks. [Patient A] and Shirazi were both clothed at this point. [Patient A] felt Shirazi's erect penis underneath what [Patient A] described as a padded object rubbing her buttocks...[Patient A] then told Shirazi about her rash, which was in her lower back area, on level with her waistline...Shirazi told [Patient A] to pull her pants down. [Patient A] told Shirazi that her rash was nowhere else. Shirazi told her to take off her pants anyway. Shirazi then told her to take off her underwear...[Patient A] partially lowered her underwear. Shirazi then pushed her underwear down to her knees. Shirazi then looked at her vaginal area...then penetrated [Patient A's] vaginal area with his finger. Shirazi then smelled his finger...Shirazi was not wearing any gloves.

19. Patient A's written complaint filed with the Board was materially consistent with the allegations as stated in the Application for Statement of Criminal Charges. Patient A wrote in part:

...I had a rash located on my left side, so he told me to show him. He then asked me to pull my pants completely down, I did but left on my undergarment. I explained to him that I knew I did not have a rash anywhere else. He then asked me to pull down my undergarment. I told him once again, I don't have a rash there and I have a gynecologist (sic.). He proceed (sic.) to tell me that my vaginal area was dry. He then placed his finger onto my vaginal area without wearing any gloves. Then proceeded to smell his fingers...

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<sup>4</sup> On May 31, 2007, during the Respondent's preliminary hearing in Wicomico County, the State nolle prossed the charge of third degree sex offense. The charges of fourth degree sex offense and second degree assault are pending.

<sup>5</sup> The Board does not reveal patient names for purposes of confidentiality.

...I was shaking and nervous, gathered up my belongings then he gave me a prescription for vaginal dryness...I left the room and ripped up the prescription for vaginal dryness.

20. The Respondent documented in Patient A's medical record that on November 15, 2006, he had prescribed a vaginal cream for her called Estrace. Estrace is an estradiol vaginal cream to help relieve symptoms of vaginal irritation and dryness.

21. On or about May 9, 2007, Patient A sought mental health counseling at Life Crisis Center for symptoms of anxiety, mood swings, nightmares and panic attacks as a result of the November 2006, incident with the Respondent.<sup>6</sup> She continues to be followed by a therapist from the Center.

22. Based upon the above investigative facts, the Board has cause to believe that the Respondent violated Md. Health Occ. Code Ann. § 14-404(a):

(3) Is guilty of unprofessional or immoral conduct in the practice of medicine.

### **Patient B**

23. Patient B was a 52 year-old female patient in October 2005, when she received medical care from the Respondent during an in-patient hospitalization at Peninsula Regional Medical Center, in Salisbury, Maryland.

24. On or about October 5, 2005, Patient B was admitted through the emergency room for respiratory symptoms including wheezing. The

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<sup>6</sup> Patient A was referred to the counseling center by the Wicomico Bureau of Investigation following her report.

Respondent was assigned as her attending physician. She had not previously seen him for medical care.

25. Patient B initially met the Respondent during the first morning of her hospital admission. He conducted a physical examination including listening to her chest, and ordered tests including additional chest films.

26. During the second full morning of her hospital admission, on or about October 6, 2005, the Respondent again came to see the patient. Initially, the Respondent listened to her chest, and asked Patient B about her medical history. Patient B recalls that she told the Respondent about previously scheduled gall bladder surgery and previous brain surgery.<sup>7</sup> Additionally, Patient B recalls that she told the Respondent her surgeon had ordered a CT scan that had revealed an ovarian cyst. According to Patient B, she did not complain of abdominal pain.<sup>8</sup>

27. Patient B recalls that on or about October 6, 2005, the Respondent stated that he wanted to do a "quick check" and she pulled down her underwear. The Respondent was not wearing gloves, and there was no chaperone present. He placed his fingers inside her vagina, with the other hand on her abdomen and performed an internal examination. According to Patient B, he removed his ungloved hand from her vagina and wiped his fingers underneath his nose. He failed to wash his hands.

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<sup>7</sup> The Respondent documented in a typed note in his Risk Management file that Patient B had a meningioma.

<sup>8</sup> The Respondent's Risk Management file contains a typed physical examination of Patient B that is dated 10/6/05 at 7:00 p.m. and noted that "patient is extremely tender in left lower quadrant of abdomen." Additionally, he documented "pelvic exam: deferred."

28. Patient B called her daughter to report what had occurred. Her daughter contacted the hospital.<sup>9</sup> Additionally, Patient B reported the incident to her two sisters.

29. According to the Respondent's Risk Management file, Patient B reported the Respondent's actions to her nurse. According to Patient B's nurse, Patient B told her the following in part:

...she was concerned because Dr. Shirazi had done a full pelvic and breast exam on her without gloves the day before and that he had not washed his hands before nor after.

30. The morning after the incident, the Respondent and two nurses visited Patient B. The Respondent denied that he had done a "full" pelvic examination of Patient B, according to an October 6, 2005 Memorandum in the Respondent's hospital Risk Management file. The Memorandum also stated in pertinent part:

...[The Respondent] then stated that he had not done a full pelvic on her but only felt her outer pelvis. She stated that this was not true and that he had placed his fingers inside of her. He denied this again, stating that he had only checked the pelvic walls.

31. Patient B asked for a new doctor. Peninsula reassigned a physician, Dr. R.

32. Peninsula took no action relating to the incident, as they indicated they were unable to "substantiate the patient's allegations" but recommended that:

...any time an examination of a female patient is being performed that you obtain a nurse or other female to chaperone you during

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<sup>9</sup> The Respondent's Risk Management file confirms that Patient B's daughter contacted the hospital.

this encounter. This places you beyond reproach and protects your reputation. I realize that you need no reminder but any time a pelvic exam is performed, obviously gloves and appropriate sterile technique need be employed at all times....If there are any future allegations of this nature, an extremely detailed investigation will ensue and appropriate actions taken on the basis of the findings.

33. Based upon the above investigative facts, the Board has cause to believe that the Respondent violated Md. Health Occ. Code Ann. § 14-404(a):

- (3) Is guilty of unprofessional or immoral conduct in the practice of medicine.

### **Patient C**

34. Patient C was a 42 year-old female patient in September/October 2005, when she received medical care from the Respondent during an in-patient hospitalization at Peninsula Regional Medical Center, in Salisbury, Maryland.

35. Patient C was a patient at Peninsula Internal Medicine, and her primary care provider was a nurse practitioner, Ms. B.

36. Patient C was admitted to Peninsula Regional Medical Center on September 29, 2005, for symptoms of diarrhea, abdominal pain and nausea. She was diagnosed with gallstones, and admitted for gall bladder surgery (a laparoscopic cholecystectomy). The Respondent was her admitting physician, but the surgeon was a Dr. D. According to Patient C, the Respondent followed her during her hospitalization as he was in the same practice as Ms. B.

37. According to Patient C, the Respondent visited her on or about October 2, 2005. During the visit, he sat on her bed, lifted her gown and inserted his

fingers into her vagina.<sup>10</sup> Patient C was in a private hospital room. The Respondent was not wearing gloves, and there was no chaperone present. The Respondent did not wash his hands.

38. After the Respondent left, shortly thereafter, Patient C's cousin came to see Patient C, and Patient C told her what had occurred with the Respondent.

39. During the evening of October 2, 2005, Patient C developed a syncopal episode secondary to an intraperitoneal bleed, and was transfused with two units of blood. She was transferred to the Cardiac Care Unit for closer monitoring.

40. On October 3, 2005, the Respondent made another visit to Patient C's room. The Respondent asked her if she had "seen the light," referring to her syncopal episode. The Respondent sat down on Patient C's bed, lifted her gown, looked at her incision and again inserted his fingers into her vagina. There was no chaperone present. According to Patient C, she became tense and he withdrew his fingers. He did not wash his hands.

41. Patient C told her husband what had occurred with the Respondent. They made a decision not to report the incidents.

42. Patient C was discharged from the hospital on October 4, 2005.

43. After her discharge, Patient C saw Ms. B and the Respondent for follow-up. The Respondent entered the examination room and referred to her as

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<sup>10</sup> According to Patient C, she had not discussed any gynecologic symptoms or complaints with the Respondent, and had a gynecologist that she routinely visited for obstetrical and gynecologic care.

the patient who "saw the light." Patient C did not say anything to Ms. B about the hospital incidents at that time. According to Patient C she tried to "rationalize" what had happened with the Respondent.

44. Sometime in May 2007, Patient C read a newspaper report about the Respondent's arrest. Shortly after she read the newspaper article, Patient C was scheduled for an office visit with Ms. B regarding her back. During that May visit, Patient C told Ms. B about the hospital incidents. Ms. B referred Patient C to the Wicomico County Bureau of Investigation.

45. Based upon the above investigative facts, the Board has cause to believe that the Respondent violated Md. Health Occ. Code Ann. § 14-404(a):

- (a) Is guilty of unprofessional or immoral conduct in the practice of medicine.

#### **CONCLUSION OF LAW**

Based on the foregoing facts, the Board concludes that the public health, safety or welfare imperatively require emergency action in this case, pursuant to Md. State Gov't Code Ann. § 10-226 (c) (2) (i) (2004 Repl. vol.).

#### **ORDER**

Based on the foregoing, it is this 18<sup>th</sup> day of June, 2007, by a majority of the quorum of the Board:

**ORDERED** that pursuant to the authority vested by Md. State Gov't Code Ann., § 10-226(c)(2), the Respondent's license to practice medicine in the State of Maryland be and is hereby **SUMMARILY SUSPENDED**; and be it further

**ORDERED** that a post-deprivation hearing in accordance with Code Md. Regs. tit. 10, § 32.02.05.B (7) (c), D and E on the Summary Suspension has

been scheduled for June 27, 2007, at 11:00 a.m., at the Maryland Board of Physicians, Room 108-109, 4201 Patterson Avenue, Baltimore, Maryland 21215-0095; and be it further

**ORDERED** that at the conclusion of the **SUMMARY SUSPENSION** hearing held before the Board, 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 21031-1301; and be it further

**ORDERED** that on presentation of this Order, the Respondent **SHALL SURRENDER** to the Board's Compliance Analyst, the following items:

- (1) the Respondent's original Maryland License D46962;
- (2) the Respondent's current renewal certificate;
- (3) the Respondent's current DEA Certificate of Registration;
- (4) the Respondent's Maryland Controlled Dangerous Substance Registration;
- (5) all controlled dangerous substances in the Respondent's possession and/or practice;
- (6) all Medical Assistance prescription forms;
- (7) all prescription forms and pads in her possession and/or practice;  
and
- (8) Any and all prescription pads on which his name and DEA number are imprinted; and be it further

**ORDERED** that a copy of this Order of Summary Suspension shall be filed with the Board in accordance with Md. Health Occ. Code Ann. § 14-407 (2005 Repl. vol.); and be it further

**ORDERED** that this is a Final Order of the Board and, as such, is a **PUBLIC DOCUMENT** pursuant to Md. State Gov't Code Ann. § 10-611 *et seq.*

June 18, 2007  
Date

Margaret Anzalone  
Margaret Anzalone  
Deputy Director, Maryland  
State Board of Physicians