



Maryland Board of Physicians

BOARD CHAIRMAN: HARRY C. KNIPP, M.D., FACR

EXECUTIVE DIRECTOR: C. IRVING PINDER, JR.

MARYLAND MEDICAL VOLUNTEERS GIVE RELIEF AID TO HURRICANE KATRINA VICTIMS

One day after Hurricane Katrina ravaged the Gulf Coast on Monday, August 29, 2005, the Department of Health and Mental Hygiene asked the Board of Physicians to put its emergency preparedness volunteers on alert for impending deployment to the Gulf. By the end of the week, more than 180 concerned Board licensees, and even medical school residents, called or emailed the Board to volunteer their medical services.

On Labor Day weekend, "Operation Lifeline" was born. The first deployment of Maryland Emergency Preparedness Volunteers was on Monday, September 5. Sixty-seven (67) volunteers, including 19 physicians and 1 physician assistant, were deployed for 2 weeks to Jefferson Parish, one of the hardest hit areas in New Orleans. Surgeons, pediatricians, and emergency, internal, and family medicine physicians were joined by Maryland professional volunteers from the Boards of Pharmacy and Nursing, as well as Emergency Medical Services personnel and a delegation of National Guardsmen, police officers and fire fighters. Upon arrival, the Maryland volunteers set up and staffed 6 emergency health centers throughout Jefferson Parish, located in 2 fire departments, 3 elementary schools, and 1 neighborhood gymnasium.

On September 11, a second contingent that included Board volunteers was dispatched. The 19-member team of physicians, behavioral health professionals and nurses were flown to New Orleans. The 10 physicians on this team specialized in psychiatry, critical care, and emergency medicine.

A third group, a 64-member team consisting of 16 physicians, 6 pharmacists, 6 behavioral health professionals and 36 nurses, departed from Baltimore on September 17.

In thanking Maryland volunteers for their assistance, Jefferson Parish President Broussard estimated that Maryland's 165 Maryland volunteers assessed and treated approximately 6,200 patients in the teams' 18-day stay. Amazingly, 659 patients were seen on September 18 alone!

The Board of Physicians would like to join the Secretary of the Department of Health and Mental Hygiene and the Governor in thanking all of those who took part in this effort. While the recruitment and training of a volunteer corps was prompted by the events of September 11, 2001, Katrina has demonstrated the value of this effort in responding to a public health emergency. Recruitment of volunteers is an ongoing process; if you are interested in becoming a volunteer or receiving training in this area, please look at the Board's website at www.mbp.state.md.us.



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MARYLAND BOARD OF PHYSICIANS

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BOARD SEEKING NOMINATIONS TO FILL BOARD VACANCIES

The Maryland Board of Physicians is soliciting nominations for three physicians to fill Board member positions that will become vacant June 30, 2006. The seat for a public member knowledgeable in risk management or quality assurance will also become vacant on that date. All current Board members whose appointments expire on June 30, 2006 are eligible for reappointment for a second term.

Physician nominees will be accepted from Maryland physician organizations representing at least 25 licensed physicians in the State. These nominations should be on the organization's letterhead and signed by the administrator of the organization. In addition, nominations will be accepted from individual Maryland licensed physicians who submit a valid petition signed by 25 Maryland licensed physicians. The petition should contain the candidate's name, address, license number, and signature; and the names, license numbers and signatures of the signers of the petition.

The public member knowledgeable in risk management or quality assurance will be selected from a list submitted to the Governor by the Maryland Hospital Association.

Nominations and petitions must include a completed biographical information form and resume or curriculum vitae of the nominee. The form may be downloaded from the Department of Health and Mental Hygiene website: www.dhmd.state.md.us/lexecnom.

Please forward all nominations and petitions to the Secretary of the Department of Health and Mental Hygiene, S. Anthony McCann, at 201 West Preston Street, Baltimore, MD 21201, Attention Anna Lieberman, Administrator, Appointments and Executive Nomination by February 20, 2006. The Department is committed to obtaining increased gender, geographical and minority representation on each of the Boards, Commissions and Task Forces.

Valid nominations and petitions will be forwarded to Governor Robert L. Ehrlich, Jr. The Governor will appoint the new physicians Board members from the nominations. The public member will be selected from the list submitted by the Maryland Hospital Association.

DISCLOSURE OF MEDICAL RECORDS

Confidentiality and disclosure of medical records are areas where everyone seems to have questions and complaints: the provider who made the record, the patient (parent or legally authorized "person in interest"), and other health care providers who need records in order to care for the patient. Copying records can be time-consuming for the provider and expensive for the patient. Failure to send records to another treating physician may delay critical treatment or add to the cost of health care by repetition of tests or x-rays previously performed.

The patient (or parent of a minor) is always entitled to review or obtain a copy of his or her medical record. The law states that if the provider does not comply with the patient's request within 21 days, the provider is liable for actual damages. Providers who violate any provisions of the confidentiality/disclosure laws may be found guilty of a misdemeanor and subject to fines. Even when a patient has not requested that a copy of the medical record be sent, the law allows disclosure to another health care provider who is treating the patient.

Of course, certain disclosures of records are mandatory, regardless of whether the patient authorizes the disclosure. These include disclosures related to investigations of suspected abuse or neglect of a child or adult and disclosures of documents requested by a health professional licensing board, including the Board of Physician, in connection with licensure, certification, or discipline.

Medical records laws are complex; this article is not meant to be a summary of all important aspects. The laws are found in Health-General Article, Title 4, Subtitle 3, available on the web at www.mlis.state.md.us.

PRACTICE OF MEDICINE

A recent complaint to the Board is a reminder that, while an active medical license in Maryland entitles a physician to practice medicine in Maryland, other registrations or permits may be required in relation to some aspects of the practice. For instance, licensed physicians who prescribe controlled dangerous substances must register with the federal Drug Enforcement Administration and with the Maryland Division of Drug Control. Private physicians who wish to dispense prescription medications must obtain a permit from the Board of Physicians and adhere to certain packaging and labeling requirements of the state and the federal government.

Physicians who intend to include acupuncture in their practice are required to meet certain qualifications and register with the Board of Physicians before performing acupuncture. An application form is available on the Board's website. In Maryland, persons who are not licensed physicians may be licensed to practice acupuncture through the State Acupuncture Board.

The application form for licensed Maryland physicians to register to perform acupuncture, as well as the form to apply for a dispensing permit, can be found on the Board's website: www.mbp.state.md.us.

Physicians Disciplinary Actions

Carlos A. Almeida, D.O., License #: H41126
Area of Practice: Anesthesiology (Timonium, MD)
Revocation. The Board's sanction is based on the physician's continued violations of the standard of quality medical care despite being under the scrutiny of the Board for over six years. The violations were extremely serious and the Board has concluded that the physician is not an appropriate candidate for further remediation. Date of Action: May 23, 2005

Kimberley A. Anderson, M.D. License #: D34747
Area of Practice: Unspecified (Burtonsville, MD)
Reinstatement of license; probation for a minimum of 5 years subject to terms and conditions. The physician provided necessary documentation to show she has complied with terms of her public Letter of Surrender, and the Board believes she has established a vigorous monitoring and treatment plan. Date of Action: May 31, 2005

Enrique M. Bursztyn, M.D., License #: No. License
Area of Practice: Diagnostic Radiology (Yonkers, NY)
Application for Initial Medical Licensure Denied. The Board found that the physician willfully made false representations in seeking and making application for licensure in Maryland. Date of Action: June 22, 2005

Edward Cornfeld, M.D., License #: D0872
Area of Practice: Unspecified (Potomac, MD)
Suspension until conditions are satisfied; thereafter probation for 3 years subject to terms and conditions. The physician violated standards of care by leaving an anesthetized patient unattended in the operating room, and was found guilty of unprofessional conduct in the practice of medicine by making misrepresentations to a hospital and the Board about instrument settings and the person responsible for the settings in regard to the procedure for the same patient. Date of Action: May 23, 2005

Mary Ann Duke, M.D., License #: D38796
Area of Practice: Ophthalmology (Potomac, MD)
Suspension for 5 years and terms and conditions; should suspension be lifted, probation for 5 years subject to terms and conditions. The Board found the physician guilty of unprofessional conduct in the practice of medicine; habitual intoxication; and providing professional services while under the influence of alcohol. Date of Action: May 25, 2005

Mary Ann Duke, M.D., License #: D38796
Area of Practice: Ophthalmology (Potomac, MD)
Revocation; the Board will not entertain any application for reinstatement any earlier than 5 years from date of final order. The physician violated the terms of her May 25, 2005, Consent Order. Date of Action: September 28, 2005

Lynn S. Dworsky, M.D. License #: D31370
Area of Practice: Psychiatry (Reston, VA)
Reprimand; Probation for one year and until completion of conditions. The physician failed to meet standards of quality medical care and failed to keep adequate medical records in regard to 3 patients. In regard to another patient, the physician was found guilty of unprofessional conduct and violating the standards of quality medical care because of boundary violations and in prescribing for the patient. Date of Action: June 7, 2005

Harold I. Eist, M.D., License #: D01940
Area of Practice: Psychiatry (Bethesda, MD)
Reprimand; Fine of \$5,000; the fine to be paid within 60 days of the date of the order. The physician failed to cooperate with a lawful investigation of the Board in regard to three patients. Date of Action: June 22, 2005

Sheila M. Hayford, M.D., License #: D36731
Area of Practice: Pediatric (Goldsboro, MD)
Revocation; Fine of \$100. The board took reciprocal action on an action by the Delaware Board of Medical Practice for the physician's failure to publish required notice to her patients before closing her pediatric practice and the manner in which she withdrew from, closed her practice, and dealt with several of her patients and their parents. The physician also failed to notify the Maryland Board of a change of her address. Date of Action: July 27, 2005

Francisco Japzon, M.D., License #: D05821
Area of Practice: General Surgery (Hagerstown, MD)
Application for Reinstatement Denied. The Board concluded that the physician has not demonstrated to the Board that he would be able to provide adequate levels of care to patients. Date of Action: June 22, 2005

Bridget Kahntroff, M.D., License #: D20788
Area of Practice: Anatomic/Clinical Pathology (Owings Mills, MD)
Suspension for 5 years with terms and conditions; should the suspension be stayed, Probation for 5 years with terms and conditions. The Board concluded that the physician was guilty of unprofessional conduct in the practice of medicine; being addicted to or habitually abuses, any narcotic or CDS as defined in the State Criminal Law Article; willfully made or filed a false report in the practice of medicine and when making application for licensure, and prescribing drugs for illegal or illegitimate medical purposes. Date of Action: August 24, 2005

Harold R. Katz, M.D., License #: D30934
Area of Practice: Ophthalmology (Baltimore, MD)
Summary Suspension. Based on a hospital suspension of the physician's privileges for testing positive for CDS and further Board investigation, the Board concludes that the public health, safety, or welfare require emergency action. Date of Action: August 8, 2005

Harold R. Katz, M.D., License #: D30934
Area of Practice: Ophthalmology (Baltimore, MD)
Amended Order for Summary Suspension; deletion of 3 instances of self-prescribing as set out in August 8, 2005, Order for Summary Suspension (Paragraph 30). Based on a hospital suspension of the physician's privileges for testing positive for CDS and further Board investigation, the Board concludes that the public health, safety, or welfare require emergency action. Date of Action: September 29, 2005

Joseph L. Kelly, M.D., License #: D55060
Area of Practice: Internal medicine (Annapolis, MD)
Reinstatement Denied; the Board will not accept any further applications for reinstatement for 5 years. The physician has failed to meet his burden of demonstrating that he possesses the requisite qualities for reinstatement in light of the serious and recurrent nature of his past misconduct concerning substance abuse and fraud in obtaining controlled dangerous substances and submitting false statements when he obtained licensure in Maryland. Date of Action: September 1, 2005

Prabhakar J. Kharod, M.D., License #: D22212
Area of Practice: Orthopedic Surgery (Millersville, MD)
Denial of Reinstatement of Licensure; the Board will not accept any further petitions for reinstatement. The Board determined that the physician does not possess the requisite technical skills to competently practice medicine within the parameters of acceptable standards of quality medical or surgical care and failed to meet his burden to satisfy the Board that he is now, or ever will be fit to return to the practice of medicine in this state. Date of Action: June 29, 2005

George S. G. Lakner, M.D., License #: D25404
Area of Practice: Psychiatry (Washington, DC)
Suspension for one year and until the license to practice medicine in California is reinstated without restrictions of any kind. The Board concluded that the physician violated the Medical Practice Act by fraudulently or deceptively obtaining or attempting to obtain a license, committing unprofessional conduct in the practice of medicine, willfully making or filing a false report in the practice of medicine, and willfully making a false representation when seeking or making application for licensure. The physician is also subject to discipline based on being disciplined in another state. Date of Action: August 29, 2005

Keith-Jan Lindemann, M.D., License #: D50458
Area of Practice: Pediatrics (Avenue, MD)
Summary Suspension. The physician, a pediatrician, pled guilty and proffered an Alford plea to the charges of fourth degree sexual offense and second degree assault; the victim in this case was a child. Date of Action: August 30, 2005

Steven F. Manekin, M.D., License #: D13700
Area of Practice: Neurology (Baltimore, MD)
Summary Suspension. Based on the results of a Board ordered evaluation and the conclusions in regard to the physician's cognitive and motor functioning, poor judgment and denial of stresses, the Board concluded that the public health, safety or welfare imperatively required action. Date of Action: May 18, 2005

Paul M. McNeill, M.D., License #: D45892
Area of Practice: General Surgery (Frederick, MD)
Reprimand. The Board concluded that the physician failed to meet standards of quality care by closing a surgical incision and leaving a foreign body in a patient's abdomen during the surgery he performed on the patient in 1996. Date of Action: July 6, 2005

Morris Meiller, M.D., License #: D08540
Area of Practice: Psychiatry (College Park, MD)
Summary Suspension. The Board concluded that the public health, safety, and welfare required emergency action based on investigative findings that the physician engaged in unprofessional conduct, including sexual misconduct, with several patients and inappropriate prescribing practices to include prescribing large quantities of CDS in the names of 12 individuals for whom the physician could not provide medical records, and picking up the filled prescriptions himself. Date of Action: June 13, 2005

Zakaria M. Oweiss, M.D., License #: D24580
Area of Practice: Ob/Gyn (Potomac, MD)
Revocation. The Board found that the physician was convicted of a crime of moral turpitude (second degree murder) and thereby revoked his license as mandated by statute. Date of Action: May 27, 2005

Bahram Pishdad, M.D., License #: D51520
Area of Practice: General Preventive Medicine
(Silver Spring, MD)
Reprimand; Probation for 3 years subject to terms and conditions. The physician failed to meet standards of quality care in his management of a patient on Coumadin. Date of Action: June 22, 2005

Binyamin H. Rothstein, D.O., License #: 30277
Area of Practice: Family Practice (Baltimore, MD)
Revocation; the Board will not consider any reapplication for 5 years. The physician failed to cooperate with the Board and failed to disclose to the Board, in response to an investigative subpoena, certain documents from his medical files, and after years of probation, peer reviews, and supervision continues to practice substandard medicine. Date of Action: May 25, 2005

Darshan S. Saluja, M.D., License #: D17537
Area of Practice: Unspecified (Baltimore, MD)
Suspension; stayed conditional upon compliance with certain requirements. The physician failed to meet appropriate standards for delivery of quality care for a patient in that he did not follow up with a cardiac consultation or make any changes in treatment in spite of abnormal thallium test results and the patient's hypertension. Date of Action: July 27, 2005

Richard S. Schlesinger, M.D., License #: D23329
Area of Practice: Physical Medicine & Rehabilitation
(Pikesville, MD)
Suspension. The physician pled guilty to conspiracy to distribute Demerol and health care fraud in violation of the United States Code and thereby is subject to a mandatory sanction of suspension. Date of Action: June 2, 2005

Marion B. Smith-Waison, M.D., License #: D28668
Area of Practice: OB/GYN (Columbia, MD)
Summary Suspension. The Board has cause to believe that the physician was guilty of unprofessional conduct and failed to comply with the Centers for Disease Control's guidelines on universal precautions in her practice of obstetrics and gynecology. The Board concluded that the public health and welfare imperatively required emergency action in this case. Date of Action: September 16, 2005

Diane J. Snyder, M.D., License #: D38497
Area of Practice: Unspecified (Rockville, MD)
Probation for a minimum of 1 year and until terms and conditions are completed. The physician failed to comply with the supervisory terms as specified in a delegation agreement with a physician assistant. Date of Action: June 22, 2005

Carl Sperling, M.D., License #: D28987
Area of Practice: Internal Medicine (Baltimore, MD)
Reprimand; Probation for a minimum of one year subject to terms and conditions. The Board found that the physician violated the standards of quality care and failed to maintain adequate medical records in regard to a patient in his practice of internal medicine.
Date of Action: September 12, 2005

Sean R. Tunis, M.D., License #: D37634
Area of Practice: Internal Medicine (Baltimore, MD)
Suspension for a minimum of one year and until conditions are satisfied; fine of \$20,000; should suspension be lifted, probation for 2 years and until terms and conditions are satisfied. The Board found the physician guilty of unprofessional conduct in the practice of medicine; and willfully making a false representation when seeking or making application for licensure in regard to submission of CME certificates for hospital reappointments and a licensure renewal application. Date of Action: May 25, 2005

PHYSICIAN ADMINISTRATIVE FINES

Robert J. Hedaya, M.D., License #: D26225
Area of Practice: Psychiatry (Chevy Chase, MD)
Administrative fine in the amount of \$1,000. The physician practiced medicine with a lapsed license.
Date of Action: May 25, 2005

ALLIED HEALTH DISCIPLINARY ACTIONS

Nina S. Sloan, RCP, Certification #: L03062
Area of Practice: Respiratory Care Practitioner
(Randallstown, MD) Suspension for 6 months; if after petition, the suspension is terminated, probation for 3 years subject to terms and conditions. The Board concluded that by administering Levalbuterol to a labile newborn infant without a physician's order, the practitioner practiced beyond her scope of practice, practiced medicine without a license, and engaged in unprofessional conduct in the practice of respiratory care. The practitioner failed to apprise the physicians of her act, tried to prevent reporting of her conduct, and provided inconsistent explanations for her conduct. Date of Action: August 19, 2005

ALLIED HEALTH ADMINISTRATIVE FINES

Andrew Jacobson, NMT, Certification #: N01080
Area of Practice: Nuclear Medical Technology
(Baltimore, MD) Administrative Fine of \$500. The Nuclear Medical Technologist practiced nuclear medicine technology prior to his certification. Date of Action: July 27, 2005

Karen R. Kolodick, MRT, Certification #: R07517
Area of Practice: Medical Radiation Technology
(Greenwood, DE) Administrative fine of \$500. The Medical Radiation Technologist practiced medical radiation technology without a certificate issued by the Board in violation of Md. Code Ann. Health Occ. §14-5B-17(a). Date of Action: August 24, 2005

Nathanael Martinez, MRT, Certification #: R07480
Area of Practice: Medical Radiation Technology
(Rockville, MD) Administrative fine of \$500. The Medical Radiation Technologist practiced medical radiation technology without a certificate issued by the Board in violation of Md. Code Ann. Health Occ. §14-5B-17(a). Date of Action: August 10, 2005

Joshua A. Mobit, NMT, Certification #: N01055
Area of Practice: Nuclear Medicine Technology
(Cockeysville, MD) Administrative fine of \$500. The individual practiced nuclear medicine technology without a certificate issued by the Board in violation of Md. Code Ann. Health Occ. §14-5B-17(b). Date of Action: May 25, 2005

Steve J. Rider, NMT, Certification #: N01056
Area of Practice: Nuclear Medicine Technology
(Cockeysville, MD) Administrative fine of \$500. The individual practiced nuclear medicine technology without a certificate issued by the Board in violation of Md. Code Ann. Health Occ. §14-5B-17(b). Date of Action: May 25, 2005

Barbara M. Roth, RT, Certificate #: O00476
Area of Practice: Radiation Therapist (Baltimore, MD)
Administrative Fine of \$500. The Radiation Therapist practiced radiation oncology/therapy prior to her certification. Date of Action: July 14, 2005

Amanda M. Shanahan, MRT, Certificate #: R07399
Area of Practice: Medical Radiation Technologist
(Cockeysville, MD) Administrative Fine of \$500. The Medical Radiation Technologist practiced medical radiation technology prior to her certification. Date of Action: July 14, 2005

At the October meeting of the Maryland Board of Physicians ("the Board"), the Board approved revisions to Declaratory Ruling 97-2, relating to coronary artery bypass surgery. The 1997 ruling delineated the permitted role of unlicensed surgical assistants in taking of the saphenous vein during coronary artery bypass graft ("CABG") surgery. The Board concluded: "...a surgeon may delegate to an assistant the harvesting of the saphenous vein by the open method (this is, non-laparoscopic) during a CABG procedure as long as the surgeon is present, scrubbed, and personally performing the CABG procedure."

In 2001, the Practice of Medicine Committee of the Board reviewed the issue of expanding this ruling to allow delegation of the endoscopic harvest of the saphenous vein to an assistant. At that time the Committee decided not to recommend a change in the ruling, based on the relative newness of the endoscopic technique in CABG.

The Board has now issued Declaratory Ruling 2005-01, expanding the role of an unlicensed surgical assistant in these procedures. The 2005 ruling permits a surgeon to delegate to a properly trained, unlicensed surgical assistant the harvesting of the saphenous vein by either the open method or the endoscopic method during a CABG procedure as long as the surgeon is present, scrubbed and personally performing the CABG procedure. The chest and legs of the patient comprise the surgical field for the CABG procedure.

The surgeon may delegate this act only to assistants who have been credentialed by the hospital by a protocol that contains the minimum qualifications specified within the ruling. The surgeon is required to obtain the informed consent of the patient for the intended delegation to an unlicensed surgical assistant. The surgeon shall directly supervise the assistant at all times during the harvesting of the vein. The surgeon shall provide the Board, upon request, verification that the hospital has credentialed the assistant for harvesting the saphenous vein.

The Board previously acknowledged that taking the saphenous vein during a CABG is a technical repetitive procedure which does not require the person performing the procedure to exercise independent medical judgment. The Board believes that harvesting the saphenous vein endoscopically is also a technical procedure requiring no medical judgment and that it can therefore be safely delegated to an unlicensed surgical assistant with appropriate training and supervision by a surgeon present, scrubbed and performing the surgery at the chest.

The Board recognizes that the practice of medicine develops and evolves over time. The Board reviews and considers developments in the practice of medicine within the context of its duty to protect the public. Allowing the expansion of the Declaratory Ruling may result in faster recovery and fewer post-operatives problems.

LYME DISEASE ADVISORY SUBCOMMITTEE

The Lyme Disease Advisory Subcommittee of the Inter-Agency Vector-Borne Workgroup has met several times over the course of the summer and fall months with participants traveling from all over Maryland to voice their opinions and make recommendations. Lyme Disease inflicts a major burden on the residents of the state of Maryland. More than 700 Lyme Disease cases were reported in Maryland in 2002, an annual total that surpasses the combined yearly totals of acute hepatitis A, B, and C. Maryland is among the states in which Lyme Disease is most frequently reported.

The goal of the Lyme Disease Advisory Subcommittee is to develop a set of recommendations, in the form of a strategic plan, for the prevention and control of Lyme Disease and other tick-borne illnesses, whether occurring alone or as co-infections. The subcommittee has arranged for the Maryland Vector-Borne Disease Inter-Agency Workgroup to review their recommendations which will be forwarded to the Department of Health and Mental Hygiene (DHMH) as a resource.

The subcommittee identified six topic areas as its major focus issues:

- * Diagnostic best practices - need for accurate diagnosis of Lyme Disease and other tick-borne diseases.
- * Treatment guidelines - currently, there are two treatment guidelines published by the Infectious Diseases Society of America and the International Lyme and Associated Diseases Society. A review of other treatment guidelines was suggested by the subcommittee.
- * Surveillance - there is a pressing need to improve the reporting system and find out if any barriers exist. Reported illnesses that fail to meet the Center for Disease Control (CDC) case definition require consistent follow-up.
- * Ecology of Lyme Disease - the epidemiology of Lyme Disease in Maryland parallels that of West Nile virus in that both tend to cluster in "hot spots." The subcommittee suggested using strategy models from other states to generate preliminary ideas for recommendations to decrease exposure from ticks.
- * Public awareness and education - a representative from the Anne Arundel County Health Department provided an example of how department staff educates the public about Lyme Disease protective measures. This example will be used as a model to train local health department staff in other jurisdictions.
- * Public policy considerations - to be determined.

DHMH is aware that this serious disease must be brought under control through the essential role of physicians in recognizing and controlling it. The Maryland Board of Physicians ("the Board") is not targeting or restricting the treatment of Lyme Disease. There has never been a disciplinary action initiated against any physician for their treatment of Lyme Disease, according to Board member Paul Fleury, M.D. As is true with all the care that the Board reviews, documentation is key to the justification of any physician's medical decision-making. In areas where the course of action to be taken is unproven or the chosen course is contrary to guidelines, an explicit discussion and documentation of treatment goals, options, risks and benefits of the treatment is appropriate.

The Maryland Board of Physicians does not support the concept of "immunization" of any physician from scrutiny because of the particular disease that he or she treats, the particular group of patients treated, or the location in which he or she practices. The Board, in its mission to license and regulate the practice of medicine in Maryland generally does not create, promulgate, or endorse in advance specific diagnostic or treatment guidelines regarding any disease state

For more information, please call the Maryland Board of Physicians at 410-764-4777.

WHAT'S IN A NAME?

How are you listed on the Board's website? In this computer age, many people go online to check out a physician before stepping across the threshold. Physicians and other licensees are listed on the Board's website by the name on his or her license. If you practice under a different name, you cease to exist as a Maryland-licensed physician on the website. Potential patients are confused, and the Board may get a call saying that you are practicing without a license.

The Maryland Medical Practice Act states that a physician may practice medicine: "[U]sing only the name in which the license is issued." (Health Occupations Article, §14-314) The Board's regulations further specify that practicing under a different name is considered to be unprofessional conduct and is grounds for discipline by the Board.

Staff in the Licensure Division match names on the various documents applicants must submit to insure that the applicant is actually the person who graduated from medical school, took the licensing exams, went through post graduate training, etc. The initial medical application form asks for the applicant's current legal name, and instructs the applicant to explain any differences between the name on any documents submitted and the current legal name.

Your license is issued in the name you listed on the application. If you wish to practice under a different name, you must submit to the Board an official document, such as a court order or marriage certificate, changing your name. The application for a name change also requires you to attach a passport-quality photo and asks for your original signature. These precautions help the Board to prevent professional identity theft.

So please, look at your license and make sure that you are practicing under the name on your license. If you are not, visit our website, download an application for a name change, and send it in.

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