

IN THE MATTER OF * BEFORE THE BOARD
AHMAD SHAMIM, M.D. * OF PHYSICIAN QUALITY
Respondent * ASSURANCE
License No: D10243 * Case No: 84-0139

* * * * *

ORDER OF REINSTATEMENT

On September 18, 1984, the Commission on Medical Discipline¹ (the "CMD") issued an order suspending the medical license of Ahmad Shamim, M.D. (the "Respondent"), License Number D10243. The suspension was based on the determination by the CMD that Respondent had violated Maryland Health Occupations Code Ann. ("H.O.") § 14-504(4) and (12),² which provide:

Subject to the hearing provisions of § 14-505 of this subtitle, the Commission, on the affirmative vote of a majority of its full authorized membership, may reprimand any licensee, place any licensee on probation, or suspend or revoke a license if the licensee:

(4) Is professionally, physically or mentally incompetent; and

(12) Willfully makes or files a false report or record in the practice of medicine.

On April 30, 1985, the CMD stayed the suspension of Respondent's license and imposed a period of probation subject to certain terms and conditions.

On June 13, 1990, the Board charged Respondent with

¹ On July 1, 1988, the General Assembly merged the functions of the Commission on Medical Discipline and the Board of Medical Examiners into the Board of Physician Quality Assurance.

² These provisions have been recodified as H.O. § 14-404(a) (4) and (11) (1993 Cum Supp.).

violating the terms and conditions of probation outlined in the September 18, 1984 Order. Specifically, the Board charged that Respondent had violated Conditions # 3 and 4 which provided:

3. Respondent shall properly utilize and order standard diagnostic tests when medically indicated and shall document in the patient's chart any refusal by the patient to submit to such tests; and

4. Respondent shall practice medicine competently.

A hearing on the violation of probation before an Administrative Law Judge (the "ALJ") was held in October, 1990. On January 7, 1991, the ALJ issued a Recommended Decision wherein she recommended that Respondent's license be revoked for violating Conditions # 3 and 4 of probation. After consideration of the Recommended Decision, Respondent's post-hearing memorandum, and written and oral exceptions, the Board, on December 19, 1992, issued a Final Order suspending Respondent's license. Further, the Final Order provided for an immediate stay of the suspension provided that Respondent could demonstrate to the Board that his current practice fully reflected with the Board's directives as set out in the Final Order.

On December 23, 1993, Respondent, through counsel, initiated negotiations for the reinstatement of his medical license. Subsequently, on March 16, 1994, Respondent appeared before the Board's Case Resolution Conference Committee (the "CRC") with a proposal for reinstatement of his medical license. At that time, the CRC indicated that they would recommend to the Board that Respondent's license be reinstated subject to certain conditions.

On July 20, 1994, Respondent appeared before the CRC to

address the reinstatement of his medical license and to submit documentation relating to the conditions detailed at the prior CRC. On that date, the CRC agreed to recommend to the Board that Respondent's license be reinstated pursuant to certain terms and conditions as outlined in this Order. On July 27, 1994, the Board voted to ratify the recommendation of the CRC, subject to approval of an appropriate patient disclosure form.

FINDINGS OF FACT

1. On September 18, 1984, Respondent's medical license was suspended by the CMD for professional incompetence and for willfully filing a false report in the practice of medicine.

2. On April 30, 1985, the suspension effective September 18, 1984 was stayed and Respondent was placed on probation subject to certain terms and conditions.

3. On December 19, 1992, Respondent's medical license was suspended for violating conditions 3 and 4 of his probation by failing to utilize standard medical diagnostic tests or failing to document a patient's refusal to undergo such tests, and by failing to practice medicine competently.

4. From April 11, 1994 to June 3, 1994, Respondent attended an eight week Refresher Retraining Program (the "Program") offered by the Medical College of Pennsylvania. The program consists of classroom and clinical components in general medicine.

5. The Program assesses the knowledge base of the

participants by providing a pre-test and a post-test. A participant can achieve a maximum score of 123 on these tests.

6. Respondent achieved a score of 50.40 on the pre-test and 113.38 on the post-test. Respondent earned 312 credit hours of Category I Continuing Medical Education Credits by participating in the Program.

7. Respondent received positive evaluations of his performance in the Program from two Program Preceptors and from the Director of Continuing Medical Education at the Medical College of Pennsylvania.

8. Respondent has developed a standard Informed Consent Form for use by his patients. This form has been reviewed by BPQA for use by Dr. Shamim in communicating with his patients at the initiation of treatment. He has also developed condition specific forms regarding the diagnosing and treating thyroid function, chronic candidiasis, and chronic fatigue syndrome, treating hypertension and diabetes, and for complimentary therapies to enhance traditional therapies for the treatment of cancer. While Dr. Shamim is free to use these forms, they are neither required by BPQA to be used, nor are they approved by BPQA.

CONCLUSION OF LAW

Based on the foregoing Findings of Fact, the Board concludes as a matter of law that Respondent meets the requirements for

reinstatement of his license and is competent to practice medicine, subject to terms and conditions of probation.

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, it is this 16 day of August, 1994, by an affirmative vote of a majority of the full authorized membership of the Board considering this case

ORDERED that Respondent's license to practice medicine in the State of Maryland is hereby REINSTATED; and it is further

ORDERED that Respondent shall be placed on PROBATION for a period of three years from the effective date of this Consent Order, subject to the following terms and conditions:

1. To the extent that Respondent employs "alternative medical techniques," either in terms of the manner in which he diagnoses an ailment, or in terms of the manner in which he chooses to treat an ailment which he has diagnosed, and to the extent that Respondent utilizes standard testing techniques, but interprets them differently than what might be deemed "conventional," he shall provide complete disclosure to each and every patient as to the nature and purpose of the treatment and/or testing, and/or interpretation of testing, and as to Respondent's determination to employ continued testing periodically upon patients whose results are normal by conventional standards. "Complete disclosure" as referred to in this Order consists of the procedures outlined in paragraphs 2 and 3. Patients will also be periodically monitored to determine

the effectiveness of treatment, including monitoring the patient's blood pressure, blood sugar, and thyroid functions, when appropriate.

2. For patients that Respondent employs "alternative medical techniques," either in terms of diagnosing or treating an ailment, and/or utilizing standard testing techniques, but interpreting them differently than what might be deemed "conventional," he shall submit a Patient Treatment Disclosure Form to each and every such patient, or in the event of a minor or incompetent patient, to the parent or legal guardian, from the effective date of this Order. Each and every patient, parent, or legal guardian shall sign the Patient Disclosure Form and be given a copy. Each form shall also be documented in, made a part of, and filed in the patient's office record. The Patient Treatment Disclosure Form is attached as Appendix A and incorporated into this Order of Reinstatement.

3. To the extent that Respondent employs "alternative medical techniques," either in terms of the manner in which he diagnoses an ailment, or in terms of the manner in which he chooses to treat an ailment which he has diagnosed, and to the extent that Respondent utilizes standard testing techniques, but interprets them differently than what might be deemed "conventional," he shall: 1) fully disclose to each and every patient and 2) document such disclosure in the patient's office record, the following information:

- a. Conventional methods of treatment and/or medical

management of the condition, including regimens of medication, drug treatment or therapy, and diagnostic tests;

b. Risks associated with failure to follow the conventional methods of treatment for the condition or ailment as compared to adhering to the proposed alternative medical techniques;

c. Respondent's proposed treatment plan using alternative techniques, including:

i. Respondent's use/repeated use of standard testing techniques and/or diagnostic tests when such tests yield normal results/values by traditional standards;

ii. Respondent's use of medication regimens and/or drug treatment or therapy for conditions or ailments; and

iii. Risks associated with the "alternative" treatment regimen.

4. Respondent shall maintain complete and legible patient medical records. In addition to including the information required by paragraph 3, Respondent shall include in the medical record for every patient the following information:

a. diagnostic evaluation plans and/or therapy schedules;

b. communication of laboratory results;

c. types of diagnostic tests and medical indications for these tests; and

d. medications prescribed and/or dispensed;

5. Respondent shall perform adequate diagnostic tests as appropriate, both initially and periodically during treatment, and shall document the performance of such tests, or the patient's refusal to undergo such tests, in the patient medical record.

6. Respondent's practice shall be supervised by Jack Teitelbaum, M.D, subject to the following conditions:

a. Dr. Teitelbaum shall review the medical records of Respondent's patients at least once every thirty days;

b. Dr. Teitelbaum shall submit quarterly reports to the Board evaluating Respondent's practice of medicine. The evaluations should inform the Board of Respondent's compliance with the terms and conditions as outlined in this Order;

c. Respondent shall disclose to Dr. Teitelbaum any peer review report issued during the supervisory relationship. Dr. Teitelbaum shall address with Respondent any issues raised in the peer review report. Dr. Teitelbaum shall inform the Board through his quarterly report how the issues were addressed and describe how any problems in Respondent's practice were rectified;

d. Dr. Teitelbaum shall immediately notify the Board if he determines that Respondent's practice does not meet appropriate standards of care;

e. In the event that Dr. Teitelbaum is unable to

continue the supervisory relationship as outlined above, Respondent shall immediately notify the Board. At that time, the Board may approve another practice supervisor or add any additional conditions it deems appropriate;

f. In the supervisory relationship, Dr. Teitelbaum or any other Board-approved supervisor shall be deemed a medical review committee and in this capacity shall be immune from civil liability pursuant to H.O. § 14-412;

g. Respondent shall disclose this Order to Dr. Teitelbaum. Dr. Teitelbaum shall submit to the Board in writing that he understands the terms of this Order, his responsibilities herein and that while any costs of this supervision are to be borne by Dr. Shamim, Dr. Teitelbaum owes a duty to the Board to advise it of any significant deficiencies in Dr. Shamim's practice which will adversely affect patient care. In the event that Dr. Teitelbaum is unable to continue the supervisory relationship, Respondent shall disclose this Order to any subsequent supervisor approved by the Board, who shall submit in writing his understanding of the terms and his responsibilities as set out in this Order;

h. One year from the effective date of this Order, Respondent may petition the Board for termination of the supervisory relationship.

7. Six months from the effective date of this Order, and annually thereafter, Respondent shall be subject to peer review

under the following conditions:

a. Peer Review shall be accomplished through procedures approved by the Board. It is the intent of the Board to employ peer review procedures that reflect an understanding of "alternative" medical practice as stated by the Board's Final Order dated December 23, 1992;

b. Respondent shall cooperate to facilitate this peer review;

c. Dr. Teitelbaum or any subsequent practice supervisor may be present with Respondent during the peer review process;

d. Respondent shall receive a copy of each peer review report;

e. Peer review of Respondent's practice shall involve only treatment and records reflecting that treatment subsequent to the effective date of this Order;

8. If at any time the Board receives information, either from the practice supervisor or from a peer review report that Respondent's practice fails to meet appropriate standards of care, the Board may, after notice and an opportunity for a hearing, impose any additional disciplinary sanctions it deems appropriate;

9. Respondent shall at all times practice medicine in accordance with this Order and with the laws governing the practice of medicine in Maryland as defined in the Maryland Medical Practice Act, H.O. §§ 14-401 et seq.;

10. Respondent shall be responsible for all costs associated with compliance with this Order; and

11. Three years from the effective date of this Order, Respondent may petition the Board for termination of probation and full reinstatement of his medical license.

AND IT IS FURTHER ORDERED that if Respondent violates any of the foregoing terms and conditions of probation, the Board, after a hearing and a determination of a violation by a preponderance of the evidence, may impose any additional disciplinary sanctions or conditions it deems appropriate; and it is further

ORDERED that if Respondent presents a danger to the public health, safety, or welfare, the Board, WITHOUT PRIOR NOTICE AND AN OPPORTUNITY FOR A HEARING, MAY SUSPEND RESPONDENT'S LICENSE, provided that Respondent is given immediate notice of the Board's action and an opportunity for a hearing within thirty days after Respondent requests a hearing; and it is further

ORDERED that this Consent Order is a final order of the Board of Physician Quality Assurance and as such is a PUBLIC DOCUMENT pursuant to Md. State Gov't Code Ann. §§ 10-611 et seq.

8/16/94
Date

Israel H. Weiner
Israel H. Weiner, M.D.
Chair

CONSENT

By signing this Consent, I hereby accept and agree to be bound by the foregoing Consent Order and its conditions and

restrictions consisting of 14 pages.

1. I acknowledge the validity of this Order as if made after a hearing in which I would have 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.

2. I recognize that I am waiving my right to appeal any adverse ruling of the Board that might have followed any such hearing. By this Consent, I waive all such rights.

3. I understand that if I fail to comply with any of the conditions of probation enumerated above, I may suffer disciplinary action against my license to practice medicine in the State of Maryland.

4. I am represented by counsel, Henry E. Schwartz, Esq. I have reviewed this Consent Order fully with Mr. Schwartz and I voluntarily sign this Order understanding its meaning and effect.

8-16-94
Date

A. Shamim M.D.
Ahmad Shamim, M.D.

8/16/94
Date

Henry E. Schwartz
Henry E. Schwartz, Esq.

STATE OF MARYLAND
CITY/COUNTY of Baltimore

I HEREBY CERTIFY that on this 16th day of August, 1994,

Ahmad Shamim, M.D., appeared before me, a notary public of the State of Maryland and Baltimore City/County. Ahmad Shamim, M.D., made oath in due form that the foregoing Consent was a voluntary act and deed.

As witness, my hand and notarial seal.

Heather McLaughlin
Notary Public

My Commission Expires: 12-31-96