

BEFORE THE NORTH CAROLINA
MEDICAL BOARD

THE NORTH CAROLINA MEDICAL BOARD)	
)	
Petitioner,)	
)	
v.)	NOTICE OF CHARGES
)	AND ALLEGATIONS
)	
RASHID ALI BUTTAR, D.O.,)	
)	
Respondent.)	

The North Carolina Medical Board (hereafter, "Board") has preferred and does hereby prefer the following charges and allegations:

1. The Board is a body duly organized under the laws of North Carolina and is the proper party to bring this proceeding under the authority granted it in Article 1 of Chapter 90 of the North Carolina General Statutes.

2. Rashid Ali Buttar, D.O. (hereafter, Dr. Buttar), is a physician licensed by the Board on or about May 20, 1995, to practice medicine and surgery, license number 95-00528.

3. During the times relevant herein, Dr. Buttar practiced medicine in Cornelius, North Carolina.

4. Patients A through D presented to Dr. Buttar with a diagnosis of cancer.

5. Patient A presented to Dr. Buttar with a diagnosis of cervical cancer.

6. Patient B presented to Dr. Buttar with a diagnosis of ovarian cancer.

7. Patient C presented to Dr. Buttar with a diagnosis of adrenal cell cancer.

8. Patient D presented to Dr. Buttar with a diagnosis of colon cancer.

9. Patients A, B, C and D would eventually succumb to their cancer.

10. Patients A, B, C and D, desperate for any hope to combat their disease, came to Dr. Buttar because of Dr. Buttar's representations that the therapies he offered would be effective in their battles against cancer. Dr. Buttar's representations were false, and were made by Dr. Buttar with full knowledge of their falsity.

11. Dr. Buttar provided therapies to Patients A, B, C and D that were unproven and wholly ineffective. The therapies consisted primarily of intravenous administration of a variety of substances, none of which has any known value for the treatment of cancer. The substances included EDTA (ethylenediaminetetraacetic acid), chromium, certain vitamins, and hydrogen-peroxide.

12. Dr. Buttar charged exorbitant fees for his ineffectual therapies. The total cost of the intravenous injections and other therapies for these cancer patients at times ranged in the thousands, sometimes tens of thousands, of dollars. Not only would Dr. Buttar order and have administered unproven and ineffectual therapies for Patients A, B, C and D in an attempt to drive up his billings, he would also order numerous tests and lab work for these patients that had no rational, medical relationship to the Patients' cancer diagnosis. Moreover, many tests and lab work that were ordered by Dr. Buttar were never adequately justified in the medical records of the patients, were never linked to the patients' diagnoses or clinical condition, and in some instances never interpreted.

13. There is no evidence that any of the extensive and expensive laboratory data obtained on Patients A, B, C and D was used for treatment decisions. In essence, the medical records indicate that the extensive testing and lab work for Patients A, B, C and D were not ordered for any medical or clinical purpose, but were instead ordered in an attempt to drive up costs.

14. Patients A, B, C and D seemed to be treated on an indistinguishable or arbitrary protocol regardless of their individual diagnosis. None of the Patients (A - D) showed any

evidence of response or benefit to the treatments they received at Dr. Buttar's office. All Patients received frequent, expensive treatments that had no recognized scientific evidence of any validity whatsoever on almost a daily basis without any evidence of sustained improvement.

15. Patient A was treated by Dr. Buttar for one month beginning in July, 2006. Patient A came to Dr. Buttar after a radical hysterectomy, chemotherapy and radiation therapy all failed to halt the spread of her cancer, which by July 2006 had spread to her liver and lungs. Dr. Buttar's treatment of Patient A was to administer hydrogen peroxide intravenously. Patient A paid in excess of \$12,000.00 to Dr. Buttar for an initial fee. Over the next month, Patient A would have nineteen (19) other office visits with Dr. Buttar and pay approximately \$18,000.00, for a total in excess of \$27,000.00 (Patient A's family received a refund of \$2,540.00). The average cost of Patient A's office visits for Dr. Buttar (to receive IV hydrogen peroxide) was in excess of \$1,000.00.

16. Patient B was treated by Dr. Buttar for a period of two months, from April 2004 to June 2004. During this two month period, Dr. Buttar charged Patient B in excess of \$30,000.00 for ineffectual therapies that included injections of intravenous

vitamins and other substances, chelation therapy with DMPS (Dimercapto-propane sulfonate) and EDTA, Philbert Infra Respiratory Reflex Procedure and Ondamed biofeedback.

17. Prior to her death, Patient B paid Dr. Buttar over \$10,000.00. Dr. Buttar sought collection from Patient B's estate for the remaining balance of his charges which approximated \$19,000.00.

18. Dr. Buttar charged Patient C over \$32,000.00 for treatments he knew to be ineffectual. After Patient C's widow cancelled a \$6,700.00 check made out to Dr. Buttar, Dr. Buttar referred Patient C's account to a collection agency. The amount that Dr. Buttar sought from Patient A's widow exceeded \$25,000.00, which included the unpaid portion of Patient C's bill, interest, and a 25% collection fee.

19. Patient D was diagnosed with cancer in July 2007. Patient D was given a prognosis of about a year of life if he began chemotherapy.

20. Patient D sought treatment from Dr. Buttar in October 2007. Dr. Buttar met with Patient D and his family to discuss his treatments. Dr. Buttar was careful not to use the word "cure" in his discussions with Patient D and his family but did indicate that

Patient D "would be an idiot for doing anything the conventional doctors told him to do."

21. Patient D began treatments with Dr. Buttar. The treatments consisted of chelation therapy, ozone therapy, and intravenous administration of multiple substances. All of these therapies are ineffective in their treatment of cancer.

22. Furthermore, the costs of Patient D's treatments were in excess of thousands of dollars. Patient D spent about a \$1,000 a day, and about \$5,000 to \$6,000 a week for the treatments provided to him by Dr. Buttar.

23. On December 16, 2007, Patient D died from his cancer. Before he died, Patient D paid Dr. Buttar thousands of dollars for ineffective treatments.

24. Patient D refused chemotherapy. However, the treatments provided by Dr. Buttar departed from the standard of care. The standard of care would be to provide end of life comfort care, which may include administration of analgesics, nutritional support, counseling, periodic evaluations and other palliative medications. The testing, medications and interventions provided by Dr. Buttar to Patient D are so unproven the only possible benefit would be to give false hope to Patient D and financial incentives to Dr. Buttar. The care provided to Patient D was

substantially substandard and potentially damaging to the physical and financial well-being of Patient D.

25. Dr. Buttar's treatment of Patients A, B, C and D constitutes unprofessional conduct, including, but not limited to, departure from, or the failure to conform to, the standards of acceptable and prevailing medical practice, or the ethics of the medical profession, irrespective of whether a patient is injured thereby, within the meaning of N.C. Gen. Stat. § 90-14(a)(6), and grounds exist under that section of the North Carolina General Statutes for the Board to annul, suspend, revoke, or limit his license to practice medicine and surgery issued by the Board or deny any application he might make in the future.

26. Dr. Buttar's treatment of Patients A, B, C and D constitutes unprofessional conduct in that he provided a therapy, whether it be characterized as experimental, nontraditional, or a departure from acceptable and prevailing medical practices, that nonetheless has a safety risk greater than the prevailing treatment or that the treatment is generally not effective within the meaning of N.C. Gen. Stat. § 90-14(a)(6), and grounds exist under that section of the North Carolina General Statutes for the Board to annul, suspend, revoke, or limit his license to practice medicine

and surgery issued by the Board or deny any application he might make in the future.

27. Dr. Buttar's conduct in regard to Patients A, B, C and D constitutes Dr. Buttar providing services to a patient in such a manner as to exploit the patient within the meaning of N.C. Gen. Stat. § 90-14(a)(12), and grounds exist under that section of the North Carolina General Statutes for the Board to annul, suspend, revoke, or limit his license to practice medicine and surgery issued by the Board or deny any application he might make in the future, and furthermore, upon a finding of the exploitation, the Board may order restitution be made to the payer of the bill, whether the patient or the insurer, by the physician, provided that a determination of the amount of restitution shall be based on credible testimony in the record.

NOTICE TO DR. BUTTAR

Pursuant to N.C. Gen. Stat. § 90-14.2, it is hereby ordered that a hearing on the foregoing Notice of Charges and Allegations will be held at a time and place to be designated. The hearing will be held pursuant to N.C. Gen. Stat. § 150B-40, 41, and 42, and N.C. Gen. Stat. § 90-14.2, 14.4, 14.5, and 14.6. You may appear personally and through counsel, may cross-examine witnesses and present evidence in your own behalf.

You may, if you desire, file written answers to the charges and complaints preferred against you within 30 days after the service of this notice.

The identity of Patients A, B, C and D and the date and place of treatment of these patients are being withheld from public disclosure pursuant to N.C. Gen. Stat. § 90-8. However, this information will be provided to you upon your request.

The right to be present during the hearing of this case, including any such right conferred or implied by N.C. Gen. Stat. § 150B-40(d), shall be deemed waived by a party or his counsel by voluntary absence from the Board's office at a time when it is known that proceedings, including deliberations, are being conducted, or are about to be conducted. In such event, the proceedings, including additional proceedings after the Board has retired to deliberate, may go forward without waiting for the arrival or return of counsel or a party.

This the 9th day of September, 2009.

NORTH CAROLINA MEDICAL BOARD

By:



George L. Saunders, III, M.D.
President

CERTIFICATE OF SERVICE

This is to certify that the undersigned has this date served the foregoing document in the above-captioned action upon the following individuals by electronic mail and by depositing a copy, postage paid in the United States mail, addressed as follows:

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This, the 9th day of September, 2009.



Marcus Jimison
Board Attorney