

IN THE MATTER OF * BEFORE THE BOARD
ROBERT A. HALLOWITZ, M.D. * OF PHYSICIAN QUALITY
Respondent * ASSURANCE
License No. D16524 * Case No. 90-0292
* * * * * * * * * * * * * * * *
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FINAL ORDER

PROCEDURAL BACKGROUND

This case arose from a complaint from a former patient that Robert A. Hallowitz, M.D. (the "Respondent") (DOB 9/13/44), License Number D16524, engaged in sexual relations with patients, provided professional services while under the influence of controlled substances and provided inappropriate treatment to his patients.

SUMMARY SUSPENSION

Based on information acquired by the Board in its investigation of the initial complaint, and pursuant to its authority under Maryland State Gov't Code Ann. ("S.G.") § 10-405(b), the Board of Physician Quality Assurance (the "Board"), on March 24, 1993, convened to consider summarily suspending the medical license of Respondent.

On April 22, 1993, Respondent was served with a copy of the unexecuted Order for Summary Suspension and notified of the right to appear before the Board on April 28, 1993, for an oral hearing to show cause why his medical license should not be summarily suspended.

On April 28, 1993, Respondent appeared before the Board.

Respondent, who argued that he had not had adequate time to obtain counsel, requested a sixty day continuance. The Board denied Respondent's request for a continuance and proceeded with the show cause hearing. Respondent declined to make a statement without counsel present. The Administrative Prosecutor argued in favor of the summary suspension. After consideration of the case, the Board ordered the summary suspension of Respondent's medical license on a finding that there was reason to believe that Respondent had violated H.O. §§ 14-404 (a) (3) and (a) (9) (ii), and that the public health, safety and welfare imperatively required emergency action in the case. The pertinent provisions of H.O. § 14-404 (a) provide:

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

(9) Provides professional services.

(ii) While using any narcotic or controlled dangerous substance, as defined in Article 27 of the Code, or other drug that is in excess of therapeutic amounts or without valid medical indication.

CHARGES OF VIOLATION OF THE MEDICAL PRACTICE ACT

On March 24, 1993, pursuant to its authority under Maryland Health Occupations Code Ann. §§ 14-404 and 14-405, the Board voted to charge Respondent with violations of the Maryland Medical Practice Act, H.O. § 14-101 et seq. On April 28, 1993, the Board charged Respondent with violating H.O. § 14-404 (a) (3), (9) and (22), which provide:

(a) Subject to the hearing provisions of § 14-405 of this subtitle, the Board, 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:

- (3) Is guilty of immoral or unprofessional conduct in the practice of medicine;
- (9) Provides professional services
 - (ii) While using any narcotic or controlled dangerous substance, as defined in Article 27 of the Code, or other drug that is in excess of therapeutic amounts or without valid medical indication; and
- (22) Fails to meet appropriate standards as determined by appropriate peer review for the delivery of quality medical and surgical care performed in an outpatient surgical facility, office, hospital, or any other location in this State.

On May 12, 1993, Respondent, Respondent's Counsel and the Administrative Prosecutor appeared before the Board's Case Resolution Conference Committee (the "CRC"). No settlement of the case was reached at that time.

A hearing before an ALJ on the merits of the summary suspension and the charges was scheduled for May 26, 1993. Respondent, Respondent's counsel and the Administrative Prosecutor appeared for the hearing on that date. At that time, Respondent admitted to all the facts and charges as set forth in the Order for Summary Suspension and the Charges Under the Medical Practice Act, both dated April 28, 1993, and agreed to go forward on a Statement of Facts. In the course of the hearing, the Administrative Prosecutor placed into evidence the proffered testimony of witnesses the state intended to call and all exhibits. Respondent did not place any evidence on the record, waived opening and closing statements, and agreed not to file

exceptions to the ALJ's Recommended Decision. In addition, the Administrative Prosecutor agreed not to oppose Respondent's request to the Board that he be allowed to appear for an allocution hearing and that Respondent's therapist make a presentation to the Board, provided that Respondent would not reopen issues of fact on the record and that the Board would take no testimony from either Respondent or Respondent's therapist. The Administrative Prosecutor reserved the right to respond to Respondent's presentation to the Board.

In a Recommended Decision dated June 18, 1993, the ALJ concluded that Respondent exhibited a "willful and wanton disregard for the health and safety of his patients," and was a "danger to his patients." The ALJ concluded by clear and convincing evidence that Respondent had violated H.O. § 14-404 (a)(3), (9) and (22), and that the summary suspension of Respondent's license should be affirmed. The ALJ recommended that Respondent's medical license be revoked, that Respondent not be permitted to apply to the Board for reinstatement of his license for a period of five years, and that Respondent's license should not be reinstated unless and until he could demonstrate to the Board that he can practice medicine in a professional manner and in accordance with the requisite standard of care, and that he had abstained from the use of any narcotic or controlled dangerous substance.

On June 24, 1993, Respondent submitted to the Board a Petition to the Board of Physician Quality Assurance for the

Opportunity to Personally Appear and Speak Before the Board, and to Present His Psychiatrist Orally Before the Board. The Board granted Respondent's Petition.

On July 28, 1993, the Board convened for an allocution hearing and to render a final decision in the case.

FINDINGS OF FACT

The Board incorporates by reference the proposed Findings of Fact made by the ALJ by clear and convincing evidence in the Recommended Decision issued on June 18, 1993. The entire Recommended Decision is attached and incorporated into this Final Order.

In addition, the Board finds by clear and convincing evidence that Respondent admitted to all facts and charges as set forth in the Order for Summary Suspension and the Charges Under the Maryland Medical Practice Act, both dated April 28, 1993. Both the Order for Summary Suspension and the Charges Under the Medical Practice Act are attached and incorporated into this Final Order.

CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact, by a majority of the full authorized membership of the Board considering this case, there is clear and convincing evidence for the Board to determine as a matter of law that Respondent committed the following acts:

Is guilty of immoral or unprofessional conduct in the practice of medicine. H.O. § 14-404 (a)(3); and

Provides professional services while using any narcotic or controlled dangerous substance, as defined in Article 27 of the Code, or other drug that is in excess of therapeutic amounts or without valid medical indication. H.O. § 14-404 (a)(9)(ii); and

Fails to meet appropriate standards as determined by appropriate peer review for the delivery of quality medical and surgical care performed in an outpatient surgical facility, office, hospital, or any other location in this State. H.O. § 14-404 (a)(22).

The Board adopts in its entirety the ALJ's Recommended Decision and the remarks contained in her Discussion of the basis for that proposed decision.

DISCUSSION

This case represents one of the worst examples of how a physician can distort the trust and reliance implicit in the physician-patient relationship to cause substantial harm to patients.

The Board concurs completely with the Discussion contained in the ALJ's Recommended Decision and restates that Discussion in its entirety:

To call the Respondent 'unprofessional' does not begin to approach an adequate description of his behavior. His conduct was unspeakably abusive and inhumane. He preyed on the vulnerabilities of his patients by dominating them, having sexual relations with them, and encouraging them to be dependent on him; he used hypnotic techniques to ensure domination. He convinced his patients that the only path to health was to surrender themselves to him. He portrayed himself as God and forced patients to choose between him and

'Lenny," the devil.¹

As a physician, the Respondent is bound to bring no harm to his patients. Yet he harmed them in ways which may be irreparable.

Trust is at the root of the doctor/patient relationship. yet the Respondent utterly and completely destroyed the trust of his patients by taking away their freedom and identities.

The Respondent was supposed to treat his patients' pain; instead, he inflicted pain by abusing and dominating them.

Furthermore, the Respondent endangered the physical and mental safety of all his patients by practicing medicine while using a narcotic or controlled dangerous substance.

It is difficult to imagine that the Respondent could defend or otherwise explain the abuse he inflicted upon his patients. In the absence of any mitigating factors, his behavior is seen as nothing short of willful and wanton disregard for the health and safety of his patients.

Quite simply, the Respondent is a danger to his patients.

The Board is cognizant that after the filing of charges and on the eve of the administrative hearing, Respondent was able to acknowledge the wrongful and injurious nature of his conduct. Based partly on that recognition, the Board is unwilling to close the door entirely to a possible reinstatement of Respondent's medical license at some distant future date. As this Order indicates, Respondent is precluded from applying to the Board for reinstatement of his medical license earlier than five years from the effective date of this Order. At that time, Respondent will have the very heavy burden of proving to the Board that he is fit

¹ The Respondent told his patients that he was not human, but God using a human body.

to practice medicine and that he poses no further danger to the citizens of this State.

ORDER

Based upon the foregoing Findings of Fact and Conclusions of Law, it is this 28th day of July, 1993, by a majority of the full authorized membership of the Board considering this case

ORDERED that the license to practice medicine in the State of Maryland of ROBERT A. HALLOWITZ, M.D., is hereby REVOKED; and it is further

ORDERED that Respondent will not be eligible to apply for reinstatement of his license to practice medicine in the State of Maryland earlier than five years from the effective date of this Order; and it is further

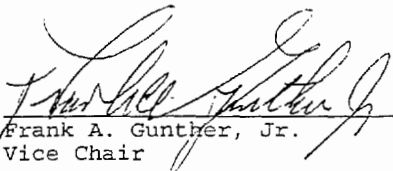
ORDERED that this is a Final Order issued by the Board of Physician Quality Assurance and as such is a PUBLIC DOCUMENT pursuant to Maryland State Gov't Code Ann. §§ 10-611 et seq. (1992 Cum. Supp.).

NOTICE OF RIGHT TO APPEAL

Pursuant to Maryland Health Occupations Code Ann. § 14-408, you have a right to take a direct judicial appeal. Any appeal shall be made as provided for judicial review of a final decision in the Administrative Procedure Act, State Government Article and

the Maryland Rules of Procedure, §§ 7-201 et seq.²

7-28-93
Date


Frank A. Gunther, Jr.
Vice Chair

² Maryland Rules §§ 7-201 et seq. replaced the B Rules of Maryland Procedure on July 1, 1993.

IN THE MATTER OF * BEFORE LAURIE BENNETT
ROBERT A. HALLOWITZ, M.D. * AN ADMINISTRATIVE LAW JUDGE
 * OF THE MARYLAND OFFICE
 * OF ADMINISTRATIVE HEARINGS
 * OAH NO. 93-DHMH-BPQA-71-428
 * BPQA NO. 93-0683
* * * * * * * * * *

PROPOSED DECISION

STATEMENT OF THE CASE
ISSUE
PRELIMINARY ISSUES
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DISCUSSION
CONCLUSIONS OF LAW
PROPOSED ORDER

STATEMENT OF THE CASE

On April 28, 1993, the Maryland Board of Physician Quality Assurance ("Board") charged Robert A. Hallowitz, M.D. ("Respondent"), License Number D16524, with violations of MD. HEALTH OCC. CODE ANN. §14-404(a)(3), (9), and (22) (1991 Repl. Vol.).^{1,2} The pertinent provisions of §14-404(a) provide:

Subject to the hearing provisions of §14-405 of this subtitle, the board, 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:

¹See, "Charges Under the Maryland Medical Practice Act," dated April 28, 1993.

²There were two cases combined in one charging document -- 93-0683 and 90-0292. The latter case was dismissed by the State on or about May 20, 1993. (See, letter from Joseph P. Gill, Assistant Attorney General, dated May 20, 1993; Tr. 12)

- (3) Is guilty of immoral or unprofessional conduct in the practice of medicine;
- (9) Provides professional services:
 - while using any narcotic or controlled dangerous substances, as defined in Article 27 of the Code...
- (22) Fails to meet appropriate standards as determined by appropriate peer review for the delivery of quality medical and surgical care performed in an outpatient facility, office, hospital, or any other location in this State.

As a result of the charges, the Respondent's license to practice medicine was summarily suspended pending an administrative hearing.

An administrative evidentiary hearing on the charges was scheduled for May 19 and 20, 1993.³ By agreement of the parties, the hearing was postponed and rescheduled for six days beginning May 26, 1993 beginning at 9:00 a.m. By agreement of the parties, and for reasons which will be outlined in the Preliminary Issues section of this Proposed Decision, the hearing convened only on the afternoon May 26, 1993.

The Respondent was represented by Fred R. Joseph, Esquire and Burt M. Kahn, Esquire. The State was represented by Jean Baron and Joseph P. Gill, Assistant Attorneys General.

The hearing was convened pursuant to MD. HEALTH OCC. CODE ANN. §14-404 (1991 Repl. Vol.), the Administrative Procedure

³See, Summons and Notice of Charges and Hearing, dated April 28, 1993.

Act, MD. STATE GOV'T. CODE ANN. §10-201 et seq, and the Code of Maryland Regulations (COMAR) 28.02.01.

ISSUE

The issues on appeal are whether:

1. The Respondent is guilty of immoral or unprofessional conduct in the practice of medicine; or
2. The Respondent provided professional services while using any narcotic or controlled dangerous substances, as defined in MD. ANN. CODE art. 27; or
3. The Respondent failed to meet appropriate standards as determined by appropriate peer review for the delivery of quality medical and surgical care performed in an outpatient facility, office, hospital, or any other location in Maryland.

PRELIMINARY ISSUES

On May 26, 1993, the following agreements were placed on the record at the start of the hearing:

1. The Respondent admitted to all the facts and charges as set forth in the Order for Summary Suspension and the Charges Under the Maryland Medical Practice Act, dated April 28, 1993⁴; and

⁴The Respondent noted that he is agreeing to the facts only as they will be used in this administrative proceeding, not for the purpose of separate criminal or civil action. The undersigned responded that although she will accept the Respondent's admission of facts in the case at hand, she has no control over how the record will be used in another forum.

2. The State proffered the testimony of witnesses it intended to call at the hearing, including the testimony of the Respondent's patients, or former patients, and expert witnesses.
3. The Respondent agreed not to object to any proffer of testimony made by the State.
4. At the close of the proffer, the State would recommend an appropriate penalty.
5. State's Exhibits 1 through 58 would be admitted into evidence without objection from the Respondent.
6. The Respondent agreed not to present any evidence, through either testimony, documents, or tangibles with respect to the specific charges or in mitigation.
7. The Respondent agreed to waive opening and closing argument.
8. The Respondent agreed not to file exceptions to this Proposed Decision as otherwise permitted by law.
9. The State agreed not to oppose the Respondent's request for allocation made to the Board.⁵
10. If the Board grants the Respondent's request for allocation:
 - A. The Respondent agreed not to reopen the facts which form the record in this case.
 - B. The State agreed that Dr. Wells Goodrich would be permitted to make a presentation to the Board on behalf of the Respondent.

⁵The Respondent understands that the State cannot commit the Board to granting the request for allocation.

C. The Respondent agreed that no testimony would be taken by the Board from either the Respondent or Dr. Goodrich.

D. The State reserved the right to respond to the Respondent's presentation.

There were a number of other preliminary issues which were addressed on the record. The issues will be briefly addressed here.

One significant issue involved whether the media, including print and television news, should be permitted to attend the hearing and film all or part of the proceeding.⁶ Contrary to the desire of the State, the Respondent initially objected to closing the hearing. Two pre-hearing conferences were convened to hear argument on the matter. The proceeding was deemed by the undersigned to be closed to the public, including the media, in order to protect the confidentiality of patients and their medical records.

Just prior to convening the hearing, and after learning that the proceeding would go forward only on a statement of facts, the members of the media again requested that the matter be made public. At that time, the Respondent and the State both

⁶Requests were received from The [Baltimore] Sun; The Montgomery Gazette; The Montgomery Journal; channels nine and four out of Washington, D.C.; and 48 Hours, a production of CBS News.

requested that the hearing be closed, and the undersigned agreed.⁷

Additionally, there was a Public Information Act request for the transcript of the hearing which was denied on May 26, 1993. To date, no appeal has been filed pursuant to MD. STATE GOV'T. CODE ANN. §10-611 et seq.⁸

Numerous pre-hearing motions were filed by the Respondent, all of which were answered on the record and will not be discussed here.⁹

SUMMARY OF THE EVIDENCE

EXHIBITS:

By agreement of the parties, the Respondent did not introduce any documents or tangible evidence. Documents and tangible evidence, identified as State's Exhibits 1 through 58, were introduced and admitted into evidence.¹⁰

⁷The media was allowed in the hearing room before going on record to briefly photograph or film the parties and for the last several minutes of the hearing during which time the undersigned announced when the parties could expect a written decision on the charges.

⁸There has been a Public Information Act request for a copy of this Proposed Decision which has not yet been ruled upon.

⁹The Motions were, in any event, rendered moot since a full-blown evidentiary hearing was not conducted.

¹⁰The documents include transcripts of meditation sessions held between the Respondent and various patients. Tangible evidence includes drug paraphernalia.

WITNESSES:

By agreement of the parties, no witnesses were presented. The State proffered the testimony of numerous individuals, including patients of the Respondent and experts in the fields of psychiatry and medical ethics.¹¹ The Respondent proffered no testimony.

FINDINGS OF FACT

I find, by clear and convincing evidence, the following facts:

1. At all times relevant hereto, the Respondent was a physician licensed to practice medicine in the State of Maryland. He was initially licensed in Maryland on April 25, 1974.

FACTS RELATING TO PATIENT A:

2. On or about March 15, 1983, Patient A initiated a complaint to the Board regarding the Respondent's practices and conduct in his capacity as a physician.

¹¹ The State proffered expert testimony of Peter Terry, M.D., a physician at the Johns Hospital Center for Asthma and Allergy and a member of the Johns Hopkins Hospital and Francis Scott Key Hospital ethics committees; and Richard Anderson, M.D., an expert in psychiatry and a member of the Committee on Mental Health for the Medical and Chirurgical Faculty of Maryland. As a practicing psychiatrist, Dr. Anderson specializes in physician/patient sexual relationships and patients who have been victims of cult and satanic abuse. (Tr. 102-107; State Exhibit 57).

3. As a result of Patient A's complaint, and on or about March 16, 1993, the Board and the State of Maryland Office of the Attorney General opened an investigation into the practices and conduct of the Respondent. During the course of the investigation, the Board and the Attorney General's Office interviewed Patients B and E.
4. Patient A, a female, first consulted the Respondent in December 1986 because she had been very ill with chronic debilitating fatigue. The Respondent diagnosed her with chronic fatigue and immune dysfunction syndrome (CFIDS) and began a treatment regimen: prescribing vitamins, glandular vitamin formula, Zovirax, and gamma globulin injections.
5. Patient A remained under the care of the Respondent from December 1986 through November 1990. The frequency of her visits varied during this period of time, ranging from one (1) to six (6) times per month.
6. After the initial visit in December 1986, the Respondent began telephoning Patient A at her home. During the second visit, which occurred within one (1) week of the first, the Respondent began to discuss with Patient A the spiritual opportunity which the CFIDS illness afforded her; he then began to teach her meditation. He also began to hug her at the end of the visits/meditation sessions.

7. The Respondent made audio tapes of the meditation sessions and instructed Patient A to replay them after the meditation sessions.
8. During the sessions, and in response to the Respondent's direction, the Respondent and Patient A would stare into each other's eyes until Patient A saw a ring of light around the Respondent. He affirmatively told Patient A that he was God; he also made reference to Patient A about "Lenny," who he said was the devil. Within a very short time, Patient A became dependent upon the Respondent, for whom she also developed a great fear, all of which intensified throughout her patient/doctor relationship with the Respondent.
9. In January 1987, the Respondent began telephoning Patient A at her home every night, between 10:00 p.m. and 11:00 p.m. During these calls, the Respondent spoke constantly of himself and how CFIDS would be the catalyst which would bring the world to seek his treatment, and, if she turned from him, she would not regain her health and terrible things would happen to her. He recommended that she purchase the Bhagavad-Gita to read about the story of Krishna (God) and his servant/student Arjuna, and Arjuna's quest for perfection and never-ending need to please the master, Krishna. The Respondent later named Patient A "Arjuna."

10. Approximately four weeks after Patient A's first visit with the Respondent, they were in his office meditating during a patient visit. The Respondent spoke of the intensity of the love. At the end of the visit, the Respondent stood in front of his closed office door, hugged, and kissed Patient A.
11. The phone calls to Patient A continued every night and sometimes during the day. In approximately February of 1987, the Respondent telephoned Patient A with a homework assignment to find a motel in the Gaithersburg area, where he would meet her during his lunch hour, from 12:00 noon through 2:00 p.m. The Respondent told Patient A that she was "on call," and that if she made the right choice, then she would walk side by side with him in love, light and truth, but that if she made the wrong choice, she would be cast into darkness. Patient A found a motel. The Respondent and Patient A met at the Day's Inn, located at 16001 Shady Grove Road in Gaithersburg, Maryland, around 12:00 noon where the Respondent had sexual contact with Patient A, including sexual intercourse, fellatio and cunnilingus. Immediately after this sexual encounter, Patient A met the Respondent at his office where she was his first afternoon appointment at 2:00 p.m. During the office visit, the Respondent called Patient A "Venus," the goddess of love, or his "primee" (i.e. devotee).
12. Thereafter, for the next one and one-half years, the Respondent and Patient A met at the Day's Inn, during

- the Respondent's lunchtime, always from 12:00 p.m. to 2:00 p.m., one (1) to two (2) times per week, where the Respondent and Patient A always engaged in sexual intercourse, fellatio and cunnilingus.
13. Beginning in approximately the spring of 1987, the Respondent also smoked marijuana or hashish, both Schedule I controlled dangerous substances, during his noontime sexual encounters with Patient A. After the encounters, the Respondent would return to his office for afternoon appointments with patients.
 14. In October 1988, at the request of the Respondent, Patient A traveled to Rhode Island to attend a medical conference at which the Respondent was a featured speaker on CFIDS. At this conference, the Respondent introduced Patient A to Patients B and C.
 15. Also in the fall of 1988, Patient A and her husband moved to Gaithersburg. The Respondent and Patient A stopped going to the Day's Inn Motel. Instead, the Respondent started going to Patient A's home during his lunch hour. The Respondent and Patient A would have sexual intercourse, fellatio and cunnilingus. The sexual visits to Patient A's home were always during the week from 12 noon to 2:00 p.m., and increased to two (2) to three (3) times per week. When the Respondent arrived for sexual noontime visits, Patient A always prepared lunch for him. The Respondent continued to smoke marijuana or hashish during the visits prior to returning to his office for afternoon

appointments. Sometimes Patient A would meet the Respondent at his office around 10:00 p.m.; they would meditate and then have sex in the office. On occasion, when the Respondent's spouse was out-of-town, the Respondent would invite Patient A to the Respondent's home, where he and Patient A would engage in sex in the Respondent's marital bed. This pattern of conduct continued until October 1990.

16. The Respondent had sex with Patient A from approximately February 1987 to October 1990, an almost four (4) year period. During those years, the Respondent made disclosures to Patient A of other sexual relationships that he had or was having with female patients -- specifically his sexual relationships with Patients C and D. The Respondent told Patient A that he fathered two children by Patient C, the wife of Patient B. He also told Patient A that he had a sexual relationship with patient D and other patients. In conversations with Patient A, the Respondent told her that he was to father many children in many different families and that the mothers of these children would spread the love they shared with the Respondent to their husbands.
17. The Respondent invited Patient A to have lunch with him and Patient D at the latter's house. While Patient A was at the luncheon, the visit evolved to Patient A

lying prostrate¹², with her arms in a crucifixion position, on Patient D's bed while Patient D and the Respondent sat on the bed on either side of Patient A, placed crystals in her outstretched palms and on her forehead, and performed a "crystal healing."

18. Patient A, as well as other patients who had sexual intercourse with the Respondent, were treated for genital warts, which they contracted from the Respondent.
19. The Respondent told Patient A to become friends with Patient B and Patient C, who were married to each other, so that she would become a part of the extended family of Patient B and Patient C.
20. On or about October 16, 1990, Patient A entered therapy with a psychologist. Patient A told her treating psychologist about the Respondent's sexual contact with her, her fear of and dependence upon him, and his other unprofessional practices.
21. In October 1990, the sexual relationship between the Respondent and Patient A terminated; within a short time thereafter, Patient A ceased being the Respondent's patient. Over the course of the four years that Patient A was under the care of the Respondent, her mental and physical conditions

¹²Although the proffer used "prostrate" to describe Patient A's position, the content of the testimony suggests that Patient A was actually lying supine.

- declined, and her addiction to and dependence upon the Respondent surged, as did her concomitant fear of him.
22. In October 1990, and April 1991, Patient A attempted suicide.

PATIENTS B AND C:

23. In or around March of 1980, Patient B, a male, consulted the Respondent, presenting with complaints of cold sores, and remained under the Respondent's care until approximately November 1990, a ten (10) year period. During this period, Patient B's visits to the Respondent ranged from approximately once a month to ten(10) times per month. The Respondent introduced Patient B to meditation sessions which sometimes were audio taped with instructions to Patient B to replay them.
24. Beginning in or around the fall of 1982, and extending through approximately the summer of 1983, Patient B accompanied the Respondent to the Montgomery Village Golf Club located in Gaithersburg, Maryland, where the Respondent would play golf while Patient B rode the golf cart with him. The golfing sessions occurred about once every other week, always on a weekday, subject to the weather, and during the Respondent's 12 noon to 2:00 p.m. lunchtime. The Respondent played golf, talked and smoked marijuana, a Schedule I controlled dangerous substance. He would then return to his office for afternoon appointments. The

Respondent told Patient B that he (the Respondent) used marijuana and hashish as an elevator, to take him to a higher plane.

25. In February 1983, Patient B's spouse, Patient C, came under the care of the Respondent and remains under his care to date.
26. During the time that Patients B and C were married, four children were born -- in 1979, 1981, 1984, and 1986.
27. Shortly after Patient C began seeing the Respondent, the Respondent began going to the home of Patients B and C, and taking Patient C in his car. Simultaneously, the Respondent changed his attitude toward Patient B, and "cut him off spiritually."
28. From approximately the summer of 1983, to the fall of 1990, the Respondent began visiting Patients B and C in their homes in the Gaithersburg or Gaithersburg area. The visits ranged in frequency over the years from three (3) time per week to five (5) times per week, always in the evening and always on days from Sunday through Thursday. The Respondent usually arrived between 9:00 and 10:00 p.m. and left between midnight and 1:00 a.m.

When the Respondent arrived, he went to an upstairs bedroom with Patient C. Patient B took care of the children and did the household chores. Sometimes the Respondent came downstairs and visited with Patient B

before leaving; other times, the Respondent, upon leaving, awoke Patient B, asleep on the sofa, who then went up to the bedroom which the Respondent had just vacated. On one occasion, Patient B awakened, and, believing the Respondent had gone, went upstairs to the bedroom. Upon entering the bedroom, Patient B witnessed his wife, Patient C, in bed with the Respondent, who was not wearing any clothing. The Respondent designated the bedroom as "their" room -- that is, the Respondent's and Patient C's -- and called it the "ashram" room.

During this period, the Respondent conveyed to Patient B that the Respondent's and Patient C's relationship would be exclusive and later would be inclusive of Patient B as part of Patient B's treatment. The Respondent referred to himself as the embodiment of God and then stated that his relationship with Patient C was to bring God's love into human form. He also informed Patient B that Patient C was the Respondent's wife, too.

29. In the fall of 1985, the Respondent and Patient C announced to Patient B that they (the Respondent and Patient C) were pregnant; that it was their child; that they had come together in an inspired moment; and that it was their destiny to come together. The child, born in 1986, was Patient C's fourth child.

The Respondent explained to Patient B that he would bring his light and love into the world by entering into sexual relations with certain women and fathering children. The Respondent proclaimed to Patient B that only he was the source of the universe and that only he contained the whole universe. The Respondent told Patient B that if he did not stay in line terrible things could happen to Patient B, including spiritual excommunication. The Respondent made reference to "Lenny." In an audio taped session recorded at the Respondent's office during a visit with Patient B, the Respondent told Patient B that he had to choose between the Respondent and Lenny, the devil; that he (Patient B) could not be a servant to two Masters; that he (the Respondent) would never leave Patient B or Patient B "...would be six feet under..." (Tr. 72, Exhibit 31 at 30); and that "When I cease to be, you will disintegrate" (Tr. 72, Exhibit 31 at 30). The Respondent told Patient B that he was not human or normal; that he was Patient B's guru, not his doctor; and that Patient B should surrender to the Respondent (Exhibit 35 at 18). Patient B feared the Respondent.

30. In October 1988, the Respondent and Patients B and C travelled to Rhode Island to attend a medical conference on chronic fatigue syndrome. The Respondent introduced them to Patient A, who was also attending the conference. While at the conference, the Respondent and Patient C shared a room at the Newport

Marriott; Patient B stayed in an adjoining room and Patient A stayed in another hotel.

31. From approximately the summer of 1989 to October 1990, Patient B typically went to the Respondent's office late in the evening, from Sunday through Thursday, five (5) nights per week, and brought the Respondent to Patient B's home. The Respondent then went to the "ashram" room (now moved to the basement of the house) to be with Patient C. At approximately 1:00 a.m., Patient B drove the Respondent back to his office.
32. In November 1990, Patient C verified to her husband, Patient B, that the Respondent had fathered her third child as well as her fourth. Patient B never visited the Respondent again.
33. On November 29, 1990, the Respondent was observed by a private detective engaging in sexual intercourse with Patient C in the basement of Patient B and C's home. The Respondent still regularly visits the home of Patient C, who remains Respondent's patient.
34. During the ten (10) years that Patient B remained under the care of the Respondent, his physical and mental condition declined. Since September 21, 1990, Patient B has been under the care of a psychologist whom he has told of the Respondent's relationship with his spouse, Patient C, and the Respondent's fathering of Patient C's third and fourth children.

PATIENT D:

35. The Respondent discussed other patients with Patients A and B. The Respondent communicated to patient A that he had a sexual relationship with Patient D, whom he met on one occasion at the Comfort Inn, located at 161216 Frederick Road in Gaithersburg, Maryland, and where, he said, he engaged in sexual intercourse with Patient D. Immediately after this encounter, the Respondent telephoned Patient A and told her about it. According to the Respondent's disclosures to Patient A, the Respondent occasionally had sex with patient D at Patient D's home. This relationship, of approximately six (6) months duration, occurred in 1987. The Respondent proclaimed to Patient A that he wanted to father a child by Patient D in furtherance of his commitment to propagate with and have many wives. In one incident, Patient A joined the Respondent and Patient D for a luncheon at Patient D's home where the Respondent and Patient D performed a "crystal healing" upon Patient A.

PATIENT E:

36. Patient E, a female, consulted the Respondent for symptoms of chronic fatigue syndrome in September 1987, and remained his patient until October 1987. During this one month period, Patient E visited the Respondent approximately seven (7) times, four of which were audio taped. Some of the visits were strictly patient

visits, and others were stress reduction/spirituality sessions. While Patient E was in the Respondent's office for her first visit, the Respondent telephoned Patient D.

37. During their first appointment, the Respondent showed Patient E some crystals and told her he loved her from the moment he met her.
38. During Patient E's visits to the Respondent, he told her that he (the Respondent) was not "from here," that he was from a higher spiritual realm, that he had a group and Patient E was meant to be a part of that group. He also relayed to her that he needed to make a lot of money for his spiritual mission, and that this mission was secret, that it was bigger than the CIA, and that nobody would get in his way. The Respondent told her stories about people who had displeased him meeting untimely deaths and made other unusual comments to her, including references to "Lenny." During her last visit with the Respondent, she challenged her treatment regimen because her condition had deteriorated. He became upset and presented her with fists full of different sample tranquilizers, telling her that maybe the pills would calm her down. She left and never returned.
39. Patient E was and is fearful of the Respondent.
40. After Patient E terminated her relationship with the Respondent, she consulted a psychiatrist and told him

about the Respondent's conduct toward her, the sessions and her resultant fear.

FACTS TO RELATING TO PATIENT JUNE:

41. In 1983, June consulted the Respondent for flu-like symptoms. She remained his patient for approximately one (1) year.
42. When she first consulted the Respondent, June told the Respondent she was unhappy in her marriage. The Respondent told June to divorce her husband and to visit him if she wanted to be happy.
43. June continued to visit the Respondent as his patient, and he introduced her to meditation. He told June she should stare into his eyes and watch his face change form and that a glow of light would form around him.
44. During his sessions with June, the Respondent instructed her to repeat the following prayer, "Our Father who art in heaven, Hallowitz be thy name." (Tr. 97)
45. The Respondent told June that bad things would happen to her if she displeased him. He told her not to tell anyone about his being God or about the meditation sessions because people would view them as a cult.
46. The Respondent introduced June to Patient C. On occasion, June and the Respondent would meditate with Patient C at Patient C's house. During one session, June believed she saw the Respondent transform into God, and she told the Respondent she wanted to kiss the

feet of God. The Respondent took off his shoes and socks, told June that he was God and instructed her to get down on her hands and knees and kiss his feet.

47. The Respondent told June never to question him.
48. The Respondent, who is not a gynecologist, performed a gynecological examination of June, and, while she was on the examining table with her feet in the stirrups, the Respondent kissed June passionately.
49. The Respondent instructed June to stare into a mirror so she could see the Respondent's image.
50. June is very fearful of the Respondent.

FACTS RELATING TO BRENDA:

51. Brenda was an employee of the Respondent for approximately three months in 1986.
52. Brenda consulted the Respondent for symptoms of fatigue. The Respondent introduced Brenda to meditation and conducted approximately two (2) sessions with her.
53. The Respondent told Brenda he was God and that he was simply using a human body.
54. During a mediation session, the Respondent placed his hands in the ink well portion of his desk and when he and Brenda were staring into each other's eyes, he revealed his hands -- they were lime green in color.
55. Brenda was fearful of the Respondent.

MISCELLANEOUS:

56. At all time relevant to these proceedings, Lori was employed by the Respondent as an office manager.
57. The Respondent admitted to Lori that he engaged in sexual relations with Patients A and C as well as several other patients.
58. The Respondent acted had sexual relations with his patients.
59. The Respondent engaged in activity with his patients which destroyed the trust in the patient/physician relationship.
60. The Respondent is bound by the Hippocratic Oath to do no harm to his patients; sexual contact with a patient is harmful to the patient.
61. The Respondent spoke to his patients during their meditation sessions in a hypnotic and controlled tone. Through hypnosis, patients are subject to suggestion by the Respondent and may perceive events, such as seeing a ring of light around the Respondent's face. The Respondent used hypnotic techniques to control and dominate his patients.
62. In the early 1970's, the Respondent suffered a personal crisis and was introduced to the Guru Maharaji. Subsequently, the Respondent believed he could help patients by making them become devoted to and dependent upon him.

63. The Respondent encouraged patients to become dependent or devoted to him, which is not healthy for the patient.

DISCUSSION

To call the Respondent "unprofessional" does not begin to approach an adequate description of his behavior. His conduct was unspeakably abusive and inhumane. He preyed on the vulnerabilities of his patients by dominating them, having sexual relations with them, and encouraging them to be dependent on him; he used hypnotic techniques to ensure domination. He convinced his patients that the only path to health was to surrender themselves to him. He portrayed himself as God and forced patients to choose between him and "Lenny", the devil.¹³

As a physician, the Respondent is bound to bring no harm to his patients. Yet he harmed them in ways that may be irreparable.

Trust is at the root of the doctor/patient relationship. Yet the Respondent utterly and completely destroyed the trust of his patients by taking away their freedom and identities.

The Respondent was supposed to treat his patients' pain; instead, he inflicted pain by abusing and dominating them.

Furthermore, the Respondent endangered the physical and mental safety of all of his patients by practicing medicine while using a narcotic or controlled dangerous substance.

¹³The Respondent told his patients he was not human, but God using a human's body.

It is difficult to imagine that the Respondent could defend or otherwise explain the abuse he inflicted upon his patients. In the absence any mitigating factors, his behavior is seen as nothing short of a willful and wanton disregard for the health and safety of his patients.

Quite simply, the Respondent is a danger to his patients.

CONCLUSIONS OF LAW

Upon consideration of the evidence, I conclude as a matter of law that the Respondent:

- (3) Is guilty of unprofessional conduct in the practice of medicine; and
- (9) Provided professional services:
 - while using any narcotic or controlled dangerous substances, as defined in MD. CODE ANN. art. 27; and
- (22) Failed to meet appropriate standards as determined by appropriate peer review for the delivery of quality medical care performed in an outpatient facility, office, hospital, or any other location in this State.


PROPOSED ORDER

It is this 18th day of June, 1993, proposed that:

1. The decision of the Board to summarily suspend the Respondent's license to practice medicine be AFFIRMED; and that

2. The Respondent's license to practice medicine be REVOKED; and that
3. The Respondent not be permitted to reapply for reinstatement of his license to practice medicine for a period of five (5) years; and that,
4. The Respondent not be permitted reinstatement unless and until he can establish to the satisfaction of the Board that he can practice medicine in a professional manner, abstinent from the use of any narcotic or controlled dangerous substances, and in accordance with the appropriate standard of care as determined by appropriate peer review.

June 18, 1993
Date



Laurie Bennett
Administrative Law Judge

1b

IN THE MATTER OF * BEFORE THE
ROBERT A. HALLOWITZ, M.D. * STATE BOARD OF PHYSICIAN
Respondent * QUALITY ASSURANCE
License Number: D 16524 * Case Number: 93-0683

ORDER FOR SUMMARY SUSPENSION
OF LICENSE TO PRACTICE MEDICINE

BACKGROUND

The State Board of Physician Quality Assurance (the "Board"), hereby summarily suspends the License of Robert A. Hallowitz, M.D. (the "Respondent") (DOB 9/13/44), License Number D 16524, to practice medicine in the State of Maryland.

1. At all times relevant hereto, the Respondent was and is a physician licensed to practice medicine in the State of Maryland. He was initially licensed in Maryland on April 25, 1974.

2. The Respondent also possesses a license to practice medicine in the State of New York, issued in 1972, and the State of California, issued in 1982.

3. The Respondent maintains a private practice located at 19650 Clubhouse Road, Suite 104 in Gaithersburg, Maryland, with a self-designated primary specialty in family practice and a secondary specialty in nutrition.

4. The Respondent has no hospital privileges in the State of Maryland.

5. On or about March 15, 1993, Patient A¹ initiated a

¹To ensure confidentiality, patient names are not set forth in this document. The Board maintains a list of patient names which corresponds to the alphabetical letter used in this document. This list is available to Respondent upon request.

complaint to the Board regarding the Respondent's practices and conduct in his capacity as a physician. Patient A alleged that the Respondent engaged in a sexual relationship with her at a motel, at her home, at his office, and at his home, over a prolonged period of time; engaged in sexual relationships with other female patients; engaged in unprofessional conduct with her; and used controlled dangerous substances prior to performing professional services. All of the aforementioned conduct occurred during a period in which Patient A had been a patient, and under the care, of the Respondent for symptoms of chronic fatigue syndrome.

6. As a result of Patient A's complaint, and on or about March 16, 1993, the Board and the State of Maryland Office of the Attorney General opened an investigation into the practices and conduct of the Respondent.

7. On or about March 23, 1993, during the course of the investigation, the Board subpoenaed and in conjunction with the Attorney General's Office interviewed Patient B, who alleged that the Respondent: engaged in and was engaging in, for a ten (10) year period, a sexual relationship with Patient B's spouse, Patient C; fathered two children with Patient B's spouse, Patient C; engaged in sexual relationships with other female patients; engaged in unprofessional conduct with Patient B; and used controlled dangerous substances prior to performing professional services. This conduct occurred during the period in which Patient B and his spouse, Patient C, were patients, and under the care, of the Respondent.

8. The Board and the Office of the Attorney General continued and expanded their investigation. On or about March 24, 1993, the Board, after reviewing the findings of the on-going investigation, voted to SUMMARILY SUSPEND the medical licensure of the Respondent and to charge the Respondent with committing prohibited acts under the Maryland Medical Practice Act.

9. Subsequent to the Board's vote, and in furtherance of the continued investigation, the Office of the Attorney General interviewed Patient E on April 15, 1993. Patient E, who was under the care of the Respondent for symptoms of chronic fatigue syndrome, alleged instances of unprofessional conduct on the part of the Respondent.

10. The Respondent's conduct, as set forth with specificity below, support the Board's finding that the public health, safety and welfare imperatively requires emergency action.

FINDINGS OF FACT

Based upon the information received by, and made known to the Board, and the investigatory information made known, received by, and available to the Board, including but not limited to the background information set forth above and the instances described below, the Board has reason to believe that the following facts are true:

PATIENT A

1. Patient A first consulted the Respondent in December 1986 because she had been very ill with chronic debilitating fatigue. The Respondent diagnosed her with chronic fatigue and immune dysfunction syndrome (CFIDS), and began a treatment regimen inclusive of a series of vitamin injections, a variety of prescribed vitamins, glandular vitamin formula, Zovirax, and gamma globulin injections.

According to the Respondent's medical records, Patient A remained under the care of the Respondent from December 1986 through November 1990. The frequency of her visits varied during this period of time, ranging from one (1) to six (6) times per month.

2. After the initial visit in December 1986, the Respondent began telephoning Patient A at her home. During the second visit, which occurred within a week of the first, the Respondent began to discuss with Patient A the "spiritual opportunity" which the CFIDS illness afforded her; he then began to teach her meditation. He also began to hug her at the end of the visits.

In part, during the meditation sessions which he taped with instructions to Patient A to replay, the Respondent and Patient A would stare into each other's eyes until Patient A saw a "ring of light" around the Respondent. He affirmatively told Patient A that he was God; he also made references to Patient A about "Lenny," who he said was "the devil." Within a very short time, Patient A became "addicted" to and dependent upon the Respondent for whom she

also developed a great fear, all of which intensified throughout her relationship with the Respondent.

3. In January 1987, the Respondent began telephoning Patient A at her home every night, between 10:00 p.m. - 11:00 p.m. During these calls, the Respondent spoke constantly of himself and how CFIDS would be the catalyst which would "bring the world to seek his treatment," and those that "turned from him" would not regain their health. He recommended that she purchase the Bhagavad-Gita (the Hindu Bible) to read about the story of Krishna (God) and his servant/student Arjuna, and Arjuna's quest for perfection and never-ending need to please the master, Krishna. The Respondent later named Patient A "Arjuna."

4. Approximately four weeks after Patient A's first visit with the Respondent, they were in his office meditating during a patient visit. The Respondent spoke of the "intensity of the love." At the end of the visit, the Respondent stood in front of his closed office door, hugged, and kissed Patient A.

5. The phone calls to Patient A continued every night and sometimes during the day. In approximately February of 1987, the Respondent telephoned Patient A with a "homework assignment" to find a motel in the Gaithersburg area, where he would meet her during his lunch hour, from 12 noon - 2:00 p.m. The Respondent told Patient A that she was "on call," and that if she made the "right choice," then she would "walk side by side with him in love, light and truth," but that if she made the wrong choice, then she would be "cast into darkness." Patient A found a motel. The

Respondent and Patient A met at the Day's Inn, located at 16001 Shady Grove Road in Gaithersburg, around 12 noon where the Respondent had sexual contact with Patient A, including sexual intercourse, fellatio and cunnilingus. Immediately after this sexual encounter, Patient A met the Respondent at his office where she was his first afternoon appointment at 2:00 p.m. During the office visit, the Respondent called Patient A "Venus," the goddess of love.

6. Thereafter, for the next one and one-half (1-½) years, the Respondent and Patient A met at the Day's Inn, during the Respondent's lunchtime, always from 12:00 noon to 2:00 p.m., one (1) to two (2) times per week, where the Respondent and Patient A always engaged in sexual intercourse, fellatio and cunnilingus. Beginning in approximately the spring of 1987, the Respondent also smoked marijuana or hashish, both Schedule I controlled dangerous substances, during his noontime sexual encounters with Patient A, after which the Respondent would return to his office for afternoon appointments with patients.

7. In October 1988, Patient A travelled to Rhode Island to attend a medical conference at which the Respondent was a featured speaker at a symposium on CFIDS. At this conference, Respondent introduced Patient A to Patients B and C.

8. Also in the fall of 1988, Patient A and her husband moved to Gaithersburg. The Respondent and Patient A stopped going to the Day's Inn Motel and the Respondent started coming to Patient A's home during his lunch hour to have sexual intercourse as well as

fellatio and cunnilingus with Patient A. The sexual visits to Patient A's home were always during the week, always from 12 noon - 2:00 p.m., and increased to at least two (2) to three (3) times per week. When the Respondent arrived for sexual noontime visits, Patient A always prepared lunch for him. The Respondent continued to smoke marijuana or hashish during the lunchtime sex sessions prior to his returning to his office for afternoon appointments. Sometimes Patient A would meet the Respondent at his office, around 10:00 p.m.; they would meditate and then have sex in the office. On occasion, when the Respondent's spouse was out-of-town, the Respondent would invite Patient A to the Respondent's home, where he and Patient A would engage in sex in the Respondent's marital bed. The above-described pattern of conduct continued until October 1990.

9. The Respondent had sex with Patient A from approximately February 1987 to October 1990, an almost four (4) year period. During those years, the Respondent made disclosures to Patient A of other sexual relationships that he had or was having with female patients; specifically, his sexual relationships with Patients C and D. The Respondent told Patient A that he fathered two children by Patient C, the wife of Patient B. He also told Patient A that he had a sexual relationship with Patient D. In conversations with Patient A, the Respondent told her that he was to "father many children in many different families" and that the mothers of these children would "spread the love they shared with the Respondent to their husbands."

10. The Respondent invited Patient A to have lunch with him and Patient D at the latter's house. While Patient A was at the luncheon, the visit evolved to Patient A lying prostrate, with her arms in a crucifixion position, on Patient D's bed while Patient D and the Respondent sat on the bed on either side of Patient A, placed "crystals" in her outstretched palms and on her forehead and performed a "crystal healing."

11. On or about October 16, 1990, Patient A entered therapy with a psychologist. Patient A told her treating psychotherapist about the Respondent's sexual contact with her, her fear of and dependence upon him, and his other unprofessional practices.

12. In October 1990, the sexual relationship between the Respondent and Patient A terminated; within a short time thereafter, Patient A ceased being Respondent's patient. Over the course of the four years that Patient A was under the care of the Respondent, her mental condition declined, then her physical condition declined, while her "addiction" to and dependence upon the Respondent surged as did her concomitant fear of him.

13. In October 1990 and April 1991, Patient A attempted suicide.

PATIENTS B & C

14. In or around March of 1980, Patient B consulted the Respondent, presenting with complaints of cold sores, and remained under the Respondent's care until approximately November 1990, a ten (10) year period. According to the Respondent's medical records, during the ten (10) year period, Patient B's visits to the Respondent ranged from approximately once a month to ten (10) times per month. The Respondent introduced Patient B to "meditation sessions" which sometimes were taped with instructions to Patient B to replay them.

Beginning in or around the fall of 1982, and extending through approximately the summer of 1983, Patient B accompanied the Respondent to the Montgomery Village Golf Club located in Gaithersburg, where the Respondent would play golf while Patient B rode the golf cart with him. The golfing sessions occurred about once every other week, always on a weekday, subject to the weather, and during the Respondent's 12 noon - 2:00 p.m. lunch hour. The Respondent played golf, talked and smoked marijuana (a Schedule I controlled dangerous substance); he would then return to his office for afternoon patient appointments. The Respondent told Patient B that he (the Respondent) used marijuana and hashish "as an elevator, to take him to a higher plane."

15. According to the Respondent's medical records, in February of 1983, Patient B's spouse, Patient C, came under the care of the Respondent and remains under his care to date.

16. During the time that Patients B and C were married, four

children were born -- Child No. 1 born 1979; Child No. 2 born 1981; Child No. 3 born 1984; Child No. 4 born 1986.

17. Shortly after Patient C began seeing the Respondent, he began coming to the home of Patients B and C, and taking Patient C out in his car. Simultaneously, the Respondent changed his attitude toward Patient B, "cutting him off spiritually."

18. From approximately the summer of 1983 to the fall of 1990, the Respondent began visiting Patients B and C in their home(s) in Gaithersburg or the Gaithersburg area. The visits ranged in frequency over the years from three (3) times per week to five (5) times per week, always in the evening and always on days from Sunday through Thursday. The Respondent usually arrived between 9:00 - 10:00 p.m. and left between midnight - 1:00 a.m.

When the Respondent arrived, he went to an upstairs bedroom with Patient C. Patient B took care of the children and did the household chores. Sometimes the Respondent came downstairs and visited with Patient B before leaving; other times, the Respondent, upon leaving, woke up Patient B, asleep on the sofa, who then went up to the bedroom which the Respondent had just vacated. On one occasion, Patient B woke up, thought the Respondent had gone, and went upstairs to the bedroom. Upon entering the bedroom, Patient B witnessed his wife, Patient C, in bed with the Respondent, who was without clothing. The Respondent designated the bedroom as "their" room (that is, the Respondent's and Patient C's), calling it the "ashram" room.

During this period, the Respondent conveyed to Patient B that

the Respondent's and Patient C's relationship would be exclusive and later would be inclusive of Patient B; that this was "part of Patient B's treatment." According to the Respondent, the Respondent was the "embodiment of God" and the Respondent's relationship with Patient C was to "bring God's love into human form." He also informed Patient B that Patient C was the Respondent's wife, too.

19. In the fall of 1985, the Respondent and Patient C announced to Patient B that "they" (the Respondent and Patient C) were pregnant;² that it was "their" child; that they had come together in an "inspired moment;" that it was the Respondent's and Patient C's "destiny" to come together. The child, Child No. 4, was born in 1986. The Respondent explained to Patient B that the Respondent would bring his "light and love into the world" by entering into sexual relations with certain women and fathering children. The Respondent proclaimed to Patient B that only he (the Respondent) was the source of the universe, that only he (the Respondent) contained the whole universe. The Respondent told Patient B that if he (Patient B) did not "stay in line," then terrible things could happen to Patient B, including spiritual excommunication. The Respondent made references to "Lenny" (the devil). In a taped "session" recorded at the Respondent's office during a patient visit with Patient B, the Respondent made the

²Patient B had had no sexual contact of any kind with his wife, Patient C, since July 1984. From fall 1983 to July 1984, Patient B had sexual contact with his wife, Patient C, about three (3) or four (4) times.

following statements to Patient B: "Choose me or choose Lenny; "you can't be a servant to two Masters;" "I'd never leave you or you'd be six (6) feet under;" "When I cease to be, you will disintegrate." Patient B feared the Respondent.

20. In October 1988, the Respondent, and Patients B and C travelled to Rhode Island to attend a medical conference on chronic fatigue syndrome. The Respondent introduced them to Patient A, who was also attending the conference. While at the conference, the Respondent and Patient C shared a room at the Newport Marriott; Patient B stayed in an adjoining room, and Patient A stayed in another hotel.

21. From approximately the summer of 1989 to October of 1990, Patient B typically went to the Respondent's office late in the evening, from Sunday to Thursday, five (5) nights per week, and brought Respondent to Patient B's home. The Respondent then went to the "ashram" room (now moved from the bedroom to the basement of the house) to be with Patient C. Then, at approximately 1:00 a.m., Patient B drove the Respondent back to his office.

22. In November 1990, Patient C verified to her husband, Patient B, that the Respondent had fathered Child No. 3 as well as Child No. 4. Patient B never had a patient visit with the Respondent again.

23. On November 29, 1990, a private detective eye witnessed the Respondent and Patient C engaging in sexual intercourse in the basement of Patients B and C's home. To date, the Respondent regularly visits the home of Patient C, who remains Respondent's

patient.

24. During the ten (10) years that Patient B remained under the care of the Respondent, his physical and mental condition declined. Since September 21, 1990, Patient B has been under the care of a psychologist to whom he has told of the Respondent's conduct toward him, his fear of the Respondent, the Respondent's relationship with his spouse, Patient C, and the Respondent's fathering of Child No. 3 and Child No. 4.

PATIENT D

25. The Respondent discussed other patients with Patients A and B. The Respondent communicated to Patient A that he had a sexual relationship with Patient D, whom he met on one occasion at the Comfort Inn, located at 16216 Frederick Road in Gaithersburg, where, he said, he engaged in sexual intercourse with Patient D. Immediately after this encounter, the Respondent telephoned Patient A and told her about it. According to the Respondent's disclosures to Patient A, the Respondent occasionally had sex with Patient D at Patient D's home, where Patient D prepared lunch for the Respondent. This relationship, of approximately six (6) months duration, occurred in 1987. The Respondent proclaimed to Patient A that he wanted to father a child by patient D in furtherance of his commitment to propagate with and have many "wives." In one incident, Patient A joined the Respondent and Patient D for a luncheon at Patient D's home where the Respondent and Patient D performed a "crystal healing" upon Patient A.

PATIENT E

26. According to the Respondent's medical records, Patient E consulted the Respondent for symptoms of chronic fatigue syndrome in September 1987 and remained his patient until October 1987. During this one month period, Patient E visited the Respondent approximately seven (7) times. Some of the visits were strictly patient visits and others were "stress reduction/spirituality sessions." While Patient E was in the Respondent's office for her first visit, he telephoned Patient D; thereafter Patient D began telephoning Patient E after each visit Patient E had with the Respondent.

During Patient E's visits to the Respondent, he told her that he (the Respondent) was not "from here," that he was from a "higher spiritual realm," that he "had a group" and Patient E was meant to be a part of that group. He also relayed to her that he "needed to make a lot of money" for his spiritual mission, and that this mission was "secret," that it was "bigger than the CIA," and that "nobody would get in his way." The Respondent told her stories about people who had displeased him meeting untimely deaths and made other unusual comments to her, including references to "Lenny" (the devil). During her last visit with the Respondent, she challenged her treatment regimen as her condition had deteriorated. He became upset and presented her with fistfuls of different sample tranquilizers, telling her that maybe "that [the pills] would calm her down." She left and never returned. Patient E was and is fearful of the Respondent.

27. After Patient E terminated her relationship with the Respondent, she consulted a psychiatrist and told him about the Respondent's unusual conduct toward her, the "sessions," and her resultant fear.

28. The Respondent's retention of a license to practice medicine in Maryland and his ability to treat patients poses a grave risk and an imminent danger to the public health, safety and welfare of the citizens of the State of Maryland.

29. Based upon the above information the Board has reason to believe that Respondent has violated Md. Health Occ. Code Ann. §14-404(a)(3) and (9) (1991 Repl. Vol.). The pertinent provisions of §14-404(a) provide:

Subject to the hearing provisions of §14-405 of this subtitle, the Board, 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:

- (3) Is guilty of immoral or unprofessional conduct in the practice of medicine;
- (9) Provides professional services:
 - ...
 - (ii) while using any narcotic or controlled dangerous substance, as defined in Article 27 of the Code....

CONCLUSIONS OF LAW

Based upon the foregoing facts, the Board finds that the public health, safety and welfare imperatively requires emergency

action in this case, pursuant to Md. State Gov't Code Ann. §10-405(b) (1984).

ORDER

It is this 28 day of April, 1993 by the State Board of Physician Quality Assurance:

ORDERED that pursuant to the authority vested in the Board by Md. State Gov't. Code Ann. §10-405(b) (1984), the Respondent's license to practice medicine in the State of Maryland is hereby **SUMMARILY SUSPENDED**; and be it further

ORDERED that, upon request by the Respondent, a hearing to consider this **SUMMARY SUSPENSION** will be held at the Office of Administrative Hearings, Administrative Law Building, Greenspring Station, 10753 Falls Road, Lutherville, Maryland 21093 within thirty (30) days of the show cause hearing, if the Respondent so requests; and be it further

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

- (1) his original Maryland license from the Board of Medical Examiners;
- (2) the renewal card of his license to practice medicine from the Board of Physician Quality Assurance;
- (3) DEA Certificate of Registration Number AH 6011516;
- (4) Maryland Controlled Dangerous Substances Registration Certificate Number M04170;
- (5) all controlled dangerous substances in his possession and/or practice;
- (6) all Medical Assistant prescription forms;

(7) all prescription forms and pads in his possession and/or practice;

(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 shall be filed with the Board in accordance with Md. Health Occ. Code Ann. §14-407 (1991 Repl. Vol.).

4/28/93

Date

Israel H. Weiner

Israel H. Weiner, M.D., Chair
Board of Physician Quality
Assurance

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IN THE MATTER OF * BEFORE THE
 ROBERT A. HALLOWITZ, M.D. * STATE BOARD OF PHYSICIAN
 Respondent * QUALITY ASSURANCE
 License Number: D 16524 * Case Numbers: 93-0683 &
 90-0292
 * * * * *

CHARGES UNDER THE MARYLAND MEDICAL PRACTICE ACT

The State Board of Physician Quality Assurance (the "Board"), hereby charges Robert A. Hallowitz, M.D. (the "Respondent") (DOB 9/13/44), License Number D16524, under Md. Health Occ. Code Ann. ("H.O.") §14-404(a)(3), (9), and (22) (1991 Repl. Vol.).

The pertinent provisions of H.O. §14-404 provide:

Subject to the hearing provisions of §14-405 of this subtitle, the Board, 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:

- (3) Is guilty of immoral or unprofessional conduct in the practice of medicine;
- (9) Provides professional services:
 - ...
 - (ii) while using any narcotic or controlled dangerous substance, as defined in Article 27 of the Code...;
- (22) Fails to meet appropriate standards as determined by appropriate peer review for the delivery of quality medical and surgical care performed in an outpatient facility, office, hospital, or any other location in this State.

ALLEGATIONS OF FACT

The Board bases its charges on the following facts that the Board has cause to believe are true:

FACTS COMMON TO CASE NOS. 90-0292 AND 93-0683

1. At all times relevant hereto, the Respondent was and is a physician licensed to practice medicine in the State of Maryland. He was initially licensed in Maryland on April 25, 1974.

FACTS SPECIFIC TO CASE NO. 90-0292

2. On November 9, 1989, the Board received a complaint questioning the treatment rendered and fees charged by the Respondent for a case of Epstein-Barr, chronic fatigue syndrome.

3. On April 19, 1990 the Board referred the complaint to the Medical and Chirurgical Faculty ("Med-Chi") Peer Review Management Committee ("PRMC") for investigation.

4. Subsequently, Med-Chi referred the case to the Montgomery County Medical Society (MCMS) for review. The MCMS Board of Professional Relations Committee issued a Report to the Board on October 11, 1990, finding that the Respondent failed to meet the standard of care and recommended a practice review

5. Based on the MCMS report, on February 4, 1991 the Board ordered a practice review to be performed by the Peer Review Committee (PRC) of Med-Chi.

6. On or about June 30, 1992, the PRC of Med-Chi reported its findings to the Board. In its report, the PRC found the

following major deficiencies in the patient charts reviewed with respect to the Respondent's practice, all as set forth below.

A. Frequent and unnecessary laboratory tests with normal results, for the following patients:¹

1. Patient P
2. Patient Q
3. Patient R
4. Patient W
5. Patient X
6. Patient Z

B. Diagnosis of hypothyroidism without supporting physical examination or laboratory confirmation, for the following patients:

1. Patient P
2. Patient R
3. Patient S
4. Patient T
5. Patient V
6. Patient X
7. Patient Y

¹To ensure confidentiality, patient names are not set forth in this document. The Board maintains a list of patient names which corresponds to the alphabetical letter used in this document. This list is available to Respondent upon request.

8. Patient Z

C. Repetitive/same treatment rendered regardless of test results, for the following patients:

1. Patient P
2. Patient R
3. Patient S
4. Patient T
5. Patient U
6. Patient V
7. Patient Y

D. Use of medications having side effects that require monitoring of other systems or more than basic knowledge of drug actions, as follows:

Synthroid

1. Patient P
2. Patient U
3. Patient V
4. Patient X

Repeated use of injectables

1. Patient P
2. Patient Q

3. Patient S
4. Patient T
5. Patient U
6. Patient V
7. Patient Y
8. Patient Z

Nizoral

1. Patient V
2. Patient X
3. Patient Y

Zovirax

1. Patient S
2. Patient V
3. Patient X

E. Disregard of routine and significant illnesses, indicated during the course of treatment, for the following patients:

1. Patient Q
2. Patient V
3. Patient W
4. Patient X

F. The majority of charts reviewed (at least 80%), contained incomplete and inadequate documentation with no follow-up physical examinations or evaluations even when obviously indicated, and little specialist consultation.

FACTS SPECIFIC TO CASE NO. 93-0683

7. On or about March 15, 1993, Patient A initiated a complaint to the Board regarding the Respondent's practices and conduct in his capacity as a physician.

8. As a result of Patient A's complaint, and on or about March 16, 1993, the Board and the State of Maryland Office of the Attorney General opened an investigation into the practices and conduct of the Respondent. During the course of the investigation, the Board and the Attorney General's Office interviewed Patients B and E.

PATIENT A

9. Patient A first consulted the Respondent in December 1986 because she had been very ill with chronic debilitating fatigue. The Respondent diagnosed her with chronic fatigue and immune dysfunction syndrome (CFIDS), and began a treatment regimen inclusive of a series of vitamin injections, a variety of prescribed vitamins, glandular vitamin formula, Zovirax, and gamma globulin injections.

According to the Respondent's medical records, Patient A remained under the care of the Respondent from December 1986 through November 1990. The frequency of her visits varied during this period of time, ranging from one (1) to six (6) times per month.

10. After the initial visit in December 1986, the Respondent began telephoning Patient A at her home. During the second visit, which occurred within a week of the first, the Respondent began to discuss with Patient A the "spiritual opportunity" which the CFIDS illness afforded her; he then began to teach her meditation. He also began to hug her at the end of the visits.

In part, during the meditation sessions which he taped with instructions to Patient A to replay, the Respondent and Patient A would stare into each other's eyes until Patient A saw a "ring of light" around the Respondent. He affirmatively told Patient A that he was God; he also made references to Patient A about "Lenny," who he said was "the devil." Within a very short time, Patient A became "addicted" to and dependent upon the Respondent for whom she also developed a great fear, all of which intensified throughout her relationship with the Respondent.

11. In January 1987, the Respondent began telephoning Patient A at her home every night, between 10:00 p.m. - 11:00 p.m. During these calls, the Respondent spoke constantly of himself and how CFIDS would be the catalyst which would "bring the world to seek his treatment," and those that "turned from him" would not regain their health. He recommended that she purchase the Bhagavad-Gita

(the Hindu Bible) to read about the story of Krishna (God) and his servant/student Arjuna, and Arjuna's quest for perfection and never-ending need to please the master, Krishna. The Respondent later named Patient A "Arjuna."

12. Approximately four weeks after Patient A's first visit with the Respondent, they were in his office meditating during a patient visit. The Respondent spoke of the "intensity of the love." At the end of the visit, the Respondent stood in front of his closed office door, hugged, and kissed Patient A.

13. The phone calls to Patient A continued every night and sometimes during the day. In approximately February of 1987, the Respondent telephoned Patient A with a "homework assignment" to find a motel in the Gaithersburg area, where he would meet her during his lunch hour, from 12 noon - 2:00 p.m. The Respondent told Patient A that she was "on call," and that if she made the "right choice," then she would "walk side by side with him in love, light and truth," but that if she made the wrong choice, then she would be "cast into darkness." Patient A found a motel. The Respondent and Patient A met at the Day's Inn, located at 16001 Shady Grove Road in Gaithersburg, around 12 noon where the Respondent had sexual contact with Patient A, including sexual intercourse, fellatio and cunnilingus. Immediately after this sexual encounter, Patient A met the Respondent at his office where she was his first afternoon appointment at 2:00 p.m. During the office visit, the Respondent called Patient A "Venus," the goddess of love.

14. Thereafter, for the next one and one-half (1-½) years, the Respondent and Patient A met at the Day's Inn, during the Respondent's lunchtime, always from 12:00 noon to 2:00 p.m., one (1) to two (2) times per week, where the Respondent and Patient A always engaged in sexual intercourse, fellatio and cunnilingus. Beginning in approximately the spring of 1987, the Respondent also smoked marijuana or hashish, both Schedule I controlled dangerous substances, during his noontime sexual encounters with Patient A, after which the Respondent would return to his office for afternoon appointments with patients.

15. In October 1988, Patient A travelled to Rhode Island to attend a medical conference at which the Respondent was a featured speaker at a symposium on CFIDS. At this conference, Respondent introduced Patient A to Patients B and C.

16. Also in the fall of 1988, Patient A and her husband moved to Gaithersburg. The Respondent and Patient A stopped going to the Day's Inn Motel and the Respondent started coming to Patient A's home during his lunch hour to have sexual intercourse as well as fellatio and cunnilingus with Patient A. The sexual visits to Patient A's home were always during the week, always from 12 noon - 2:00 p.m., and increased to at least two (2) to three (3) times per week. When the Respondent arrived for sexual noontime visits, Patient A always prepared lunch for him. The Respondent continued to smoke marijuana or hashish during the lunchtime sex sessions prior to his returning to his office for afternoon appointments. Sometimes Patient A would meet the Respondent at his office, around

10:00 p.m.; they would meditate and then have sex in the office. On occasion, when the Respondent's spouse was out-of-town, the Respondent would invite Patient A to the Respondent's home, where he and Patient A would engage in sex in the Respondent's marital bed. The above-described pattern of conduct continued until October 1990.

17. The Respondent had sex with Patient A from approximately February 1987 to October 1990, an almost four (4) year period. During those years, the Respondent made disclosures to Patient A of other sexual relationships that he had or was having with female patients; specifically, his sexual relationships with Patients C and D. The Respondent told Patient A that he fathered two children by Patient C, the wife of Patient B. He also told Patient A that he had a sexual relationship with Patient D. In conversations with Patient A, the Respondent told her that he was to "father many children in many different families" and that the mothers of these children would "spread the love they shared with the Respondent to their husbands."

18. The Respondent invited Patient A to have lunch with him and Patient D at the latter's house. While Patient A was at the luncheon, the visit evolved to Patient A lying prostrate, with her arms in a crucifixion position, on Patient D's bed while Patient D and the Respondent sat on the bed on either side of Patient A, placed "crystals" in her outstretched palms and on her forehead and performed a "crystal healing."

19. On or about October 16, 1990, Patient A entered therapy

with a psychologist. Patient A told her treating psychotherapist about the Respondent's sexual contact with her, her fear of and dependence upon him, and his other unprofessional practices.

20. In October 1990, the sexual relationship between the Respondent and Patient A terminated; within a short time thereafter, Patient A ceased being Respondent's patient. Over the course of the four years that Patient A was under the care of the Respondent, her mental condition declined, then her physical condition declined, while her "addiction" to and dependence upon the Respondent surged as did her concomitant fear of him.

21. In October 1990 and April 1991, Patient A attempted suicide.

PATIENTS B & C

22. In or around March of 1980, Patient B consulted the Respondent, presenting with complaints of cold sores, and remained under the Respondent's care until approximately November 1990, a ten (10) year period. According to the Respondent's medical records, during the ten (10) year period, Patient B's visits to the Respondent ranged from approximately once a month to ten (10) times per month. The Respondent introduced Patient B to "meditation sessions" which sometimes were taped with instructions to Patient B to replay them.

Beginning in or around the fall of 1982, and extending through approximately the summer of 1983, Patient B accompanied the Respondent to the Montgomery Village Golf Club located in Gaithersburg, where the Respondent would play golf while Patient B rode the golf cart with him. The golfing sessions occurred about once every other week, always on a weekday, subject to the weather, and during the Respondent's 12 noon - 2:00 p.m. lunch hour. The Respondent played golf, talked and smoked marijuana (a Schedule I controlled dangerous substance); he would then return to his office for afternoon patient appointments. The Respondent told Patient B that he (the Respondent) used marijuana and hashish "as an elevator, to take him to a higher plane."

23. According to the Respondent's medical records, in February of 1983, Patient B's spouse, Patient C, came under the care of the Respondent and remains under his care to date.

24. During the time that Patients B and C were married, four children were born -- Child No. 1 born 1979; Child No. 2 born 1981; Child No. 3 born 1984; Child No. 4 born 1986.

25. Shortly after Patient C began seeing the Respondent, he began coming to the home of Patients B and C, and taking Patient C out in his car. Simultaneously, the Respondent changed his attitude toward Patient B, "cutting him off spiritually."

26. From approximately the summer of 1983 to the fall of 1990, the Respondent began visiting Patients B and C in their home(s) in Gaithersburg or the Gaithersburg area. The visits ranged in frequency over the years from three (3) times per week to

five (5) times per week, always in the evening and always on days from Sunday through Thursday. The Respondent usually arrived between 9:00 - 10:00 p.m. and left between midnight - 1:00 a.m.

When the Respondent arrived, he went to an upstairs bedroom with Patient C. Patient B took care of the children and did the household chores. Sometimes the Respondent came downstairs and visited with Patient B before leaving; other times, the Respondent, upon leaving, woke up Patient B, asleep on the sofa, who then went up to the bedroom which the Respondent had just vacated. On one occasion, Patient B woke up, thought the Respondent had gone, and went upstairs to the bedroom. Upon entering the bedroom, Patient B witnessed his wife, Patient C, in bed with the Respondent, who was without clothing. The Respondent designated the bedroom as "their" room (that is, the Respondent's and Patient C's), calling it the "ashram" room.

During this period, the Respondent conveyed to Patient B that the Respondent's and Patient C's relationship would be exclusive and later would be inclusive of Patient B; that this was "part of Patient B's treatment." According to the Respondent, the Respondent was the "embodiment of God" and the Respondent's relationship with Patient C was to "bring God's love into human form." He also informed Patient B that Patient C was the Respondent's wife, too.

27. In the fall of 1985, the Respondent and Patient C announced to Patient B that "they" (the Respondent and Patient C)

were pregnant;² that it was "their" child; that they had come together in an "inspired moment;" that it was the Respondent's and Patient C's "destiny" to come together. The child, Child No. 4, was born in 1986. The Respondent explained to Patient B that the Respondent would bring his "light and love into the world" by entering into sexual relations with certain women and fathering children. The Respondent proclaimed to Patient B that only he (the Respondent) was the source of the universe, that only he (the Respondent) contained the whole universe. The Respondent told Patient B that if he (Patient B) did not "stay in line," then terrible things could happen to Patient B, including spiritual excommunication. The Respondent made references to "Lenny" (the devil). In a taped "session" recorded at the Respondent's office during a patient visit with Patient B, the Respondent made the following statements to Patient B: "Choose me or choose Lenny; "you can't be a servant to two Masters;" "I'd never leave you or you'd be six (6) feet under;" "When I cease to be, you will disintegrate." Patient B feared the Respondent.

28. In October 1988, the Respondent, and Patients B and C travelled to Rhode Island to attend a medical conference on chronic fatigue syndrome. The Respondent introduced them to Patient A, who was also attending the conference. While at the conference, the Respondent and Patient C shared a room at the Newport Marriott;

²Patient B had had no sexual contact of any kind with his wife, Patient C, since July 1984. From fall 1983 to July 1984, Patient B had sexual contact with his wife, Patient C, about three (3) or four (4) times.

Patient B stayed in an adjoining room, and Patient A stayed in another hotel.

29. From approximately the summer of 1989 to October of 1990, Patient B typically went to the Respondent's office late in the evening, from Sunday to Thursday, five (5) nights per week, and brought Respondent to Patient B's home. The Respondent then went to the "ashram" room (now moved from the bedroom to the basement of the house) to be with Patient C. Then, at approximately 1:00 a.m., Patient B drove the Respondent back to his office.

30. In November 1990, Patient C verified to her husband, Patient B, that the Respondent had fathered Child No. 3 as well as Child No. 4. Patient B never had a patient visit with the Respondent again.

31. On November 29, 1990, a private detective eye witnessed the Respondent and Patient C engaging in sexual intercourse in the basement of Patients B and C's home. To date, the Respondent regularly visits the home of Patient C, who remains Respondent's patient.

32. During the ten (10) years that Patient B remained under the care of the Respondent, his physical and mental condition declined. Since September 21, 1990, Patient B has been under the care of a psychologist to whom he has told of the Respondent's conduct toward him, his fear of the Respondent, the Respondent's relationship with his spouse, Patient C, and the Respondent's fathering of Child No. 3 and Child No. 4.

PATIENT D

33. The Respondent discussed other patients with Patients A and B. The Respondent communicated to Patient A that he had a sexual relationship with Patient D, whom he met on one occasion at the Comfort Inn, located at 16216 Frederick Road in Gaithersburg, where, he said, he engaged in sexual intercourse with Patient D. Immediately after this encounter, the Respondent telephoned Patient A and told her about it. According to the Respondent's disclosures to Patient A, the Respondent occasionally had sex with Patient D at Patient D's home, where Patient D prepared lunch for the Respondent. This relationship, of approximately six (6) months duration, occurred in 1987. The Respondent proclaimed to Patient A that he wanted to father a child by patient D in furtherance of his commitment to propagate with and have many "wives." In one incident, Patient A joined the Respondent and Patient D for a luncheon at Patient D's home where the Respondent and Patient D performed a "crystal healing" upon Patient A.

PATIENT E

34. According to the Respondent's medical records, Patient E consulted the Respondent for symptoms of chronic fatigue syndrome in September 1987 and remained his patient until October 1987. During this one month period, Patient E visited the Respondent approximately seven (7) times. Some of the visits were strictly patient visits and others were "stress reduction/spirituality

sessions." While Patient E was in the Respondent's office for her first visit, he telephoned Patient D; thereafter Patient D began telephoning Patient E after each visit Patient E had with the Respondent.

During Patient E's visits to the Respondent, he told her that he (the Respondent) was not "from here," that he was from a "higher spiritual realm," that he "had a group" and Patient E was meant to be a part of that group. He also relayed to her that he "needed to make a lot of money" for his spiritual mission, and that this mission was "secret," that it was "bigger than the CIA," and that "nobody would get in his way." The Respondent told her stories about people who had displeased him meeting untimely deaths and made other unusual comments to her, including references to "Lenny" (the devil). During her last visit with the Respondent, she challenged her treatment regimen as her condition had deteriorated. He became upset and presented her with fistfuls of different sample tranquilizers, telling her that maybe "that [the pills] would calm her down." She left and never returned. Patient E was and is fearful of the Respondent.

35. After Patient E terminated her relationship with the Respondent, she consulted a psychiatrist and told him about the Respondent's unusual conduct toward her, the "sessions," and her resultant fear.

NOTICE OF POSSIBLE SANCTIONS

If, after a hearing, the Board finds that there are grounds for action under Md. Health Occ. Code Ann. §14-404(a)(3), and/or

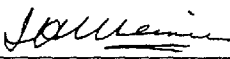
(9), and/or (22) the Board may impose disciplinary sanctions against the Respondent's license, including revocation, suspension, or reprimand, and may place the Respondent on probation.

NOTICE OF HEARING, CASE RESOLUTION CONFERENCE
AND PREHEARING CONFERENCE

A hearing in this matter has been scheduled for May 19-20, 1993 at 9:00 a.m. in the Office of Administrative Hearings, Administrative Law Building, Greenspring Station, 10753 Falls Road, Lutherville, Maryland 21093.

In addition, a case resolution conference in this matter has been scheduled for May 12, 1993, at 3:00 p.m. in the Board's Office, 4201 Patterson Avenue, Baltimore, Maryland 21215; and a prehearing conference in this matter has been scheduled for May 14, 1993 at 9:00 a.m. in the Office of Administrative Hearings, Administrative Law Building, Greenspring Station, 10753 Falls Road, Lutherville, Maryland 21093. The nature and purpose of the case resolution conference and prehearing conference are described in the attached letter to the Respondent.

4/28/93
Date



Israel H. Weiner, M.D., Chair
Board of Physician Quality
Assurance

IN THE MATTER * BEFORE THE
ROBERT A. HALLOWITZ, M.D. * STATE BOARD OF PHYSICIAN
Respondent * QUALITY ASSURANCE
License Number: D 16524 * Case Numbers: 93-0683 & 90-0292
* * * * *

SUMMONS AND NOTICE OF CHARGES AND HEARING

YOU ARE HEREBY SUMMONED to appear at a hearing before an administrative law judge. The administrative law judge refers proposed Findings of Fact, Conclusions of Law and Recommendations to the State Board of Physician Quality Assurance (the "Board") to determine whether you have committed the prohibited acts described in the attached document entitled "Charges under the Maryland Medical Practice Act" and what sanctions, if any, are appropriate.

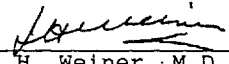
The hearing is scheduled for May 19 - 20, 1993 at 9:00 a.m. in the Office of Administrative Hearings, Administrative Law Building, Greenspring Station, 10753 Falls Road, Lutherville, Maryland 21093.

This hearing is held under the authority of Md. Health Occ. Code Ann. Section 14-404 (1991 Repl. Vol.) and Md. State Gov't Code Ann. Section 10-205 (1984).

If you do not appear as required by this summons, the administrative law judge may hear this matter in your absence and refer this matter to the Board for disposition as provided under Section 14-505 of the Health Occupations Article.

4/23/93

Date


Israel H. Weiner, M.D., Chair
State Board of Physician Quality
Assurance