

COMMONWEALTH OF MASSACHUSETTS

Middlesex, SS.

Board of Registration in Medicine

Adjudicatory Case No. 2011-016

In the Matter of )  
)  
)

ABODE L. HAMOUSH, M.D. )  
Registration No. 226719 )  
)

**STATEMENT OF ALLEGATIONS**

The Board of Registration in Medicine (Board) has determined that good cause exists to believe the following acts occurred and constitute a violation for which a licensee may be sanctioned by the Board. The Board therefore alleges that Abode Hamoush, M.D. (Respondent) has practiced medicine in violation of law, regulations, and/or good and accepted medical practice, as set forth herein. The investigative docket number associated with this order to show cause is Docket No. 11-090.

**Biographical Information**

1. The Respondent was born on December 31, 1970. He graduated from the Faculty of Medicine at Damascus University in 1997. He is certified in psychiatry by the American Board of Psychiatry and Neurology. He has been licensed to practice medicine in Massachusetts under certificate number 226719 since October 5, 2005. He has reported privileges at Mount Auburn Hospital and Pocasset Mental Health Center. The Respondent opened a private psychiatric and Suboxone practice in Plymouth, Massachusetts in December 2009. The

Respondent also worked at the VA Boston Healthcare System, Brockton Division, (VA Brockton) through his position as clinical instructor with Harvard Medical School.

Factual Allegations

2. In early 2011, the Respondent stopped going to work at the VA Brockton without offering an explanation or arranging for coverage.

3. In March 2011, the Respondent stopped going to work at his private office practice.

4. The Respondent's office staff contacts him daily by telephone, text or email to discuss patient care.

5. The Respondent's nurse, an R.N., assesses the patients.

6. Once a week, the office staff meets with the Respondent at his home or at a coffee shop to discuss patient care and to have him sign prescriptions and other documents. The Respondent also sends electronic prescriptions to pharmacies for his patients.

7. The Respondent's office staff is very uncomfortable about the situation with the Respondent.

8. The Respondent instructed his office staff to start transferring his patients.

9. There are currently approximately 90 Suboxone and 30 - 40 psychiatric patients in his practice.

10. The Respondent believes that some of his patients are part of a reality show or theater.

11. The Respondent feels overwhelmed and is unable to care for his patients.

12. Patient A is an adult male and Patient B is an adult female. They are a couple.

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24.05/18/11

13. Patient A and Patient B were concerned about the Respondent's recent strange and out-of character behavior as he has always been appropriate and supportive in the past.

14. The Respondent accused Patient A of poisoning the Respondent and abruptly discharged Patient A from his practice.

15. The Respondent swore at Patient B during a group therapy session.

16. On or about April 20, 2011, the Harvard University Police Department received reports from Harvard staff that the staff had received several rambling non-threatening emails and videos from the Respondent.

17. Between approximately December 2010 and May 2011, the Boston Police Department and the Boston Fire Department have responded to the Respondent's condominium building on several occasions due to disturbances the Respondent has created and/or calls he has made to them.

18. The Respondent describes his diagnoses as Post Traumatic Stress Disorder, Anxiety, Depression, Attention Deficit Hyperactivity Disorder and some Obsessive Compulsive Disorder traits.

19. The Respondent self prescribes various antidepressants and other medications.

20. The Respondent receives prescriptions for stimulants from his primary care physician.

21. The Respondent believes that his privacy, including all his electronic equipment, has been compromised.

22. The Respondent describes himself as not paranoid, but hypervigilant. He is unable to seek help and is afraid to communicate.

### Legal Basis for Proposed Relief

A. Pursuant to G.L. c. 112, §5, ninth par. (b) and 243 CMR 1.03(5)(a)2, the Board may discipline a physician upon proof satisfactory to a majority of the Board, that said physician committed an offense against a provision of the laws of the Commonwealth relating to the practice of medicine, or a rule or regulation adopted thereunder. More specifically:

1. G.L. c. 94C, § 19(a), which requires that physicians issue prescriptions for controlled substances for legitimate purpose and in the usual course of the physician's medical practice.

B. Pursuant to G.L. c. 112, §5, ninth par. (c) and 243 CMR 1.03(5)(a)3, the Board may discipline a physician upon proof satisfactory to a majority of the Board, that he engaged in conduct that places into question the physician's competence to practice medicine, including but not limited to gross misconduct in the practice of medicine, or practicing medicine fraudulently, or beyond its authorized scope, or with gross incompetence, or with gross negligence on a particular occasion or negligence on repeated occasions.

C. Pursuant to G.L. c. 112, §5, ninth par. (d) and 243 CMR 1.03(5)(a)4, the Board may discipline a physician upon proof satisfactory to a majority of the Board, that said physician practiced medicine while his ability to do so was impaired by mental instability.

The Board has jurisdiction over this matter pursuant to G.L. c. 112, §§ 5, 61 and 62. This adjudicatory proceeding will be conducted in accordance with the provisions of G.L. c. 30A and 801 CMR 1.01.

### Nature of Relief Sought

The Board is authorized and empowered to order appropriate disciplinary action, which may include revocation or suspension of the Respondent's license to practice medicine. The

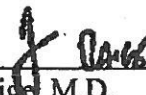


Board may also order, in addition to or instead of revocation or suspension, one or more of the following: admonishment, censure, reprimand, fine, the performance of uncompensated public service, a course of education or training or other restrictions upon the Respondent's practice of medicine.

Order

Wherefore, it is hereby **ORDERED** that the Respondent show cause why the Board should not discipline the Respondent for the conduct described herein.

By the Board of Registration in Medicine,

  
\_\_\_\_\_  
Peter Paige, M.D.  
Chairman

Date: May 18, 2011

SENT CERTIFIED MAIL 5/18/11 lmb

COMMONWEALTH OF MASSACHUSETTS

MIDDLESEX, ss

BOARD OF REGISTRATION  
IN MEDICINE

ADJUDICATORY CASE NO  
2011-016 (RM-11-263)

\_\_\_\_\_  
IN THE MATTER OF )  
 )  
 )

Abode L Hamoush, M D )  
\_\_\_\_\_) )

**Final Decision & Order**

This matter came before the Board for consideration of the Administrative Magistrate's Recommended Decision, dated April 17, 2012. That Recommended Decision adopted the Findings of Fact and Conclusions of Law set forth in a joint Stipulation by the Parties, and incorporated them by reference. After full consideration of the Recommended Decision, which is attached hereto and incorporated by reference, the Board adopts the Recommended Decision, and also adopts the Recommended Sanction proposed by the Parties.

The Recommended Sanction is consistent with Board precedent. *See In the Matter of Mejah Ben-Yonatan, M D*, Board of Registration in Medicine, Adjudicatory Case No 2008-057 (Final Decision and Order, February 16, 2011 (indefinitely suspending physician with mental health issues, suspension to be stayed upon demonstration of fitness to practice, including completion of an independent psychiatric evaluation), *In the Matter of Van Batchis, M D*, Board of Registration in Medicine, Adjudicatory Case No 2008-036 (Consent Order, October 22, 2008) (indefinitely suspending physician's inchoate right to renew his medical license, suspension to be stayed upon updated

independent psychiatric evaluation), and *In the Matter of Jeffrey M Sondler, M D* , Board of Registration in Medicine, Adjudicatory Case No 01-09-DALA (Final Decision and Order, December 12, 2001) (indefinitely suspending license of physician, suspension to be stayed upon submission of documentation from a Board-approved evaluator showing fitness to return to practice)

Therefore, the Board hereby indefinitely suspends the Respondent's medical license Said suspension shall be stayed upon the Respondent's demonstration, to the satisfaction of the Board, that he is fit to practice medicine The evidence of fitness to practice medicine shall include, but not be limited to

- Undergoing an updated psychiatric evaluation with the same Board-approved psychiatrist who has previously conducted an evaluation of the Respondent,
- Providing information from the Respondent's treatment providers to the Board and its staff, and
- Any other evidence the Board deems necessary

As a condition of any stay of suspension, the Respondent shall execute releases permitting the exchange of documents and information among the following the Board and its staff, the Respondent, the Board-approved psychiatric evaluator, all of the Respondent's healthcare providers, whether there is active treatment or not, and any other individuals and entities as deemed necessary by the Board

In addition, as a condition of any stay of suspension, the Respondent shall submit a practice plan for the Board's approval before he may return to the practice of medicine, said practice plan shall include, but not be limited to an adequate description of his re-

entry into practice, including specific practice settings, work schedule, number of patients, practice areas and coverage plan, monitoring by a physician and/or physicians approved by the Board. Said monitor shall hold an active, unrestricted license to practice medicine in Massachusetts and must be board-certified in the Respondent's specific practice area. The monitor shall conduct monthly assessments of the Respondent's practice, which shall include, but not be limited to, a review of at least fifteen (15) patient charts, selected by the monitor, and consultations with the Respondent. The monitor shall also conduct any other monitoring functions that the Board deems necessary and shall file monthly reports to the Board.

Lastly, as a condition of any stay of suspension, the Respondent shall enter into a Probation Agreement, the terms of which shall include, but not be limited to incorporation of and compliance with the Respondent's practice plan, full compliance with all recommendations made by the Board-approved psychiatric evaluator, entry into and compliance with a Physician Health Services monitoring contract, ongoing compliance with therapy and treatment, worksite monitoring and reporting to the Board, and any other conditions that the Board deems necessary.

The Respondent shall provide a complete copy of this Final Decision and Order with all exhibits and attachments within ten (10) days by certified mail, return receipt requested, or by hand delivery to the following designated entities: any in- or out-of-state hospital, nursing home, clinic, other licensed facility, or municipal, state, or federal facility at which he practices medicine, any in- or out-of-state health maintenance organization with whom he has privileges or any other kind of association, any state agency, in- or out-of-state, with which he has a provider contract, any in- or out-of-state

medical employer, whether or not he practices medicine there, the state licensing boards of all states in which he has any kind of license to practice medicine, the Drug Enforcement Administration – Boston Diversion Group, and the Massachusetts Department of Public Health Drug Control Program. The Respondent shall also provide this notification to any such designated entities with which he becomes associated for the duration of this suspension. The Respondent is further directed to certify to the Board within ten (10) days that he has complied with this directive.

Date July 25, 2012



Herbert H. Hodos, Esq.  
Vice Chair

SENT CERTIFIED MAIL 7/25/12 LMF

THE COMMONWEALTH OF MASSACHUSETTS

Suffolk, ss

Board of Registration in Medicine,  
Petitioner

v

Abode L. Hamoush, M D ,  
Respondent

Division of Administrative Law Appeals  
98 North Washington Street, 4th Floor  
Boston, MA 02114  
(617) 727-7060  
[www.state.ma.us/dala](http://www.state.ma.us/dala)

Docket No RM-11-263

**Appearance for Petitioner**

Luz A Carrion, Esq  
Board of Registration in Medicine  
200 Harvard Mill Square, Suite 330  
Wakefield, MA 01880

**Appearance for Respondent**

Abode L Hamoush, M D  
143 Court Street  
Plymouth, MA 02114

**Administrative Magistrate**

James P Rooney

**Summary of Decision**

Doctor who ceased showing up for work at his medical practice is subject to discipline by the Board

**RECOMMENDED DECISION**

On May 18, 2011, the Board of Registration in Medicine issued a Statement of Allegations ordering Abode Hamoush, M D to show cause why he should not be disciplined for erratic behavior – including his failure to show up for work at his position with the VA Boston Healthcare System in Brockton after early 2011 and his failure to show up for work at his private practice beginning in March 2011 – that called into question his ability to

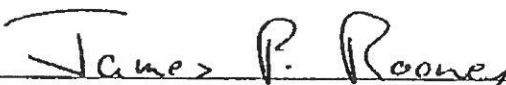
practice medicine. On the same day, the Board summarily suspended his license to practice medicine and referred the matter to the Division of Administrative Law Appeals.

On March 30, 2012, by mutual agreement among the parties, Complaint Counsel filed a Stipulation of Facts and Conclusions of Law. The stipulation is signed by Dr. Hamoush and Complaint Counsel. The Stipulation is attached as Exhibit 1.

Other than the Stipulation and the admissions of fact it contains, I have not taken evidence with respect to the facts of this matter. I adopt the facts as stipulated. The conclusions of law set forth in the Stipulation are warranted and I therefore adopt them as well.

Based on the foregoing, I recommend that the Board impose such discipline on Dr. Hamoush as it deems appropriate in light of the facts and conclusions of law as stipulated by the parties.

DIVISION OF ADMINISTRATIVE LAW APPEALS

  
James P. Rooney  
First Administrative Magistrate

Dated **APR 17 2012**

COMMONWEALTH OF MASSACHUSETTS

Suffolk, ss

Division of Administrative Law Appeals

Docket No RM-11-263

Board of Registration in Medicine,  
Petitioner

v

Abode L Hamoush, M D  
Respondent

STIPULATION

Abode L Hamoush, M D (Respondent), Complaint Counsel agree that this Stipulation shall be filed with the Administrative Magistrate for the Division of Administrative Law Appeals (DALA) as a resolution of questions of material fact and law as set forth by the Statement of Allegations in the above matter. The Respondent admits to the Findings of Fact described below and agrees that the Administrative Magistrate and the Board may make the Conclusions of Law as set forth below.

FINDINGS OF FACT

Biographical Information and Board History

1 The Respondent was born on December 31, 1970. He graduated from the Faculty of Medicine at Damascus University in 1997. He is certified in psychiatry by the American Board of Psychiatry and Neurology. He is also certified by the American Society of Addiction Medicine. The Respondent's license to practice medicine in Massachusetts (certificate number 226719) was issued on October 5, 2005.



2 The Respondent had reported privileges at Mount Auburn Hospital and Pocasset Mental Health Center. The Respondent opened a private psychiatric and Suboxone practice in Plymouth, Massachusetts in November 2009. The Respondent also worked at the VA Boston Healthcare System, Brockton Division, (VA Brockton) through his position as clinical instructor with Harvard Medical School.

3 On May 18, 2011, the Board summarily suspended the Respondent's license to practice medicine in the Commonwealth.

4 Also on May 18, 2011, the Board ordered that the Respondent undergo a psychiatric evaluation pursuant to G L c 112, § 5H.

*The Respondent's Practice Prior to May 18, 2011*

5 Prior to May 18, 2011, the Respondent's practice had approximately 95 Suboxone patients, many who had dual diagnosis, and approximately 65-75 psychiatric patients.

6 The Respondent's practice included medication management for psychiatric issues, Suboxone for opiate dependency, individual and family therapy for psychiatric and substance abuse patients, as well as group sessions. The Respondent did not have the support needed to run his practice.

7 In early 2011, the Respondent started to feel overwhelmed and unable to care for his patients.

8 In early 2011, the Respondent stopped going to work at the VA Brockton without offering an explanation or arranging for coverage.

9 On March 6, 2011, the Respondent stopped seeing patients because he felt he was unable to give them the care they deserved.

10 Between March 6, 2011 and May 18, 2011, the Respondent was arranging transfer of care for his patients in order to provide continuity of care.

11 Between March 2011 and May 18, 2011, the Respondent's office staff would contact him daily by telephone, text or email to discuss patient care. The Respondent's office staff would also meet with him once a week at his home or at a coffee shop to discuss patient care and to have him sign prescriptions and other documents.

12 Between March 2011 and May 18, 2011, the Respondent's nurse, an R.N., assessed the patients. The Respondent also sent electronic prescriptions to pharmacies for his patients.

*The Respondent's Conduct*

13 Between approximately December 2010 and the period around the Respondent's summary suspension on May 18, 2011, the Boston Police Department and the Boston Fire Department had responded to the Respondent's condominium building on several occasions due to disturbances the Respondent had created.

14 On May 11, 2011, the Respondent told Board staff that he believed his privacy, including all his electronic equipment, had been compromised.

15 On May 11, 2011, the Respondent described himself to Board staff as not being paranoid, but hypervigilant. He was unable to seek help and was afraid to communicate.

16 On May 11, 2011, the Respondent described to Board staff his diagnoses as being Post Traumatic Stress Disorder, Anxiety, Depression, Attention Deficit Hyperactivity Disorder and some Obsessive Compulsive Disorder traits.

17 Prior to May 18, 2011, the Respondent self-prescribed various antidepressants and other non-narcotic medications.

18 Prior to May 18, 2011, the Respondent also received prescriptions for stimulants from his primary care physician.

Patient A and Patient B

19 Patient A is an adult male and Patient B is an adult female. They are a couple and began treatment with the Respondent in 2010.

20 Patient A and Patient B liked the Respondent, found him to be supportive and were grateful for his care. The Respondent had been appropriate to Patient A and Patient B. However, in early 2011, Patient A and Patient B were concerned about the Respondent's strange and out-of-character behavior.

21 The Respondent accused Patient A of poisoning the Respondent and abruptly discharged Patient A from his practice.

22 The Respondent swore at Patient B during a group therapy session.

Mitigating Factors

23 The Respondent underwent the Board-Ordered psychiatric evaluation.

24 After the Board's summary suspension, the Respondent sought treatment.

25 The Respondent has continued with his treatment plan.

CONCLUSIONS OF LAW

A The Respondent has violated G.L. c. 112, § 5, ninth par. (b) and 243 CMR 1.03(5)(a)2 by committing an offense against a provision of the laws of the Commonwealth relating to the practice of medicine, or a rule or regulation adopted thereunder—to wit:

1 G.L. c. 94C, § 19(a), which requires that physicians issue prescriptions for controlled substances for legitimate purpose and in the usual course of the physician's medical practice.

B The Respondent has violated G.L. c. 112, § 5, ninth par. (c) and 243 CMR 1.03(5)(a)3 by engaging in conduct that places into question the Respondent's competence to practice medicine.

C The Respondent has violated G L c 112 §5 ninth par (d) and 243 CMR 1.03(5)(a)4 by practicing medicine while his ability to do so was impaired by mental instability

### SANCTION

The Respondent and Complaint Counsel expressly acknowledge that the Board may impose sanctions against the Respondent based upon the above Findings of Fact and Conclusions of Law. The Respondent, the Respondent's attorney, and Complaint Counsel jointly agree to recommend to the Board that it impose the sanction set forth below. The parties hereto understand that the recommended sanction is not binding on the Board, and that the Board may wish to impose a different sanction on the Respondent.

At the time the Board considers this Stipulation, it will inform the parties of its inclination as to sanction. If the Board's sanction is different from the one recommended by the parties, the Respondent will be given an opportunity to either accept or reject the proposed sanction. If the Respondent rejects the proposed sanction, then the matter will continue through the adjudicatory process pursuant to General Laws chapter 30A and 801 CMR 1.00 et seq.

The Respondent and Complaint Counsel recommend that the Respondent's license to practice medicine be indefinitely suspended. Said suspension shall be stayed upon the Respondent's demonstration, to the satisfaction of the Board, that he is fit to practice medicine. The evidence of fitness to practice medicine shall include, but not be limited to:

- Undergoing an updated psychiatric evaluation with the same Board-approved psychiatrist who conducted the Board-Ordered psychiatric evaluation
- Providing information from his treatment providers to the Board and its staff
- Any other evidence the Board deems necessary

As a condition of any stay, the Respondent shall execute releases permitting the exchange of documents and information among the following

- The Board and its staff,
- The Respondent,
- The Board approved-psychiatric evaluator
- All of the Respondent's healthcare providers, whether there is active treatment or not, and
- Any other individuals or entities as deemed necessary by the Board

As a condition of any stay, the Board will also require the Respondent to submit a practice plan for the Board's approval before the Respondent may return to practice. The practice plan shall include, but not be limited to

- An adequate description of the Respondent's plan of re-entry into practice, including, but not limited to, practice settings, work schedule, number of patients, practice areas and coverage plan
- Monitoring by a physician and/or physicians pre-approved by the Board or its designee  
Said Monitor shall hold an active, unrestricted license to practice medicine in Massachusetts. The Monitor must also be certified by a Board of Medical Specialties and maintain an active practice in Massachusetts in the Respondent's specific practice area
- The Monitor shall conduct monthly assessments of the Respondent's practice, which shall include but not be limited to a review of at least 15 patient charts selected by the Monitor and consultations with the Respondent
- The Monitor shall also conduct any other monitoring functions the Board deems necessary
- The Monitor shall provide monthly reports to the Board

As a condition of any stay, the Respondent shall also be required to enter into a Probation Agreement with provisions for monitoring of his practice and mental health. The Probation Agreement shall include, but not be limited to

- Incorporation of, and adherence to, the Board-approved practice plan
- Full compliance with all recommendations made by the Board-approved psychiatric evaluator
- Enter into a contract with Physician Health Services (PHS) and ongoing compliance with all recommendations from PHS
- Ongoing compliance with therapy and treatment with reporting to the Board
- Compliance with Board-approved practice plan
- Any other conditions that the Board deems necessary

#### EXECUTION OF THIS STIPULATION

The Respondent and Complaint Counsel agree that the approval of this Stipulation is left to the discretion of the Administrative Magistrate and the Board. As to any matter this stipulation leaves to the discretion of the Administrative Magistrate or the Board, neither the Respondent nor anyone else acting on his behalf has received any promises or representations regarding the same.

The signature of the Respondent and Complaint Counsel are expressly conditioned on the Administrative Magistrate and the Board accepting this stipulation.

If the Administrative Magistrate rejects any provision contained in this Stipulation, the entire document shall be null and void and the matter will be scheduled for a hearing pursuant to General Laws c. 30A and 801 CMR 1.00 et seq.

If the Board rejects any provision in this Stipulation or modifies the Sanction and said modification is rejected by the Respondent, the entire document shall be null and void and the

matter will be recommitted to the Division of Administrative Law Appeals for a hearing pursuant to General Laws c 30A and 801 CMR 1.00 et seq

Neither of the parties nor anyone else may rely on the Stipulation in these proceedings or in any appeal there from

Abode L Hamoush, M.D.  
Abode L Hamoush, M.D.  
Respondent

Date 3/30/2012

Luz A. Carrion  
Luz A. Carrion  
200 Harvard Mill Square, Suite 330  
Wakefield, Massachusetts 01880

Date 3/30/12