

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

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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.

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.

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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

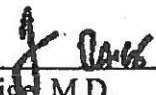
The Board is authorized and empowered to order appropriate disciplinary action, which may include revocation or suspension of the Respondent's license to practice medicine. The

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)
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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

