



IN THE MATTER OF \* BEFORE THE  
 MARK W. CRANDALL, M.D. \* STATE BOARD OF PHYSICIAN  
 Respondent \* QUALITY ASSURANCE  
 License Number: D23593 \* Case Number: 93-0480  
 \* \* \* \* \*

CONSENT ORDER

On November 7, 1995, the State Board of Physician Quality Assurance (the "Board") charged Mark W. Crandall, M.D. (the "Respondent"), D.O.B. 3/20/48, license number D23593, under the Maryland Medical Practice Act (the "Act"), Md. Code Ann., Health Occ. ("H.O.") §14-101 et seq. (1994).

The pertinent provisions of §14-404 of the Act provide:

- (a) Subject to the hearing provisions of §14-405 of this subtitle, the Board on the affirmative vote of the majority of its full authorized membership, may reprimand any licensee, place any licensee on probation, or suspend or revoke a license if the licensee:
  - (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 December 6, 1995, a Case Resolution Conference was held. As a result of the Case Resolution Conference, the parties agreed to enter into this Consent Order.

The Board at its meeting on December 20, 1995, considered the Case Resolution Conference's recommendation and voted<sup>1</sup> to accept this Consent Order.

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<sup>1</sup>A majority of the full authorized membership of the Board voted to accept this Consent Order.

FINDINGS OF FACT

1. The Respondent has been licensed to practice medicine in the State of Maryland since 1979.

2. The Respondent currently maintains an office for the practice of psychiatry at 11421 Reisterstown Road, Owings Mills, Maryland 21117.

3. The Respondent has no hospital privileges.

4. On January 13, 1993, the Board received a written complaint regarding the Respondent's treatment of Patient A.<sup>2</sup>

5. Based upon the complaint and the response of the Respondent, the Board requested that the Medical and Chirurgical Society of Maryland Peer Review Management Committee ask an appropriate component psychiatric society to conduct a peer review of the Respondent's treatment of Patient A.

6. On May 17, 1994, the Board received a report (the "Peer Review Incident Report") from the Maryland Psychiatric Society Peer Review Committee (the "Peer Review Committee") regarding the Respondent's treatment of Patient A. The Peer Review Committee reviewed Patient A's medical records and met with the Respondent. The Peer Review Committee concluded in its incident review that the Respondent failed to meet appropriate standards of care for Patient A. The Peer Review Committee regarded the Respondent's care of Patient A "as representing a clear sense of overinvolvement,

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<sup>2</sup>The name of the patient is not used in this Consent Order. The Board maintains a list with the patient's name which, identified by letter, corresponds to the letter used in this Consent Order. This list is available to Respondent upon request.

enmeshment, and lack of realistic, therapeutic boundaries. . . . The committee regarded [the Respondent's] investment of time and effort as misdirected and harmful."

7. The Peer Review Committee noted that the Respondent began treating Patient A, a female, in the late 1980's. Patient A was diagnosed by the Respondent as having Multiple Personality Disorder, Post-Traumatic Stress Disorder, and Obsessive Compulsive Disorder. At one time, the Respondent devoted approximately twenty hours a week to his treatment of Patient A, for which he received payment only from Medicare and Medicaid funds. The Respondent saw Patient A seven days per week in her home and also performed additional advocacy work on her behalf. The Respondent prescribed multiple drugs for Patient A and injected the patient with Nembutal in her home. The Respondent has "loaned . . . the patient money, moved her to quarters, . . . and on many occasions found other treaters and support systems unacceptable to the patient's needs and thereby justified his staggering commitment to her."

8. Subsequently, the Peer Review Committee conducted a review of the Respondent's medical practice. The Peer Review Committee met with the Respondent two additional times to discuss at length his treatment of a few patients, his knowledge of psychopharmacology, and his practice of medication management. The Peer Review Committee found that the Respondent "displayed adequate knowledge of psychopharmacology [and] his treatment and records surrounding medication management met the standard of care."

As to the Respondent's treatment of Patient A, however, the

Peer Review Practice Report concluded that the Respondent:

failed to meet appropriate standards of care in treatment of [Patient A]. . . . His enmeshment with the patient and loss of objectivity adversely affected his capacity to make appropriate clinical decisions in her care. The practice review, while not revealing further examples of substandard care, elucidated trends in Dr. Crandall's interpersonal relationships with patients and his lack of understanding of the meaning of his behaviors and actions within the doctor-patient relationship. These trends led to the profoundly substandard care provided in the incident case.

#### CONCLUSION OF LAW

Based upon the foregoing Findings of Fact, the Board concludes as a matter of law that the Respondent failed to meet appropriate standards as determined by appropriate peer review for the delivery of quality medical care performed in the State of Maryland, in violation of Md. Code Ann., Health Occ. § 14-404 (a)(22) (1994).

#### ORDER

Based upon the foregoing Findings of Fact and Conclusion of Law, it is this 2<sup>o</sup> day of December, 1995, by the Board of Physician Quality Assurance hereby:

ORDERED that the Respondent is REPRIMANDED; and it is further

ORDERED that Respondent shall be subject to the following terms and conditions:

1. The Respondent shall be subject to peer review of his practice annually for a maximum of 3 years. The Respondent shall cooperate fully with the peer reviewers and shall produce patient records in the form requested by the reviewers.

2. The Respondent will receive a copy of each peer review

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report and must follow any recommendations made by the peer review committee and endorsed by the Board.<sup>3</sup>

3. The Respondent shall continue in psychotherapy with a treating psychiatrist (the "therapist") approved by the Board.

a. The therapist will see the Respondent for therapy at least weekly, and more often if the therapist thinks it is appropriate. The Respondent must participate in the number of therapy sessions recommended by the therapist.

b. The Respondent shall be responsible for all costs and expenses incurred in therapy.

c. The therapist shall submit monthly reports to the Board, indicating only that the Respondent is attending the therapy sessions as recommended.

d. If the Respondent terminates therapy prior to discharge by the therapist, the therapist shall immediately notify the Board that the Respondent has terminated therapy.

e. If the therapist believes that therapy should be terminated, then the therapist can so notify the Respondent's compliance officer at the Board. Prior to the termination of therapy, the Respondent may be required by the Board to submit to an independent psychiatric evaluation performed by a psychiatrist (the "evaluating psychiatrist") selected by the Board. The Respondent shall submit to any test(s) the evaluating psychiatrist

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<sup>3</sup>All determinations which are required by this Consent Order to be made by the Board subsequent to the Board's acceptance of this Consent Order, may be made by the full Board, by the Weekly Review Panel, or by a Case Resolution Conference Committee.

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believes to be appropriate. The Respondent shall pay all costs associated with the evaluation. Respondent shall sign a release authorizing the evaluating psychiatrist to send to the Board a copy of any reports of psychiatric evaluations of the Respondent. The evaluating psychiatrist will make a recommendation to the Board concerning continued therapy. The Board must approve the termination of therapy before the change becomes effective.

f. If the therapist has reason to believe that the Respondent is a danger to himself or others, the therapist shall immediately notify the Board in writing.

g. If the initial therapist is unable to continue treatment through no fault of the Respondent's, the therapist must immediately notify the Board in writing. The Board shall present the Respondent with a list of not less than three (3) approved psychiatrists from whom the Respondent must immediately select another therapist. Subject to the Board's approval, the Respondent may within thirty (30) days suggest one or more names for inclusion in this list of psychiatrists. The new therapist must inform the Board in writing of the therapist's agreement to perform all duties required under this Order.

4. The Respondent's medical practice shall continue to be supervised by a psychiatrist approved by the Board for a period not to exceed three (3) years.

a. The Respondent shall meet at least twice a month with his Board-approved supervisor to review cases selected by the supervisory psychiatrist. The Board must receive written notice of

acceptance by the supervisory psychiatrist of the supervisory role over the Respondent and of the supervisory psychiatrist's agreement to comply with the terms of this Consent Order.

b. The Respondent shall be responsible for providing copies of this Consent Order, the charging document, any peer review reports received by him, and his office calendar to his supervisory psychiatrist. The Board shall send the supervisory psychiatrist copies of the complaint, the peer review reports, and this Consent Order. The supervising psychiatrist may receive copies of additional materials in the Board's file relating to the Respondent, upon request and Board approval.

c. The Respondent will be responsible for all costs associated with this supervision.

d. The supervisory psychiatrist shall provide quarterly written reports to the Board concerning the supervisory psychiatrist's meetings with the Respondent. Such written reports shall include the supervisory psychiatrist's opinions regarding: (1) the quality of care being provided by the Respondent to his patients; and, (2) the Respondent's ability to practice independently of supervision.

e. If the Board-approved supervisory psychiatrist can no longer supervise the Respondent's medical practice, the Respondent shall have sixty (60) days in which to seek Board approval of a new supervisory psychiatrist.

f. The Respondent may request that the Board terminate the requirement that his medical practice be supervised if a peer



review report recommends that supervision is no longer needed.

5. The Respondent shall not violate the Medical Practice Act.

6. If the Board determines after notification and hearing that the Respondent has violated any of the foregoing conditions, the Board may impose any additional disciplinary sanctions it deems appropriate.

ORDERED that Respondent will be responsible for all costs incurred under this Consent Order; and it is further

ORDERED that this Consent Order is a public document, pursuant to Md. Code Ann., State Gov't. § 10-601 et seq.

12/20/95  
Date

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

CONSENT

By signing this Consent, I hereby accept and agree to be bound by the foregoing Consent Order and its conditions and restrictions, consisting of 10 pages.

1. I acknowledge the validity of this Order as if made after a hearing in which I would have had the right to counsel, to confront witnesses, to give testimony, to call witnesses on my own behalf, and to all other substantive and procedural protections provided by law.

3. I also recognize that, by this Consent, I am waiving my


right to appeal the Findings of Fact, the Conclusion of Law, and the Order. I am also waiving the right I would have had to appeal any adverse ruling of the Board had this matter gone to hearing.

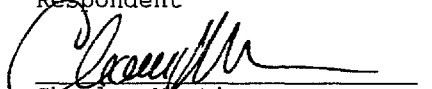
4. I further understand that if I fail to comply with any of the conditions enumerated above, I may suffer disciplinary action against my license to practice medicine in the State of Maryland.

5. I understand that if I present a danger to the public health, safety, or welfare, the Board may, WITHOUT PRIOR NOTICE AND AN OPPORTUNITY TO BE HEARD, reinstitute formal proceedings against my license to practice medicine in the State of Maryland.

6. I have had an opportunity to review the charging document and this Order, with my attorney, Charles Martinez. Considering carefully the advice of my counsel, I choose to sign this Order understanding its meaning and effect.

12-12-95  
Date

  
Mark W. Crandall, M.D.  
Respondent

  
Charles Martinez  
Attorney for the Respondent

STATE OF MARYLAND )  
CITY/COUNTY OF Baltimore )

I HEREBY CERTIFY that on this 12<sup>th</sup> day of December, 1995,  
before me, a Notary Public for the State and City/County aforesaid,  
personally appeared Mark W. Crandall, M.D. and made oath in due  
form of law that the foregoing Consent was his voluntary act and  
deed.

AS WITNESS my hand and Notarial Seal.

Stan M. Scibur  
Notary Public

My Commission Expires: 5 23 98.