



IN THE MATTER OF \* BEFORE THE STATE BOARD OF  
V. K. SURESH RAJAN, M.D., \* STATE BOARD OF PHYSICIAN  
Respondent \* QUALITY ASSURANCE  
LICENSE NUMBER D23312 \* CASE NUMBER 91-0128

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CONSENT ORDER  
BACKGROUND

Based on information received by the State Board of Physician Quality Assurance (the "Board"), the Board charged V. K. Suresh Rajan, M.D. (the "Respondent") (D.O.B. 10/31/51), License Number D23312, under the Maryland Medical Practice Act (the "Act"), Md. Health Occ. Code Ann. ("H.O.") §14-404 (1991 Repl. Volume) on March 3, 1992.

The pertinent provisions of the Act under H.O. §14-404 provide the following:

(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 . . . conduct in the practice of medicine;

(4) Is professionally, physically, or mentally incompetent;

(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; or

(28) Sells, prescribes, gives away, or administers drugs for illegal or illegitimate medical purposes.

Respondent was notified of these charges on March 4, 1992 through service on his attorney, Natasha Wesker, Esquire. A committee of the Board convened an initial Case Resolution Conference on April 15, 1992. The Case Resolution Conference failed to produce an agreement which would resolve the outstanding charges against Respondent. A hearing was scheduled for July 6, 1992.

On July 2, following further negotiations between the State and the Respondent, Respondent signed a letter of agreement indicating his intent to surrender his license to practice medicine in Maryland as early as July 30, 1992, but no later than September 1, 1992. In addition, Respondent agreed to appear at a Case Resolution Conference on July 8, 1992 to sign a Consent Order resolving the outstanding charges against him.

On July 8, 1992, a Case Resolution Conference<sup>1</sup> was held. The Case Resolution Conference recommended to the Board that this case be resolved by entering into a Consent Order. The Board, at its meeting on July 22, 1992, considered the Case Resolution Conference's recommendation and voted to accept the Consent Order.

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<sup>1</sup>Chief Case Resolution Officer John F. Strahan, M.D.; J. Andrew Sumner, M.D.; Peter E. Dans, M.D.; Frank Gunther, Jr.; C. Frederick Ryland, Counsel to the Board; Debra G. Woodruff, Assistant Attorney General and Administrative Prosecutor; Sylvia J. Anderson, Paralegal; V. K. Suresh Rajan, M.D.; and Natasha S. Wesker, Esquire Counsel for Dr. Rajan, were present.

FINDINGS OF FACTS

1. At all times relevant to these charges, the Respondent was licensed to practice medicine in the State of Maryland.

2. Respondent is a psychiatrist practicing at the Thomas B. Finan Center in Cumberland, Maryland where he is the Clinical Director of Cottage Two. In addition, Respondent maintains a private practice at 925 Bishop Walsh Road in Cumberland, Maryland and works one day a week as a staff psychiatrist at the Bedford MH/MR Clinic in Bedford, Pennsylvania.

3. Respondent possesses a license to practice medicine in West Virginia and Pennsylvania and has an inactive license in the State of New York.

4. Respondent has hospital privileges at the following institutions:

1. Sacred Heart Hospital, Cumberland, Maryland (active privileges)
2. Cumberland Memorial Hospital, Cumberland, Maryland (consulting privileges)
3. Frostburg Hospital, Frostburg, Maryland (consulting privileges)
4. Potomac Valley Hospital, Keyser, West Virginia (consulting privileges)
5. Meyersdale Hospital, Meyersdale, Pennsylvania (consulting privileges)
6. Memorial Hospital of Bedford County, Everett, Pennsylvania (consulting privileges)
7. Frostburg Village Nursing Home, Frostburg, Maryland (consulting privileges)

8. Cumberland Nursing Home, Cumberland, Maryland  
(consulting privileges)
9. Moran Manor Nursing Home, Cumberland, Maryland  
(consulting privileges)
10. Heartland Nursing Home, Keyser, West Virginia  
(consulting privileges)
11. Bedford MH/MR Clinic, R.D. 1, Bedford,  
Pennsylvania (Staff Psychiatrist)

5. Sometime in December, 1986, Respondent, a psychiatrist, observed that a co-worker was anxious and depressed. Before establishing a formal patient-psychiatrist relationship, Respondent prescribed Ativan, an anxiolytic, for the co-worker's anxiety and depression.

6. Subsequently, on December 29, 1986, the co-worker, Patient A<sup>2</sup>, began therapy with Respondent for thirty (30) minute sessions once every two (2) weeks.

7. On January 26, 1987, Respondent recommended that Patient A attend therapy sessions once a week. Patient A agreed.

8. On two (2) occasions in the Spring of 1987 and the Fall of 1987, during therapy sessions, Respondent engaged in sexual intercourse with Patient A.

9. During the course of Patient A's treatment, Respondent prescribed various medications for Patient A without physical examination or medical confirmation of a diagnosis. In addition,

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<sup>2</sup>To insure confidentiality, the patient's name is not used in the Consent Order.

Respondent prescribed psychotropic drugs for Patient A without recording the medications in Patient A's medical record.

10. Patient A terminated therapy with Respondent on June 20, 1988.

11. In November, 1990, Patient A sought psychiatric help from another psychiatrist. Patient A told the subsequent treating psychiatrist about Respondent's sexual contact with her.

12. On March 4, 1991, Patient A made a complaint to the Board.

13. During the course of its investigation, the Board referred the case to the Medical and Chirurgical Faculty of Maryland ("Med-Chi") who referred the case to the Maryland Psychiatric Society Peer Review Committee ("MPS PRC") for peer review. Subsequently, MPS PRC conducted an incident review and made the following findings:

1. The outpatient records kept by Respondent during his treatment of Patient A do not contain an initial psychiatric workup or discussion of diagnosis.
2. The records do not reflect that Respondent prescribed psychotropic medications for Patient A.
3. Within the notes on three (3) separate dates (9/4/87, 9/14/87, 10/17/87) entries appear in a different shade of ink. The words "acting out" were written in a different shade of ink from the rest of the notes on 9/4/87 and 10/12/87. The words "erotic fantasy" were written in a different shade of ink from the rest of the note on 9/14/87.
4. Prescribing ... [medications] in the absence of a confirmation of diagnosis violates the standard of care.

5. Treating a patient with whom Respondent was working professionally in a psychiatric setting was inappropriate. Respondent seems to have a minimal understanding of the appropriate boundaries of the treatment relationship.

14. The Respondent engaged in unprofessional conduct in the practice of medicine in that Respondent engaged in sexual contact with Patient A under the above circumstances. Sexual contact between a psychiatrist and the patient is unethical because it violates psychiatrist-patient boundaries that are necessary for an effective therapeutic relationship, confuses the patient as to the nature and extent of those boundaries, tends to provide gratification to the psychiatrist at the patient's expense, and compromises the patient's trust in the integrity and objectivity of the therapist and perhaps future potential therapists as well. A psychiatrist who engages in sexual contact and/or a relationship with the patient seriously compromises the patient's welfare.

15. MPS PRC also conducted a practice review and found that Respondent prescribed Vasotec (an antihypertensive) for another patient without adequate assessment of a diagnosis and without proper monitoring. In addition, the Committee questioned whether Respondent spent an appropriate amount of time with each patient and questioned how Respondent billed for these services. The Committee concluded that Respondent was practicing outside the scope of psychiatry and not meeting the standard of care in two of the ten charts reviewed.

16. On July 8, 1992, following the Case Resolution Conference, the Respondent agreed to surrender his license to practice medicine in the State of Maryland, effective August 22, 1992.

CONCLUSIONS OF LAW

Based upon the foregoing Findings of Fact, the Board concludes, as a matter of law, that the Respondent is guilty of immoral conduct in the practice of medicine; failed to meet the appropriate standard 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; and prescribed drugs for illegal or illegitimate medical purposes. (See Md. Health Occ. Code Ann. §§14-404(a)(3), (22), and (28) (1991 Repl. Vol.).

The Board, pursuant to its authority under Md. Health Occ. Code Ann., §14-406, dismisses the charges brought against the Respondent under Md. Health Code Ann. §§14-404(a)(4).

ORDER

Based upon the foregoing Findings of Fact and Conclusions of Law, it is this 22 day of July, 1992, by an affirmative vote of the majority of the full authorized membership of those members of the Board of Physician Quality Assurance of Maryland, who considered this case, hereby

ORDERED that Respondent's license to practice medicine in the State of Maryland is **SUSPENDED** effective August 22, 1992; and



it is further

ORDERED that effective August 22, 1992, Respondent shall participate in psychotherapy with a Board approved psychiatrist (the "therapist") at least one (1) hour each week for a period of one (1) year subject to the following conditions:

1. Respondent shall pay all costs of the psychotherapy in accordance with the agreement for payment that Respondent shall make with the therapist. Prior to beginning therapy, Respondent shall notify the Board, in writing, of the terms of the agreement to pay all costs of psychotherapy.
2. The therapist shall submit monthly reports to the Maryland Psychiatric Society Peer Review Committee ("MPS PRC"), 1101 St. Paul Street, Baltimore, Maryland 21202, indicating that Respondent:
  - a) is attending the therapy sessions as ordered (dates of sessions to be included);
  - b) has requested written permission pursuant to paragraph 5 below, to miss a session (date of session to be included);
  - c) is paying his bills pursuant to the agreement between Respondent and the therapist.
3. MPS PRC shall immediately notify the Board in the event that the therapist fails to submit monthly reports as required; the therapist reports that Respondent failed to attend therapy sessions as ordered; the therapist reports that Respondent failed to obtain written

permission, pursuant to paragraph 5 below, to miss a session; or that Respondent is not paying his bill pursuant to the agreement in paragraph 1 above.

4. In the event that the therapist is unable to continue treatment, through no fault of Respondent's, the therapist must immediately notify MPS PRC. MPS PRC, within ten (10) days of receipt of the notice, shall present Respondent with a list of three (3) approved psychiatrists from which Respondent must immediately select another therapist. The subsequent therapist must inform MPS PRC in writing that he/she agrees to perform all duties required under this Order.
5. If, during the period of time in which this Consent Order is in effect, Respondent is unable to attend a scheduled appointment with the therapist due to family matters or travel plans, Respondent shall obtain written permission of the therapist or his designee as approved by the Board to be excused from the appointment. Permission must be obtained in writing, in advance, of the time of the scheduled appointment for each missed appointment. Within 24 hours of receipt of the written permission, Respondent shall send a copy of the written permission, certified mail, RETURN RECEIPT REQUESTED to the Board, attention: COMPLIANCE DIVISION. Such written permission will be

granted for a leave of absence from scheduled therapy sessions, for a period not to exceed thirty (30) days per year.

6. Respondent shall sign a release, attached hereto and incorporated herein as Exhibit A, authorizing MPS PRC to send copies of the therapist's reports to the Board; and it is further

ORDERED that on or before September 22, 1992, Respondent shall undergo pretreatment psychiatric evaluation performed by a Board approved psychiatrist. Respondent shall pay all costs associated with the evaluation within thirty (30) days of the date of the evaluation. This evaluation will become the baseline psychiatric evaluation by which subsequent evaluations will be measured. On February 11, 1992, Lawrence Donner, Ph.D. performed a psychological evaluation of Respondent which will serve as the baseline psychological evaluation by which subsequent psychological evaluations will be measured; and it is further

ORDERED that, six (6) months from the effective date of the suspension, Respondent may submit a written petition to the Board requesting a STAY of the suspension provided that Respondent has complied with all of the following conditions precedent:

1. Respondent shall submit to follow-up psychiatric and psychological evaluations by Board approved practitioners. These evaluations will assess any treatment gains Respondent has achieved through

psychotherapy in regard to psychiatrist-patient boundaries. Respondent shall pay the costs of the follow-up evaluations as conditions precedent to the stay of the suspension.

2. Respondent shall not return to the practice of medicine if the evaluating psychiatrist and psychologist notify the Board that Respondent is mentally unfit at that time to return to the practice of medicine. In the event that Respondent is not allowed to return to the practice of medicine at that time, Respondent may submit a petition to the Board requesting a stay of the suspension no sooner than three (3) months from the date of the previous denial after Respondent is re-evaluated by the evaluating psychiatrist and psychologist. Respondent shall pay the costs of the evaluations as conditions precedent to the stay of the suspension.
3. Respondent shall satisfy all continuing medical education credits and any and all other requirements for licensure set forth in the Maryland Medical Practice Act §14-307. Within fourteen (14) days of receipt of continuing medical education credit hours, Respondent shall send a copy of the certificate of attendance or completion to the Board, attention: Compliance Division.

4. Prior to resuming the practice of medicine, Respondent shall contact the Chairman of the Maryland Psychiatric Society Peer Review Committee ("MPS PRC") for the purpose of arranging weekly supervision sessions under the supervision of a Board approved psychiatrist. When Respondent is allowed to return to the practice of medicine, Respondent shall meet with the supervising psychiatrist for at least one (1) hour per week, at Respondent's expense, to discuss the patient's whom Respondent is currently treating.
5. The selected supervising psychiatrist shall have access to and shall review this Order, all previous peer review reports, all current peer review reports and all psychiatric and psychological evaluations of Respondent; and it is further

ORDERED that NOTHING IN THIS ORDER SHALL BE CONSTRUED AS A PROMISE BY THE BOARD TO STAY THE SUSPENSION OF RESPONDENT'S LICENSE when Respondent petitions the Board for a STAY no sooner than six (6) months from the effective date of the suspension. Upon receipt of Respondent's petition, the Board will consider, but is not limited to, the following information:

1. The monthly reports from Respondent's therapist;
2. The baseline psychiatric and psychological evaluations;
3. The follow-up psychiatric and psychological evaluations and subsequent evaluations;

4. Continuing medical education credits and all other requirements for licensure set forth in the Maryland Medical Practice Act §14-307;
5. Arrangements for weekly supervision by a Board approved psychiatrist;
6. Payment of all financial obligations associated with this Order;
7. The proposed practice setting;
8. If Respondent has fulfilled all financial obligations and complied with all of the conditions precedents listed above, the Board shall not arbitrarily deny Respondent's petition for a stay of the suspension.

ORDERED that, if the Board STAYS the suspension, Respondent will be placed on PROBATION for a period of three (3) years from the date that the Board approves Respondent's request subject to the following terms and conditions:

1. Respondent's practice will be supervised by a Board approved psychiatrist and LIMITED to the treatment of psychiatric patients in an institutional inpatient setting for at least a period of two (2) years.
2. The supervising psychiatrist shall meet with Respondent individually for weekly supervisory sessions for at least one (1) year following Respondent's return to practice. The supervisor will determine how much time each week is needed to review Respondent's practice but

- Respondent shall meet with the supervising psychiatrist  
at least one (1) hour per week at Respondent's expense.
3. The supervising psychiatrist will make quarterly written reports regarding Respondent's practice of psychiatry to the Board, attention: Compliance Division.
  4. In the event that the supervising psychiatrist believes that Respondent is a danger to his patients, or himself, or is not competent to practice psychiatry or is in violation of this Order, the supervising psychiatrist will immediately notify the Board.
  5. In the quarterly reports the supervising psychiatrist will discuss whether weekly supervisory sessions should be continued and whether Respondent is paying the costs of the supervision as discussed in paragraph 6 below. The Board must ratify the supervisor's recommendations before any change in supervision becomes effective.
  6. Respondent shall pay all costs associated with the weekly supervisory sessions and the quarterly reports. The supervising psychiatrist will submit a bill to Respondent on a monthly basis or pursuant to an agreement made by Respondent and the supervising psychiatrist. Prior to beginning supervision, Respondent shall send the Board a copy of the agreement. If Respondent fails to pay the bill

pursuant to the agreement, the supervising psychiatrist will notify the Board. Failure to pay all bills pursuant to the agreement shall result in a violation of this Order.

7. At the expiration of the first six (6) month period of treating patients, Respondent will be subject to a peer review of his practice by the MPS PRC, administrative costs to be paid by the Respondent. MPS PRC RETAINS AUTHORITY TO SELECT INDIVIDUAL MEMBERS OF THE COMMITTEE TO PERFORM THE PEER REVIEW. RESPONDENT UNDERSTANDS THAT ANY OR ALL OF THE PEER REVIEWERS WHO PARTICIPATED IN THE INITIAL REPORT TO THE BOARD DATED DECEMBER 4, 1991, MAY BE ASKED TO PARTICIPATE IN ANY OF THE SUBSEQUENT PEER REVIEWS PROVIDED FOR IN THIS CONSENT ORDER. Respondent must cooperate with whatever MPS PRC requests Respondent to do in order to facilitate the review and completion of the peer review report in a timely manner. MPS PRC will make every effort to complete the report within forty-five (45) days of meeting with Respondent. Respondent will receive a copy of the report and must follow any recommendations made by MPS PRC and endorsed by the Board.
8. If, at the end of the first two (2) years of practice, MPS PRC indicates that Respondent is practicing within the standard of care, Respondent may petition the Board



to lift the restriction of treating psychiatric patients in an inpatient institutional setting only and present a proposed practice setting to the Board with weekly supervision by a Board approved psychiatrist. The supervision shall comply with all the provisions of paragraphs 2 through 6 above.

9. At the conclusion of the first, second and third years of practice, MPS PRC will conduct annual peer reviews of Respondent's practice. Respondent must cooperate with whatever MPS PRC requests Respondent to do in order to facilitate the review and completion of the annual peer review reports in a timely manner. MPS PRC will make every effort to complete the report within forty-five (45) days of meeting with Respondent. Respondent will receive a copy of each report and must follow any recommendations made by MPS PRC and endorsed by the Board.
10. If, at any time, the MPS PRC report indicates that Respondent is practicing below the standard of care, the STAY of the suspension may be vacated and the suspension reinstated. In addition, after notice of an opportunity for a hearing, the Board may impose any additional disciplinary sanctions it deems appropriate.
11. For the duration of the probationary period, Respondent's practice will continue to be supervised by

a Board approved psychiatrist for one hour a week on a weekly basis until the supervisor and the MPS PRC notify the Board, in writing, that Respondent should be allowed to practice without supervision.

12. For purposes of this Consent Order, the supervising psychiatrist shall be treated as a member of MPS PRC and shall be immune from civil liability in accordance with H.O. §14-501 when performing the functions of a Medical Review Committee.
13. Respondent shall practice in accordance with the laws governing the practice of medicine in Maryland.
14. Respondent shall be responsible for all costs for the supervision, psychotherapy, psychiatric and psychological evaluations, and administrative costs of the peer reviews during this probationary period.

ORDERED that if Respondent violates any of the foregoing terms, the stay may be lifted and the Board, after notification, a hearing, and a determination of violation, may impose any additional disciplinary sanctions it deems appropriate; and be it further

ORDERED that if Respondent presents a danger to the public health, safety, or welfare, the Board, WITHOUT PRIOR NOTICE AND AN OPPORTUNITY FOR A HEARING, MAY VACATE THE STAY OF SUSPENSION AND REINSTATE THE SUSPENSION, provided that Respondent is given immediate notice of the Board's action and an opportunity for a

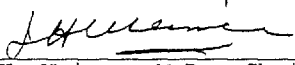
hearing within thirty (30) days after Respondent requests a hearing; and be it further

ORDERED that, three (3) years after the date that the Board stays the suspension, Respondent may petition the Board for termination of probation and reinstatement of his license without any conditions or restrictions. Prior to submitting a petition for reinstatement without conditions or restrictions, Respondent shall be evaluated by a psychiatrist selected by the Board, upon request of the Board. Respondent shall bear the burden of proving, to the Board's satisfaction, that he has complied with all the conditions of this Order. NOTHING IN THIS ORDER SHALL BE CONSTRUED AS A PROMISE BY THE BOARD TO REINSTATE RESPONDENT'S LICENSE WITHOUT CONDITIONS; and be it further

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

ORDERED that this Consent Order is considered a public document pursuant to Md. State Gov't Code Ann. §10-611, et seq. (1984).

7/22/92  
Date

  
Israel H. Weiner, M.D., Chair  
Maryland State 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 20 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.

2. I also recognize that I am waiving my right to appeal any adverse ruling of the Board that might have followed any such hearing. By this Consent I waive all such rights.

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

4. I understand that if I fail to fulfill each and every condition required for a stay of the suspension prior to FEBRUARY 22, 1993, the suspension will remain in effect until such time as such conditions have been satisfied.

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

6. I have had an opportunity to review this Order, with an attorney. I voluntarily sign this Order understanding its meaning and effect.

JULY 8, 1992  
Date

V. K. Suresh Rajan, M.D.  
V. K. Suresh Rajan, M.D.

Natasha S. Wesker  
Natasha S. Wesker, Esquire  
Counsel to Dr. Rajan

STATE OF Maryland

CITY/COUNTY OF Baltimore

I HEREBY CERTIFY this 8<sup>th</sup> day of July,  
1992, before me, a Notary Public of the State and City/County  
aforesaid, personally appeared V. K. Suresh Rajan, M.D., and made  
oath in due form of law that the foregoing Consent Order was her  
voluntary act and deed.

AS WITNESSETH my hand and notarial seal.

Patricia M. Donahoe  
Notary Public

My Commission Expires:

June 1, 1996

EXHIBIT A

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

I, V. K. Suresh Rajan, M.D., authorize the Maryland Psychiatric Society Peer Review Committee ("MPS PRC") to send copies of all reports submitted by the therapist, as provided in Paragraphs 2 through 5 on pages 8 through 10 of the Consent Order dated July 22, 1992, to the Board of Physician Quality Assurance. This release shall not operate to authorize the therapist to provide the Board with medical records generated by the therapist.

July 22, 1992  
Date

V. K. Suresh Rajan  
V. K. Suresh Rajan, M.D.