IN THE MATTER OF	*	**BEFORE THE**
ALLAN S. GOLD, M.D.	*	**MARYLAND BOARD**
Respondent	*	**OF PHYSICIANS**
LICENSE NUMBER: D19994	*	**CASE NUMBER: 2006-0111**

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CONSENT ORDER

On or about May 21, 2007, the Maryland Board of Physicians (the "Board") charged Allan S. Gold (the "Respondent") (D.O.B. 11/30/51) license number D19994 with violating the Maryland Medical Practice Act (the "Act") codified at Md. Health Occ. Code Ann. (H.O.) §§ 14-101 *et seq.* (2005 Repl. Vol.).

The pertinent provision of the Act under § 14-404 provides the following:

> (a) *In general.* --Subject to the hearing provisions of § 14-405 of this subtitle, the Board, on the affirmative vote of a majority of the quorum, 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;
>
> (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 the State[;].

FINDINGS OF FACT

The Board makes the following findings of fact:

I. Background

1. At all times relevant hereto, Respondent was licensed to practice medicine in Maryland. Respondent was originally licensed to practice medicine in Maryland on

November 30, 1976, under license number D19994. Respondent last renewed his license in approximately September 2006, which license will expire on September 30, 2008.

2. Respondent is Board certified in Psychiatry.

3. Respondent has received specific additional training in dealing with patients who have dissociative identity disorder.

4. Respondent has completed formal training in psychoanalysis.

5. Respondent maintains an office for the private practice of psychiatry, including psychotherapy, in Baltimore, Maryland.

II. Background of Review

6. On August 17, 2005, the Board received a complaint from a former patient of Respondent's, Patient A[1] alleging that throughout the therapy, Respondent engaged in an array of inappropriate behaviors in the form of both sexual and non-sexual boundary violations. The allegations of sexual misconduct are extensive and involve repeated incidents of fondling, kissing, sharing sexual fantasies, genital contact, and other similar behaviors, but not including actual intercourse. Patient also claims that she and Respondent had extensive e-mail correspondence, exchanged birthday gifts, visited the City Cafe together, had picnic-like encounters in the office which included sharing alcohol (Asti Spumanti), and an array of other non-sexual boundary activities. Patient A reported that she believed Respondent loved her and that the therapy had largely become a romantic relationship.

[1] Patient names are confidential and are not contained in the Consent Order. Respondent is aware of the identity of Patient A.

7. The Board conducted an investigation of the complaint, including obtaining Respondent's treatment records of Patient A, and interviewing Patient A, Respondent, and Patient A's former and subsequent therapists.

8. In April 2006, the Board sent the case to the Maryland Psychiatric Society for peer review of the case.

9. The peer reviewers, both Board certified in Psychiatry, reviewed the following documents:

a. Copy of Complaint
b. Transcript of interview of Patient A
c. Transcript of interview of Respondent
d. Medical records of Patient A, as provided by Respondent
e. Transcripts of interviews with prior and subsequent treating psychologists
f. Letter from Patient A to a former therapist
g. Copies of the cover of a CD and a book that were given to Patient A by Respondent
h. Written and typed communications from Respondent to Patient A
i. Letters, poems, cartoons, newspaper clippings, and written material given to Respondent by Patient A
j. Academic paper written by Patient A which Respondent helped her write

10. Both reviewers together conducted an interview of Respondent.

11. In August 2006, both reviewers, in separate reports, reported to the Board that they found lack of quality medical care and unprofessional conduct in regard to Respondent's treatment of Patient A as further described below:

IV. Patient Specific Findings

12. Respondent treated Patient A, a female then in her early to mid thirties, from June 1998 to September 11, 2000. Patient A presented with depression, wanting to harm herself, anxiety, and her life being in disarray.

13. Respondent treated Patient A for a variety of conditions: Dissociative Identity Disorder, Post Traumatic Stress Disorder, Personality Disorder, Not Otherwise Specified, and prominent mood and anxiety symptoms (and possibly freestanding Major Depressive Disorder vs. Bipolar Disorder) arising from these primary diagnoses.

14. According to Respondent's records, Patient A endured repeated sexual abuse in childhood. Additionally, Respondent was aware that Patient A and a prior therapist, a pastoral counselor, had engaged in sexual activity, leading to the termination of that therapy.

15. Respondent treated Patient A with combined psychodynamic psychotherapy and medication management. At various points in the treatment, Respondent prescribed Risperidone (Risperdal), Lorazepam (Ativan), and Venlafaxine (Effexor), at various doses.

16. In September 1999, Patient A had two psychiatric hospitalizations relating primarily to an acute accumulation of psychosocial stressors and a breakdown in available coping mechanisms. She experienced an intensification of suicidal ideation and emergence of auditory hallucinations of uncertain etiology. These symptoms responded well to acute interventions and Patient A then returned to treatment with Respondent.

17. In the course of the psychodynamic treatment, Patient A formed an intense erotic transference to Respondent. Patient A claims that Respondent reciprocated her feelings and engaged in behavior that demonstrated this.

18. Respondent engaged in e-mail exchanges with Patient A. In two of the e-mails, Respondent signed both "Love, Allan." The text of one of the two e-mails reads

"Dear Sally, Jane,[2] and all of you. I was so happy to get your card tonight. Thank you for appreciating me and thinking of me. I am ending this day with a smile in my heart. Thank you for that too. Love, Allan."

19. Respondent and Patient A occasionally sat on the office floor together.

20. Respondent and Patient A went to the City Cafe together, which he occasionally does with his patients.

21. Respondent gave Patient A birthday gifts of a CD and a book.

22. Respondent and Patient A engaged in "picnic-like" dining social interactions within the office setting immediately following sessions. Patient A brought an alcoholic beverage, Asti Spumante[3], which Respondent and Patient A consumed together.

23. When interviewed, Respondent stated that Patient A tried to kiss him on "a few" occasions. He stated that he did not reciprocate, told her that this was inappropriate behavior, and that they "processed" this behavior in sessions.

24. When interviewed, Respondent stated that during an early session, Patient A briefly exposed her breast to him in order to show him a birthmark that she was embarrassed by, despite his protestations that she not do so.

25. On one occasion, a "care taking alter" personality of Patient A's asked if she could rub his hands, and Respondent allowed her to do so.

26. On one occasion, Respondent massaged Patient A's neck to help her with a neck problem and headache.

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[2] These names are pseudonyms to avoid revealing Patient A's first name or the name of her "alter" in the Consent Order.

[3] Asti Spumante is a sparkling wine.

27. On one occasion, Patient A abruptly seated herself in Respondent's lap and would not leave for less than 20 seconds.

28. Respondent revealed personal information to Patient A, such as specifics of his own treatment for depression and his own prior traumas.

29. Respondent revealed to Patient A his childhood memories of being teased about certain anatomic issues.

30. Respondent disclosed to Patient A his experience of being sexually approached by a professor in college.

31. Respondent expressed feelings of "family love" for Patient A.

32. Respondent assisted Patient A in reviewing and editing her doctoral dissertation or thesis.

33. In September 1999, Patient A was hospitalized with a psychotic decompensation more than halfway through therapy with Respondent.

34. Respondent often met with Patient A as his last appointment of the day and would often extend over the scheduled time.

35. Respondent states that Patient A did not want to leave sessions alone, and would frequently wait for Respondent to change into his bicycling attire and then emerge from his office, whereupon they would leave together from his office building.

36. Respondent recalled an occasion when he was in bicycle attire and his bicycle shirt was unzipped too far or the zipper was broken, revealing his chest.

37. Respondent states that following a session on September 11, 2000, Patient A left the office and went to the waiting room. Respondent states that Patient A reentered the unlocked office from the waiting room while he was changing his clothes.

Respondent was naked from the waist down. Respondent states that he did not notice Patient A's presence until she had gotten close enough to touch his penis with a finger, which Respondent states she did. Respondent states that he told Patient A that this was unacceptable behavior, and Patient A abruptly left the office.

38. Respondent denies any Patient A's allegations of sexually intimate behavior between himself and Patient A.

39. Respondent did not document in Patient A's medical record any of his activities with Patient A listed above that Respondent states in his interview with Board staff and the peer reviewers as having actually occurred.

40. Respondent did not document in Patient A's medical record the occasional provocative behaviors by Patient A such as sitting on his lap and trying to kiss him.

41. Respondent did not document in the medical record the events in his office following the September 11, 2000 session, wherein Patient A returned to the office, observed him changing into bicycling clothes, and touched his unclothed penis. Respondent did not document in Patient A's medical record a termination note or a summary of therapy after Patient A's last visit

42. Patient A did not report this event in her complaint to the Board or in her interview with Board staff.

43. On September 13, 2000, Patient A wrote to Respondent informing him that she was terminating the "therapeutic relationship" because "this relationship is an unhealthy one for me."

44. Respondent maintained in his files the extensive written fantasies and other written materials that Patient A gave him over the course of treatment.

45. Patient A did not refer to any sexual activities in the materials that she gave to Respondent.

46. Patient A was reportedly rehospitalized in November 2000, and the dissolution of the therapy with Respondent was cited as a precipitating stressor for this event.

47. Respondent engaged in unprofessional conduct in the practice of medicine, in violation of H.O. § 14-404(a) (3), and failed to meet appropriate standards for the delivery of quality medical care, in violation of H.O. § 14-404(a) (22) in regard to Patient A, as stated in the peer review reports:

a) Respondent failed to maintain firm doctor-patient boundaries in his psychotherapeutic relationship with Patient A, a patient who has Dissociative Identity Disorder likely resulting from early severe and recurrent sexual abuse, and for whom a previous therapy had already been derailed due to boundary violations. Maintaining firm doctor-patient boundaries is even more critical when boundary violations, involving trusted caretakers departing from their appropriate roles, are likely to have been among the primary causative elements leading to the original development of Patient A's illness. Instead of observing especially scrupulous boundaries with Patient A, Respondent's boundaries were especially poor. The behaviors that Respondent admits to constitute boundary violations that would be expected to enflame the erotic transference in Patient A, which is at best therapeutically contraindicated, and at worst overtly harmful;

b) The standard of care precludes the following behaviors in the administration of psychotherapy for any patient, and particularly for a patient like Patient A with an extreme, overheated erotic transference and a history of boundary problems in past treatments. Respondent engaged in the following boundary violations that were harmful to Patient A:

i. Massaging Patient A's neck,

ii. Enacting "family-like events," such as picnicking in the office, going to a cafe, sharing alcoholic beverages together, having sessions sitting on the floor together,

iii. Allowing Patient A to be nearby with ready access to him and aware that he was changing clothes in a way that resulted in his partial nudity and her having access (by walking through an unlocked door while he was changing clothes) to his penis which she touched,

iv. Allowing an "alter" of Patient A permission to rub his hands,

v. Disclosing personal information with depth and breadth in the therapy regarding his own therapy, his own history of sex abuse,

vi. Giving Patient A birthday gifts,

vii. Signing correspondence to Patient A, "Love, Alan,"

viii. Reviewing and editing Patient A's thesis, and

ix. Scheduling sessions often at night and weekends so that they could and did run over to arbitrary times.

c) Respondent failed to seek a consultation, second opinion, or peer supervision while engaging in highly unconventional and risky behaviors in the context of therapy, in a case where he was choosing to cross boundaries that he personally admitted represented "unique", "atypical" approaches that he had never before used with any other patient previously, or contemporaneously. Nor was he relying on any published material that endorsed these techniques of boundary crossing in the treatment of patients with these kinds of psychiatric disorders. Though self-aware that he was in unexplored and uncorroborated therapeutic territory, Respondent made no attempt to check this therapeutic "adventurism" against published literature or the opinion of a colleague;

d) Failed to seek consultation/supervision in regard to his fear that if he did not gratify Patient A's emotional wishes in a palpable manner, then she would quickly engage in self-destructive and dangerous behaviors;

e) Failed to seek consultation/supervision in regard to countertransferential emotional gratification;

f) Failed to recognize the extent of the patient's fantasy life and impaired reality testing;

g) Failed to appraise Patient A as to the risky nature of his therapeutic interventions;

h) Failed to acknowledge or document the risks even to himself, although he should have been well aware of these risks; and

i) Failed to document in the progress notes any of the boundary crossings, such as the rationale for unique, extraordinary, unconventional interventions, or particularly unusual behaviors on the part of Patient A such as throwing herself on Respondent's lap, or baring her breast.

CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact, the Board concludes as a matter of law that Respondent's actions constitute unprofessional conduct in the practice of medicine, in violation of H.O. § 14-404(a)(3); and failure to meet standards of quality medical care, in violation of H.O. § 14-404(a)(22).

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, it is this 26th day of September, 2007, by a majority of the quorum of the Board considering this case hereby:

ORDERED that effective **thirty (30) days** from the date of this Consent Order Respondent's license to practice medicine in the State of Maryland shall be **SUSPENDED** for **six (6)** months with **three (3)** months active suspension followed by **three (3)** months **stayed suspension**, and it is further

ORDERED that following the three (3) months active suspension, Respondent shall be placed on **PROBATON** for a minimum **of two (2)** years, subject to the following conditions:

Ethics Tutorial

1. Within three (3) months of the date of this Order, Respondent shall enroll in, and within one (1) year of the date of this Order, Respondent shall successfully complete, a Board-approved individual ethics tutorial that focuses on patient/psychiatrist boundary crossings and violations such as occurred in this case;

2. Respondent shall submit to the Board a written paper that has been approved by the ethics tutor, which addresses the patient/psychiatrist boundary crossings and violations such as occurred in this case;

3. Respondent shall authorize the ethics tutor to submit written verification to the Board of completion of the ethics tutorial, which shall include a description of Respondent's participation in the tutorial;

4. Respondent shall sign a release, authorizing the ethics tutor to communicate with Respondent's treating psychotherapist and the Board;

Psychiatric Evaluation

5. Within three (3) months of the date of this Order, Respondent shall be evaluated by a Board-approved psychiatrist to determine whether Respondent requires individual psychotherapy to address the specific vulnerabilities that led to the events as described in this Consent Order;

6. Respondent shall authorize the Board to release to the evaluating psychiatrist any of the documents in the Board's investigative file, as in the Board's discretion would be relevant, and as requested;

7. Respondent shall sign a release to ensure that the evaluating psychiatrist submits to the Board a report of the evaluation which addresses the specific vulnerabilities that led to the events as described in this Consent Order and whether psychotherapy is indicated to address these issue;

Psychotherapy

8. If recommended by the Board-approved evaluating psychiatrist, within three (3) months of receipt of the recommendation, Respondent shall commence individual psychotherapy with a Board-approved psychotherapist, as frequently as, and for as long as, required by the treating psychotherapist;

9. Respondent shall authorize the Board to provide his psychotherapist with any of the documents in the Board's investigative file, as in the Board's discretion would be relevant, and as requested;

10. Respondent shall sign a release to ensure that the individual psychotherapist submits quarterly reports to the Board which include a report of attendance, the first quarterly report is due within three (3) months of the initiation of psychotherapy;

11. Respondent shall sign a release authorizing the psychotherapist to communicate with the ethics tutor and the Board;

12. Respondent shall follow all reasonable recommendations of the treating psychotherapist;

13. At the conclusion of psychotherapy, Respondent shall undergo a termination psychiatric evaluation by a Board approved evaluator; and Respondent shall authorize the Board to provide the evaluator with any of the documents in the Board's investigative file and probationary file, as in the Board's discretion would be relevant, and as requested;

Supervision

14. Within three (3) months of the date of this Consent Order Respondent shall meet with a Board-approved clinical supervisor, at least monthly for the first year, as frequently as and for as long as recommended by the supervisor, subject to the approval of the Board. The supervision will focus on the issues of patient/psychiatrist boundaries in regard to a random selection of Respondent's current patients. After one (1) year, Respondent may petition the Board for a reduction of the frequency of supervision, if recommended by the supervisor;

15. Respondent shall authorize the Board to provide his supervisor with any of the documents in the Board's investigative file, as in the Board's discretion would be relevant, and as requested;

16. Respondent shall ensure that the clinical supervisor submits quarterly reports to the Board, which address Respondent's participation in the supervisory process and his understanding in regard to the inappropriateness of the clinical approach he utilized with Patient A; the first quarterly report being due within three (3) months of initiation of supervision;

General Provisions

17. Respondent shall be responsible for all costs associated with fulfilling the terms and conditions of this Consent Order, and

18. There shall be no early termination of probation, and be it further

ORDERED that Respondent shall comply with the Maryland Medical Practice Act and all laws, statutes and regulations pertaining to the practice of medicine; and be it further

ORDERED that after the conclusion of the entire two (2) year period of probation, Respondent may file a written petition for termination of probation without further conditions or restrictions, but only if Respondent has satisfactorily complied with all conditions of this Consent Order, including all terms and conditions of probation, and if there are no pending complaints regarding Respondent before the Board, and be it further

ORDERED that before Respondent's probation can be terminated, the Respondent shall personally appear before a panel of the Board for the purpose of the panel determining, in its discretion, whether the Respondent may safely practice medicine with an unrestricted medical license. If the panel determines that the Respondent is not able to safely practice medicine with an unrestricted medical license, the panel may recommend to the full Board issuance of a Board order imposing further probation subject to terms and conditions; and be it further

ORDERED that any violation of the terms or conditions of this Consent Order shall be deemed a violation of this Consent Order; and be it further

ORDERED that if Respondent violates any of the terms and conditions of this probation and/or Consent Order, the Board, in its discretion, after notice and an opportunity for a show cause hearing before the Board, or opportunity for an evidentiary hearing before an Administrative Law Judge at the Office of Administrative Hearings if there is a genuine dispute as to the underlying material facts, may impose any other disciplinary sanction which the Board may have imposed in this case under §§ 14-404(a) and 14-405.1 of the Medical Practice Act, including an additional probationary term and conditions of probation, reprimand, suspension, lifting the stay of suspension, increasing the period of suspension, revocation and/or a monetary fine, said violation of probation being proved by a preponderance of the evidence; and be it further

ORDERED that this Consent Order is a **PUBLIC DOCUMENT** pursuant to Md. State Gov't Code Ann. § 10-611 *et seq.* (2004 Repl. Vol.)

9/20/07
Date

Harry C. Knipp, M.D., Chair
Maryland Board of Physicians

CONSENT

I, ALLAN S. GOLD, License No. D19994, by affixing my signature hereto, acknowledge that:

1. I am represented by counsel and have reviewed this Consent Order with my attorney, Angus Everton, Esquire before entering this Consent Order. By this Consent and for the purpose of resolving the issues raised by the Board, I agree and accept to be bound by the foregoing Consent Order and its conditions.

2. I am aware that I am entitled to a formal evidentiary hearing, pursuant to Md. Health Occ. Code Ann. § 14-405 (2005 Repl. Vol.) and Md. State Gov't Code Ann §§ 10-201 *et seq.* (2004 Repl. Vol.).

3. I acknowledge the validity and enforceability of this Consent Order as if entered into after the conclusion of a formal evidentiary hearing in which I would have 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 as provided by law. I am waiving those procedural and substantive protections.

4. I voluntarily enter into and agree to abide by the terms and conditions set forth herein as a resolution of the Charges against me. I waive any right to contest the Findings of Fact and Conclusions of Law and I waive my right to a full evidentiary hearing, as set forth above, and any right to appeal this Consent Order or any adverse ruling of the Board that might have followed any such hearing.

5. I acknowledge that by failing to abide by the conditions set forth in this Consent Order, I maybe subject to disciplinary actions, which may include revocation of my license to practice medicine.

6. I sign this Consent Order voluntarily, without reservation, and I fully understand and comprehend the language, meaning and terms of this Consent Order.

9/25/2007
Date

Allan S. Gold, M.D.
Respondent

9/25/2007
Date

Angus Everton, Esquire
Attorney for Respondent

NOTARY

STATE OF MARYLAND

CITY/COUNTY OF :

I HEREBY CERTIFY that on this 25th day of September, 2007 before me, a Notary Public of the State and County aforesaid, personally appeared Allan S. Gold, M.D., License number D19994, and gave oath in due form of law that the foregoing Consent Order was his voluntary act and deed.

AS WITNESS, my hand and Notary Seal.

Angela D. Mays
Notary Public

My commission expires: 05/18/08