

STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE

IN RE:)	
)	
CHARLES M. STEWART, M.D.)	ORDER OF IMMEDIATE PARTIAL
)	SUSPENSION
Complaint CR No. 19-140, CR No. 19-141)	

On September 10, 2019, the Maine Board of Licensure in Medicine (“the Board”) met and reviewed materials submitted in connection with complaints filed against Charles M. Stewart, M.D., license number MD 12483 (“Dr. Stewart”). On the basis of its review of these materials, the Board concludes that the continued ability of Dr. Stewart to practice as a physician in the State of Maine without restrictions constitutes an immediate jeopardy to the health and safety of a person and the public who might receive his medical services, and that it is necessary to immediately suspend his ability to practice medicine without restrictions pending a hearing in order to adequately respond to this risk.

This suspension is issued pursuant to 5 M.R.S. § 10004(3). Dr. Stewart’s ability to practice medicine is suspended in the following specific way: He may not practice medicine on female patients. This suspension is effective immediately upon issuance of this Order for a thirty (30) day period ending on October 10, 2019, at 11:59 p.m., pending further Board action at an adjudicatory hearing, which will be scheduled shortly. A formal notice of hearing will be transmitted, which will outline the issues and procedures for that hearing.

PRELIMINARY FINDINGS

Specifically, the Board preliminarily finds for purposes of this Order and pursuant to the materials submitted as follows:

1. Dr. Stewart has held a license to practice medicine in Maine since May 18, 1988 (license number MD 12483). Dr. Stewart specializes in psychiatry.
2. On May 25, 2012, Dr. Stewart entered into a Consent Agreement with the Board imposing discipline for unprofessional conduct following a complaint from a female patient who received treatment from him for approximately 18 years. The patient felt that Dr. Stewart’s behavior was sexually inappropriate and that it was Dr. Stewart’s responsibility as a professional “not to blur the lines” of the physician-patient relationship. The Consent Agreement resolved allegations including that Dr. Stewart rubbed the patient’s back and neck, made sexually inappropriate comments, requested to see the patient’s mastectomy scar, and provided the patient with gas money so she could come to an appointment. Dr. Stewart admitted that he rubbed the patient’s back, but asserted it was to show her how to “break the muscle tension cycle” that was making the patient’s back pain worse. Dr. Stewart also admitted that he told the patient that she must know how he feels about her and that he loved her, but that the

statements were meant to provide reassurance for her self-image that were misinterpreted by the patient. He also admitted that he hugged the patient on more than one occasion, including after a “particularly trying session.” Dr. Stewart characterized the patient as “highly sexualized”, and also admitted that he had not charged the patient a co-pay for 15 years, offered and provided money to the patient, and asked to see the patient’s mastectomy scar. Pursuant to the Consent Agreement, Dr. Stewart received the following reprimand:

Dr. Stewart is hereby reprimanded by the Board for engaging in unprofessional conduct towards [the patient]. As a psychiatrist, Dr. Stewart is responsible for being aware of and maintaining appropriate physician-patient boundaries. Failure to maintain such boundaries can lead to patient harm. In this case, [the patient] felt that Dr. Stewart had breached the trust she placed in him as a professional physician. Dr. Stewart recognizes that, while [the patient] may have misinterpreted his intentions, she also felt hurt and victimized as a result of his conduct. Dr. Stewart agrees never to engage in this type of conduct again.

In addition, Dr. Stewart was placed on probation for 5 years during which he was required to take an ethics and boundaries course, audiotape his treatment sessions with female patients, engage in mental health treatment, and engage a practice monitor who would review audiotaped sessions of his treatment of female patients. The Consent Agreement was amended on November 12, 2013, eliminating the counseling requirement and modifying the monitoring requirement. On October 1, 2014, the Consent Agreement was amended to eliminate the audiotaping of female patient session requirement. On January 12, 2017, the Board terminated the remaining requirements of the Consent Agreement.

3. On July 9, 2019, the Board received a complaint from female Patient A. Patient A alleged that Dr. Stewart first “sexually assaulted” her in 2009 and then again in 2018. She stated that she was a “single broke mother of 3 going through a divorce” and that Dr. Stewart “groomed” her by giving her food, money and compliments. “He never asked me to pay him.” Patient A stated that Dr. Stewart “started by putting a sheet on his floor and telling [her] to lie on the floor and he would give [her] a back rub.” She stated that he did this on 2 visits and on a third visit “he started to dry hump me on the floor against my buttocks.” Patient A stated that she had no money, was over medicated, and “had no choice but to continue with him for [her] prescriptions”. She stated she saw him once a year, and she would come late and leave early. At her annual 2018 visit, he told her she needed a back rub and put the sheet on the floor. Patient A’s complaint was docketed as complaint CR19-140.
4. On July 10, 2019, the Board received a complaint from female Patient B. Patient B alleged that she has been seeing Dr. Stewart for about 3 or 4 years. Patient B stated that Dr. Stewart did not charge her a co-pay. Patient B’s father committed suicide and had been physically abusive, and during one appointment Dr. Stewart told Patient B that it was her mother’s fault and that she should not forgive her. Patient B stated that Dr. Stewart would hug her and say “give me a hug”. She stated that Dr. Stewart

also engaged in political discussions with her that she did not wish to engage in, and that she kept trying to “hold onto him so he would write [her] prescriptions and [she] would not have to see him.” Patient B stated that she tried to limit the number of times she saw him and would intentionally come late to appointments. During her last appointment with Dr. Stewart she told him that she had moved in with her boyfriend and bought a house. Dr. Stewart informed her that he wanted her to start paying a co-pay. At the end of the session, he said “give me a hug”, and he hugged her tighter than he ever had before and pressed himself against her enough that she “noticed it more” than she had noticed it before. Patient A stated that she left, got in her car and cried. She felt humiliated. Patient B has not seen Dr. Stewart since that visit. Patient B reported the encounter with Dr. Stewart to her primary care physician (PCP) who encouraged her to report it to the Board. She brushed off her encounter with her PCP, saying that Dr. Stewart was just a “dirty old man.” Patient B’s complaint was docketed as complaint CR19-141.

5. On July 12, 2019, Patient A stated to Board staff that Dr. Stewart would make statements like, “you look really good” and “you’re my favorite patient.” Patient A stated that Dr. Stewart gave her money for her prescriptions. Patient A stated that the backrubs started in 2009, and the incident when he “dry-humped” her occurred in 2010. She stated then in 2018, he went to grab the sheet and lay it on the floor, and she said to him “Are you f----- kidding me?” She stated that she asked him why he abused her all those years and he replied that he felt bad about that.
6. On July 19, 2019, Patient B provided a supplement to her complaint. Patient B stated that she got the courage to look up Dr. Stewart’s disciplinary history, and got “chills down [her] spine” due to the similarities of that patient’s complaint. Patient B stated that Dr. Stewart did not give her money, but he did tell her that he loved her.
7. Board investigation indicates that Patient A and Patient B have never met, and medical records provided by their PCPs indicate that they each made a disclosure regarding Dr. Stewart to their PCP.
8. By letter dated August 2, 2019, Dr. Stewart provided a preliminary response to complaint CR2019-140. Dr. Stewart denied the back rubs and other physical contact alleged by Patient A. Dr. Stewart stated that as a “professional courtesy” he never charged Patient A for the psychiatric care that he provided for almost nine years, and on one occasion he bought her groceries. Dr. Stewart stated that he believes that Patient A’s motivation for filing the Board complaint is anger for declining her request to call Patient A’s brother to ask him to send her money. Dr. Stewart denied that he over-medicated Patient A.
9. By letter dated August 2, 2019, Dr. Stewart provided a preliminary response to complaint CR19-141. Dr. Stewart admitted that at the outset of Patient B’s treatment, he did seek co-payments from her. Dr. Stewart stated that he offered, and Patient B accepted, a hug from him on 2-3 occasions at the end of difficult sessions. Dr. Stewart stated that Patient B misinterpreted his “show of compassion and

understanding as an inappropriate sexual interest in her.” Dr. Stewart acknowledged that he had engaged in political discussions with patients before and after the 2016 election during which he may have shared his personal opinions. He “quickly determined that it [was] preferable not to discuss his own political views during sessions and [he] no longer [does] so.”

10. On August 6, 2019, Patient B replied to Dr. Stewart’s preliminary response, and stated that he never asked her if it was okay to hug her. She stated that he discussed politics at her last visit. Patient B stated that she does not believe that he had a sexual interest in her, “I feel like he had no interest in me at all. I feel his hugs were a ‘satisfaction’ he craves from any woman.”
11. On August 12, 2019, Patient A replied to Dr. Stewart’s preliminary response. Patient A stated that her PCP suggested that she was over-medicated, and when her medications were cut back on the PCP’s recommendation, she felt and functioned better.
12. The Board notes that the Code of Medical Ethics of the American Medical Association Opinion 1 states in part: “Relationships between patients and physicians are inherently unequal: the fact of illness renders patients vulnerable, in greater or lesser degree, and dependent on physicians’ expertise and fidelity.” As contained in the American Psychiatric Association Annotations Especially Applicable to Psychiatry: “A psychiatrist shall not gratify his or her own needs by exploiting the patient. The psychiatrist shall be ever vigilant about the impact that his or her conduct has upon the boundaries of the doctor-patient relationship, and thus upon the well-being of the patient. These requirements become particularly important because of the essentially private, highly personal and sometimes intensely emotional nature of the relationship established with the psychiatrist ... Further, the necessary intensity of the treatment relationship may tend to activate sexual and other needs and fantasies on the part of both patient and psychiatrist, while weakening the objectivity necessary for control. Additionally, the inherent inequality in the doctor-patient relationship may lead to exploitation of the patient. Sexual activity with a current or former patient is unethical.”

For the purposes of this Order of Partial Suspension and subject to holding the aforementioned full adjudicatory hearing on this matter to determine if any violations have actually occurred, the Board finds that the actions of Dr. Stewart constitute immediate jeopardy of similar behavior occurring in the future and that delaying imposition of a partial suspension of his ability to practice medicine on female patients until holding a hearing would not adequately respond to this known risk. It is of great concern that Dr. Stewart provides unchaperoned medical services with female patients.

The above conduct based upon the preliminary findings constitutes violations of the following provisions applicable to Dr. Stewart’s license to practice as a physician in the State of Maine:

- A. 32 M.R.S. § 3282-A(2)(H) by violating Board Rules Chapter 10 by committing sexual misconduct, including sexual violation(s) and sexual impropriety.
- B. 32 M.R.S. § 3282-A(2)(E)(1) by engaging in conduct that evidences a lack of ability or fitness to discharge the duty owed by the licensee to a client or patient or the general public.
- C. 32 M.R.S. § 3282-A(2)(F) by engaging in unprofessional conduct by violating a standard of professional behavior, including engaging in disruptive behavior, that has been established in the practice of medicine. For purposes of this paragraph, “disruptive behavior” means aberrant behavior that interferes with or is likely to interfere with the delivery of care.

ORDER OF IMMEDIATE PARTIAL SUSPENSION

The Board ORDERS as follows:

Dr. Stewart’s ability to practice medicine is suspended in the following specific way: He may not practice medicine on female patients. This suspension is effective immediately upon issuance of this Order in that on September 10, 2019, for a thirty (30) day period ending on October 10, 2019, at 11:59 p.m. pending further Board action at an adjudicatory hearing, which shall be scheduled shortly.

Dated: September 10, 2019



Christopher R. Ross, P.A., Acting Chair