

STATE OF MICHIGAN  
DEPARTMENT OF COMMUNITY HEALTH  
BUREAU OF HEALTH PROFESSIONS

In the Matter of

Mamoun Dabbagh, M.D.  
License Number: 43-01-045473

FILE NO.: 43-05-98712

PROOF OF SERVICE

State of Michigan )  
                                  )  
County of Ingham )

I, Marcie Anderson, of Lansing, County of Ingham, State of Michigan, do hereby state that on May 27, 2010, I sent the following documents to each of the parties listed below, enclosed in an envelope bearing postage fully prepaid, plainly addressed as follows:

CONSENT ORDER AND STIPULATION dated May 26, 2010.

BY:       First Class Mail  
           Certified Mail, Return receipt requested

TO:    Mamoun Dabbagh, M.D.  
       4050 E. 12 Mile Road  
       Warren, MI 48092

       Stephen M. Ryan PLLC  
       30700 Telegraph Rd Ste 2540  
       Bingham Farms, MI 48025

By Interdepartmental Mail to:

       Bill Hurth, Manager  
       Bureau of Health Professions  
       Enforcement Section

       Jack Blumenkopf  
       Department of Attorney General  
       Licensing & Regulation  
       Detroit, MI



Marcie M. Anderson  
Health Regulatory Division

STATE OF MICHIGAN  
DEPARTMENT OF COMMUNITY HEALTH  
BUREAU OF HEALTH PROFESSIONS  
BOARD OF MEDICINE  
DISCIPLINARY SUBCOMMITTEE

In the Matter of

MAMOUN DABBAGH, M.D.

Complaint No. 43-05-98712

License Number 43-01-045473

CONSENT ORDER AND STIPULATION

CONSENT ORDER

An Administrative Complaint was filed with the Disciplinary Subcommittee of the Board of Medicine on June 8, 2009, charging Mamoun Dabbagh, M.D., (Respondent) with having violated sections 16221(a) and (b)(i) of the Public Health Code, 1978 PA 368, as amended, MCL 333.1101 *et seq.*

The parties have stipulated that the Disciplinary Subcommittee may enter this consent order. The Disciplinary Subcommittee has reviewed the stipulation contained in this document and agrees that the public interest is best served by resolution of the outstanding complaint. Therefore, the Disciplinary Subcommittee finds that the allegations of fact contained in the Administrative Complaint are true and that Respondent has violated section 16221(a) of the Public Health Code.

Accordingly, for this violation, IT IS ORDERED:

Respondent is FINED \$2,000.00 to be paid by check, money order or cashier's check made payable to the State of Michigan (with complaint number 43-05-98712 clearly indicated on the check or money order) within 60 days from the effective date of this order. The timely payment of the fine shall be Respondent's responsibility.

Count II of the Administrative Complaint, alleging a violation of section 16221(b)(i) of the Public Health Code, is DISMISSED.

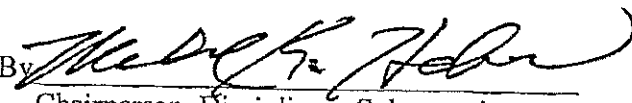
Respondent shall mail the fine required by the terms of this order to: Sanction Monitoring, Bureau of Health Professions, Department of Community Health, P.O. Box 30185, Lansing, Michigan 48909.

If Respondent violates any term or condition set forth in this order, Respondent will be in violation of 1996 AACRS, R 338.1632, and section 16221(h) of the Public Health Code.

This order shall be effective on the date signed by the Chairperson of the Disciplinary Subcommittee or the Disciplinary Subcommittee's authorized representative, as set forth below.

Signed on 5/26, 2010.

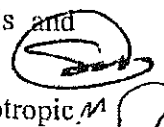
MICHIGAN BOARD OF MEDICINE

By   
Chairperson, Disciplinary Subcommittee

### STIPULATION

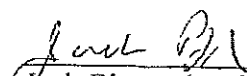
The parties stipulate as follows:

1. Except for the allegations in Count II, which Respondent denies, Respondent does not contest the allegations of fact and law in the Administrative Complaint. Respondent understands that, by pleading no contest, he does not admit the truth of the allegations but agrees that the Disciplinary Subcommittee may treat the allegations as true for resolution of the complaint and may enter an order treating the allegations as true.
  
2. Respondent understands and intends that, by signing this stipulation, he is waiving the right under the Public Health Code, rules promulgated under the Public Health Code, and the Administrative Procedures Act of 1969, 1969 PA 306, as amended, MCL 24.201 *et seq*, to require the Department to prove the charges set forth in the complaint by presentation of evidence and legal authority, and to present a defense to the charges before the Disciplinary Subcommittee or its authorized representative. Should the Disciplinary Subcommittee reject the proposed consent order, the parties reserve the right to proceed to hearing.
  
3. The Disciplinary Subcommittee may enter the above consent order, supported by Board conferee Busharat Ahmad, M.D. Dr. Ahmad or an attorney from the Licensing and Regulation Division may discuss this matter with the Disciplinary Subcommittee in order to recommend acceptance of this resolution.
  
4. Dr. Ahmad and the parties considered the following factors in reaching this agreement:

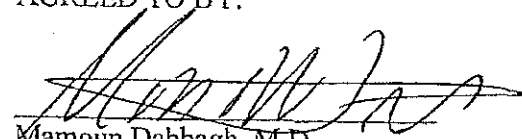
- Respondent has been licensed since 1982 without any previous disciplinary actions.
- Respondent has lectured other physicians in the use of psychotropic medications and has engaged in extensive research regarding medications and neurology. For example, for the past ten years he has given twice-monthly lectures to psychiatrists and neurologists at various clinics, medical schools, and hospitals.
- For the past seven years, Respondent has lectured medical students at the Michigan State University School of Medicine on the diagnosis and treatment of psychiatric disorders.
- Respondent has changed his methodology in prescribing psychotropic medications, including taking a more conservative approach in prescribing those medications. prn 

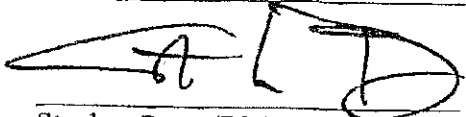

By signing this stipulation, the parties confirm that they have read, understand and agree with the terms of the consent order.

AGREED TO BY:

  
 Jack Blumenkopf (P24042)  
 Assistant Attorney General  
 Attorney for Complainant  
 Dated: 3/9/10

AGREED TO BY:

  
 Mamoun Dabbagh, M.D.  
 Respondent  
 Dated: 3/4/10

  
 Stephen Ryan (P27717)  
 Attorney for Respondent  
 Dated: 3/4/10  


STATE OF MICHIGAN  
DEPARTMENT OF COMMUNITY HEALTH  
BUREAU OF HEALTH PROFESSIONS  
BOARD OF MEDICINE  
DISCIPLINARY SUBCOMMITTEE

In the Matter of

MAMOUN DABBAGH, M.D.  
License Number 43-01-045473

Complaint No. 43-05-98712

ADMINISTRATIVE COMPLAINT

Attorney General Michael A. Cox, through Assistant Attorney General Jack Blumenkopf, on behalf of the Department of Community Health, Bureau of Health Professions, (Complainant), files this complaint against Mamoun Dabbagh, M.D. (Respondent), alleging upon information and belief as follows:

1. The Board of Medicine (Board), an administrative agency established by the Public Health Code (Code), 1978 PA 368, as amended; MCL 333.1101 et seq, is empowered to discipline licensees under the Code through its Disciplinary Subcommittee (DSC).
2. At all times relevant to this complaint, Respondent was licensed to practice medicine in Michigan pursuant to the Code, was board certified in addiction medicine and was board eligible in psychiatry.
3. Sections 16221(a) and 16226 of the Code authorize the DSC to take disciplinary action against Respondent for the violation of a general duty, consisting of negligence or failure

to exercise due care, including negligent delegation to or supervision of employees or other individuals, whether or not injury results, or any conduct, practice, or condition which impairs, or may impair, Respondent's ability to safely and skillfully practice medicine.

4. Sections 16221(b)(i) and 16226 of the Code authorize the DSC to take disciplinary action against Respondent for incompetence, which is defined in section 16106(1) of the Code to mean "a departure from, or failure to conform to, minimal standards of acceptable and prevailing practice for the health profession, whether or not actual injury to an individual occurs."

Eight-year-old patient J.G.

5. J.G. (initials are used to protect privacy), DOB 12/15/94, is a male with a medical history that was significant for seizures, hydrocephalus, enuresis, epilepsy, major depressive disorder, oppositional-defiant disorder, attention deficit disorder with hyperactivity, and bipolar disorder. He was admitted to Havenwyck Hospital on May 7, 2003, due to aggressive behavior and was seen by Respondent. On May 7, Respondent decided to continue the following medication regimen that J.G. was on prior to admission:

- Paxil (anti-depressant/anti-anxiety) 40 mg daily
- Geodon (atypical anti-psychotic) 40 mg qam and 4 pm<sup>1</sup>
- Lamictal (anti-convulsant) 100 mg qam, and 150mg qhs
- Adderall (stimulant) 2.5 mg tid
- Catapres (impulsivity/hyperactivity) 0.05 mg QID, and 0.1 mg qhs

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<sup>1</sup> Though Respondent's May 8, 2003 Medication Review and Respondent's Admission Note each state tid.

Respondent's prognosis was "fair to guarded," and he estimated J.G.'s hospitalization to be "three to five days, depending on his progress."

6. Respondent's Medication Review dated May 8 states that J.G. was alert and oriented, affect restricted, agitated and irritable with mood swings, poor attention span and poor concentration. Respondent's assessment was "marginal." Respondent significantly changed the medication regimen as follows:

- Abilify (atypical anti-psychotic) started 15 mg bid
- Strattera (hyperactivity/impulsivity) started 25 mg qam
- DDAVP (enuresis) started 0.1 mg qd
- Geodon stopped
- Paxil decreased to 20 mg qd
- Catapres decreased to 0.05 mg qam and 0.1 mg qhs
- Adderall increased to XR, 15 mg qam

Respondent only left the Lamictal unchanged.

7. The 2004 Physicians Desk Reference (PDR) entry for Abilify states that its safety and effectiveness for pediatric and adolescent patients have not been established; the starting and target dose (for adults) is 10 or 15 mg/day, once per day; and when administered with drugs such as Paxil, the dosage for Abilify should be reduced by at least one half.

8. Respondent's Medication Review dated May 9 states that J.G. was alert and oriented, affect restricted, and was "hostile, angry, agitated and irritable with mood swings. Belligerent with aggressive behavior." Assessment again was "marginal." Respondent's plan was to



decrease Catapres to bedtime only and continue Abilify. No reference is made to the order or use of Ativan .

9. On May 9 prior to 6:15 a.m., Respondent ordered Ativan 1 mg intramuscular or orally prn for agitation, and J.G. received 1 mg at 6:15 a.m. and at 11:05 a.m.

10. On May 9 at 9 a.m., Respondent ordered the following changes to J.G.'s medications:

- Paxil decreased to 10 mg qd; then discontinued
- Catapres qam discontinued
- Strattera increased to 40 mg qam

11. At 10:00 a.m. a physician other than Respondent ordered Abilify 15 mg to be administered immediately rather than in the evening, Catapres .1 mg qhs and .1 mg tid, and Thorazine 50 mg q4h as needed for agitation. At 2:55 p.m., J.G. is reported as being verbally delusional. At 4:40 p.m., J.G. had difficulty keeping his eyes open and standing. At 5:45 p.m., it was very difficult to arouse J.G., even by painful stimuli. When J.B.'s mother was contacted, she denied that he had previously displayed such conduct.

12. At 6:20 p.m., EMS was notified and J.G. was subsequently transferred to St. Joseph Mercy Hospital ER. The impressions of the ER physician included "change in mental status ... possible misadventure with medications contributing to the somnolent state."

13. On May 10 J.G. was admitted to St. Joseph's Psychiatric Unit, from which he was discharged to home on May 16. His discharge medications were Celexa 20 mg, ½ tablet daily, Lamictal 100 mg every morning and 150 mg every evening, and Geodon 20 mg at bedtime.

24-year-old patient N.H.

14. On October 5, 2003 at 9:30 p.m., N.H., DOB 8/14/79, a male with a medical history that was significant for obesity, seizure disorder, severe mental retardation, organic personality disorder, explosive disorder, and chronic constipation was transferred from Oakwood Hospital to Havenwyck Hospital because of aggressive behavior.

15. On October 5 at 10:50 p.m., Respondent ordered a continuation of the following medication regimen that N.H. was on prior to admission at Havenwyck:

- Depakote (anti-seizure) 250 mg tid
- Dilantin (anti-seizure) 200 mg tid
- Seroquel (atypical anti-psychotic) 100 mg qid
- Primidone (anti-seizure) 250 mg bid

16. On October 6 after 12 midnight, Respondent ordered Ativan (anti-anxiety) 2 mg intramuscular stat because of increased agitation and aggression. At 3:00 a.m., Respondent again ordered Ativan 2 mg intramuscular stat and also Haldol (anti-psychotic) 10 mg intramuscular stat because of continued aggressive behavior and increased agitation. At 2:45 a.m., Respondent ordered that N.H. be placed in four-point restraints for up to one hour for assaultive and self-abusive behavior.

17. Respondent's Medication Review dated October 6 states that there were no side effects to the Depakote, Dilantin, and Seroquel (omitting any reference to the Primidone). The Review found N.H. to be alert and oriented, affect restricted, no communication, poor attention span and concentration, difficulty focusing, and fairly agitated. The assessment was "marginal." The Review also states that Ativan and Haldol were given prn for agitated behavior.

18. On October 6 at 11:00 a.m., Respondent ordered the following medications for agitation on a prn basis:

- Ativan 2 mg intramuscular or by mouth
- Haldol 10 mg intramuscular or by mouth
- Zyprexa Zydis (atypical anti-psychotic) 20 mg by mouth

19. Later at 3:00 p.m., Respondent issued the following clarification for the above three prn medications:

- Ativan 2 mg intramuscular or by mouth q4h
- Haldol 10 mg intramuscular or by mouth q4h
- Zyprexa Zydis 20 mg by mouth q4h, not to exceed 40 mg in a 24-hour period.

20. The nurses' notes for October 6 report aggressive and/or agitated behavior at 1:30 a.m., 2:00 a.m., 2:30 a.m., 2:40 a.m., 2:26 p.m., and 7:25 p.m.

21. Respondent's Medication Review dated October 7 states that there were no side effects to the Depakote, Dilantin, Seroquel, and Primidone, but makes no reference to the prn medications. The Review found N.H. to be alert and oriented, affect brighter, and doing fair overall. The assessment was "fair."

22. Nurses' notes for October 7 report aggressive and/or agitated behavior at 11:00 a.m., 6:15 p.m., and 10:23 p.m.

23. Respondent's Medication Review dated October 8 found N.H. to be alert and oriented, affect brighter, and doing fair overall. Referring to the "Medications," the Medication Review states that it is "Basically still the same. He is on Seroquel 100 mg qid and the rest of his medications," but makes no reference to the prn medications. The assessment was "fair."

24. Nurses' notes for October 8 report aggressive and/or agitated behavior as well as flat affect at 3:00 p.m. and 8:00 p.m.

25. Respondent's Medication Review dated October 9 found N.H. to be alert and oriented, affect restricted; still having difficulty with agitation, irritability, and aggressiveness. No change in medications was indicated and the assessment was "fair to marginal."

26. Nurses' notes for October 9 report aggressive and/or agitated behavior as well as flat affect at 3:00 p.m. and 10:25 p.m.

27. Respondent's Medication Review dated October 10 found N.H. to be alert and oriented, affect brighter and "doing quite fair overall." No change in medications was indicated, referring only to Seroquel. The assessment was "fair."

28. On October 10 at 2:00 p.m., Respondent ordered Thorazine (anti-psychotic) 100 mg intramuscular or by mouth, not to exceed 3 doses within a 24-hour period, on a prn basis.

29. Nurses' notes for October 10 report aggressive and/or agitated behavior at 2:54 p.m. and 8:30 p.m. (when N.H. also displayed flat affect).

30. A Progress Note dated October 11 written by Eleanor Medina, M.D., describes N.H. as walking aimlessly, withdrawn, and non-spontaneous, in need of structured supervision and support.

31. Nurses' notes for October 11 report aggressive and/or agitated behavior at 3:05 p.m. and having flat affect at 9:15 p.m.

32. Respondent's Medication Review dated October 12 found N.H. to be agitated, irritable, mood swings, hostile, aggressive and assaultive. No change in medications was

indicated, though Respondent intended to try Geodon prn and Abilify 15 mg qam and qhs. The assessment was "marginal."

33. Nurses' notes for October 12 report aggressive and/or agitated behavior at 5:20 a.m., 2:45 p.m., and 8:35 p.m. (when N.H. also displayed flat affect).

34. On October 12 at 7:00 p.m., Respondent ordered Geodon 20 mg intramuscular prn, not to exceed 40 mg/day, and Abilify 15 mg qam and qhs.

35. Respondent's Medication Review dated October 13 found N.H. to be alert and oriented, affect fairly restricted, still irritable with mood swings and difficulty with attention span and concentration. Respondent referred to the addition of Abilify because of the "discontinuation of his aggressive behavior." Respondent also expressed a desire to decrease Seroquel "to see if this will help with his aggressive behavior." The assessment was "marginal."

36. Nurses' notes for October 13 reports aggressive and/or agitated behavior at 3:20 a.m. (when N.H. also displayed flat affect) and 9:30 p.m..

37. On October 14 at 7:30 a.m., N.H. was found in his room cyanotic and unresponsive. Emergency care was initiated and N.H. was transferred to Pontiac Osteopathic Hospital, where he was pronounced dead. The autopsy report stated that death was due to epileptic seizures disorder.

38. Other than the initial order on October 5 soon after N.H.'s admission, Respondent did not order any additional laboratory or diagnostic studies to determine what effect the multiple drugs that he had ordered were having on N.H.

39. In addition to the administration of the regularly-scheduled and stat-ordered medications, from October 6 through 12 pursuant to Respondent's prn orders, numerous prn medications were administered to N.H., as follows:

- At least 19 doses of Ativan 2 mg
- At least 9 doses of Haldol 10 mg
- 2 doses of Thorazine 100 mg
- 1 dose of Zyprexa Zydis 20 mg

40. In an August 28, 2006 letter to an investigator from Complainant's Health Regulations Division, Respondent states that giving multiple prn medications does not necessarily constitute good medical practice. Respondent states that during N.H.'s hospitalization Respondent was aware of only two occasions when N.H. was administered prn medications, and that it was only after totally reviewing N.H.'s chart following death that Respondent became aware that N.H. was receiving such medications on a regular basis. Respondent then states that, "If this had come to my attention before by the nursing staff or if the information about prn was readily available to me, I would not have continued the prn medication and his medication would have been modified in response to his continuation of agitated behavior."

COUNT I

Respondent's conduct as described above constitutes negligence, in violation of section 16221(a) of the Code.

COUNT II

Respondent's conduct as described above constitutes incompetence, in violation of section 16221(b)(i) of the Code.

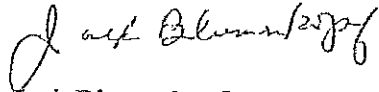
THEREFORE, Complainant requests that this complaint be served upon Respondent and that Respondent be offered an opportunity to show compliance with all lawful requirements for retention of the aforesaid license. If compliance is not shown, Complainant further requests that formal proceedings be commenced pursuant to the Public Health Code, rules promulgated pursuant to it, and the Administrative Procedures Act of 1969, 1969 PA 306, as amended; MCL 24.201, *et seq.*

RESPONDENT IS HEREBY NOTIFIED that, pursuant to section 16231(7) of the Public Health Code, Respondent has 30 days from receipt of this complaint to submit a written response to the allegations contained in it. The written response shall be submitted to the Bureau of Professions, Department of Community Health, P.O. Box 30670, Lansing, Michigan, 48909, with a copy to the undersigned assistant attorney general. Further, pursuant to section 16231(8) of the Code, failure to submit a written response within 30 days shall be treated as an admission



of the allegations contained in the complaint and shall result in transmittal of the complaint directly to the Board's Disciplinary Subcommittee for imposition of an appropriate sanction.

MICHAEL A. COX  
Attorney General



Jack Blumenkopf  
Assistant Attorney General  
Licensing & Regulation Division  
3030 W. Grand Blvd., Suite 10-100  
Cadillac Place, 10th Floor  
Detroit, Michigan 48202  
Telephone (313) 456-0040  
Fax (313) 456-0041

Dated: June 8, 2009