

STATE OF VERMONT BOARD OF MEDICAL PRACTICE

In re: Ajaz Iqbal, M.D.

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Docket No. MPC 16-0202

STIPULATION AND CONSENT ORDER

COME NOW Ajaz Iqbal, M.D., Respondent in the above-captioned matter, and the State of Vermont, by and through Attorney General William H. Sorrell and Assistant Attorney General James S. Arisman, and agree and stipulate as follows:

1. Respondent Ajaz Iqbal, M.D., holds Vermont Medical License Number 042-0009697, issued on July 1, 1998. Respondent practices in the field of psychiatry in the St. Albans, Vermont area.
2. Jurisdiction vests in the Vermont Board of Medical Practice (Board) by virtue of 26 V.S.A. §§1353, 1354, & 1398 and 3 V.S.A. §§129, 129a, & 814(c).
3. Respondent acknowledges that he has been served with the formal specification of charges in this matter. See 26 V.S.A. § 1356. Respondent waives his right to a formal hearing before the Vermont Board of Medical Practice. See 26 V.S.A. §§ 1357-1359.

I. Background.

4. The Vermont Board of Medical Practice opened the above-referenced matter following receipt of a complaint from an individual (hereinafter referred to as "complainant") to whom Respondent Iqbal allegedly provided psychiatric care in November 1999. The

Office of the
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109 State Street
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complainant alleged that Respondent Iqbal had engaged in a violation of professional boundaries while she was in Respondent's professional care.

5. Following preliminary Board investigation of the allegations against Respondent the State on April 2, 2002 filed a motion for summary suspension of Respondent's license to practice medicine. On April 3, 2002 the Board entered an order suspending Respondent's medical license. Respondent's medical license has been suspended since that date.

II. State's Allegations.

A. Complainant's History.

6. In 1999 complainant suffered from panic disorder and other emotional conditions that were harming her personal and family life. Complainant's mother was aware of her daughter's condition. The mother of the complainant was acquainted with Respondent through her work. The mother suggested to her daughter that she see Respondent for psychiatric care.

7. On or about a date in mid-November 1999 the mother described her daughter's circumstances and mental health problems to Respondent. The mother asked Respondent to provide mental health care to her daughter, who was in her 30s. The mother indicated to Respondent that she would pay for her daughter's professional care. Respondent agreed to talk to the daughter by telephone.

8. Respondent subsequently called the mother's home and again spoke with the mother regarding her daughter, the complainant. Complainant herself also spoke with Respondent about her mental health problems, including her past history as a victim of physical and emotional abuse.

9. During the conversation Respondent and the complainant agreed that she could come to his home to meet with him for professional care, as this arrangement would be more comfortable for her than coming to his office. The complainant had expressed concern regarding her confidentiality as a patient because she already knew some of Respondent's other patients. She was concerned that these patients would recognize her if she came to Respondent's office. Respondent stated during this conversation that he would not charge for his services, as a favor to the mother.

B. State's Allegations as to Events at Respondent's Home.

10. In mid-November 1999 the complainant in the early evening hours went to Respondent's home in Highgate Center. This was the first time they had met in person. The complainant came to the home with the understanding on her part that she was meeting with Respondent to receive professional care from him.

11. The complainant initially spoke to Respondent Iqbal for a period of less than an hour and told him in detail about her history of past abusive relationships, her concerns regarding her child, her concerns regarding her own health, her family history, and her fear of returning to a past abusive relationship. Respondent listened and asked questions. The complainant answered these questions because she believed they were being asked for treatment purposes.

12. During this discussion Respondent moved uninvited to where the complainant was seated and, again without invitation, began rubbing her shoulders. Respondent also touched one of the complainant's breasts. The complainant objected to this conduct. The complainant, however, continued to talk with Respondent about her personal problems.

13. Respondent next suggested watching a movie on his VCR. He turned on the machine, and the television displayed scenes from a pornographic movie. The complainant objected to this content. Nonetheless, Respondent Iqbal sat next to the complainant and kissed her on the mouth and fondled her. Respondent indicated that he wanted to go to his bedroom. The complainant felt overwhelmed and unable to resist Respondent's advances. In the bedroom Respondent engaged in sexual intercourse with the complainant. The complainant left Respondent's home within minutes, feeling upset and confused. Respondent said that he would call her later.

14. Respondent Iqbal later called the complainant at her home. When the complainant spoke with Respondent she indicated that she did not need anything further from him and terminated the call. Respondent also communicated with the mother, told her that the complainant had many "issues", and said the daughter should come back to see him. However, the complainant never returned to Respondent for further care.

15. In approximately early-2002, the complainant discussed the above events with her physician and current therapist. Each urged her to file a complaint with the Board of Medical Practice regarding what she had told them. Thereafter, the complainant visited Respondent's office and met briefly with him. In conversation the complainant told Respondent that she had avoided him because she was "absolutely horrified that [she] had ended up having sex" with him. At no point in the extended conversation between the two did Respondent deny or dispute the complainant's statements that the two had engaged in sexual activity.

III. Respondent's Account of Events.

16. Respondent disputes many of the State's allegations as set forth in Paragraphs 6 through 15, above. The following is Respondent's account of events based on his deposition in a related civil matter, the complainant's depositions from the civil matter and from this proceeding, statements of witnesses who talked to Respondent both before and after the incident, and the deposition in the civil matter of the complainant's treating physician.

A. Background.

17. Respondent received his initial medical training in Pakistan after graduating from medical school in 1985. He worked as a physician in different areas until he arrived in the United States in 1993. He went to Harvard Medical School for medical and post-graduate training in psychiatry. During this time, he spent a considerable amount of time training in psychiatry at various hospitals in the Cambridge, Massachusetts area. Upon completing his training, he commenced employment in 1998 at Northwest Counseling Service in St. Albans, Vermont as a psychiatrist. He remained there until his suspension from medical practice in April 2002. Respondent had never been the subject of a licensing Board complaint until that brought by the complainant.

18. Respondent's work at Northwest Counseling Service consisted solely of medication management for patients. In this capacity, Respondent met the complainant's mother, who was involved in bringing patients to see Respondent for medication management. Respondent and the mother enjoyed a friendly relationship. Respondent recalls there was discussion about him possibly coming to the mother's home and further discussion about Respondent meeting the daughter, the complainant. Respondent was told that the daughter was

having trouble with a relationship with a man and that she was trying to get out of the relationship. Respondent believed that if he met with complainant it would be for social purposes. He had conversations with at least two acquaintances that reflect his apparent belief that he was having a social engagement with the daughter, i.e., a "date".

B. Meeting at Respondent's Home.

19. On the evening in question, the complainant arrived at Respondent's home at 6:00 to 6:30 p.m. on a Friday night. It is Respondent's position that he had never seen patients at his home to provide care. Respondent did not request and was not paid any money for meeting with the complainant on this one occasion. The complainant was receiving Medicaid coverage at the time and would not have had to pay for treatment. Accordingly, Respondent could have been paid through Medicaid without cost to the complainant. Respondent did not provide the complainant with any forms to be filled out regarding payment, medical history, or for any other purpose. Respondent's employment solely involved medication management for his patients, but the complainant requested no medication and Respondent prescribed no medication for her.

20. Respondent and the complainant saw each other for close to two hours on the evening in question in November 1999. Sexual activity occurred between the two during this period. It was Respondent's belief that his meeting that evening with the complainant was social in nature. However, Respondent recognizes that the complainant was a person with mental health needs and that he was a psychiatrist. In such circumstances, Respondent recognizes that the complainant reasonably could have believed that she was coming to see Respondent to

receive psychiatric assessment or care.¹ In such circumstances, Respondent recognizes that he should have proceeded with caution and care and should have clarified with the complainant the nature and purpose of the meeting between them. Therefore, Respondent acknowledges and agrees that by engaging in sexual activity with the complainant during her visit, in the circumstances described, his actions constitute unprofessional conduct and are unethical.

IV. Unprofessional Conduct of Respondent.

A. Ethical Standards.

21. The American Medical Association Code of Medical Ethics, § 8.14, states, “Sexual contact that occurs concurrent with the physician-patient relationship constitutes sexual misconduct. Sexual or romantic interactions between physicians and patients detract from the goals of the physician-patient relationship, may exploit the vulnerability of the patient, may obscure the physician’s objective judgment concerning the patient’s health care, and ultimately may be detrimental to the patient’s well-being.” See AMA Code of Ethics § 8.14 (2000-2001 ed.).

22. The Principles of Medical Ethics of the American Psychiatric Association, § 1(1), state, “A psychiatrist shall not gratify his/her own needs by exploiting the patient. The psychiatrist shall be ever vigilant about the impact of his/her conduct upon the boundaries of the patient relationship, and thus upon the well being of the patient. These requirements are particularly important because of the essentially private, highly personal, and sometimes

1. Respondent acknowledges that that the complainant, in fact, was troubled about an abusive relationship and that she was having difficulty ending this relationship. The complainant had been going to the office of her treating physician, a family practice doctor, for several years by November 1999. Her treating physician cared for her medical problems as well as reported emotional problems. Her medical records indicate she had intermittent problems with anxiety and that her treating physician prescribed Xanax for her, at her request. The complainant’s usage of Xanax was relatively low. Her physician did not refer her to a mental health counselor in 1999. Such a referral could have been to a counselor who accepted Medicaid.

intensely emotional nature of the relationship established with the psychiatrist.” Section 2(1) of the code states in part, “[T]he inherent inequality in the doctor patient relationship may lead to exploitation of the patient. Sexual activity with a current or former patient is unethical.” See American Psychiatric Association, Principles of Medical Ethics, § 1(1) (2001 ed.).

23. During Respondent’s contact and involvement with the complainant, she discussed matters and concerns of a deeply personal nature. Respondent agrees that even though his interaction with the complainant was limited, he understands that she perceived herself to be his patient at that time. In sum, Respondent’s actual conduct toward the complainant consisted of (a) seeing her outside the office setting; (b) failing to clarify with her the nature and purpose of the meeting between the two; (c) thereafter learning of her personal problems, her troubling circumstances, and vulnerabilities; and (d) engaging in sexual activity with her.

24. Respondent acknowledges and agrees that he engaged in sexual conduct with the complainant and that such conduct by him, as described herein, constitutes a violation of professional boundaries and unprofessional conduct by him because it constitutes a failure to use and exercise on repeated occasions the degree of care, skill, and proficiency which is commonly exercised by the ordinary skillful, careful, and prudent physician engaged in similar practice under the same or similar conditions. 26 V.S.A. § 1354(22).

25. In sum, Respondent acknowledges and does not contest that the facts set forth in Paragraphs 21 through 24, above, and agrees that these constitute a proper basis for a finding of unprofessional conduct against him and the taking of disciplinary action against him by the Vermont Board of Medical Practice. Respondent agrees that the Board of Medical Practice