

IN THE MATTER OF	*	BEFORE THE
WILLIAM T. DANDO, M.D.	*	MARYLAND STATE BOARD
Respondent	*	OF PHYSICIANS
License Number: D50835	*	Case Number: 2014-0916
* * * * *	*	* * * * *

**ORDER FOR SUMMARY SUSPENSION  
OF LICENSE TO PRACTICE MEDICINE**

Disciplinary Panel A of the Maryland State Board of Physicians (the "Board") hereby **SUMMARILY SUSPENDS** the license of William T. Dando, M.D. (the "Respondent"), License Number D50835, to practice medicine in the State of Maryland. The Board takes such action pursuant to its authority under Md. Code Ann. State Gov't § 10-226(c)(2)(i) (2009 Repl. Vol. & 2013 Supp.), concluding that the public health, safety or welfare imperatively requires emergency action.

**INVESTIGATIVE FINDINGS**

Based on information received by, and made known to Disciplinary Panel A, and the investigatory information obtained by, received by and made known to and available to Disciplinary Panel A, including the instances described below, Disciplinary Panel A has reason to believe that the following facts are true:<sup>1</sup>

1. At all times relevant hereto, the Respondent was and is licensed to practice medicine in the State of Maryland. The Respondent was originally licensed to practice medicine in Maryland on June 28, 1996. His license is scheduled to expire on September 30, 2014.

---

<sup>1</sup> The statements regarding the Respondent's conduct are intended to provide the Respondent with notice of the basis of the suspension. They are not intended as, and do not necessarily represent a complete description of the evidence, either documentary or testimonial, to be offered against the Respondent with this matter.

2. Beginning in or around May 2013, the Respondent practiced medicine at an urgent care facility ("Facility A") in Allegany County, Maryland.<sup>2</sup> Prior to May 2013, the Respondent had maintained an office for the practice of medicine and laser surgery in Baltimore County.
3. On May 23, 2014, a criminal indictment was filed in the Circuit Court of Maryland for Allegany County in which the Respondent was charged with Unnatural or Perverted Practice, in violation of Md. Code Ann., Criminal Law ("CR") § 3-322 and Sexual Offense in the 4<sup>th</sup> Degree- Sexual Contact, in violation of CR § 3-308(b)(1).
4. The Respondent's 2014 criminal charges arose when a female patient of the Respondent ("Patient A") filed a complaint with the Allegany County Police Department after being treated by the Respondent at Facility A on April 6, 2014.
5. When interviewed by Allegany County detectives, Patient A stated that she had presented to Facility A on April 6, 2014 with complaints arising from a medication previously prescribed by the Respondent.
6. Prior to April 6, 2014, Patient A had seen the Respondent at Facility A on two previous occasions without incident.

**Patient A's Statement to Police Detectives**

7. Patient A told detectives that on April 6, 2014, a medical assistant ("Medical Assistant A") took her vital signs in an examining room. Several minutes later, Medical Assistant A escorted Patient A to another examining room. Medical

---

<sup>2</sup> Names of patients, facilities and other individuals are confidential. The Respondent may obtain them on request from the Administrative Prosecutor.

Assistant A instructed Patient A to undress from the waist down so that the Respondent could examine her and left the room to allow Patient A to undress.

8. After Patient A had undressed and was draped, the Respondent entered the examining room and inquired about Patient A's complaint. Without a female chaperone present, the Respondent began examining Patient A's internal genitalia. He inserted a finger into Patient A's vagina and told Patient A that he was going to push down on the inside to see if he could produce secretions. The Respondent also asked Patient A if she was sexually active.
9. After digitally examining Patient A's vagina, the Respondent left the examining room to summon Medical Assistant A.
10. The Respondent returned to the examining room with Medical Assistant A who had a specimen swab. The Respondent told Patient A that he wanted to obtain a vaginal sample.
11. The Respondent did not use a speculum when taking Patient A's vaginal sample.
12. After the Respondent obtained the sample, he gave the swab to Medical Assistant A who left the examining room.
13. The Respondent locked the examining room door and directed Patient A to lie back and scoot down on the examining table so he could complete his examination.
14. Patient A observed that the Respondent was not wearing examination gloves and had not taken any gloves off prior to locking the door.<sup>3</sup>

---

<sup>3</sup> The Board's regulations prohibit sexual misconduct against patients by physicians. COMAR 10.32.17.01 *et seq.* The regulations define "sexual impropriety" in pertinent part as:

10.32.17.02 Definitions

15. The Respondent, who was still ungloved, then digitally manipulated Patient A's clitoris, moving his finger from side to side, asking Patient A if it hurt or felt good.<sup>4</sup> Patient A, who was crying, implored the Respondent to stop examining her. The Respondent told Patient A that he was enjoying what he was doing, but stopped and asked Patient A if she was okay.
16. The Respondent tried to hug Patient A, but she refused.
17. Patient A reported the Respondent's conduct to the police after leaving Facility A.
18. When interviewed by police detectives Medical Assistant A stated that the Respondent did not wear examination gloves when he examined Patient A.

**Patient B's Statement to Police Detectives**

19. In furtherance of its investigation, detectives interviewed a female patient ("Patient B") who had filed a complaint with Facility A after being treated by the Respondent.
20. Patient B presented to Facility A in or around mid-January 2014.

- ...
- (2) Sexual impropriety.
    - (a) "Sexual impropriety" means behaviors, gestures, or expressions that are seductive, sexually suggestive, or sexually demeaning to a patient...regardless of whether the sexual impropriety occurs inside or outside of a professional setting.
    - (b) "Sexual impropriety" includes, but is not limited to:
      - ...
      - (ii) Performing a pelvic or rectal examination without the use of gloves[.]

<sup>4</sup> COMAR 10.32.17.02(4) defines "sexual violation" in pertinent part as:

- (4) Sexual Violation.
  - (a) "Sexual violation" means ...engaging in any conduct with a patient...that is sexual or may be reasonably interpreted as sexual, regardless of whether the sexual violation occurs inside or outside of a professional setting.
  - (b) "Sexual violation" includes, but is not limited to:
    - ...
    - (v) Touching the patient's breasts, genitals, or any sexualized body part[.]

21. When the Respondent examined Patient B, he palpated her abdomen. When she flinched in discomfort, he asked if he could perform a pelvic examination because he was concerned something was wrong.
22. The Respondent conducted a pelvic examination of Patient B without a chaperone being present.
23. Patient B, who had undergone previous pelvic examinations, expressed concern regarding the manner in which the Respondent examined her. Patient B stated that the Respondent roughly rubbed her clitoris and clitoral area and used two hands to rub her vaginal area and pull open her vaginal lips.

#### **The Respondent's Prior Criminal History**

24. In 1987, the Respondent had pleaded guilty to burglary and sexual assault with threat of a deadly weapon in Florida and had been incarcerated for approximately four years of a ten year sentence.
25. On the Respondent's initial application for licensure, submitted March 6, 1996, he reported that he had pleaded guilty to a criminal act and had been incarcerated. The Respondent did not specify the crime that he had committed but stated that he had "assaulted someone" while under the influence of alcohol.
26. In 1993, the Respondent had entered into a Disposition Agreement with a physician rehabilitation program to address his alcohol abuse. The 5-year Disposition Agreement remained in effect until 1998, subsequent to the Respondent's licensure by the Board.

### CONCLUSION OF LAW

Based on the foregoing facts, Disciplinary Panel A concludes that the public health, safety or welfare imperatively require emergency action in this case, pursuant to Md. Code Ann., State Gov't § 10-226 (c) (2) (i) (2009 Repl. Vol. & 2013 Supp.).

### ORDER

Based on the foregoing, it is, by a majority of the quorum of Disciplinary Panel A, **ORDERED** that pursuant to the authority vested by Md. Code Ann., State Gov't § 10-226(c)(2), the Respondent's license to practice medicine in the State of Maryland be and is hereby **SUMMARILY SUSPENDED**; and be it further

**ORDERED** that a post-deprivation hearing in accordance with Code Regs. Md. 10.32.02.09B (7) (c), D and E on the Summary Suspension has been scheduled for **June 11, 2014, at 1:00 p.m.**, at the Maryland State Board of Physicians, 4201 Patterson Avenue, Baltimore, Maryland 21215-0095; and be it further

**ORDERED** that at the conclusion of the **SUMMARY SUSPENSION** hearing held before Disciplinary Panel A, the Respondent, if dissatisfied with the result of the hearing, may request within ten (10) days an evidentiary hearing, such hearing to be held within thirty (30) days of the request, before an Administrative Law Judge at the Office of Administrative Hearings, Administrative Law Building, 11101 Gilroy Road, Hunt Valley, Maryland 21031-1301; and be it further

**ORDERED** that on presentation of this Order, the Respondent **SHALL SURRENDER** to the Board's Compliance Analyst, the following items:

- (1) the Respondent's original Maryland License D50835;
- (2) the Respondent's current renewal certificate;

- (3) the Respondent's Maryland Controlled Dangerous Substance Registration;
- (4) all controlled dangerous substances in the Respondent's possession and/or practice;
- (5) all Medical Assistance prescription forms;
- (6) all prescription forms and pads in her possession and/or practice; and
- (7) Any and all prescription pads on which his name and DEA number are imprinted; and be it further

**ORDERED** that a copy of this Order of Summary Suspension shall be filed with the Board in accordance with Md. Code Ann., Health Occ. § 14-407 (2009 Repl. Vol. & 2013 Supp.); and be it further

**ORDERED** that this is a Final Order of the Board and, as such, is a **PUBLIC DOCUMENT** pursuant to Md. State Gov't Code Ann. § 10-611 *et seq.*

6/5/2014  
Date

Christine A. Farrelly  
Christine A. Farrelly, Acting Executive Director  
Maryland State Board of Physicians