

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
BOARD OF OSTEOPATHIC MEDICINE AND SURGERY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

MICHAEL G. SHAHEEN, D.O.,
License No. 51-01-006847

Complaint No. 51-15-138448

CONSENT ORDER AND STIPULATION

CONSENT ORDER

A first superseding administrative complaint was filed with the Disciplinary Subcommittee of the Board of Osteopathic Medicine and Surgery on August 29, 2017, charging Michael G. Shaheen (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.*

Based on the first superseding administrative complaint and after consultation with the Chairperson of the Board of Osteopathic Medicine and Surgery, the Department summarily suspended Respondent's license to practice osteopathic medicine and surgery by order dated August 29, 2017.

Upon stipulation of the parties, the administrative hearing officer entered an order dissolving the summary suspension on October 24, 2017.

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 complaint are true and that Respondent has violated sections 16221(a) and (b)(i) of the Public Health Code.

Accordingly, for these violations, IT IS ORDERED:

Respondent's license to practice osteopathic medicine and surgery is PERMANENTLY SURRENDERED on the effective date of this order. The license shall not be renewed, reinstated, reissued, or reactivated, limited or otherwise, at any future date.

Respondent shall direct any communications to the Department that are required by the terms of this order to: Department of Licensing and Regulatory Affairs, Bureau of Professional Licensing, Legal Affairs Division, Compliance Section, P.O. Box 30670, Lansing, Michigan 48909.

Respondent shall be responsible for all costs and expenses incurred in complying with the terms and conditions of this consent order.

Respondent shall be responsible for the timely compliance with the terms of this consent order, including the timely filing of any documentation. Failure to comply within the time limitations provided will constitute a violation of this order.

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

Signed on April 4.5.2018

MICHIGAN BOARD OF OSTEOPATHIC
MEDICINE AND SURGERY

By Sheri A Thompson
Chairperson, Disciplinary Subcommittee

STIPULATION

The parties stipulate as follows:

1. Respondent does not contest the allegations of fact and law in the 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 David P. Walters, D.O. Dr. Walters 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. Walters and the parties considered the following factors in reaching this agreement:

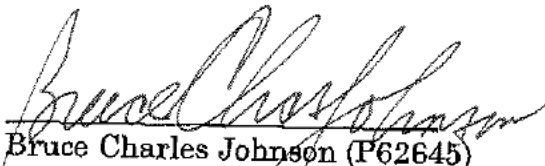
A. Respondent has been licensed to practice osteopathic medicine and surgery in Michigan since March 24, 1976, and has never previously been disciplined.

B. Respondent spoke with each of the patients as to whom his treatment was at issue in this case, and he reports that each of them told him that they did not believe that the medical treatment he provided to them was deficient in any way.

C. Respondent was extraordinarily cooperative in working to achieve a resolution of this case.

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

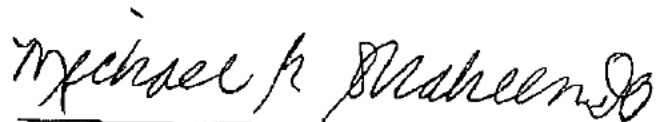
AGREED TO BY:



Bruce Charles Johnson (P62645)
Assistant Attorney General
Attorney for Complainant

Dated: January 25, 2018

AGREED TO BY:



Michael G. Shaheen, D.O.
Respondent

Dated: January 25, 2018

STATE OF MICHIGAN
MICHIGAN ADMINISTRATIVE HEARING SYSTEM

IN THE MATTER OF:

Docket No.: 17-021628

Bureau of Professional Licensing,
Petitioner

Case No.: 51-15-138448

v

Agency: Bureau of
Professional
Licensing

Michael G. Shaheen, D.O.,
Respondent

Case Type: Summary Susp.

Filing Type: Summary
Suspension

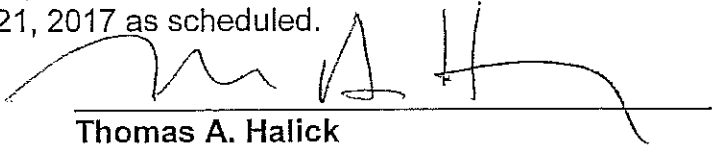
Issued and entered
this 24th day of October 2017
by: Thomas A. Halick
Administrative Law Judge

ORDER SETTING ASIDE SUMMARY SUSPENSION

Upon reading and considering the foregoing stipulation of the parties;

NOW THEREFORE IT IS HEREBY ORDERED, that the August 29, 2017 Board Order of Summary Suspension is set aside and Respondent's license to practice osteopathic medicine in the State of Michigan is restored until further order of and/or by the Disciplinary Subcommittee of the Michigan Bureau of Professional Licensing.

IT IS FURTHER ORDERED that the hearing on Petition to Dissolve Summary Disposition scheduled for October 25, 2017 has been cancelled. The hearing on the merits will commence on December 21, 2017 as scheduled.


Thomas A. Halick
Administrative Law Judge

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
BOARD OF OSTEOPATHIC MEDICINE AND SURGERY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

MICHAEL G. SHAHEEN, D.O.

License No: 51-01-006847,

Respondent.

File No: 51-15-138448

ORDER OF SUMMARY SUSPENSION

The Department filed an Administrative Complaint against Respondent, as provided by the Public Health Code, MCL 333.1101 *et seq*; the rules promulgated under the Code; and the Administrative Procedures Act, MCL 24.201 *et seq*.

After careful consideration, and after consultation with the Chairperson of the Board of Osteopathic Medicine and Surgery, pursuant to MCL 333.16233(5), the Department finds that the public health, safety, or welfare requires emergency action.

Therefore, IT IS ORDERED that Respondent's license to practice as an osteopathic physician in the state of Michigan is SUMMARILY SUSPENDED, commencing the date this Order is served.

MCL 333.7311(6) provides that a controlled substance license is automatically void if a licensee's license to practice is suspended or revoked under Article 15 of the Code.

Under Mich Admin Code, R 792.10702, Respondent may petition for the dissolution of this Order by filing a document clearly titled Petition for Dissolution of Summary Suspension with the Department of Licensing and Regulatory Affairs, Bureau of Professional Licensing, P.O. Box 30670, Lansing, MI 48909.

MICHIGAN DEPARTMENT OF
LICENSING AND REGULATORY AFFAIRS

Dated: 08/29, 2017


By: Kim Gaedeke, Director
Bureau of Professional Licensing

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
BOARD OF OSTEOPATHIC MEDICINE AND SURGERY
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In the Matter of

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Respondent.

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FIRST SUPERSEDING ADMINISTRATIVE COMPLAINT

The Michigan Department of Licensing and Regulatory Affairs, by Kim Gaedeke, Director, Bureau of Professional Licensing, complains against Respondent as follows:

1. The Michigan Board of Dentistry is an administrative agency established by the Public Health Code, MCL 333.1101 *et seq.* Pursuant to MCL 333.16226, the Board's Disciplinary Subcommittee is empowered to discipline persons for violations of the Public Health Code.

2. Respondent is licensed to practice as an osteopathic physician in the state of Michigan and holds a controlled substance license.

3. MCL 333.16233(5) provides, in pertinent part, as follows:

After consultation with the chair of the appropriate board or task force or his or her designee, the department may summarily suspend a license or registration if the public health, safety, or welfare

requires emergency action in accordance with section 92 of the administrative procedures act of 1969, MCL 24.292.

4. At all relevant times, Genesys Regional Medical Center (facility) in Grand Blanc, Michigan, employed Respondent as an osteopathic physician with a specialty in obstetrics and gynecology.

5. On June 25, 2015, the facility suspended Respondent's clinical privileges due to Respondent's failure to provide appropriate care to multiple patients at the facility. Facility management notified the Department of Respondent's change in staff privileges, pursuant to MCL 333.20175(5).

6. On August 4, 2015, the facility lifted the suspension on Respondent's gynecological privileges, only.

7. On February 16, 2016, the facility again suspended Respondent's clinical privileges due to Respondent's continuing failure to provide appropriate care to multiple patients at the facility. Facility management again notified the Department of Respondent's change in staff privileges, pursuant to MCL 333.20175(5).

8. A subsequent investigation by the Department revealed deficiencies in Respondent's treatment of the following individual patients:

Patient MA (initials are used to protect patients' identities)

- a. On or around March 23, 2015, patient MA presented to Respondent with a complaint of a palpable mass in her right breast. Respondent performed a physical exam and reviewed patient MA's recent ultrasound and mammogram, which revealed a BI-RADS 4¹ abnormality on the right breast. Respondent failed to refer patient MA to a cancer surgeon based on the above findings.
- b. Also, during the March 23, 2015, office visit, Respondent performed a fine-needle aspiration (FNA)² biopsy on patient MA's palpable lump in the right breast, rather than the more accurate, and preferred, method of core needle biopsy.³
- c. On March 26, 2015, following the inconclusive results of the FNA biopsy, Respondent performed an excisional biopsy of the right breast mass. The entire mass was removed and forwarded to the pathologist.
- d. On May 29, 2015, pathology results confirmed a diagnosis of invasive lobular carcinoma⁴ in patient MA's right breast. Respondent then referred patient MA to a breast surgeon to discuss options for cancer treatment.

¹ BI-RADS 4 means that the findings on a mammogram are suspicious and that there is approximately a 23% to 34% chance that it is breast cancer.

² Fine-needle aspiration biopsy removes cells from a suspicious lump in the breast; however, it is only used for palpable lumps to quickly assess a breast lump felt during an exam and may yield too small a sample for accurate diagnosis.

³ Core needle biopsy uses a hollow needle to remove tissue samples from the breast. Core needle biopsies are the preferred method of breast cancer screening, following BI-RADS 4 mammogram results, which are highly suggestive of malignancy.

⁴ Invasive lobular carcinoma refers to cancer that has broken through the wall of the milk-producing lobes and has begun to invade the tissues of the breast. Over time, invasive lobular carcinoma can spread to the lymph nodes and possibly to other areas of the body.

Patient JM

- e. On May 20, 2015, patient JM presented for a prenatal appointment with Respondent. At the time, patient JM was 35 weeks pregnant. Respondent noted that patient JM's blood pressure was elevated to 140/88 and she had +3 protein in her urine (proteinuria). Respondent failed to order further testing to determine the severity of the preeclampsia⁵ and if labor should be induced.⁶
- f. On May 27, 2015, patient JM presented to Respondent with a blood pressure of 130/90 and +3 proteinuria, which confirms a diagnosis of preeclampsia. Though patient JM's preeclampsia diagnosis was confirmed, Respondent failed to schedule patient JM's induction (induced labor) to occur at 37 weeks.
- g. On June 3, 2015, patient JM presented to Respondent for a routine, 37 week prenatal appointment. Patient JM's blood pressure was 168/98 and she had +3 proteinuria. Due to the "significant" change, Respondent directed patient JM to immediately go to the hospital for induction.
- h. On June 5, 2015, patient JM gave birth at 37 weeks. Following delivery, patient JM developed heartburn, nausea, vomiting, and persistent hypertensive response. Patient JM was diagnosed with HELLP syndrome, a life-threatening pregnancy complication usually considered a variant or complication of preeclampsia.

Patient PP

- i. On October 17, 2007, patient PP, a 67-year-old postmenopausal patient, presented to Respondent for a surgery consult. An ultrasound revealed a 6.8 cm cyst on patient PP's left ovary and an abnormal

⁵ Diagnostic criteria for preeclampsia include new onset of elevated blood pressure and proteinuria (protein in the urine) after 20 weeks of gestation. Diagnostic criteria for preeclampsia include, but are not limited to, blood pressure of 140 mm Hg or higher systolic or 90 mm Hg or higher diastolic and +1 (0.3g) or greater of protein in the urine.

⁶ Patients diagnosed with "severe" preeclampsia should be delivered after 34 weeks.

endometrium with thickening. Respondent documented that patient PP's CA 125⁷ blood test was "negative."

- j. On October 30, 2007, patient PP presented to Respondent for laparoscopic surgery. Respondent failed to remove an ovarian cyst greater than 5cm from a postmenopausal patient. Respondent decided to aspirate (drain) the ovarian cyst inside patient PP's abdomen without first performing a biopsy of the cyst to determine the presence of cancer.
- k. On September 9, 2015, patient PP presented to Respondent following hospitalization for abdominal pain. Respondent reviewed the CT scan provided by patient PP and observed a 10.4 cm cyst on the left ovary. Five ovarian tumor markers were tested and two came back elevated.
- l. On October 6, 2015, due to the above findings, Respondent laparoscopically removed patient PP's left ovary and fallopian tube.

Patient RP

- m. On March 16, 2015, patient RP, a 49-year-old perimenopausal patient, presented to Respondent for an annual examination. Respondent prescribed patient RP Aygestin⁸ for patient RP's reported heavy vaginal bleeding.
- n. On June 29, 2015, patient RP presented to Respondent to discuss a hysterectomy, as patient RP reported continuing issues with vaginal bleeding, clots, and cramping. Respondent offered to perform a laparoscopic assisted vaginal hysterectomy (LAVH),

⁷ CA 125 is a protein that is a tumor marker or biomarker, and is a substance that is found in greater concentration in tumor cells than in other cells of the body. In particular, CA 125 is present in greater concentration in ovarian cancer cells than in other cells.

⁸ Aygestin (norethindrone) is indicated for the treatment of secondary amenorrhea, endometriosis, and abnormal uterine bleeding due to hormonal imbalance

but documented that he advised patient RP that the surgery "is not a cure for endometriosis."

- o. Also during the June 29, 2015 visit, Respondent documented that patient RP had a history of endometriosis but failed to document any symptoms to support the diagnosis of endometriosis. Respondent also failed to document why the LAVH surgery was appropriate for patient RP, given his diagnosis of endometriosis, or that he explored other options to address patient RP's heavy vaginal bleeding. Respondent further failed to measure patient RP's follicle-stimulating hormone level to confirm the start of menopause.
- p. On September 1, 2015, Respondent performed a LAVH on patient RP without any documented symptoms to support the preoperative diagnosis of endometriosis.

COUNT I

Respondent's conduct, as set forth above, evidences a violation of 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, in violation of MCL 333.16221(a).

COUNT II

Respondent's conduct, as set forth above, evidences 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, in violation of MCL 333.16221(b)(i).

The Administrative Complaint previously executed against Respondent on June 8, 2017, is WITHDRAWN and replaced in full by this First Superseding Administrative Complaint.

RESPONDENT IS NOTIFIED that, after consultation with the chairperson of the Board, or his or her designee, and pursuant to MCL 333.16233(5), the Department states that the public health, safety, or welfare requires emergency action, and, accordingly, Respondent's license to practice as an osteopathic physician in the state of Michigan is summarily suspended, pending a hearing and final determination of this matter.

RESPONDENT IS FURTHER NOTIFIED that, pursuant to MCL 333.16231(8), Respondent has 30 days from the date of receipt of this Complaint to answer this Complaint in writing and to show compliance with all lawful requirements for licensure. Respondent shall submit the response to the Bureau of Professional Licensing, Department of Licensing and Regulatory Affairs, P.O. Box 30670, Lansing, MI 48909.

Respondent's failure to submit an answer within 30 days is an admission of the allegations in this Complaint. If Respondent fails to answer, the Department shall transmit this Complaint directly to the Board's Disciplinary Subcommittee to impose a sanction, pursuant to MCL 333.16231(9).

Dated: 08/29/2017



Kim Gaedeke, Director
Bureau of Professional Licensing

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