

COMMONWEALTH OF MASSACHUSETTS

Middlesex, SS.

Board of Registration in Medicine

Adjudicatory Case No. 2019-033  
(RM-19-0382)

In the Matter of

CHRISTIAN HEINIS, M.D.

**CONSENT ORDER**

Pursuant to G.L. c. 30A, § 10, Christian Heinis, M.D. (Respondent) and the Board of Registration in Medicine (Board) (hereinafter referred to jointly as the "Parties") agree that the Board may issue this Consent Order to resolve the above-captioned adjudicatory proceeding. The Parties further agree that this Consent Order will have all the force and effect of a Final Decision within the meaning of 801 CMR 1.01(11)(d). The Respondent admits to the findings of fact specified below and agrees that the Board may make the conclusions of law and impose the sanction set forth below in resolution of investigative Docket Nos. 13-345<sup>1</sup>; 21-105; and 22-194.

**Findings of Fact**

1. The Respondent graduated from the Chicago Medical School, University of Health Sciences in Illinois. He is certified by the American Board of Emergency Medicine. He has been licensed to practice medicine in Massachusetts under certificate number 220657 since 2004. He is also licensed to practice medicine in Connecticut and Rhode Island. The

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<sup>1</sup> Docket No. 13-345 is the underlying docket number for this matter, Adjudicatory Case No. 2019-033.

Respondent currently practices Emergency Room Medicine in Connecticut and works at DiStefano Hair Restoration Center.

2. In 2004, the Board received the Respondent's Massachusetts License Application. The Respondent failed to provide information to the Board in said application. The Respondent was incorrectly advised by counsel that he was not required to provide said information.

#### Disruptive Behavior Policy

3. Board Policy Number 01-01 on Disruptive Physician Behavior states that "Disruptive behavior by a physician has a deleterious effect on the health care system and increases the risk of patient harm."

4. Behaviors such as foul language; rude, loud or offensive comments; and intimidation of staff, patients and family members are now recognized as detrimental to patient care.

5. Disruptive behavior can include passive behavior such as refusing to perform tasks.

#### Patient A

6. On or about G.L. c. 4, § 7(26)(c), 2006, Patient A, a female, was G.L. c. 4, § 7(26)(c)

7. On G.L. c. 4, § 7(26)(c), 2006, Patient A was referred to the Emergency Room (ER) by her Primary Care Physician for an evaluation due to an G.L. c. 4, § 7(26)(c)

8. Patient A went to the ER at G.L. c. 4, § 7(26)(c)

9. When the Respondent saw Patient A in the ER, he minimized her complaints and responded in a condescending manner. The Respondent instructed Patient A to follow up with her primary care physician, who prescribed G.L. c. 4 medications the following day.

10. The Respondent violated the Board of Registration in Medicine's Disruptive Physician Behavior Policy during his treatment of Patient A.

## Patient B

11. On or about G.L. c. 4, § 7(26)(c), 2011, Patient B, a female, was approximately G.L. c. 4, § 7(26)(c)

G.L. c. 4, §

12. On or about G.L. c. 4, § 7(26)(c) 2011, Patient B was experiencing G.L. c. 4, § 7(26)(c) l pain.

Patient B's mother was concerned and brought her to the ER at G.L. c. 4, § 7(26)(c) where she was seen by the Respondent.

13. During the examination, the Respondent told Patient B and her mother that people come to the ER for heart attacks and car accidents - not for G.L. c. 4, § 7(26)(c)" Patient B's mother told him that she does not usually come to the ER, but that she was concerned. The Respondent told her that Patient B looked fine to him.

14. The Respondent spoke to Patient B's mother in an unprofessional manner.

15. The Respondent violated the Board of Registration in Medicine's Disruptive Physician Behavior Policy during his treatment of Patient B.

## Patient C

16. On or about G.L. c. 4, § 7(26)(c) 2011, Patient C, a male, was approximately G.L. c. 4, § 7(26)(c)

17. On G.L. c. 4, § 7(26)(c) 2011, according to Patient C, Patient C injured his G.L. c. 4, § 7(26)(c)

G.L. c. 4, § 7(26)(c)

18. Patient C was brought to G.L. c. 4, § 7(26)(c) ER where he was treated by the Respondent.

19. The Respondent was unprofessional and used profanity.

20. The Respondent made derogatory comments about another patient that Patient C overheard.

21. The Respondent approached one patient, who had been [REDACTED], and told the patient “what did [the patient] expect walking around [REDACTED].” The Respondent suggested that bad things happen at that time of night.

22. The Respondent kept referring to another patient as Elvis.

23. When Patient C needed to go to the bathroom, the Respondent told him that he needed to stand and walk to the bathroom so the Respondent could determine if he was really in pain. The Respondent did not fully explain to Patient C that the Respondent wanted to observe Patient C’s [REDACTED] which could be signs of [REDACTED] injury or insult. Ultimately, Patient C’s family had to help him go to the bathroom.

24. The Respondent told Patient C that he would not admit Patient C to the hospital because the Respondent felt there was nothing wrong with him.

25. The Respondent stated that he felt Patient C did not need further care. The Respondent told Patient C that he would give him [REDACTED], but would not send a prescription home with him.

26. Despite the Respondent’s comments, Patient C was admitted to the hospital for a [REDACTED]. [REDACTED]

[REDACTED]

27. During the hospital stay, an [REDACTED] physician and a [REDACTED] had some concern for an [REDACTED] but none was [REDACTED].

28. The Respondent violated the Board of Registration in Medicine’s Disruptive Physician Behavior Policy during his treatment of Patient C.

#### Patient D

29. On or about [REDACTED], 2011, Patient D, a female, was [REDACTED]

30. On [G.L. c. 4, § 7(26)(c)], 2011, Patient D was discharged from [G.L. c. 4, § 7(26)(c)] to a [G.L. c. 4, § 7(26)(c)] [G.L. c. 4, § 7(26)(c)] Patient D did not like the [G.L. c. 4, § 7(26)(c)] A nurse at the [G.L. c. 4, § 7(26)(c)] told Patient D that if she returned to the hospital, she could get a different [G.L. c. 4, § 7(26)(c)] placement. That same day, Patient D was transferred from the [G.L. c. 4, § 7(26)(c)] to the ER at [G.L. c. 4, § 7(26)(c)]

31. Respondent informed Patient D and her daughter that the nurse at the [G.L. c. 4, § 7(26)(c)] was wrong, but that he would call the medical director of the [G.L. c. 4, § 7(26)(c)] and speak on their behalf regarding a new placement.

32. Patient D was treated by the Respondent. Patient D felt the Respondent was rude and perceived that he raised his voice. The Respondent took Patient D and her daughter to an area of the ER where they could see a whiteboard listing the large number of patients in the ER at that time.

33. The Respondent told Patient D that she had to leave and that Patient D left the [G.L. c. 4, § 7(26)(c)] simply because she did not like it.

34. The Respondent told Patient D that she could go back to the [G.L. c. 4, § 7(26)(c)] or home because the hospital had discharged her.

35. The Respondent was argumentative.

36. Patient D told the Respondent that she had [G.L. c. 4, § 7(26)(c)] pain, and Patient D understood the Respondent's response to be that maybe if Patient D [G.L. c. 4, § 7(26)(c)] she would not be in pain.

37. The Respondent violated the Board of Registration in Medicine's Disruptive Physician Behavior Policy during his treatment of Patient D.

#### Patient E

38. On or about [REDACTED] 2012, Patient E, a female, was [REDACTED]

39. On [REDACTED], 2012, Patient E was treated at the ER at [REDACTED]

[REDACTED] for a [REDACTED] injury.

40. Patient E was treated by the Respondent who seemed to be pre-occupied with a local police officer and an attractive female that was brought into the ER.

41. While treating Patient E, the Respondent was impatient and flippant and made an unprofessional reference to alcohol use.

42. The Respondent violated the Board of Registration in Medicine's Disruptive Physician Behavior Policy during his treatment of Patient E.

#### Patient F

43. On [REDACTED], 2016, Patient F, a female, was [REDACTED]

44. On or about [REDACTED], 2016, Patient F presented to [REDACTED] with a chief complaint of [REDACTED] and request for placement in a [REDACTED]

[REDACTED] She also complained of [REDACTED] symptoms for the [REDACTED]

45. When she arrived at [REDACTED], Patient F was seen in the ER by the Respondent, who was not made aware that Patient F had been referred to the [REDACTED] team, which was located in the back of the ER.

46. Patient F felt that the Respondent was rude to her.

47. The Respondent told Patient F that she did not need [REDACTED].

48. The Respondent told Patient F that there are people worse off than she was because she had a [REDACTED]

49. The Respondent prescribed Patient F, [REDACTED].

50. The following day, once Respondent understood that Patient F had been sent to the wrong place when she arrived in the ER, Respondent called Patient F at home and was subsequently able to have her admitted to the [G.L. c. 4, § 7(26)(c)]

#### Patient G

51. On or about [G.L. c. 4, § 7(26)(c)] 2016, Patient G, a male, was [G.L. c. 4, § 7(26)(c)]

52. On [G.L. c. 4, § 7(26)(c)] 2016, Patient G had [G.L. c. 4, § 7(26)(c)] pain.

53. Patient G went to [G.L. c. 4, § 7(26)(c)] ER and was seen by the Respondent.

54. At the time that Patient G arrived at the ER, the Respondent was sitting behind the desk where there was a radio belonging to the nurses playing loud music. The Respondent was calling out the songs to the nurse.

55. After Patient G was placed in an examination room, the Respondent entered.

56. Patient G explained his discomfort to the Respondent. The Respondent asked the name of his [G.L. c. 4, § 7(26)(c)] and gave Patient G a quizzical look when Patient G responded because Respondent was not familiar with the name of the [G.L. c. 4, § 7(26)(c)] Respondent recognizes his look was negatively perceived by Patient G. He was not attentive to Patient G's reaction to the look on Respondent's face.

57. The Respondent violated the Board of Registration in Medicine's Disruptive Physician Behavior Policy during his treatment of Patient G.

#### 2016 Renewal Application and Failure to Cooperate

58. On or about September 22, 2015, the Respondent was interviewed by Board staff regarding his disruptive behavior and his answers on his license application.

59. On or about October 7, 2015, the Respondent acknowledged that he failed to fully cooperate with the interview and frustrated the interview with his reticence.

60. On August 10, 2016, the investigation of the Respondent was still open.

61. On August 10, 2016, the Respondent completed his 2016 Renewal Application.

62. Question 18(c) of the Renewal Application asks: “Have you been the subject of an investigation by any government authority including the Board of Registration in Medicine...?”

63. The Respondent answered G.L. c. 4, § 7(26)(a)

64. On his 2016 Renewal Application the Respondent noted:

G.L. c. 4, § 7(26)(a)

G.L. c. 4, § 7(26)(a)

#### Patient H

65. On or about G.L. c. 4, § 7(26)(c), 2021, Patient H was a G.L. c. 4, § 7(26)(c) male.

66. On or about G.L. c. 4, § 7(26)(c) 2021, the Respondent saw Patient H for a post-operative appointment.

67. Patient H was unsatisfied with the results of the G.L. c. 4, § 7(26)(c) surgery performed by a different surgeon prior to the Respondent’s ownership of the G.L. c. 4, § 7(26)(c) center. Due to this dissatisfaction, Respondent performed a second procedure on Patient H for no charge.

68. When Patient H attempted to describe his concerns, the Respondent raised his voice with Patient H.

69. The Respondent violated the Board of Registration in Medicine’s Disruptive Physician Behavior Policy during his treatment of Patient H.

#### Patient I



70. On or about [G.L. c. 4, § 7(26)(c)], 2022, Patient I was a [G.L. c. 4, § 7(26)(c)] female.

71. On or about [G.L. c. 4, § 7(26)(c)], 2022, the Respondent performed [G.L. c. 4, § 7(26)(c)] surgery on Patient I.

72. The Respondent failed to write a contemporaneous operative note for Patient I's surgery.

73. The Respondent failed to document the reason for a [G.L. c. 4, § 7(26)(c)] prescription [G.L. c. 4, § 7(26)(c)] that he wrote for Patient I, the reason being Patient I's [G.L. c. 4, § 7(26)(c)] prescription [G.L. c. 4, § 7(26)(c)].

74. The Respondent and his staff failed to document subsequent treatment of Patient I.

75. During a post-operative telephone conference, the Respondent discussed her complaint about his demeanor and the Respondent began raising his voice with her.

76. The Respondent violated the Board of Registration in Medicine's Disruptive Physician Behavior Policy during his treatment of Patient I.

#### Patient J

77. On or about [G.L. c. 4, § 7(26)(c)], 2022, Patient J was a [G.L. c. 4, § 7(26)(c)] male.

78. On or about [G.L. c. 4, § 7(26)(c)], 2022, the Respondent performed [G.L. c. 4, § 7(26)(c)] surgery on Patient J.

79. The Respondent failed to write a contemporaneous operative note for Patient J's surgery.

#### Patient K

80. On or about [G.L. c. 4, § 7(26)(c)] 202, Patient K was a [G.L. c. 4, § 7(26)(c)] male.

81. On or about [G.L. c. 4, § 7(26)(c)], 2022, the Respondent performed [G.L. c. 4, § 7(26)(c)] surgery on Patient K.

82. The Respondent failed to write a contemporaneous operative note for Patient K's surgery.

#### Patient L

83. On or about [G.L. c. 4, § 7(26)(c)], 2022, Patient L was a [G.L. c. 4, § 7(26)(c)] male.

84. On or about [G.L. c. 4, § 7(26)(c)] 2022, the Respondent performed [G.L. c. 4, § 7(26)(c)] surgery on Patient L.

85. The Respondent failed to write a contemporaneous operative note for Patient L's surgery.

86. On [G.L. c. 4, § 7(26)(c)], 2022, the Respondent prescribed Patient L [G.L. c. 4, § 7(26)(c)] without documenting the reasons for doing so in his medical record.

#### Patient M

87. Patient M is a personal acquaintance of the Respondent.

88. On or about [G.L. c. 4, § 7(26)(c)] 2020, Patient M was a [G.L. c. 4, § 7(26)(c)] male.

89. On or about [G.L. c. 4, § 7(26)(c)] 2020, the Respondent wrote a prescription for [G.L. c. 4, § 7(26)(c)] to Patient M.

90. On [G.L. c. 4, § 7(26)(c)] 2020, the Respondent wrote a record in which he stated that Patient M saw him after a [G.L. c. 4, § 7(26)(c)] injury. The Respondent did not note the day of the injury. The Respondent stated Patient M suffered from [G.L. c. 4, § 7(26)(c)] and noted he was given [G.L. c. 4, § 7(26)(c)] to Patient M because he [G.L. c. 4, § 7(26)(c)]

91. On G.L. c. 4, § 7(26)(c) 2021, the Respondent wrote a record in which Patient M had G.L. c. 4, § 7(26)(c). The Respondent prescribed Patient M G.L. c. 4, § 7(26)(c).

92. On G.L. c. 4, § 7(26)(c), 2022, the Respondent prescribed Patient M G.L. c. 4, § 7(26)(c), but did not write a medical record regarding the reason for the prescription.

### Conclusions of Law

A. The Respondent has engaged in conduct that undermines the public confidence in the integrity of the medical profession. *See Levy v. Board of Registration in Medicine*, 378 Mass. 519 (1979); *Raymond v. Board of Registration in Medicine*, 387 Mass. 708 (1982).

B. The Respondent has violated G.L. c. 112, § 5, eighth par. (b) and 243 CMR 1.03(5)(a)2 by committing offenses against provisions of the laws of the Commonwealth relating to the practice of medicine, or a rule or regulation adopted thereunder—to wit:

1. 243 CMR 2.07(13)(a), which requires a physician to:
  - a. maintain a medical record for each patient, which is adequate to enable the licensee to provide proper diagnosis and treatment; and
  - b. maintain a patient's medical record in a manner which permits the former patient or a successor physician access to them.
2. 243 CMR 1.03(5)(a)16 by failing to furnish the Board, its investigators or representatives, information to which the Board is legally entitled.

### Sanction and Order

The Respondent's license is hereby indefinitely suspended, immediately stayed upon entry in a five-year probation agreement that includes a practice audit by a Board approved entity. Dr. Heinis is to propose an audit entity within 90 days of the Board's joint acceptance of the Consent Order and Probation Agreement. The scope of the audit will include but not be

limited to a review of Dr. Heinis's prescribing, dispensing and documentation practices. The audit will review a minimum of 20 cases and review Dr. Heinis's dispensing logs and related records. The Probation Agreement will include a provision that requires that Dr. Heinis adopt any recommendations from the audit entity. Within the period between six (6) and twelve (12) months after Respondent's implementation of the audit entity's recommendations, the audit entity shall review the Respondent's practice for substantial compliance with such recommendations and provide a compliance report to the Board. Failure to implement and complete the audit for any reason beyond Dr. Heinis' reasonable control shall not be grounds for lifting the stay of the suspension. Upon his implementation of audit recommendations to the Board's satisfaction as determined in its sole discretion, the Respondent may petition the Board to terminate the suspension and probation agreement.

This sanction is imposed for each violation of law listed in the Conclusion section and not a combination of any or all of them.

#### Execution of this Consent Order

Complaint Counsel and the Respondent agree that the approval of this Consent Order is left to the discretion of the Board. The signature of Complaint Counsel, the Respondent, and the Respondent's counsel are expressly conditioned on the Board accepting this Consent Order. If the Board rejects this Consent Order in whole or in part, then the entire document shall be null and void; thereafter, neither of the parties nor anyone else may rely on these stipulations in this proceeding. The signature of the Respondent is further conditioned on the Board accepting the Probation Agreement the Respondent has signed.

As to any matter in this Consent Order left to the discretion of the Board, neither the Respondent, nor anyone acting on his behalf, has received any promises or representations regarding the same.

The Respondent waives any right of appeal that he may have resulting from the Board's acceptance of this Consent Order.

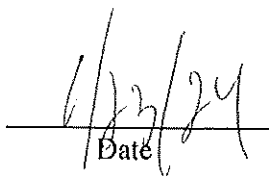
The Respondent shall provide a complete copy of this Consent Order and Probation with all exhibits and attachments within ten (10) days by certified mail, return receipt requested, or by hand delivery to the following designated entities: any in- or out-of-state hospital, nursing home, clinic, other licensed facility, or municipal, state, or federal facility at which he practices medicine; any in- or out-of-state health maintenance organization with whom the Respondent has privileges or any other kind of association; any state agency, in- or out-of-state, with which the Respondent has a provider contract; any in- or out-of-state medical employer, whether or not the Respondent practices medicine there; the state licensing boards of all states in which the Respondent has any kind of license to practice medicine; the Drug Enforcement Administration Boston Diversion Group; and the Massachusetts Department of Public Health Drug Control Program. The Respondent shall also provide this notification to any such designated entities with which the Respondent becomes associated for the duration of this suspension and probation. The Respondent is further directed to certify to the Board within ten (10) days that the Respondent has complied with this directive.

The Board expressly reserves the authority to independently notify, at any time, any of the entities designated above, or any other affected entity, of any action it has taken.

*[signature page follows]*




Christian Heinis, M.D.  
Licensee



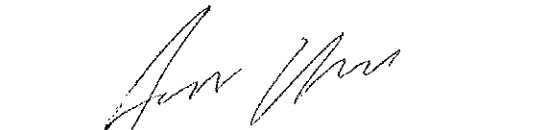
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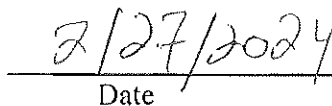
Andra Hutchins  
Attorney for the Licensee



2/5/24  
Date



James Palkos  
Complaint Counsel

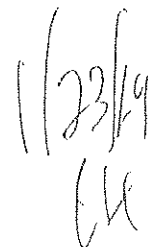


2/27/2024  
Date

So ORDERED by the Board of Registration in Medicine this 14<sup>th</sup> day of March,  
2024.



Booker T. Bush, M.D.  
Board Chair



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