

COMMONWEALTH OF MASSACHUSETTS

Middlesex, SS.

Board of Registration in Medicine

Adjudicatory Case No. 2019-033

In the Matter of)

CHRISTIAN HEINIS, M.D.)

AMENDED STATEMENT OF ALLEGATIONS

The Board of Registration in Medicine (Board) has determined that good cause exists to believe the following acts occurred and constitute a violation for which a licensee may be sanctioned by the Board. The Board therefore alleges that CHRISTIAN HEINIS, M.D. (Respondent) has practiced medicine in violation of law, regulations, or good and accepted medical practice as set forth herein. The investigative docket number associated with this order to show cause is Docket Nos. 13-345; 21-105; and 22-194

Factual Allegations

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 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, §
7

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]

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), Patient D was discharged from 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 [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]

[REDACTED], 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, who was on [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) t 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)] d 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 [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.

Legal Basis for Proposed Relief

A. Pursuant to *Levy v. Board of Registration in Medicine*, 378 Mass. 519 (1979); *Raymond v. Board of Registration in Medicine*, 387 Mass. 708 (1982), the Board may discipline a physician upon proof satisfactory to a majority of the Board, that said physician has engaged in conduct that undermines the public confidence in the integrity of the medical profession.

B. Pursuant to G.L. c. 112, §5, eighth par. (b) and 243 CMR 1.03(5)(a)2, the Board may discipline a physician upon proof satisfactory to a majority of the Board, that said physician committed offenses against a provision of the laws of the Commonwealth relating to the practice of medicine, or a rule or regulation adopted thereunder. More specifically:

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.

The Board has jurisdiction over this matter pursuant to G.L. c. 112, §§ 5, 61 and 62. This adjudicatory proceeding will be conducted in accordance with the provisions of G.L. c. 30A and 801 CMR 1.01.

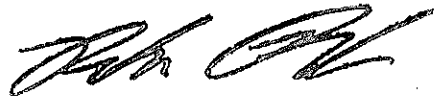
Nature of Relief Sought

The Board is authorized and empowered to order appropriate disciplinary action, which may include revocation or suspension of the Respondent's license to practice medicine. The Board may also order, in addition to or instead of revocation or suspension, one or more of the following: admonishment, censure, reprimand, fine, the performance of uncompensated public service, a course of education or training or other restrictions upon the Respondent's practice of medicine.

Order

Wherefore, it is hereby **ORDERED** that the Respondent show cause why the Board should not discipline the Respondent for the conduct described herein.

By the Board of Registration in Medicine,



Booker T. Bush, M.D.
Board Chair

Date: 3/14/2024