

IN THE MATTER OF

\*

BEFORE THE

JACKIE ALLEN SYME, JR., M.D.

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MARYLAND STATE

Respondent

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BOARD OF PHYSICIANS

License Number: D44476

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Case Number: 2222-0100A

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

Disciplinary Panel A ("Panel A") of the Maryland State Board of Physicians (the "Board") hereby **SUMMARILY SUSPENDS** the license to practice medicine of **JACKIE ALLEN SYME, JR., M.D.** (the "Respondent"), License Number D44476, in the State of Maryland.

Panel A takes such action pursuant to its authority under Md. Code Ann., State Gov't ("State Gov't") § 10-226(c)(2) (2021 Repl. Vol.) and Md. Code Regs. ("COMAR") 10.32.02.08B(7), concluding that the public health, safety or welfare imperatively requires emergency action.

**INVESTIGATIVE FINDINGS**

Based on information received by, and made known to Panel A, and the investigatory information obtained by, received by and made known to and available to

Panel A, including the instances described below, Panel A has reason to believe that the following facts are true:<sup>1</sup>

### **Introduction**

1. Panel A is summarily suspending the Respondent's license to practice medicine after a Board investigation determined that he has a health condition that affects his ability to practice medicine safely.

### **Background/Licensing Information**

2. The Respondent was originally issued a license to practice medicine in Maryland on May 20, 1993, under License Number D44476. The Respondent has retained continuous licensure in Maryland since that time. The Respondent's latest license was given the expiration date of September 30, 2023.

3. The Respondent was formerly board-certified in neurology. The Respondent's board-certification expired in 2014.

4. At all times relevant hereto, the Respondent practiced medicine at a health care facility (the "Facility")<sup>2</sup> that has several offices in Maryland.

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<sup>1</sup> The statements regarding the Respondent's conduct are intended to provide the Respondent with reasonable notice of the basis of Panel A's action. 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 in connection with this matter.

<sup>2</sup> For confidentiality reasons, the name of the health care facility will not be identified in this document. The Respondent is aware of the identity of the health care facility.



### **Prior disciplinary history**

5. On or about February 4, 2014, the Board charged the Respondent with violating disciplinary provisions under the Maryland Medical Practice Act (the "Act"), Md. Code Ann., Health Occ. §§ 14-101 *et seq.*, after its investigation determined that he inappropriately prescribed high doses of opioid medications to patients without appropriate justification or monitoring. The investigation also determined that the Respondent was guilty of unprofessional conduct with respect to his storage of medical records and conditions in his office.

6. The Respondent resolved the Board's charges by entering into a Consent Order, dated April 29, 2014, in which the Board found as a matter of law that the Respondent violated the following provisions of the Act under Health Occ. § 14-404(a): (3) Is guilty of: (ii) Unprofessional conduct in the practice of medicine; (22) Fails to meet appropriate standards as determined by appropriate peer review for the delivery of quality medical and surgical care performed in an outpatient surgical facility, office, hospital, or any other location in this State; and (40) Fails to keep adequate medical records as determined by appropriate peer review.

7. Under the Consent Order, the Board reprimanded the Respondent and permanently prohibited him from: practicing physical medicine and rehabilitation or pain medicine; and treating any patients on an ongoing basis with controlled dangerous substances ("CDS") for pain management or for detoxification from CDS. The Board

also permanently restricted the Respondent's ability to prescribe Schedule II CDS and imposed a series of non-permanent terms and conditions.

8. Through an Order dated September 29, 2017, the Board terminated the non-permanent conditions that were imposed under the April 29, 2014 Consent Order and continued the above-noted permanent conditions, to which the Respondent is still subject.

### **The Complaint**

9. The Board initiated an investigation of the Respondent after reviewing a complaint, dated February 2, 2022, from a health occupations licensee (the "Complainant"),<sup>3</sup> who owns and operates the Facility. The Complainant stated that he formerly employed the Respondent to provide medical services at the Facility. The Complainant stated that the Respondent has an alcohol problem and that his behavior toward patients "was often unprofessional and rude." The Complainant also stated that the Respondent kept poor medical records and at times failed to keep medical records.

### **Board Investigation**

10. As part of its investigation, the Board obtained the Respondent's human resources ("HR") file from the Facility and interviewed the Complainant, the Facility's office manager and the Respondent.

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<sup>3</sup> For confidentiality reasons, the identity of the Complainant or any other individuals referenced herein, will not be disclosed in this document. The Respondent may obtain this information from the Board.



### *The Respondent's HR file*

11. The Respondent's HR file states that the Facility hired the Respondent to be the Facility's medical director in or around December 2014, and that the Respondent resigned from his position in January 2022. The file indicates that the Facility counseled the Respondent on several occasions for recordkeeping deficiencies and deficiencies in his professional image and attitude toward patients.

12. The HR file contains a document that was signed by the Respondent and the Complainant, dated May 18, 2020, which states, "I, Dr. Jackie Syme, have communicated to the [Complainant] that I have been suffering from alcoholism. I have expressed that I am getting treatment 4 days a week, 3 hours per day in the evening. I am 100% committed to getting healthy and to [the Facility's] requirements of me." The requirements listed included: arriving on time and dressing professionally at work; producing detailed reports; and being "kind and friendly to our patients and staff." The document also authorized the Complainant to talk to the Respondent's therapist at least once per week to ensure that the Respondent was continuing with treatment. The document states, "[The Complainant] is holding on to your money for your benefit at this time. He agrees to pay all your bills to ensure your quality of life. [The Complainant] is doing this to help you, not hurt you."

13. The HR file also contains a series of checks the Complainant signed that he gave to the Respondent in order to help him pay his rent, electric bill, telephone bill and insurance.

#### ***Interview of the Complainant***

14. Board staff conducted an under-oath interview of the Complainant on February 16, 2022. The Complainant is a Maryland health occupations licensee. The Complainant stated that approximately nine years ago, he hired the Respondent to perform medical evaluations at the Facility's offices. The Complainant stated that the Respondent often came to work looking unwell and disheveled and that patients complained that he smelled of alcohol and was rude to them. The Complainant stated that the Respondent's report writing was deficient and that his reports were often weeks late, causing the Complainant to have "endless" meetings with him in attempts to rectify the Respondent's late submission of reports.

15. The Complainant stated that he first learned that the Respondent had an alcohol problem about three to four years ago when the Respondent collapsed in the office and had to be hospitalized for alcohol abuse and malnutrition. The Complainant stated that after this hospitalization, the Respondent was rehospitized for alcohol abuse after he collapsed in the office.



16. In addition, the Complainant stated that there was an incident in the office involving loss of a bodily function when the Respondent was treating a patient in the office, requiring the Facility to close the office in order to clean it.

17. The Complainant stated that he wanted to help the Respondent and offered to buy him new clothes, go to Alcoholics Anonymous with him, and offered to handle his finances for him. The Complainant stated that he did this so that the Respondent "didn't have extra money to get himself in trouble." In addition, the Complainant stated that he counseled the Respondent on a weekly basis and questioned the Respondent if he was drinking while working, which the Respondent denied. The Complainant expressed safety concerns about the Respondent, stating that he required an assistant to be present in the room when the Respondent was with a patient. The Complainant also stated that the Respondent had attendance problems while scheduled to work.

18. The Complainant stated that he does not think the Respondent is qualified to be taking care of patients and has concerns about the Respondent's ability to practice medicine safely, stating, "I wouldn't send anyone I know to him."

***Interview of the Facility's office manager***

19. Board Staff conducted an under-oath interview of the Facility's office manager on March 17, 2022. The office manager confirmed that staff and patients had complained about the Respondent's attitude and reported smelling alcohol on him. The office manager stated that the Respondent looked very bad and appeared dirty most of the

time and that she also smelled alcohol on him. The office manager further stated that there was an incident last year in which someone found the Respondent looking unwell in the Facility's lobby and brought him to the Facility's office. The office manager stated that the Respondent did not appear well and could not stand or walk without assistance so she asked a medical assistant to call an ambulance that then transported the Respondent to a nearby hospital. In addition, the office manager stated that she received reports that the Respondent had loss of bodily control on three separate occasions while in the office.

### ***Interview of the Respondent***

20. Board staff conducted an under-oath interview of the Respondent on March 18, 2022. In this interview, the Respondent reported that he has had an alcohol problem since approximately 2001,<sup>4</sup> and continues to drink at this time. He stated that he currently drinks either wine or one half-pint of rum a couple nights per week. However, the Respondent stated that when working at the Facility, he was drinking closer to a pint of rum every night. The Respondent also stated that he will sometimes drink until 1:00 a.m. when he has to work the next day.

21. The Respondent acknowledged that he lost bodily control on one occasion at work while treating a patient. In addition, the Respondent acknowledged that a few years ago, he was hospitalized for malnutrition after he was found in the Facility's lobby appearing unwell and unable to walk.

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<sup>4</sup> Board staff noted a severe tremor in the Respondent's hands throughout the whole interview.



22. The Respondent also acknowledged that he had a “DUI” in 2015.<sup>5</sup>

23. When questioned about treatment, the Respondent stated that he attended a two-week intensive outpatient rehabilitation program in 2020 via Zoom. In addition, he stated that he now attends twelve-step recovery events on Friday evenings and has a sponsor. The Respondent acknowledged that neither the recovery program or his sponsor are aware he is still drinking. In addition, the Respondent stated that his primary care physician has prescribed a prescription-only medication for him for sleep. Board staff asked the Respondent if he has any plans to seek additional treatment to which he stated, “I probably should.”

### **CONCLUSION OF LAW**

Based upon the foregoing Investigative Findings, Panel A of the Board concludes that the public health, safety, or welfare imperatively requires emergency action, and that pursuant to State Gov’t § 10-226(c)(2) and COMAR 10.32.02.08B(7), the Respondent's license is summarily suspended.

### **ORDER**

**IT IS** thus, by Panel A of the Board, hereby:

**ORDERED** that pursuant to the authority vested in Panel A by State Govt. § 10-226(c)(2)(2021 Repl. Vol.) and COMAR 10.32.02.08B(7), the Respondent's license to practice medicine in the State of Maryland is hereby **SUMMARILY SUSPENDED**; and

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<sup>5</sup> The Respondent reportedly pleaded guilty in the District Court for Queen Anne’s County to driving a vehicle while impaired with alcohol on March 16, 2016, and was granted probation before judgment.

it is further

**ORDERED** that, during the course of the summary suspension, the Respondent shall not practice medicine in the State of Maryland; and it is further

**ORDERED** that in accordance with Md. Code Regs. 10.32.02.08B(7) and E, a post-deprivation initial hearing on the summary suspension will be held on **Wednesday, April 13, 2022 at 10:30 a.m.** at the Board's offices, located at 4201 Patterson Avenue, Baltimore, Maryland, 21215-0095; and it is further

**ORDERED** that after the **SUMMARY SUSPENSION** hearing before 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 set 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 it is further

**ORDERED** that a copy of the Order for Summary Suspension shall be filed by Panel A immediately in accordance with Health Occ. § 14-407(b)(2021 Repl. Vol.); and it is further

**ORDERED** that this is an Order of Panel A, and as such, is a public document. See Health Occ. §§ 1-607, 14-411.1(b)(2) and Md. Code Ann., Gen. Prov. § 4-333(b)(6).

03/29/2022  
Date

***Signature on File***

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