

STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
HEALTHCARE SYSTEMS BRANCH

In re: Michael Anthony, D.O.

Petition No. 2011-482

**INTERIM CONSENT ORDER**

WHEREAS, Michael Anthony, D.O., of Hartford, Connecticut (hereinafter "respondent") has been issued license number 045798 to practice medicine and surgery by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 370 of the General Statutes of Connecticut, as amended; and,

WHEREAS, the Department has received information regarding respondent's revocation of his Massachusetts license to practice medicine.

WHEREAS, it will be necessary to conduct further investigation, and the parties wish to provide for the protection of the public during the interim.

NOW THEREFORE, pursuant to §19a-17 and 20-13c of the General Statutes of Connecticut, the parties hereby stipulate to the following:

1. Respondent's license number 045798 to practice medicine and surgery shall be suspended until such time as this petition is resolved.
2. Respondent shall surrender his license number 045798 to the Connecticut Medical Examining Board (hereinafter, "the Board") immediately upon approval of this Interim Consent Order by the Board.
3. Respondent shall withdraw any pending applications for renewal of his license immediately upon approval of this Interim Consent Order by the Board, and shall not apply for renewal of

his license until either the expiration of this Interim Consent Order or the dismissal of the pending complaint, whichever occurs first.

4. Respondent shall execute releases for his treatment records, as requested by the Department.
5. This stipulation shall not deprive respondent of his right to a hearing on the merits of this case, nor shall it be construed as an admission of any fact or waiver of any right to which respondent may be entitled, other than as specifically provided for herein.
6. This Interim Consent Order shall become effective on the day it is approved and entered by the Board.
7. Respondent permits a representative of the Department to present this Interim Consent Order and the factual basis for this Consent Order to the Board. Respondent understands that the Board has complete and final discretion as to whether an executed Interim Consent Order is approved or accepted.
8. I understand and agree that this Interim Consent Order is a public document and shall be reported to the National Practitioner Data Bank.
9. Respondent has had the opportunity to consult with an attorney prior to signing this document.
10. The execution of this document has no bearing on any criminal liability without the written consent of the Director of the Medicaid Fraud Control Unit or the Bureau Chief of the Division of Criminal Justice's Statewide Prosecution Bureau. The purpose of this Consent Order is to resolve the pending administrative license disciplinary petition only, and is not intended to affect any civil or criminal liability or defense.
11. This Interim Consent Order embodies the entire agreement of the parties with respect to this case. All previous communications or agreements regarding the subject matter of this consent

order, whether oral or written, between the parties are superseded unless expressly incorporated herein or made a part hereof.

I, Michael Anthony, have read the above Interim Consent Order, and I agree to the terms set forth therein. I further declare the execution of this Interim Consent Order to be my free act and deed.

Michael Anthony, D.O.  
Michael Anthony, D.O.

Subscribed and sworn to before me this 5<sup>th</sup> day of May 2011.

[Signature]  
Notary Public or person authorized  
by law to administer an oath or  
affirmation *My Comm Expire: 01-31-12*

The above Interim Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 16<sup>th</sup> day of May 2011, it is hereby accepted.

Jennifer Filippone  
Jennifer Filippone, Section Chief  
Practitioner Licensing and Investigations  
Healthcare Systems Branch

The above Interim Consent Order having been presented to the Connecticut Medical Examining Board on the 17 day of May 2011, it is hereby ordered and accepted.

BY [Signature]  
Connecticut Medical Examining Board

**STATE OF CONNECTICUT  
CONNECTICUT MEDICAL EXAMINING BOARD**

Michael Anthony, D.O.  
License No. 045798

Petition No. 2011-482

**MEMORANDUM OF DECISION**

*Procedural Background*

On January 26, 2012, the Department of Public Health ("Department") presented a Statement of Charges ("Charges") to the Connecticut Medical Examining Board ("Board") against license number 045798 of Michael Anthony, D.O. ("Respondent"). Bd. Exh. 1. The Charges allege that Respondent's license is subject to disciplinary action pursuant to the Connecticut General Statutes ("Statutes") §§ 19a-17(f) and/or 20-13c, including but not limited to, 20-13c(4). Bd. Exh. 1.

On February 29, 2012, Respondent submitted an Answer to the Charges. Respondent ("Rt"). Exh. A.

The hearing was held before a duly authorized panel of the Board comprised of Richard Bridburg, M.D., Anne Doremus, and Peter Zeman, M.D. ("Panel"). Bd. Exh. 1.

The panel conducted hearing on March 16, April 20, and June 12, 2012, in accordance with Chapter 54 of the Statutes and § 19a-9a-1 *et seq.* of the Regulations of Connecticut State Agencies ("Regulations"). Respondent appeared and was represented by his attorney, James Biondo. Attorney Matthew Antonetti represented the Department. The Department and Respondent presented evidence, conducted cross-examination, and provided argument on all issues.

All Panel members involved in this decision attest that they have heard the case or read the record in its entirety. The Board reviewed the Panel's proposed final decision in accordance with the provisions of § 4-179 of the Statutes. The Board considered whether Respondent poses a threat, in the practice of medicine, to the health and safety of any person. This decision is based entirely on the record and the specialized professional knowledge of the Board in evaluating the evidence.

*Allegations*

1. In paragraph 1 of the Charges, the Department alleges that Michael Anthony ("Respondent") of Shrewsbury, Massachusetts is the holder of Connecticut physician and surgeon license number 045798.

2. In paragraph 2 of the Charges, the Department alleges that in or about December 2006 until approximately May 2007, Respondent specialized in psychiatry and treated female "Patient A" while practicing in Massachusetts. Respondent also treated Patient A's husband for several months between approximately February through May 2007.
3. In paragraph 3 of the Charges, the Department alleges that during the course of 2007 and/or 2008, Respondent engaged in a series of professional boundary violations including engaging in a sexual relationship with Patient A and violations of patient confidentiality.
4. In paragraph 4 of the Charges, the Department alleges that on or about April 20, 2011, the Massachusetts Board of Registration in Medicine, in Adjudicatory Case No. 2008-056, revoked Respondent's Massachusetts license to practice medicine as a result of Respondent's professional misconduct.
5. In paragraph 5 of the Charges, the Department alleges that the above-described facts constitute grounds for disciplinary action pursuant to §§ 19a-17(f) and/or 20-13c, including but not limited to, § 20-13c(4) of the Statutes.

#### *Findings of Fact*

1. Pursuant to § 19a-17(f) of the Statutes, the Board relied upon the findings and conclusions made by the Massachusetts Board against Respondent's license, including the Massachusetts Board's finding that Patient A was credible, and takes disciplinary action based upon the actions taken by such board. The Board also relied upon the evidence presented in the instant case, and the specialized professional knowledge of the Panel. See § 4-178 of the Statutes; *Pet v. Department of Health Services*, 228 Conn. 651, 666 (1994).
2. Respondent of Shrewsbury, Massachusetts is the holder of Connecticut physician and surgeon license number 045798. Rt. Exh. A.
3. On or about December 2006 until approximately May 2007, Respondent specialized in psychiatry, and practiced in Massachusetts. Rt. Exh. A; Dept. Exh. 2, p. 17.
4. On or about December 2006 until approximately May 2007, Respondent treated a female patient ("Patient A"). Rt. Exh. A; Dept. Exh. 2, p. 18 3/16/2012 Tr., p. 44.
5. For several months on or about February through May 2007, Respondent also treated Patient A's husband, ("Patient B"). Rt. Exh. A; Dept. Exh. 2, p. 19; Tr. 3/16/2012, pp. 128-129.

6. During therapy sessions with Patient A, Respondent shared personal information about his family with Patient A, including pictures and stories about his wife and children. Tr. 3/16/2012, p. 45-47, 127; Dept. Exh. 2, p. 18-19. Patient A also shared family pictures with Respondent. Tr. 3/16/2010, p. 49. The Board finds that these interactions regarding their personal lives violated the standard of care and professional boundaries.
7. Sometime prior to May 16, 2007, Patient A invited Respondent to visit her at her place of employment. Dept. Exh. 2, p. 20; Tr. 3/16/2012, pp. 51-53, 58-59. He visited her three times. *Id.* The Board finds that these social interactions violated the standard of care and professional boundaries.
8. Respondent's marriage deteriorated from sometime before Respondent began treating Patient A, and through the period in which he was treating Patient A. Rt. Exh. B, p. 36; Tr. 4/20/2012, pp. 123, 156-158 (under seal).
9. On May 16, 2007, Respondent was involved in a motorcycle accident and he sustained serious physical injuries, including but not limited to a traumatic brain injury ("TBI"). Rt. Exh. A; Tr. 3/16/2012, pp. 72-75, 161-164, 182-185; Tr. 4/20/2012, p. 203.
10. From approximately June through late July 2007, Respondent engaged in a sexual relationship with Patient A. Rt. Exh. A; Dept. Exh. 2, p. 23-24; Tr. 3/16/2012, p. 78. The Board finds that Respondent violated the standard of care and professional boundaries by engaging in a sexual relationship with this patient.
11. From April 27, 2007 to January 2008, Respondent engaged in personal email and text-messaging communication with Patient A. Dept. Exh. 2, pp. 14, 24-25, 27, 29-30; Tr. 4/20/2012, p. 204-205. The Board finds that these communications violate the standard of care and professional boundaries.
12. In the course of Patient A's treatment, Respondent learned that Patient A had been abandoned by her father. Tr. 3/16/2012, pp. 62-63. Respondent treated Patient A in a paternalistic manner. *Id.* As a result, Patient A viewed Respondent as a father figure. *Id.* During the course of treatment, Respondent was attracted to Patient A. Tr. 3/16/2012 pp. 60-67, Tr. 4/20/2012, pp. 200-201.
13. Respondent violated a patient's confidentiality when he told Patient A about another patient he was treating who was the son of a famous comedian. Tr. 3/16/2012, pp. 88, 127-128; Dept. Exh. 2, p. 19. Respondent disclosed the patient's serious medical condition and the name of the patient's famous parent. *Id.* These disclosures violate patient confidentiality. *Id.*
14. Respondent told Patient A about her husband's, Patient B, diagnosis and treatment. Tr. 3/16/2012, pp. 129-130; Dept. Exh. 2, p. 19. This disclosure violates patient confidentiality. *Id.*

15. On February 1-5, February 8, and March 1, 2010, and in the course of Respondent's disciplinary hearing before a Massachusetts Administrative Magistrate ("Magistrate"), Respondent lied about his professional boundary violations and sexual relationship with Patient A. Rt. Exh. A; Dept. Exh. 2 pp. 4, 6, 8-9, 25-28, 34-38. Tr. 3/16/2012 pp. 78-79, 135, Tr. 6/12/2012, p. 21.
16. On September 23, 2010, the Magistrate issued a Recommended Decision, which found that Respondent had a sexual relationship with Patient A during the summer of 2007, and recommended no further disciplinary action against his license. Dept. Exh. 2, pp. 8-36.
17. On February 16, 2011, the Massachusetts Board of Registration in Medicine ("Massachusetts Board") issued a Partial Final Decision adopting the Recommended Decision of the Magistrate and striking the Magistrate's finding that there was no need for further action, among other things. Rt. Exh. A; Dept. Exh. 2. pp. 6-7.
18. On April 20, 2011, before the Massachusetts Board issued a final decision, Respondent admitted to the Massachusetts Board that he had a sexual relationship with Patient A. Rt. Exh. A; Tr. 3/16/2012, p. 78; Tr. 4/20/2012, p. 144; Tr. 6/12/2012, pp. 22-26.
19. On or about April 20, 2011, the Massachusetts Board, in Adjudicatory Case No. 2008-056, issued a Final Decision and Order revoking Respondent's license because, among other reasons, Respondent failed to self-report, admit or express remorse for his sexual relationship with Patient A. Rt. Exh. A; Dept. Exh. 2, pp. 2-5.
20. On May 20, 22, 2011, Respondent completed a Professional Boundary Course. Rt. Exh. B, p. 96; Rt. Exh. C. As part of the course, Respondent developed a protection plan, that outlined appropriate professional conduct., This included having a chaperone present with female patients. Rt. Exh. D. He continues to participate weekly in the course via teleseminars. Rt. Exh. C; Tr. 3/16/2012, pp. 69-71.
21. Respondent has agreed to participate in a variety of therapeutic programs including: a weekly Al-Anon divorce support group; a monthly peer support group; spiritual activities; and, continuation with Health Assistance InterVention Education Network ("HAVEN")<sup>1</sup>. Rt. Exh. H. Tr. 3/16/2012 (Ex. Ses.), pp. 100-106.
22. The Board finds that Respondent's testimony with respect to his memory and the disinhibiting impact of his traumatic brain injury is not credible. Tr. 3/16/2012 p. 80
23. The Massachusetts Board found Patient A's testimony credible. Dept. Exh. 2, p. 37. Based on that finding, the Board finds Patient A credible.

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<sup>1</sup> HAVEN is a Connecticut confidential assistance program for health care professionals who are facing medical, mental health, or emotional disorder. Tr. 3/16/2012, p. 191; Rt. E.

24. The Board finds the following Respondent's witnesses credible: Steven and Suzanne Anthony, and Dr. Doug Gibson.

***Discussion and Conclusions of Law***

Conn. Gen. Stat. § 20-13c provides, in pertinent part, that:

The Board is authorized to restrict, suspend or revoke the license or limit the right to practice of a physician or take any other action in accordance with section 19a-17, for any of the following reasons: . . . (4) illegal, incompetent or negligent conduct in the practice of medicine; . . . In each case, the board shall consider whether the physician poses a threat, in the practice of medicine, to the health and safety of any person. If the board finds that the physician poses such a threat, the board shall include such finding in its final decision and act to suspend or revoke the license of said physician.

The Department bears the burden of proof by a preponderance of the evidence in this matter. *Goldstar Medical Services, Inc., v. Department of Social Services*, 288 Conn. 790, 821 (2008).

The Department sustained its burden of proof with regard to all of the allegations contained in the Charges.<sup>2</sup> The Board finds that Respondent acted illegally, incompetently and negligently in the practice of medicine, and that he violated the standard of care. Accordingly, the Board concludes that there is an adequate basis upon which to impose discipline on Respondent's license pursuant to §§ 19a-17 and 20-13c(4) of the Statutes.

Respondent admitted the allegations contained in paragraphs 1 through 4 of the Charges. Findings of Fact ("F.F.") 2-5, 9, 10, 14, 16-19. Therefore, these allegations are not in dispute. See *Jones Destruction, Inc. v. Upjohn*, 161 Conn. 191, 199 (1971); *Commissioner of Public Works v. Middletown*, 53 Conn.App. 438, 444 (1999) cert. denied 250 Conn. 923 (1999).

In addition, the preponderance of the evidence establishes that the Department met its burden with respect to all of the allegations contained in the Charges. Respondent of Shrewsbury, Massachusetts is the holder of Connecticut physician and surgeon license number 045798. F.F. 2. On or about December 2006 until approximately May 2007, Respondent specialized in psychiatry and treated female Patient A while practicing in Massachusetts. F.F. 3, 4. Respondent also treated Patient B, Patient A's husband. F.F. 5. During the course of 2007

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<sup>2</sup> The Board is aware that the Connecticut Supreme Court is reviewing the issue of whether the standard of proof in cases before the Board involving physicians should be the preponderance of evidence standard or the clear and convincing standard (*Charles Ray Jones, M.D., v. Connecticut Medical Examining Board*, S.C. 18843). In the present case, the Board finds that even if the standard of proof was clear and convincing evidence, the Department met its burden with respect to all of the allegations contained in the Charges.



and 2008, Respondent engaged in conduct that resulted in a series of professional boundary violations including engaging in a sexual relationship with Patient A, and violations of patient confidentiality. F.F. 10, 13, 14. On or about April 20, 2011, the Massachusetts Board revoked Respondent's Massachusetts license to practice medicine as a result of Respondent's professional misconduct. F.F. 19. Therefore, the Department sustained its burden of proof with regard to all allegations contained in the Statement of Charges.

Respondent denies that he should be subject to disciplinary action and contends that there are mitigating factors that the Board should consider. Rt. A. Specifically, Respondent claims that on May 16, 2007, he was involved in a motorcycle accident and that he sustained serious physical injuries, including but not limited to a TBI, a subarachnoid hemorrhage in the right sylvian fissure, left clavicular fracture, bilateral pulmonary contusions, left pneumothorax, mediastinal hematoma, and multiple rib fractures. *Id.* Respondent also claims that he was discharged prematurely without any post TBI follow-up care, recommendations, or instructions. *Id.* In particular, Respondent claims that as a result of the TBI he was disinhibited, impulsive and unable to refrain from behavior that he knew was wrong and, thus, he should not be held accountable for his conduct, and the Board should not revoke his license.

Respondent claims that he has addressed the issues that lead to the violations of the standard of care. He presented evidence that he completed a Professional Boundary Course (F.F. 20), and continues to participate weekly in the course via teleseminars. *Id.* As part of this course, Respondent developed a protection plan that outlined appropriate professional conduct. This includes having a chaperone present with female patients. *Id.* Respondent has also agreed to participate in a variety of therapeutic programs including: a weekly Al-Anon divorce support group; a monthly peer support group; spiritual activities; and, continuation with HAVEN. F.F. 21. Therefore, Respondent contends, he should return to practice as a psychiatrist.

Respondent's defense is not credible for several reasons. The Board finds that Respondent violated the standard of care and committed professional boundary violations *prior* to sustaining a TBI on May 16, 2007. F.F. 6, 7; Tr. 4/20/2012, p. 153. Respondent's expert witness, Dr. Leslie Lofhstein, a forensic psychologist and former Director of Psychology at the Institute of Living, described the interaction between Respondent and Patient A prior to Respondent's injury as "somewhere between boundary crossing and the beginning of a violation" (Tr. 4/20/2012, p. 151), and agreed that something was "clearly going on before the

TBI.” Tr. 4/20/2012, p. 153. The preponderance of the evidence establishes that prior to December 2006, and during the time Respondent treated Patient A, Respondent was experiencing a breakdown in his marriage. F.F. 8. During therapy sessions with Patient A, Respondent shared personal information about his family with Patient A, including pictures and stories about his wife and children, and the difficulties in his marriage. F.F. 6. Respondent admits that Patient A was interesting and that he was attracted to her in the months before the accident. Tr. 4/20/2012, pp. 200-201. He acknowledges that he visited Patient A at her shop prior to the TBI and, unlike certain events after the injury, he “always remembered” having done so. *Id.* Respondent also admits that during his visit to her shop he “knew in [his] heart that it was not right to be there.” Tr. 4/20/2012, p. 202. These facts demonstrate that Respondent’s unprofessional contact with Patient A began before he incurred the brain injury.

The Board is also not persuaded by Respondent’s contention that the TBI caused disinhibiting behavior, which caused him to behave in a manner contrary to his character, and to violate professional boundaries. F.F. 22. In support of this claim, Respondent offered the testimony of Dr. Lothstein, and Respondent’s siblings Suzanne and Steven Anthony. Dr. Lothstein testified that Respondent became disinhibited as a result of the TBI. Tr. 4/20/2012, pp. 116-117 (under seal). Dr. Lothstein and Respondent’s siblings testified that during the summer of 2007, while he was recovering from the May 16, 2007 accident, Respondent exhibited a behavior contrary to his normal conduct in that he cursed and swore at his mother, was out in the street in traffic making telephone calls, and tried to put an air conditioner in a window while his arm was in a sling. *Id.* at 117; Tr. 3/16/2012, pp. 161-166, 182-184.

Respondent’s conduct suggests that he was not truly disinhibited. According to the American Heritage Stedman’s Medical Dictionary the term “disinhibited” is defined as “a loss of inhibition . . .”, and the term inhibition is defined as “[s]omething that restrains, blocks, or suppresses, the conscious or unconscious restraint of a behavioral process, a desire, or an impulse. . . .” American Heritage Stedman’s Medical Dictionary 235, 417 (1995). The Board finds that if Respondent had been truly disinhibited, he would have disregarded, or at least failed to consider the consequences of his actions. To the contrary, on multiple occasions during the two months following the TBI, the evidence demonstrates that Respondent exhibited behavior that indicated he was aware that his behavior was wrong and he was trying to control the risk while carrying on his relationship with Patient A. For example, during a sexual encounter with

Respondent at Patient A's shop, Respondent looked for cameras that could possibly be recording his actions. Dept. Exh. 2, p. 23. When Respondent met Patient A at Worcester area hotels on July 12 and July 23, 2007, Patient A made the room arrangements because Respondent "did not want his name on the records." Dept. Exh. 2, p. 24. When going out together on dates, Respondent "indicated that he did not wish to go anywhere where he would be recognized." Dept. Exh. 2, p. 25. These repeated, cautious behaviors are not indicative of a disinhibited person; they reveal Respondent's distinct desire to avoid the negative consequences of his actions. Therefore, the Board finds that Respondent's claim that the TBI caused him to be disinhibited to the point that he disregarded the consequences of his actions when violating the standard of care is not credible.

Next, the Board finds that on February 1-5, February 8, and March 1, 2010, at the hearing in Massachusetts, and in the course of Respondent's disciplinary hearing before the Massachusetts Magistrate, Respondent lied about his professional boundary violations and sexual relationship with Patient A. FF. 18. Respondent was not credible when he testified to this Board that he recovered his memory about his Professional boundary violations only after he read the Magistrate's decision in September 2010. Tr. 3/16/2012, pp. 87-88, Tr. 4/20/2012, pp. 208-210.

Respondent admits to having a "niggling" feeling, as early as the fall of 2008, that he had had a sexual relationship with Patient A. Tr. 4/20/2012, p. 206. Nonetheless, Respondent claims he did not recall his sexual relationship with Patient A until one or two months after he read the Magistrate's Decision in September of 2010. Tr. 3/16/2012, pp. 141-143 Tr. 4/20/2012, pp. 208-210; Rt. Exh. 2. In support of this claim, Respondent presented the testimony of Dr. Lothstein who testified that Respondent's failure to tell the truth could have been caused by either the need to manipulate the truth, or a defense mechanism to avoid confronting the unbearable reality of his actions. Tr. 4/20/2012, p. 125 (under seal). He opined that Respondent did not manipulate the truth. Tr. 4/20/2012, pp. 128-129 (under seal). Instead, Dr. Lothstein believes, Respondent denied his boundary violations and sexual relationship with Patient A because he was experiencing a locked emotional state caused by shame which left him speechless, unable to voice the words that described his actions. Rt. Exh. B, p. 36 (under seal).

The preponderance of the evidence severely undermines Respondent's credibility, and contradicts Dr. Lothstein's testimony that Respondent did not manipulate the truth. The Board

finds that between the fall of 2007 and January 2008, Respondent and Patient A had communications that demonstrate not only that Respondent had a relationship with Patient A, but also that he knew and remembered such relationship between the fall of 2007 and January 2008. The Board finds it implausible that Respondent did not remember the relationship during the 2010 hearing before the Magistrate, when he had already fully recovered from the TBI. Sometime in August 2007, Respondent told Patient A that he thought they had a connection but that he needed time. Dept. Exh. 2, p. 27. He indicated that he could get into deep trouble with the Massachusetts Board, go to jail, lose his license, and his life would be over. *Id.* Respondent and Patient A exchanged a series of text-messages that also demonstrate a personal relationship. *Id.* at 29-30.<sup>3</sup> Therefore, the Board finds that Respondent lied to the Massachusetts Board and continues to lie to this Board when he claims that he regained his memory only after he read the Magistrate's decision in September 2010.

The Board finds that the Respondent violated the standard of care and is subject to discipline under §§ 19a-17 and 20-13c(4) of the Statutes. The outstanding issue concerns the appropriate remedy in this case. Dr. Lothstein opined that if Respondent gets his depression under control he could return to practice safely with certain conditions such as a practice monitor

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<sup>3</sup> On January 7, 2008, at 7:39 P.M., Respondent sent a text-message to Patient A stating, "[y]ou are priceless! I don't think I'm ever going to meet someone like you again, I hope!". Dept. Exh. 2, p. 29 (Quoting the Massachusetts Board's decision). On January 7, 2008, at 7:44 P.M., Respondent sent another text-message saying, "Sorry . . . Still seeing patients . . . Mondays are very long . . ." *Id.* On January 7, 2008, at 7:58 P.M., Respondent sent a text-message stating, "I honestly hope for only wonderful things for you!". *Id.* On January 7, 2008, at 8:59 P.M., Respondent sent a text-message stating, "Stop it! I can't talk right now-I'll text in the A.M. (The Respondent sent this text along with a graphic of a pink flower). *Id.* On January 8, 2008, at 8:06 A.M., Respondent states, "Hi, Thanks for the New Year's wishes last week. I truly hope you are well. This is not avoidance but simply true feelings. A few things." *Id.* at 30. At 10:26 A.M. Patient A states, "I just want you to know that I am going to report you-what happened between us has been very traumatic for me and I wish I knew how to deal with it better but I don't . . . I just want to put it behind me and feel complete again . . . So please don't call me or text me anymore, it's over . . . I'm really, really sorry." *Id.* At 11:00 A.M., Respondent answers, "I did . . . I'll look for the rest . . ." On January 15, 2008, at 5:53 A.M., Patient A states, "You broke my heart . . . can't stand it . . ." *Id.* At 11:52 A.M., Respondent states, "I need time." *Id.* On January 16, 2008, at 9:52 A.M., Respondent states, "Time to fix my crazy life . . . Please understand and forgive me." "(Respondent sent this text along with the graphic of a yellow star)". *Id.* See also 3/16/2012 Tr. (Ex. Sess.) pp. 111-112.

for a defined period of time and a chaperone for cases involving female patients. Rt. Exh. B, p. 43; Tr. 4/20/2012, pp. 178, 182. Dr. Lothstein testified that there is no evidence that Respondent is a sexual predator based upon the information he collected from people who know Respondent well. Tr. 4/20/2012, p. 166. Dr. Lothstein further testified that Respondent is not psychotic, nor does he have a personality disorder that would place him at risk of harming people in the community. *Id.* at 208-209.

The Board is not persuaded by Dr. Lothstein's testimony that Respondent does not present a danger to public health and safety. The preponderance of the evidence establishes that when Respondent testified before the Magistrate he falsified a diagnosis to discredit Patient A when he said that she suffered from Borderline Personality Disorder and Erotomania. Dept. Exh. 2, pp. 35-36. Meanwhile, Patient A's chart did not mention any such diagnosis. *Id.* Respondent clearly knew that such statement was false as he surely had access to Patient A's medical chart. Particularly damaging to Respondent is Dr. Lothstein's testimony that Respondent chose Patient A to have an affair with because he found her attractive and because he recognized that she was vulnerable as she had been abandoned by her father, had been sexually abused, and she viewed Respondent as a father figure. FF. 12; Tr. 4/20/2012, pp. 149-150 (under seal). Of particular concern to the Board is the fact that Respondent failed to admit his sexual relationship with Patient A to Dr. Gibson. Tr. 4/20/2012 pp. 28-29, 34-35, 36, 38, 43. Dr. Gibson was the medical director for PHP (Physicians Health Program) and HAVEN until 2009. 4/20/2012 Tr. pp. 7, 9. From 2008-2010, Dr. Gibson and the Respondent worked at Day Kimball together and during this time, Dr. Gibson, at the request of Dr. Waite (Day Kimball Vice President of Medical Affairs), reviewed the Respondent's medical records to make sure he kept them up to date. Tr. 4/20/2012 pp. 21-22. The Board is not persuaded that Respondent can safely return to the practice of medicine.

Accordingly, the Board concludes that there is adequate basis upon which to impose discipline on Respondent's license pursuant to §§ 19a-17 and 20-13c(4) of the Statutes.

*Order*

Based upon the record in this case, the above findings of fact and the conclusions of law, and pursuant to the authority vested in it by §§ 19a-17 and 20-13c(4) of the Statutes, the Board finds that the misconduct alleged and proven, warrants the disciplinary action imposed by this order. The Board orders in Petition No. 2011-482 that Respondent's license number 045798 of Michael Anthony, D.O. to practice as a physician and surgeon in the State of Connecticut be REVOKED.

This Memorandum of Decision is effective on DECEMBER 18, 2012.

Connecticut Medical Examining Board

12-18-2012  
Date

Anne C. Doremus  
By: Anne C. Doremus, Chairperson

**CERTIFICATION**

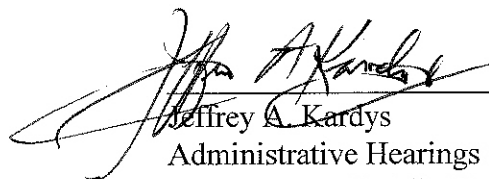
I hereby certify that, pursuant to Connecticut General Statutes § 4-180(c), a copy of the foregoing Memorandum of Decision was sent this 19<sup>th</sup> day of December 2011, by certified mail, return receipt requested to:

James Biondo, Esq.  
Rosenblum Newfield, LLC  
1 Landmark Square  
Stamford, CT 06901

CERTIFIED MAIL 91-7199-9991-7030-9618-9856

and via email to:

Matthew Antonetti, Principal Attorney  
Legal Office  
Department of Public Health  
410 Capitol Avenue, MS #12LEG  
Hartford, CT 06134-0308



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Jeffrey A. Kardys  
Administrative Hearings Specialist/Board Liaison  
Department of Public Health  
Public Health Hearing Office