

BEFORE THE  
NORTH CAROLINA MEDICAL BOARD

In re:	)	
	)	
Rashid Ali Buttar, D.O.,	)	NOTICE OF CHARGES
	)	AND ALLEGATIONS;
	)	NOTICE OF HEARING
Respondent.	)	

The North Carolina Medical Board (hereafter, Board) has preferred and does hereby prefer the following charges and allegations:

1. The Board is a body duly organized under the laws of North Carolina and is the proper party to bring this proceeding under the authority granted it in Article 1 of Chapter 90 of the North Carolina General Statutes.

2. Rashid Ali Buttar, D.O. (hereafter, Dr. Buttar), is a physician licensed by the Board on or about May 20, 1995, to practice medicine and surgery, license number 95-00528.

3. During the times relevant herein, Dr. Buttar practiced medicine in Cornelius, North Carolina.

4. Patients A through C presented to Dr. Buttar with a diagnosis of cancer.

5. Patient A presented to Dr. Buttar with a diagnosis of cervical cancer.

6. Patient B presented to Dr. Buttar with a diagnosis of ovarian cancer.

7. Patient C presented with a diagnosis of adrenal cell cancer.

8. Patient D presented to Dr. Buttar with a history of colon polyps.

9. Patients A, B and C would eventually succumb to their cancer.

10. Patients A, B and C, desperate for any hope to combat their disease, came to Dr. Buttar because of Dr. Buttar's representations that the therapies he offered would be effective in their battle against cancer. Dr. Buttar's representations were false, and were made by Dr. Buttar with full knowledge of their falsity.

11. Dr. Buttar provided therapies to Patients A, B and C that were unproven and wholly ineffective. The therapies consisted primarily of intravenous administration of a variety of substances, none of which has any known value for the treatment of cancer. The substances included EDTA (ethylenediaminetetraacetic acid), chromium, certain vitamins, and hydrogen-peroxide.

12. Dr. Buttar charged exorbitant fees for his ineffectual therapies. The total cost of the intravenous injections and other

therapies for these cancer patients at times ranged in the thousands, sometimes tens of thousands, of dollars. Not only would Dr. Buttar order and have administered unproven and ineffectual therapies for Patients A, B and C in an attempt to drive up his billings, he would also order numerous tests and lab work for these patients that had no rational, medical relationship to the Patients' cancer diagnosis. Moreover, many tests and lab work that were ordered by Dr. Buttar were never adequately justified in the medical records of the patients, were never linked to the patients' diagnoses or clinical condition, and in some instances never interpreted.

13. There is no evidence that any of the extensive and expensive laboratory data obtained on Patients A, B, C and D were used for treatment decisions. In essence, the medical records indicate that the extensive testing and lab work for Patients A, B, C and D were not ordered for any medical or clinical purpose, but were instead ordered in an attempt to drive up costs.

14. Patients A, B and C seemed to be treated on an indistinguishable or arbitrary protocol regardless of their individual diagnosis. None of the Patients (A - D) showed any evidence of response or benefit to the treatments they received at Dr. Buttar's office. All Patients received frequent, expensive

treatments that had no recognized scientific evidence of any validity whatsoever on almost a daily basis without any evidence of sustained improvement.

15. The medical records of Patients A, B, C and D also do not indicate that Dr. Buttar ever examined or followed any of the patients. All four patients were seen and treated mainly by Dr. Buttar's nurse practitioner. Despite having little, or no personal interaction with Patients A, B, C and D, Dr. Buttar nonetheless charged thousands of dollars to each patient for his services.

16. Dr. Buttar charged Patient C over \$32,000.00 for treatments he knew to be ineffectual. Immediately prior to his death, Patient C sent a check to Dr. Buttar, for partial payment, in the amount of \$6,700.00. Before Dr. Buttar could cash the check, Patient C's widow cancelled the check because she felt that Dr. Buttar's treatments were useless even though Dr. Buttar had promised her and her husband that his treatments had a "100% success rate."

17. After Patient C's widow cancelled the \$6,700.00 check, Dr. Buttar referred Patient C's account to a collection agency. The amount that Dr. Buttar sought from Patient A's widow exceeded \$25,000.00, which included the unpaid portion of Patient C's bill, interest, and a 25% collection fee.

18. Patient B was treated by Dr. Buttar for a period of two months, from April 2004 to June 2004. During this two month period, Dr. Buttar charged Patient B in excess of \$30,000.00 for ineffectual therapies that included injections of intravenous vitamins and other substances, chelation therapy with DMPS (Dimercapto-propane sulfonate) and EDTA, Philbert Infra Respiratory Reflex Procedure and Ondamed biofeedback. All of Patient B's clinical notes were written by his nurse practitioner, and for an extended period of time, Dr. Buttar's nurse practitioner exclusively saw and treated Patient B.

19. Prior to her death, Patient B paid Dr. Buttar \$10,258.00. Dr. Buttar has sought collection from Patient B's estate the remaining \$19,765.00 of his charges.

20. Patient A was treated by Dr. Buttar for one month beginning in July, 2006. Patient A came to Dr. Buttar after a radical hysterectomy, chemotherapy and radiation therapy all failed to halt the spread of her cancer, which by July 2006 had spread to her liver and lungs. Dr. Buttar's treatment of Patient A was to administer hydrogen peroxide intravenously. Patient A paid \$12,360.00 to Dr. Buttar for an initial fee. Over the next month, Patient A would have nineteen (19) other office visits with Dr. Buttar and pay an additional \$18,000.00, for a total of \$27,820.00

(Patient A's family received a refund of \$2,540.00). The average cost of Patient A's office visits for Dr. Buttar (to receive IV hydrogen peroxide) was \$1,464.00. All examinations and office visit notes for Patient A were written by Dr. Buttar's nurse practitioner. Although Patient A was billed for "physician attendance and supervision," it is unclear from Patient A's medical record whether Dr. Buttar ever examined Patient A or provided much of any supervision to his nurse practitioner.

21. Patient D presented to Dr. Buttar with a history of colon polyps. Dr. Buttar initiated chelation therapy for Patient D without ever seeing the patient or establishing a diagnosis. Patient D was seen only by Dr. Buttar's nurse practitioner and not on all visits. Most of the documentation regarding Patient D has to do with billing issues. There is no diagnosis, no treatment plan defined, and no repeat evaluation of Patient D directly. Patient D's clinical notes consist of six (6) pages, but her financial and laboratory related items consist of some sixty (60) pages. In sum, there is no documented history or examination on repeat visits for Patient D, no stated working diagnosis, and no rationale for the treatment plan. However, there is extensive diagnostic testing without medical justification or indication.

22. Dr. Buttar's treatment of Patients A, B, C and D constitutes unprofessional conduct, including, but not limited to, departure from, or the failure to conform to, the standards of acceptable and prevailing medical practice, or the ethics of the medical profession, irrespective of whether a patient is injured thereby, within the meaning of N.C. Gen. Stat. § 90-14(a)(6), and grounds exist under that section of the North Carolina General Statutes for the Board to annul, suspend, revoke, or limit his license to practice medicine and surgery issued by the Board or deny any application he might make in the future.

23. Dr. Buttar's treatment of Patients A, B, C and D constitutes unprofessional conduct in that he provided a therapy, whether it be characterized as experimental, nontraditional, or a departure from acceptable and prevailing medical practices, that nonetheless has a safety risk greater than the prevailing treatment or that the treatment is generally not effective within the meaning of N.C. Gen. Stat. § 90-14(a)(6), and grounds exist under that section of the North Carolina General Statutes for the Board to annul, suspend, revoke, or limit his license to practice medicine and surgery issued by the Board or deny any application he might make in the future.

24. Dr. Buttar's conduct in regard to Patients A, B, C, and D constitutes Dr. Buttar providing services to a patient in such a manner as to exploit the patient within the meaning of N.C. Gen. Stat. § 90-14(a)(12), and grounds exist under that section of the North Carolina General Statutes for the Board to annul, suspend, revoke, or limit his license to practice medicine and surgery issued by the Board or deny any application he might make in the future, and furthermore, upon a finding of the exploitation, the Board may order restitution be made to the payer of the bill, whether the patient or the insurer, by the physician, provided that a determination of the amount of restitution shall be based on credible testimony in the record.

NOTICE TO DR. BUTTAR

Pursuant to N.C. Gen. Stat. § 90-14.2, it is hereby ordered that a hearing on the foregoing Notice of Charges and Allegations will be held before the Board, or a panel thereof, at 8:00 a.m., on Wednesday, February 20, 2008, or as soon thereafter as the Board may hear it, at the offices of the Board, 1203 Front Street, Raleigh, North Carolina, to continue until completed. The hearing will be held pursuant to N.C. Gen. Stat. § 150B-40, 41, and 42, and N.C. Gen. Stat. § 90-14.2, 14.4, 14.5, and 14.6. You may appear personally and through counsel, may cross-examine witnesses and



present evidence in your own behalf. You may, if you desire, file written answers to the charges and complaints preferred against you within 30 days after the service of this notice.

The identities of Patients A through D and the date and place of treatment of these patients are being withheld from public disclosure pursuant to N.C. Gen. Stat. § 90-8. However, this information will be provided to you upon your request.

Pursuant to N.C. Gen. Stat. § 150B-40(c)(5), it is further ordered that the parties shall arrange a pre-hearing conference at which they shall prepare and sign a stipulation on pre-hearing conference substantially in the form attached hereto. The pre-hearing stipulation shall be submitted to the undersigned no later than seven days prior to the hearing date.

The right to be present during the hearing of this case, including any such right conferred or implied by N.C. Gen. Stat. § 150B-40(d), shall be deemed waived by a party or his counsel by voluntary absence from the Board's office at a time when it is known that proceedings, including deliberations, are being conducted, or are about to be conducted. In such event the proceedings, including additional proceedings after the Board has retired to deliberate, may go forward without waiting for the arrival or return of counsel or a party.

This the 20<sup>th</sup> day of November, 2007.

NORTH CAROLINA MEDICAL BOARD

By: Janelle A. Rhyne, MD, FACP  
Janelle A. Rhyne, M.D.  
President