

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
BOARD OF MEDICINE**

**IN RE:**

**JEFFERY DORMU, MD**

**License No.: DO034245**

**Respondent**

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**CONSENT ORDER**

This matter comes before the District of Columbia Board of Medicine (the “Board” or “D.C. Board”) pursuant to the Health Occupations Revision Act (HORA). D.C. Official Code § 3-1201.01, *et seq.* (2016 Repl.). The HORA authorizes the Board to regulate the practice of medicine in the District of Columbia. The Board has broad jurisdiction to impose a variety of disciplinary sanctions upon a finding of a violation of the HORA. D.C. Official Code, § 3-1201.03; *Mannan v. District of Columbia Board of Medicine*, 558 A.2d 329, 333 (D.C. 1989). The Council of the District of Columbia, in amending the HORA, “intended to strengthen enforcement of its licensing laws.” *Davidson v. District of Columbia Board of Medicine*, 562 A.2d 109, 113 (D.C. 1989). The HORA “was designed to ‘address modern advances and community needs with the paramount consideration of protecting the public interest.’” *Joseph v. District of Columbia Board of Medicine*, 587 A.2d 1085, 1088 (D.C.1991) (*quoting* Report of the D.C. Council on Consumer and Regulatory Affairs on Bill 6-317, at 7 (November 26, 1985)) (emphasis added by court).

## **Background**

The Respondent is licensed to practice medicine in Maryland and Washington, DC. Respondent was originally licensed in D.C on October 5, 2007.

On March 9, 2016, Patient A.M. presented to Providence Hospital for an elective Aortic Aneurysm Repair. The medical records stated the indication for surgery was the presence of an aortic aneurysm that had experienced rapid growth. The initial stages of the repair went according to plan. Difficulty in the repair occurred after the proximal anastomosis was completed, and the aortic clamp was released. There was noted to be a significant amount of blood loss, and subsequent drop in blood pressure. Measures were taken to treat the blood pressure, including the administration of blood products, and pressor medication. Respondent was inadequately prepared to deal with any complications during surgery – he had to use emergency release type O blood with initial bleeding because of lack of blood products immediately available. At some point, the surgeon deemed A.M. to be in Disseminated Intravascular Coagulopathy (DIC). In light of the ongoing bleeding, and in the face of resuscitative efforts to treat DIC, a decision was made to leave vascular clamps in place and discontinue further operative efforts in order to control bleeding. The Respondent ordered for the patient to be transferred to the ICU for resuscitative efforts, knowing the high risk of mortality and without adequate communication to other hospital staff. He left the operating room to go to his private practice and other appointments and was gone for more than two (2) hours. Attempts were made to contact the Respondent and were unsuccessful. Ultimately A.M. succumbed to ongoing hemorrhage and multi-system organ failure in the Recovery Room.

On February 18, 2020, a Notice of Intent To Take Disciplinary Action (NOI) was filed by the Board alleging that Respondent failed to conform to standards of acceptable conduct and prevailing practice within the health profession, in violation of D.C. Official Code § 3-

1205.14(a)(26); demonstrated a willful or careless disregard for the health, welfare, or safety of a patient, in violation of D.C. Official Code § 3-1205.14(a)(28); and abandoned a patient by terminating, without adequate notice, the professional relationship between Respondent and a patient when the patient was in need of further emergency care, in violation of D.C. Official Code § 3-1205.14(a)(30).

### **Conclusions of Law**

The Board is authorized to sanction Respondent under the HORA for his actions, which are related to the practice of medicine. The HORA provides, in pertinent part:

Each board, subject to the right of a hearing as provided by this subchapter, on an affirmative vote of a quorum of its appointed members may take one or more of the disciplinary actions provided in subsection (c) of this section against any applicant for a license, registration, or certification, an applicant to establish or operate a school of nursing or nursing program, or a person permitted by this subchapter to practice a health occupation regulated by the board in the District who:

\* \* \*

(30) Abandons a patient; for the purposes of this paragraph, the term “abandons” means termination, without adequate notice, of the professional relationship between a health care provider and a patient or client at a time when the patient or client is in need of further emergency care.

Respondent failed to meet the standard of care in terms of communication and abandonment in leaving the patient before the procedure was completed. This violation provides the Board with a basis in law and fact to take action against Respondent under the authority of D.C. Official Code § 3-1205.14(a)(30).

Abandonment is one component of the standard of care – the Respondent did not meet the standard of care in abandoning the patient during care. Respondent was out of the hospital over 2.25 hours while the patient remained in critical condition. And the Respondent did not

adequately communicate with both anesthesia and critical care about goals of care. Even if the technical aspects of the surgery complied with the standard of care, the entirety of the care expected from a reasonable vascular surgeon in a same or similar situation fell below acceptable standard of care.

**ORDER**

ACCORDINGLY, based on the foregoing, it is by the District of Columbia Board of Medicine hereby,

**ORDERED** that the Respondent be and is hereby **REPRIMANDED**; and it is further

**ORDERED** that the Respondent shall pay a **FINE** of \$5000.00. The fine shall be made by check payable to the “D.C. Treasurer” and submitted to Lisa Robinson, Health Licensing Specialist, Board of Medicine, 899 North Capitol Street, NE, 2nd Floor, Washington, D.C. 20002 within sixty (60) days of the effective date of this Agreement; and it is further

**ORDERED**, that Respondent shall comply with all laws, rules, and regulations of the District of Columbia; and it is further

**ORDERED**, that if Respondent fails to satisfactorily fulfill the terms of this Consent Order the D.C. Board may issue a notice of intent to take additional formal disciplinary action against Respondent’s license; and it is further

**ORDERED**, that this is a public document.

DISTRICT OF COLUMBIA BOARD OF MEDICINE

05.25.2022

Date



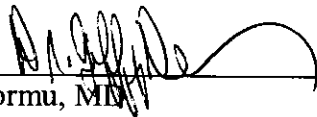
By: Andrea Anderson, MD, FAAFP  
Chairperson

**AGREEMENT OF RESPONDENT**

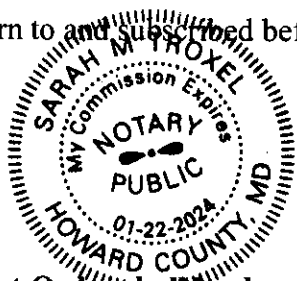
By signing this public consent order, I agree to accept and abide by its terms. I acknowledge its validity and acknowledge that I have agreed to the terms set forth in this agreement. I fully acknowledge that by signing this consent order, I am waiving my right to confront witnesses, to give testimony, to call witnesses on my behalf, and to all other substantive and procedural protections provided by law. I also recognize that I am waiving my right to appeal any adverse ruling by the Board that might have followed any such hearing. By signing this settlement agreement, I waive all such rights.

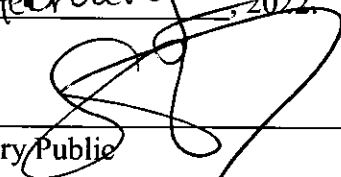
I have had the opportunity to review this document and to seek the advice of my own legal counsel. I choose to sign this consent order willingly and without reservation and am fully aware of its meaning and effect.

2/17/22  
Date

  
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Jeffery Dormu, MD  
License No.: DO034245

Sworn to and subscribed before me this 17<sup>th</sup> day of February, 2022



  
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Notary Public

**This Consent Order shall be deemed a public document and shall be distributed as appropriate.**