



# COMMONWEALTH of VIRGINIA

Robert A. Nebiker  
Director

*Department of Health Professions*  
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July 7, 2005

Lelia Haddad Zackrison, M.D.  
11166 Fairfax Blvd., #405  
Fairfax, Virginia 22030

**CERTIFIED MAIL**  
7160 3901 9848 3153 8547

RE: License No.: 0101-045689

Dear Dr. Zackrison:

This letter is official notification that an informal conference of the Virginia Board of Medicine ("Board") will be held on **Wednesday, August 10, 2005, at 11: 30 a.m., at the offices of the Department of Health Professions, 6603 W. Broad Street, 5<sup>th</sup> Floor, Richmond, Virginia.** The conference will be conducted pursuant to Sections 54.1-2400(10), 2.2-4019 and 2.2-4021 of the Code of Virginia (1950), as amended ("Code").

A Special Conference Committee ("Committee") will inquire into allegations that you may have violated certain laws governing the practice of medicine in Virginia. Specifically:

1. You may have violated Section 54.1-2915.A(13) and (16) [*formerly 54.1-2914.A(8) and (11)*] of the Code. Specifically, you use the polymerase chain reaction ("PCR") test, which is unstandardized and infrequently used due to its history of showing false positive results, to diagnose Lyme disease. You have misdiagnosed patients with Lyme disease, Reactive Arthritis, Lupus and other ailments and prescribed long term IV antibiotics and immunosuppressive agents. Specifically:

a. In or about September 2001, following PCR testing, you diagnosed Patient A with Lyme disease and ordered treatment in the form of fifty-six (56) intravenous doses of Ceftriaxone and Doxycycline over eight (8) weeks, a deviation from the recommended treatment of serious Lyme related infections (i.e. meningitis and endocarditis) by the Sanford Guide for Antimicrobial Therapy. Due to intervening medical issues, Patient A was unable to begin treatment as scheduled. When she returned to your practice in or about September 2002, bloods test showed that Patient A did not have Lyme disease.

b. In or about January 2001, Patient B presented to your office seeking a second opinion on a previous diagnosis of fibromyalgia. At that time, you diagnosed Patient B with mycoplasma pneumonia and prescribed a three (3) month trial of Levaquin for her. Subsequent tests, performed in July 2001, were positive for mycoplasma pneumonia; however, on that occasion, you failed to prescribe antibiotics or document a reason for your failure to do so. Further, in or about July, 2001, despite negative results on the first two tests, you diagnosed Patient B with Lyme disease after a third test was positive. On or about September 18, 2001, prior to beginning your recommended treatment for Lyme disease, Patient B sought a second opinion. It was the opinion of that consulting physician that your diagnoses of both mycoplasma pneumonia and Lyme disease were incorrect and that your recommended treatment for Patient B was inappropriate and possibly harmful to Patient B.

c. In June 2000, you diagnosed Patient C as suffering from systemic lupus erythematosus with inflammatory bowel disease and began treating her with prednisone and azathioprine. Between May 1999 and May 2002, Patient C underwent approximately nine (9) tests for Lyme, three (3) of those being in May 2002. Despite a lack of corroborating medical evidence, and the fact that two of the tests conducted in May were negative, you diagnosed Patient C with Lyme disease based on one positive test. You ordered that Patient C have a Peripherally Inserted Central Catheter ("PICC") inserted and undergo a twelve (12) week course of Rocephin IV, to be administered five (5) times a week. Patient C sought a second opinion from another rheumatologist, and it was determined that she did not have Lyme disease, Lupus or reactive arthritis, but fibromyalgia and malnourishment for which she was treated.

Please see Attachment I for the names of the patients referenced above.

The Board has engaged the services of William Neal Roberts, M.D., whose curriculum vitae and written report are included in the material enclosed with this letter. Dr. Roberts will be present at the informal conference to serve as a rheumatology expert, which will include providing his expert opinion regarding your standard of care.

After consideration of all information, the Committee may:

1. Exonerate you;
2. Place you on probation with such terms it deems appropriate.
3. Reprimand you;
4. Modify a previous Order; and
5. Impose a monetary penalty pursuant to Section 54.1-2401 of the Code.

Further, the Committee may refer this matter for a formal administrative proceeding when it has failed to dispose of a case by consent pursuant to Section 2.2-4019 of the Code.

You have the right to information that will be relied upon by the Committee in making a decision. Therefore, I enclose a copy of the documents that will be distributed to the members of the Committee, and will be considered by the Committee when discussing the allegations with you and when deliberating upon your case. These documents are enclosed only with the original notice sent by certified mail, and must be claimed at the post office. These materials have also been provided this date to your counsel, Stephen L. Altman, Esquire.

To facilitate this proceeding, you must submit eight (8) copies of any documents you wish for the Committee to consider to Reneé S. Dixon, Discipline Case Manager, Virginia Board of Medicine, 6603 West Broad Street, 5<sup>th</sup> Floor, Richmond, Virginia 23230-1717, by **July 21, 2005**. Your documents may not be submitted by facsimile or e-mail. Should you or Adjudication Specialist Sheon J. Rose wish to submit any documents for the Committee's consideration after **July 21, 2005**, such documents shall be considered only upon a ruling by the Chair of the Committee that good cause has been shown for late submission.

A request to continue this proceeding must state **in detail** the reason for the request and must establish good cause. Such request must be made, in writing, to me at the address listed on this letter and must be received by **12 noon on July 15, 2005**. Only one such motion will be considered. Absent exigent circumstances, such as personal or family illness, a request for a continuance after **July 15, 2005**, will not be considered

Relevant sections of the Administrative Process Act, which govern proceedings of this nature, as well as laws relating to the practice of medicine and other healing arts in Virginia cited in this notice can be found on the Internet at <http://leg1.state.va.us>. To access this information, please click on the *Code of Virginia* for statutes and *Virginia Administrative Code* for regulations.

In its deliberations, the Committee may utilize the Sanction Reference Points System, as contained in the Sanction Reference Manual. The manual, which is a guidance document of the Board, may be accessed at <http://www.dhp.virginia.gov/medicine>. You may request a paper copy from the Board office by calling (804) 662-7009.

Please advise the Board, in writing, of your intention to be present. Should you fail to appear at the informal conference, the Board may proceed to a formal administrative hearing in order to impose sanctions.

If you have any questions regarding this notice, please contact Sheon J. Rose, Adjudication Specialist, at (804) 662-7445.

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Sincerely,



William L. Harp, M.D.  
Executive Director  
Virginia Board of Medicine

sjr/Zackrison64NIF.DOC

Enclosures:

Attachment I  
Informal Conference Package  
Map

cc: Thomas B. Leecost, D.P.M., President, Virginia Board of Medicine  
Robert A. Nebiker, Director, Department of Health Professions  
Reneé S. Dixon, Discipline Case Manager, Board of Medicine  
Sheon J. Rose, Adjudication Specialist  
Wm. Neal Roberts, M.D.  
Stephen L. Altman, Esquire [w/enclosures]  
Addison Hurst, Regional Investigative Supervisor [97961]