

STATE OF MAINE
BOARD OF BAR EXAMINERS

IN RE: Cathleen London)
) Decision of the Board
) Pursuant to M. Bar Admission R. 9(d)
)
)

Cathleen London has applied for admission to the Maine bar. She contends that she has produced satisfactory evidence of good moral character as required by Maine Bar Admission Rule 9 and that this Board should issue her a certificate of qualification. The Board has carefully reviewed and considered the evidence bearing on Ms. London’s character and fitness. For the reasons set forth below, the Board concludes that Ms. London has not established that she possesses the requisite good moral character necessary for admission to the Maine bar and that she is not eligible for conditional admission pursuant to Maine Bar Admission Rule 9A.

PROCEDURAL HISTORY AND FACTUAL FINDINGS

On May 12, 2022, Cathleen London¹ submitted an application to take

¹ Cathleen London is a medical doctor. Many of the materials submitted to the Board refer to her as “Dr. London.” At the hearing, the applicant acknowledged that she was before the Board outside of the context of her medical practice and did not insist on being referred to as “Dr. London.” Thus, unless referencing a direct quote, the Board refers to the applicant as “Ms. London.”

the Maine bar examination. On May 31, 2023, the Maine Board of Bar Examiners conducted a public hearing in this matter pursuant to Bar Admission Rule 9. The hearing took place by Zoom. A court reporter was present and transcribed the hearing. Members of the Board participating in the hearing were Christopher K. MacLean, Esq. (Chair), Andrew Wisch, Ph.D. (Public Member), Tracy Collins, Esq., and John Gause, Esq. The applicant, Ms. London, appeared and was represented by James M. Bowie, Esq. Paul Switter, Esq., Assistant Attorney General, appeared as Counsel for the Maine Board of Bar Examiners. The Board received 32 exhibits identified on the Counsel for the Board's exhibit list (without objection from the applicant) and five additional exhibits offered by the applicant (also without objection). The Board also received sworn testimony from Ms. London and a character witnesses called by Ms. London.

The record shows that Cathleen London grew up in New York City. She attended Brown University and graduated with a Bachelor of Arts degree in 1988. She went on to complete pre-medical requirements at Stanford University and obtained a Doctor of Medicine degree from Yale University in 1995. She completed a residency in Family Medicine at Oregon Health Sciences University from 1995-1998. She then engaged in the practice of medicine that extended for a period of over 20 years in Oregon, Massachusetts, New York, and Maine. Most recently in her medical career, she worked in Milbridge, Maine providing physician services in a rural, underserved region.

In May 2022, Ms. London was awarded a Juris Doctor degree from the

University of Maine School of Law. She finished with a Cumulative GPA of 3.319, and with several honors, including an Information Privacy Law Certificate with Distinction and a 2022 Orr Award. She also authored a publication entitled “Predicting Drug Diversion: The use of data analytics in prescription drug monitoring.” During her time at Maine Law, she served as a law student representative of the American Bar Association Health Law Section’s Physician Issues Interest Group, served as a Student Attorney at the Cumberland Legal Aid Clinic, and worked as a legal intern and legal extern. After law school, she completed a clerkship with the Essex County Superior Court in Newark, New Jersey.

The majority of the testimony and exhibits that raise concerns about Ms. London’s fitness to practice law involve complaints made against her in her capacity as a medical doctor. Ms. London began practicing medicine in Maine in 2015. She testified that she was drawn to Maine by the idea of providing medical services in a rural, underserved area in the United States. She testified that before moving to Maine, she had no disciplinary issues with any professional organization and had been involved in a variety of prestigious professional boards and organizations.

After moving to Maine, Ms. London first partnered with another physician in Calais, but their contentious partnership soon ended. Ms. London testified that she believed her former partner was recklessly prescribing opioids to patients and, even after their partnership ended, was using her prescription pad to do so. Ms. London testified that she filed a complaint about this

physician in the fall of 2016.

After that partnership ended, Ms. London operated a solo practice called “Door to Door Doctors” until August 31, 2022. During this time, Ms. London was the subject of eighteen (18) complaints before the Maine Board of Licensure in Medicine (MBOLIM). Nine of these complaints were consolidated into a consent agreement that was executed in 2018. Seven others resulted in formal “Letters of Guidance” from the MBOLIM. One complaint resulted in an additional “Letter of Guidance” from the MBOLIM. A more recent nineteenth complaint is still pending before the MBOLIM.²

A. Nine Complaints Addressed by Consent Decree

1. MBOLIM Complaint 17-2

Complaint 17-2 was filed by Ms. London’s former patient in December 2016. The complainant alleged that “Dr. London was rude, agitated, aggressive, and spoke loudly about politics.” The complainant also alleged that on the patient’s second visit, Ms. London “engaged him in a political discussion and called Patient 17-2 a ‘sucker’ after assuming that the patient intended to vote for Donald Trump.” The complainant went on to state that Ms. London allowed a dog roam freely in the office and that he has an allergy to dog hair.

² Ms. London claims that several of these complaints were filed after the physician who was her former partner convinced his friends and patients to file negative complaints against her. There is no evidence in the record to support this contention, other than the testimony of Ms. London. Ms. London’s testimony in support of this contention was vague and based, at most, on rumor or speculation.

He stated that Ms. London seemed agitated when he asked questions pertinent to his health care. He further alleged that he was abruptly discharged from Ms. London's practice after a staff person told Ms. London that he had been rude.

Ms. London partially disputed these allegations in a written response. She acknowledged engaging the patient in a political discussion but said she had done so after he stated "Go Trump" on his way out. She stated that she had asked the patient why he was voting for Mr. Trump and he stated because of his guns. She then stated that she said, "when did President Obama take away [your] guns?" She stated that she asked him "if he was aware the NRA used the threat of gun rights as a sales pitch." She stated that she fired the patient after he became rude when he requested his medical records and was told by her office that there was a fee if he wanted the records directly rather than having them sent directly to another provider.

Ms. London was asked about the complaint during the hearing. Regarding his discharge, Ms. London stated that he was discharged from the practice for being rude to staff. Ms. London claimed that the patient had no issue with dogs and made a point of claiming that she did an informal, anonymous survey and "well over 97 percent of people wanted the dogs." She downplayed the extent of the political conversation, which she again stated was initiated by the patient.

2. MBOLIM Complaint 17-16

The consent agreement provides the following summary of the complaint

made by patient 17-6:

On January 24, 2017, the Board received a complaint from Patient 17-6 alleging that Dr. London abused the patient because of her political affiliation, socioeconomic status, and race. Patient 17-6 stated that Dr. London told her 'I will never understand how anyone on social services could be a Republican, especially an Indian.' Patient 17-6 alleged that Dr. London berated and belittled her regularly and called her a 'drug addict who traffics her medication' in front of a 'bus full of people' in Washington D.C., and that Dr. London admitted on video afterwards that it was 'just her opinion' and that she 'didn't say anything about a diagnosis.'"

In her written response to the MBOLIM, Ms. London stated: "Anytime someone comes into my practice requesting narcotics I am suspicious. I am in Washington County." Regarding the political dispute, Ms. London claimed that the patient "made a point of unzipping her sweatshirt to show [her the patient's] pro Trump t-shirt," and that Ms. London "only stated that I was surprised she was on MaineCare and state aid," and never mentioned her race. Ms. London claimed that the patient referred to herself as a "half-breed." Ms. London claimed that the *patient* had accosted *her* on a bus during a chance encounter from Washington D.C. and that the patient was a drug abuser who "clearly" needed help. The patient stated that Ms. London "abused the power she had" in her physician-patient relationship with the patient.

At the Rule 9 hearing, Ms. London continued to claim that the patient was addicted to opioids and had purposefully unzipped her sweatshirt with a "smirk" on her face to show Ms. London her Trump t-shirt. Ms. London testified "[a]nd I simply did ask her did she think that he would protect Native Americans and MaineCare, because she came to me on MaineCare." This

testimony directly contradicts Ms. London's written statement to the MBOLIM asserting that she never mentioned the patient's race.

In her testimony regarding the travel from Washington D.C., Ms. London again claimed that the patient accosted Ms. London, not the other way around. Ms. London testified, "People came up to me afterward and thanked me for, you know, dealing with her. They were very upset with her. . . ."

3. MBOLIM Complaint 17-22

Patient 17-22 described that Ms. London is "loud, and is constantly swearing and yelling about something, and is extremely dangerous and careless." Specifically, the patient alleged that she started seeing Ms. London to manage a substance abuse disorder. Ms. London's first professional consultation with the patient took place at a restaurant. Although the patient had first gone to Ms. London specifically seeking suboxone, Ms. London told the patient that she was at her patient limit of suboxone prescriptions. Ms. London told the patient that she would prescribe her methadone, but the patient would have to say that the methadone was for diabetic neuropathic pain. The patient claimed that she met Ms. London in various parking lots and once at Ms. London's home and that she witnessed many HIPAA violations committed by Ms. London. She alleged that Ms. London revealed patient information to her. She alleged that Ms. London requested that she wear a wire and obtain opiate and benzodiazepine prescriptions from another physician because Ms. London wanted him to lose his medical license. She alleged that

Ms. London had tried to recruit the patient for a position at Ms. London's office. She alleged that that Ms. London fixated on attempting to cause her former partner to lose his medical license. The patient described Ms. London as thinking that she had a "lot more power than any other physician."

In her written response to the MBOLIM, Ms. London largely denied the allegations, said that she and the patient had decided on methadone treatment together due to the patient's complaints of pain, said that she had openings in her suboxone program, and stated that the patient was dismissed from Ms. London's practice for cocaine use. In a response, the patient acknowledged cocaine use, and further explained that after the cocaine appeared on a urine screen Ms. London discharged her as a patient immediately and would not talk to her or provide a taper of her medication. Regarding the allegation that the patient wear a wire during a visit to another physician, Ms. London stated: "I have never asked anyone to wear a wire—I am a physician, I am not law enforcement." She also said, "I have never advocated for wearing a wire."

The consent agreement states that the patient's medical records corroborate a first appointment at a restaurant and a prescription of methadone for "neuropathic pain." The medical records state the patient had reported that suboxone did not work for her.

In Ms. London's written response to the patient's complaint, Ms. London revealed that she had accessed the patient's Prescription Monitoring Program (PMP) report and provided information about the patient's current treatment to the MBOLIM to try to undermine the patient's claims. Her response states:

I took the liberty of running a PMP report on [the patient]. Not surprisingly, [Dr. T.] is her prescribing physician. She is on the addict's cocktail of alprazolam at high dose, buprenorphine (not suboxone) and high doses of methylphenidate (I do not recall a diagnosis of ADHD) . . . Frankly, he may have all the addicts he wishes to be the dealer for.

At the Rule 9 hearing, Ms. London insisted that the patient had neuropathic pain and had reported that suboxone did not work for her and that methadone was an appropriate treatment for pain. Ms. London also acknowledged for the first time that there had been a conversation regarding a wire but gave two different version of that conversation. She first testified,

I've never asked her to wear a wire. I don't know where that nonsense came from. She in fact, if I – if I recall correctly . . . she may have brought up the idea of doing that to this other doctor. But I don't even – I may be – it's been so long that I'm not even sure that that was anything. Because she had brought up some bad experiences with that doctor.

She later testified,

I am trying to remember if this even happened. So if it did, it was her—she was bringing up this – this doctor who I had the disagreement with who went off on his own who was already – you know, that I had then – the Board had told me I had to put the Complaint in on. And all sorts of stories were getting back to me. And this patient was having a discussion with someone else in my office and suggested wearing a wire and going in. And I shut it down.

The Board did not find Ms. London's testimony to be credible. In view of all the evidence, including Ms. London's contentious and personal disputes with her former business partner and evidence suggesting that Ms. London was unable to maintain appropriate boundaries between her personal life and her professional life, the description by her patient is the more credible version

of events.

4. MBOLIM Complaint 17-28

Patient 17-28 alleged that issues arose with Ms. London's office after the patient's insurance provider told her that her insurance had rejected her healthcare claims because Ms. London's office was billing incorrectly. After the patient tried to call Ms. London's office to straighten out the issue, Ms. London's staff became defensive and rude and threatened to send the bill to collections. The patient alleged that it was difficult to get in touch with anyone at Ms. London's office and as a result she had contacted Ms. London's business Facebook page. In response, Ms. London sent her rude Facebook messages. She also stated that Ms. London allowed dogs to run in and out of patient rooms, and that the office tries to push their marijuana creams on their patients.

In a written response to the MBOLIM, Ms. London denied the allegations. Ms. London claimed the patient berated her staff about a bill and that only a "handful" of patients have access to the CBD topical. At the Rule 9 hearing, Ms. London testified that the complaint resulted from billing disputes and the patient not wanting to pay her bills.

5. MBOLIM Complaint 17-35

Complaint 17-35 is based on information reported about Ms. London by another physician. The physician alleged that Ms. London is aggressive, abusive, yells and screams "foul language on a regular basis" at patients and

anyone who disagrees with her. It alleged that she improperly switched patients who were treated with Suboxone or Buprenorphine for substance abuse disorders to high doses of methadone ascribed to “pain” treatment in order to avoid the patient limit for Suboxone prescribing. It alleged that she improperly and frequently checked PMP reports of former patients no longer under her care. It alleged that she had a dual relationship with a patient who she was treating for opioid addiction. It alleged that she improperly kept records.

Ms. London denied the allegations. Regarding the allegation that she was abusive and yelled, Ms. London acknowledged becoming “heated” in conversations with her former business partner but stated that her language got “colorful” because she was “afraid he was going to kill someone.” She continued to claim that she only prescribed methadone to patients for pain treatment. She stated that she checked the PMP for “patients who were booted from my addiction treatment program and patients others have brought concerns about” or those prompted by a call from the pharmacy. She stated that she was checking the PMP because she was a mandatory reporter and felt obligated to check on her former partner’s prescribing. Regarding the dual relationship, Ms. London stated:

Last summer I was discussing the need for a house cleaner with my assistant. A patient of mine was exiting the exam room, overheard me and begged for the job. Against my better judgment, I gave her a chance. I kept the job and patient entirely separate. When things were not working out I gave her more and more chances until finally I had to let her go. I did NOT fire her as a patient she fired me as a physician and became so disruptive I had

to take out no contact orders. Lesson learned.³

At the close of her response, Ms. London stated “I invite anyone from the board to come spend time at my practice. We welcome visitors.”

At the Rule 9 hearing, Ms. London testified that the claims against her were just a countercomplaint from the physician whom she had made the complaint about and that it mirrored a former patient complaint.

During her testimony regarding the PMP access, Ms. London acknowledged that physicians are only allowed to access information about their own patients and stated that it seemed like a “gray area” to look up information about her former patients. However, she did ultimately say she “probably” violated and “may have” violated the rules. She went on to say “it’s possible that I accessed on somebody who wasn’t at that time my patient. So that’s—that’s a violation. I acknowledge that.” The Board finds that Ms. London improperly accessed the PMP reports to gather information. The disclosure of confidential medical information under these circumstances—which she obtained in violation of the law--is deeply concerning to the Board.

6. MBOLIM Complaint 17-52

³ No information was disclosed on her bar application regarding this dispute or the “no contact order” she obtained. Information relating to court proceedings and orders was required to be provided; accordingly, the Board is unable to determine whether London actually obtained a “no contact order” and failed to disclose this on her application or did not actually obtain a “no contact order” as she testified. The reference to such an order is consistent with Ms. London’s frequent reliance on uncorroborated claims that unnamed other people vouch for her version of events or that other evidence outside the record exists to support her claims or undermine her accusers’ claims.

Complaint 17-52 is based on a report that the Maine Medical Use of Marijuana Program had received against Ms. London from the Milbridge Police Department (MPD), who alleged that it had received numerous calls stating that Ms. London was growing 25 plus marijuana plants, making oils and butters from marijuana, and selling them at her office and home. Thereafter, the investigator assigned to the Board received a report from MPD that they received a steady stream of complaints over the following month that Ms. London was “calling people and screaming and threatening lawsuits because they had said something bad about [her] on Facebook.” The callers wanted to remain anonymous because Ms. London had threatened to sue them. Moreover, there were complaints about Ms. London’s dogs being aggressive and attacking one patient in the parking lot.

In response to Board staff inquiry, London stated that she had given topical products to patients as alternative treatments for pain, anxiety, and psoriasis, and that she does not *sell* the products but that some patients made *donations* toward the ingredients. London did not keep records about who had “donated” money in exchange for her marijuana products but claimed to have provided receipts to the MBOLIM reflecting amounts of money received.

The MBOLIM served a subpoena for patient records on London. In response, London stated that she felt like she was being “punished.”

After reviewing the records, the MBOLIM alleged that Ms. London’s patient records indicated (1) inadequate documentation of a discussion of risks and benefits; (2) inadequate documentation related to medications prescribed;

(3) inadequate documentation regarding controlled substance agreements and use of universal precautions; (4) failure to obtain appropriate evaluations and consultations; (5) failure to comply with controlled substances laws and regulations; (6) inconsistent or inaccurate documentation; (7) inadequate documentation of medical history; (8) inadequate documentation of treatment objectives; (9) that a patient may also be an employee due to the patient's name appearing in chart records for another patient as having reviewed immunizations; and (10) that Ms. London provided marijuana topicals and tinctures directly to her patients in violation of the Controlled Substances Act, 21 U.S.C. § 801 et seq., which conduct is not protected by the Maine Medical Use of Marijuana Act, 22 M.R.S. § 2421, et seq.

In response to this complaint, Ms. London stated "I have never called anyone threatening to sue. The only person I am suing owes me \$50,000 for a truck I purchased and they have not paid me for it. There were no threats, a lawyer is handling it."⁴ Ms. London flippantly denied the allegations with statements such as "CBD is not a controlled substance. Shea butter is not a controlled substance. Coconut oil is not a controlled substance." She ended her response to the complaint by saying "And you wonder why I feel I am being punished? You wonder why Washington County has a shortage of primary care physicians?"

⁴ This lawsuit was not disclosed on Ms. London's bar application.

7. MBOLIM Complaint 17-53

Complaint 17-53 is a Board-initiated Complaint based on information received from a physician State Health Officer. The report alleged that Ms. London engaged in unprofessional conduct with MaineCare physicians and pharmacists. One example of such conduct was Ms. London's "Prior Authorization" explanation for the use of narcotics for the treatment of neuropathy in one of her patients, when she wrote:

Neuropathy unresponsive to gabapentin TCAs and lyrica. Why when this is less than 100MEPs you need a PA is beyond me. Extra work for a busy Family Medicine Physician who is also treating addition. Really you all have nothing better to do than waste my time. Unbelievable. This will be my next OpEd. Good job. WTF is this for? She is stable on 40 mg a day of oxycodone why are you harassing her and me? Do you have nothing better to do? I bet only someone with a HS education reads this. I am so glad my Yale education and 21 years of experience is spent doing this shit. Thanks for wasting my time. Happy Fucking Christmas?"

In her written response, Ms. London admitted that one of the examples of her communications with MaineCare was "over the top and inappropriate." She added, "[a]t least now I know that they are read. I really was not sure." At the hearing, Ms. London apologized for this conduct and said she really did not think the comments were being read.

8. MBOLIM Complaint 17-166

Complaint 17-166 involved a 72-year old woman who saw Ms. London for a total of three visits. She alleged that Ms. London's office was intimidating and the office environment made her feel diminished and frightened. She

alleged that during her consultation with Ms. London, both examination rooms were occupied, and she therefore had to meet with Ms. London in an outer room while other patients were in the waiting room. She alleged that her neighbor overheard conversations that the patient and Ms. London had about the patient's use of Oxycodone, which was embarrassing.

Moreover, the patient was intimidated by the presence of pit bulls in the office and alleged that on one occasion a pit bill approached her with blood in the fur on its shoulder. The patient alleged that although she saw Ms. London every 28 days, Ms. London always wrote her prescriptions for 30 days. This was true even if the patient had accumulated 20 to 21 leftover pills. This was difficult for the patient, who was trying to taper off opiates and preferred not to be tempted by having extra pills available. The patient stated that on one occasion, Ms. London had started quickly speaking a "secret gibberish language" with her secretary to communicate about the patient, which made the patient feel abused and unsafe.

Ms. London largely denied the allegations and responded by outlining for the Board the patient's difficulties with addiction. Ms. London complained that the patient was upset that Ms. London would not fill her prescriptions for other maladies such as heart issues and diabetes. Ms. London acknowledged that she filled prescriptions for 30 days but saw patients every 28 days, saying that sometimes pharmacies are not open on the weekends and she does not want patients to go without medication. Ms. London did state that sometimes she and a staff member would speak in a foreign language, such as French or

Spanish, when addressing issues that a patient should not hear, and that maybe that was what the patient was hearing, but she could not recall the details of that particular incident.

Ms. London did not show any insight into how it might be unsettling for a patient to hear her converse with staff in a foreign language. More concerning to the Board is Ms. London's belief that she is maintaining patient confidentiality by speaking in French or Spanish in her office. Many people speak these languages and could understand the confidential conversations as clearly as if spoken in English.

9. MBOLIM Complaint 17-238

A pharmacist reported that he received a prescription from Ms. London for methadone for a patient, but the pharmacist determined it was too soon a timeframe to fill because a prescription was dispensed just four days earlier. When the pharmacist called Ms. London to ask about the discrepancy, Ms. London yelled at and berated the pharmacist and continued to do so after he requested submission of a corrected prescription. Ms. London's medical records for the patient at issue were not clear or detailed enough to determine the number of pills being prescribed to the patient. Ms. London claimed that she had made an error on an earlier prescription and that the *pharmacist* had yelled at *her*, not the other way around.

At the Rule 9 hearing, Ms. London again testified that the pharmacist was the one who had yelled at her, and claimed that "this was overheard by –

by many who were in the office, he was yelling at me, he was verbally abusive” The Board did not find Ms. London’s testimony credible. The evidence in the record overwhelmingly establishes that Ms. London frequently resorts to loud, obscene, and threatening language when challenged with perceived disagreement or criticism.

10. Consent Agreement

Ms. London entered into an MBOLIM Consent Agreement regarding the above-mentioned complaints. The consent agreement’s factual findings describe the allegations and Ms. London’s responses. The consent agreement mentions that the MBOLIM had received an independent outside review of Ms. London’s medical charts from a licensed Maine physician. That physician concluded that Ms. London had inappropriately prescribed methadone and opiates, failed to consistently obtain prior medical records or communicate with healthcare professionals, and failed to meet recordkeeping standards. Ms. London testified that she hired her own reviewer who specializes in treating substance use disorder. She said that her reviewer came to a “very different opinion” from that of the independent reviewer. Ms. London’s report is not mentioned in the consent agreement and is not part of our record.

While the complaints were pending, the MBOLIM asked Ms. London to participate in the Vanderbilt Comprehensive Assessment Program. The report from that program contained recommendations for additional evaluation, treatment, and education. Although the record before us does not include that

report or its specific recommendations, the records show that the evaluation report “identified long-standing and pervasive personality traits of Dr. London.” On September 27, 2017, Ms. London attended the multi-day “Anger Management for Healthcare Professionals” UC San Diego PACE program.

Through the consent agreement, Ms. London agreed to a reprimand for engaging in unprofessional conduct arising out of inappropriate interactions with patients, inappropriate interactions with other professionals, inappropriate prescribing of controlled substances, violating patient confidentiality, violating Board rules, and inappropriate use of the PMP. She was prohibited from prescribing methadone. She was placed on a license probation and ordered to undergo a full medical evaluation. She was ordered to submit for approval by the Board Chair or Case Reporter the name of a psychiatrist with a plan for ongoing psychiatric care. She was ordered to enroll in an in-person continuing medical education course on the subject of medical recordkeeping. She was ordered to attend a course on opioid treatment. She was ordered to engage a board-approved physician to monitor her compliance. She was ordered to more fully advise all patients regarding her practices with dogs.

The consent agreement was amended on December 20, 2018. On April 14, 2020, the MBOLIM voted to terminate Ms. London’s consent agreement and confirmed that she had completed the requirements of her consent agreement.

B. Complaints Addressed by Letter of Guidance

Seven additional complaints were addressed by the MBOLIM through a Letter of Guidance.

1. CR18-56

This complainant alleged while at Ms. London's office, he was scratched by Ms. London's dog near eye and began to bleed profusely, Ms. London did not respond appropriately to injury, and the office was extremely unsanitary. Ms. London claimed that she was not aware of the incident because she "missed" that her staff told her about the scratch. In her written response, Ms. London stated "I do not mean any disrespect to the Board but I feel that my explanation will be disregarded."

2. CR18-213

The complainant, her husband, and their children were all patients of Ms. London. She alleged that Ms. London's office made an individual who had been designated to pick up her son's prescription feel "too uncomfortable" to pick up prescriptions because patients were being discussed in the reception area while the waiting area was full, office staff became unjustifiably upset about trivial matters that were brought to their attention, the staff had pulled the individual into a bathroom to discuss a matter, and, at the end, the staff had refused to fill the prescription. When the complainant called the office to discuss the matter, the staff said to her "Don't call here acting all crazy and shit!" and "Stop being a such a fucking bitch," and slammed the phone down

on her. When the complainant talked to Ms. London about the events and stated that she would be reporting them, Ms. London first tried to discourage her and asked her if she wanted Ms. London to go out of business. The complainant stated that Ms. London brought up an unpaid balance and refused to refill prescriptions for the complainant's son due to an unpaid balance. The complainant alleged that Ms. London later called the complainant angry that the complainant had posted a request on social media seeking recommendations for pediatricians in the area. Ms. London ended the conversation stating that the complainant had problems and needed to seek some sort of help. The complainant also claimed Ms. London told her child to "shut up" during an appointment.

Ms. London claimed that she had never refused to dispense prescriptions on the basis of an unpaid balance. Ms. London stated that she could not refill the child's prescription due to office policies and that her staff had actually already improperly dispensed the prescription in the past (leading to the complainant's confusion about the policies). Ms. London claimed that she did not even know the complainant had been trying to fill a prescription for her son until the staff brought the social media posting that the complainant had made searching for a new pediatrician to her attention. She claimed that her staff never called the patient a "fucking bitch" but instead said something to the effect of "Don't call here bitching at me." Ms. London claimed that after the complainant made a number of "unfounded allegations" about Ms. London over the phone, Ms. London altruistically "expressed concern about [her]

extreme distress and asked her whether she was getting the help she needed.” Ms. London said she “may have pointed out” that other members of the complainant’s family, including her husband, were Ms. London’s patients. Ms. London denied telling the child to shut up and claimed that during one visit, the child’s father had told the child to shut up.

3. CR18-252

This complaint was made by the same complainant as 18-213. The complainant alleged that as a result of the complainant making a complaint and deciding to transfer care, Ms. London vindictively denied the patient her medication and did not provide her with the required thirty days of care. She further stated that it was not uncommon for Ms. London to “scream and belittle her patients” whether others are in office or not. Ms. London denied the allegations.

4. CR18-271

This Board-initiated complaint alleged that Ms. London was unprofessional during her attendance at the Case Western Reserve University Intensive Course in Medical Documentation on November 8-9, 2018. CWRU contacted the Board with concerns regarding Ms. London’s behavior which negatively impacted speakers, staff, fellow attendees, and hotel wait staff. Ms. London responded that the dispute came about when she had objected to a presenter’s use of the word “provider” and had explained that the term is

offensive to her because it “fails to account for distinctions in education, training, role, and scope of practice” and is anti-Semitic. She stated that she forwarded materials regarding the anti-Semitic nature of the term at CWRU’s request, described herself as “assertive and intellectually passionate,” and insisted that she was not agitated or hostile.

She stated that complaints regarding staff at the event arose because the course failed to accommodate her dietary requests, and that their failure to provide food that she had paid for in advance cannot serve as grounds for a complaint against her.

Ms. London closed by stating that as soon as the speaker learned that someone in the audience found the term “provider” offensive, the speaker should have stopped using it.

5. CR19-13

This complaint alleged that Ms. London used improper language on social media.

6. CR19-179

This Board-initiated complaint arose as a result of conflicts between Ms. London and UPS drivers. A Facebook post alleged that a UPS driver who had been making a delivery at Ms. London’s practice had been bitten by one of her dogs. It also alleged that the day before, a different UPS driver had had an incident with one of her dogs where he was cornered by her dogs and could

not get out of the office. In addition, an oil delivery driver and FedEx driver had been bitten by Ms. London's dogs.

After a new procedure was put in place to protect the UPS workers, Ms. London handed a UPS driver a note that stated "Grow A Set." After the FedEx driver was bitten by Ms. London's dogs, Ms. London sent him a pill bottle with rocks in it. The pill bottle had a label dated 1/2/19, identified the patient as "[patient] from FedEx," and the medication was "Grow-A-Set" to be taken three time a day "Until A Pair Appears."

Ms. London responded stating that she was no longer bringing the dogs to the office, denied that any mail delivery driver had been bitten, said she had not seen the oil driver being bitten, but when she learned of the bite had offered to treat him and had apologized, and said the notes and prescription bottle were simply "clumsy attempts by me at humor."

Ms. London testified at the Rule 9 hearing that this incident was the result of a clumsy attempt at humor and in inside joke that was not supposed to be seen by the drivers. Ms. London agreed that it was inappropriate.

7. CR19-180

This Board-initiated complaint alleged that Ms. London had improperly administered morphine and an antibiotic to one of her dogs after it had an altercation with a porcupine. Ms. London acknowledged administering the morphine and antibiotic and stated that the morphine and antibiotic had been retrieved from a secure location where she keeps it in her office in case it is

needed for in-office procedures. She stated that all treatment had taken place at her home.

After reviewing the complaints listed above, the MBOLIM dismissed the complaints and issued a “Letter of Guidance.” The MBOLIM stated that the complaints involved “unprofessional communications occurring at the medical practice and in other settings by you and/or staff, issues associated with having dogs present at your medical practice, and certain medication dispensing or administration practices.” As a result of the allegations, Ms. London agreed to no longer have dogs at the practice, to change her Ketamine infusion practices, to change certain prescription practices, and to attend the continuation or follow-up January 2020 session of the Program for Distressed Physicians. Ms. London was advised to adhere to all standards of professional conduct, maintain respect for others, present a professional demeanor, engage in professional cooperation and collegiality, explore comparative practices, and seek peer support and resources.

Although the MBOLIM issued a letter of guidance rather than imposing formal disciplinary sanctions, the Board has reviewed the entire record, including Ms. London’s written responses to the MBOLIM and sworn testimony at the Rule 9 hearing. With respect to the complaints underlying the letter of guidance, the Board did not find Ms. London’s testimony to be credible. The record before us overwhelmingly supports the conclusion, and we find, that Ms. London--before and after entering into the consent agreement--engaged in conduct that others found intimidating, threatening, belittling, and wholly

outside the bounds of civil discourse. She also inadequately supervised staff and created an atmosphere within her practice that tolerated or encouraged demeaning treatment of her patients by staff. The record establishes that Ms. London lacks empathy or insight into the effect of her behavior on others and lacks the capacity to maintain appropriate boundaries between her personal life and her professional life.

C. Additional 2018 Complaint--MBOLIM Complaint 18-270

This complaint alleged that Ms. London improperly prescribed a patient seeking to terminate her pregnancy the medication mifepristone. Specifically, the patient was approximately 17-18 weeks pregnant, while mifepristone has been approved by the FDA for use only up through approximately 10 weeks of gestation. An independent reviewer found that Ms. London did not accurately date the pregnancy, did not follow the applicable standard of care for termination of a pregnancy at 17-19 weeks, and provided an incorrect dose of misoprostol. Qualified providers are required to sign agreements attesting that they can date pregnancies accurately. After being given the medication, the patient presented to the hospital and told the physicians that she was having a “miscarriage.”

At the Rule 9 hearing, Ms. London defended her decision for the patient. This complaint was dismissed with a letter of guidance, which warned Ms. London that it is “always essential to maintain thorough and accurate medical record documentation. Medical decision-making and patient informed consent

should be clearly documented in the medical record when the treatment plan includes an off-label application of a medication.” Ms. London was warned that future occurrences of this conduct could result in disciplinary proceedings.

D. Additional 2021 Complaint--MBOLIM Complaint 21-51

This complaint was Board-initiated after a physician reported that Ms. London had acted unprofessionally in her communications. Specifically, Ms. London called another physician, left a voice message in which she accused the physician of having performed an assessment of a patient “wrong” and improperly completed it without contacting her or involving her. Ms. London’s tone was angry and threatening. The patient at issue was both Ms. London’s patient and employee. The physician returned the call, and Ms. London was angry, belittling, and accusatory, shouting “I sent him to you to do this one thing you and did it wrong.” “I’m SORRY! I’m sorry I don’t have time to PLACATE you! I’m sorry this is too MUCH for you! I’m sorry you can’t HANDLE this! I’m sorry I have a room with a patient in it and have to deal with Covid and don’t have TIME for this!” Ms. London then yelled sardonically, “I hope you have a GREAT day!” and terminated the call.

On July 27, 2021, Ms. London underwent a substance abuse and psychological evaluation at the request of the MBOLIM. The report identified diagnoses and made recommendations. The psychiatrist suggested that ADHD

be ruled out.⁵

This complaint constitutes an ongoing matter before the MBOLIM. Ms. London testified that she denies these allegations and asserted that the complainant is facing federal criminal charges. She stated that she was not profane and did not yell but may have had to raise her voice because she was wearing a Covid-19 mask.

E. Judicial System Involvement

Ms. London has been involved in numerous disputes outside of the context of her medical practice.

Ms. London filed a civil action in Washington County Superior Court in 2019 against her fuel provider, No Frills Oil, requesting an injunction after they refused to deliver oil to her. Ms. London's interactions with No Frills Oil resulted in the oil company bringing a Maine State Police Trooper to an oil delivery. The oil company had also told Ms. London that they felt threatened and declined to deliver to her. An email from No Frills Oil to Ms. London states:

Dr. London,

This correspondence is to inform you that NoFrill will no longer service any of your accounts and they have been removed from automatic deliveries. Please find another provider. Please be advised you are not welcomed on the premises because the company feels you are a threat to their staff and have been instructed to call 911.

The company ultimately filled the tanks and Ms. London's complaint was

⁵ No psychological evaluations were offered in evidence at the Rule 9 hearing.

withdrawn.

There is evidence that Ms. London has been cited on multiple occasions over several years for allowing her dangerous dogs to roam at large. She was cited for dog at large violations on or around May 6, 2016—May 13, 2016; November 3, 2021; and December 18, 2021. She was cited for Possessing a Nuisance Dog on November 3, 2021.

Regarding the November 3, 2021, incident, Ms. London was walking her three pit bulls near the dog park when she passed by two pedestrians who were also walking their dogs. One of Ms. London's dogs broke free from Ms. London's control and attacked the other dogs. Ms. London blamed the incident on the dogs who were attacked, saying that their barking provoked the attack. Three employees from a nearby leasing office witnessed the attack and ran outside to help. A police report notes that the witnesses from the leasing office stated that Ms. London is a "verbally combative person." A police officer went to Ms. London's home, and Ms. London was polite and responsive to the police officer and agreed to a 10-day rabies quarantine. However, the next day, the property manager who witnessed the incident called the officer to report that Ms. London had been allowing the dog that was supposed to be under quarantine to run free without a leash. She had also aggressively banged on the office door and called the employees who witnessed the attack "assholes." A consent judgment was entered on this matter.

On December 18, 2021, Ms. London was again cited for having dogs at large and a dangerous dog. Ms. London's three dogs had been free on Congress

Street and had attacked a woman and her dog. A man helped defuse the situation, and the victim reported that while he was helping, the man stated to Ms. London “this can’t keep happening.” Both the female victim and her dog were injured. Ms. London claimed to the police that someone else had let her dogs out of her apartment building and that “foul play” was involved. She began to get verbally aggressive with the police officer over email. She entered into another consent judgment which stated that she was prohibited from bringing her dogs back to the City of Portland.

Ms. London received three speeding tickets over a period of several months in 2015. All speeding tickets alleged that she was going between 15-29 mph over the speed limit. As a result, her license was suspended. After her license was suspended, she continued to drive illegally and she was charged with operating after suspension. She claimed that she never received notice of the suspension. She challenged one of the speeding tickets in court claiming she was not speeding even though a Maine State Police Trooper captured her speed on radar. The Maine District Court found that she was speeding 15-19 miles over the speed limit.

In 2011, in New York, Ms. London was charged with Larceny and Resisting Arrest. Ms. London did not provide police reports or materials relating to the arrest, stating that because they were from 2011, she had been unable to access them. She testified that the charges resulted from a dispute and misunderstanding that she had with a Verizon representative and that she was not resisting arrest. According to Ms. London, the Verizon representative

came into her apartment and assaulted her, she merely looked at his computer to see if his name was on it, and the next thing she knew, three police officers showed up, dragged her out of her apartment, and she was charged with larceny and resisting arrest. The charges were ultimately dismissed. Ms. London testified that she did not report this incident in her bar application because the charges were dropped, the records were sealed, and it was hard to find the information.

On March 16, 2017, a small claims complaint was filed against Ms. London by an individual claiming to have been hired by Ms. London to clean Ms. London's home. She stated that she cleaned Ms. London's home on January 16 and 17, 2017. She stated that she sent Ms. London a bill on January 19, 2017, and a late notice on February 23, 2017. She stated that Ms. London sent the February 23, 2017, bill back to the cleaner and refused to pay the bill. On July 24, 2017, the district court granted judgment to the Plaintiff housecleaner in the amount of \$195.00 plus costs of \$94.66.

In 2019, an investigator found that Ms. London violated the Fair Labor Standards Act from 2016-2018 regarding at least one of her employees relating to failure to pay appropriate overtime wages. Ms. London claimed that the employee was simply upset because she wanted a bigger raise, so she quit and claimed that Ms. London had fired her and sued Ms. London.

The record before the Board related to Ms. London's additional judicial involvement paints a picture of Ms. London as a combative person who infringes the rights of others. She appears unwilling or unable to accept

responsibility for her conduct, usually blaming others where only she is to blame. More important for our character and fitness determination, though, is Ms. London's lack of candor relating to these and various other personal and professional conflicts described in the record. The Board did not find Ms. London's testimony to be credible.

F. Law School and Bar Application

1. Taxes

Ms. London has not properly filed her state and federal tax returns. On her bar Application, Ms. London answered "Yes" to question 24 E, which asks, "Have you filed state and federal income tax returns for each of the last five years?" Ms. London typed the words "in progress" below this handwritten response. However, Ms. London also completed "FORM 6," which is meant for applicants who answer "No" to that question. On FORM 6, Ms. London stated that "2016 was a complicated year with selling my NYC apartment, buying my home and office building in Maine and starting my practice. I am in the process of filing all the taxes now. I have paid all property tax, business tax and I am fairly certain I do not owe any taxes."

Ms. London testified that as of the date of the Rule 9 hearing, she was "through 2019." She also testified, "*I am working on '20, '21, '22. '19, '20, '21, '22,*" leaving it unclear whether the 2019 tax return has been filed. She also testified that her 2016 tax return was still not complete. It appears from her testimony that at the time she stated on her bar application that she had filed

her last five years' tax returns (or that they were in progress), this really meant that none of the tax returns had been filed but would be in the future. Her answer on the bar application and her testimony about it reflect a lack of candor. The truthful answer to the bar application question would have been "No."

2. Lack of Candor in Application to Attend Law School

On December 26, 2019, Ms. London's law school issued a formal reprimand as a result of her failure to make adequate character and fitness disclosures in her law school application. On Ms. London's application to attend the University of Maine School of Law, she answered "No" to the following three questions:

4. Have you ever been cited for, arrested for, charged with, or convicted of any moving traffic violation during the past ten years? (Omit parking violations). Please attach an addendum explaining any "yes" answer.

5. Has your driver's license in any state ever been suspended or revoked?

11. Have there ever been or are there now pending any charges, complaints, or grievances (formal or informal) concerning your conduct as a member of any other profession, or as a holder of public office?

Ms. London should have answered "yes" and should have provided additional information as it relates to each of these questions on her law school application, but she did not do so. Specifically, Ms. London should have acknowledged and disclosed three speeding violations and one conviction for

operating a vehicle after a license suspension. Ms. London should have disclosed that her driver's license was suspended in or around 2016. Finally, Ms. London should have disclosed and explained multiple complaints filed against her by the MBOLIM.

After matriculating in law school, Ms. London notified her law school of the traffic citations, OAS conviction, and MBOLIM complaints 17-2, 17-16, 17-22, 17-28, 17-35, 17-52, 17-53, 17-166, and 17-238. Ms. London also notified her law school of MBOLIM Complaint 21-51 when it was filed. Ms. London testified that she did not read the questions carefully enough, was confused, and did not realize that she was supposed to provide this information. She also testified that she received legal advice to the effect that she did not need to disclose eight of the MBOLIM complaints because they were resolved by a Letter of Guidance. The Board does not need to resolve whether she failed to provide the information because she misread the question or because a lawyer advised her to withhold the information. Neither explanation is credible. She stated she had forgotten about the OAS. Ms. London never informed her law school of MBOLIM Complaints 18-56, 18-213, 18-252, 18-271, 18-270, 19-13, 19-179, and 19-180.

3. Lack of Candor and/or Failure to Comply with Bar Application's "Continuing Application" Requirements

In her application to become a member of the Maine bar, Ms. London answered "yes" to each part of Question 17, which states:

A. Have you or any business you had an ownership interest in ever been suspended, censured, or otherwise reprimanded or disqualified as a member of another profession, or as a holder of public office?

B. Have there ever been or are there now pending any charges, complaints, or grievances (formal or informal) concerning your conduct as a member of any other profession, or as a holder of public office?

C. Have you ever been disciplined in any profession or other setting (excluding employment, educational or military) for any violation of the rules applicable to your behavior?

Ms. London's explanation for her affirmative answers refer to complaints made to the MBOLIM that were resolved by the "Consent Agreement." The complaints against Ms. London that were resolved by the consent agreement were Complaints 17-2, 17-16, 17-22, 17-28, 17-35, 17-52, 17-53, 17-166, and 17-238. Ms. London's explanation also describes a complaint filed with the MBOLIM from 2021 that appears to refer to Complaint 21-51. Ms. London's explanation of these complaints does not fully describe the serious nature or number of these complaints. Ms. London's Maine bar application does not appear to disclose or explain Complaints 18-56, 18-213, 18-252, 18-271, 18-270, 19-13, 19-179, or 19-180. If Ms. London did intend to place the Board on notice of these complaints, her explanation lacked full candor. Further, Ms. London's reference to Complaint 21-51 does not reveal or indicate that that matter was ongoing at the time of her application.

As noted above, Ms. London may have failed to disclose a no contact order and a lawsuit involving a truck.

Law School Dishonesty

Ms. London was found to have used impermissible materials in a final exam in her 2019 law school Property course. The syllabus had required that all content on outlines used by students be created by the students and did not permit the use of materials from third parties or other sources. The letter from the professor who discovered the breach states:

After meeting with you and reviewing your outline, I have determined that the outline does not comply with the letter or the spirit of the outlining policy set forth in the syllabus. It contains photocopied documents that you did not create or type yourself, as well as—by your own admission—sections that were cut and pasted from other sources.

As a result, Ms. London's grade was reduced by one-third of a letter grade. During the hearing before this Board, Ms. London claimed that she did not realize that she could not cut and paste a chart into her outline and that the breach was unintentional. She also disputed the law professor's version of events. She said she did not agree that the law professor's characterization was fair and accurate and that none of the material in the outline came from other sources. She also blamed the professor for not being clear about expectations. Ms. London's testimony was not credible.

F. Professional Associations

There is evidence that Ms. London's license to practice medicine in the Commonwealth of Massachusetts and the State of New York was suspended and/or revoked. The licenses were revoked after actions were taken by the State of Maine resulting from various complaints described above. Ms. London

states that her New York license is now inactive rather than revoked and that she is now licensed to practice in Washington state.⁶

G. Character Testimony

At the hearing, Ms. London presented the testimony of one character witness, Attorney Timothy Woodcock. Attorney Woodcock testified that he assisted in the representation of Ms. London with regard to various complaints pending against her before MBOLIM. After Ms. London entered into the consent agreement, Attorney Woodcock assisted in finding a physician to monitor her, as required by the consent agreement. Attorney Woodcock then continued to facilitate the monitoring of Ms. London by the monitoring physician. Attorney Woodcock testified that in facilitating this process, he was impressed with Ms. London's courage to stand up for her patients and what she believed was in their best interests while she was being monitored and scrutinized. He testified that she is devoted to her patients and is passionate and compassionate. He has a great deal of respect for her as a person and as a professional and believes she has high ethical principles. Attorney Woodcock believes that Ms. London has gained a great deal of insight and has learned from the experiences with the MBOLIM. Attorney Woodcock described that over the course of time, he developed a mentor-mentee relationship with Ms. London in addition to a

⁶ The Board takes notice of public records reflecting that the physician regulatory board in New York disciplined Ms. London on April 15, 2019. She was fined \$2500, she was reprimanded, and her license was placed on probationary status for three years.

professional relationship but stated that he believed that that would not affect his ability to be objective. Attorney Woodcock's characterization of Ms. London, while sincere, contrasts starkly with the view of large numbers of other people who have interacted with her.

DISCUSSION

Maine Bar Admission Rule 9 requires each applicant to produce evidence of his or her good moral character. M. Bar Admission R. 9(a). "The attributes of character that are relevant to this determination are those pertinent to the trust placed in lawyers by the public and clients as well as to the requirement that lawyers in this state comply with the Maine Bar Rules and the Maine Rules of Professional Conduct." *Id.* When "doubt remains concerning the applicant's good moral character," the Board is required to conduct a hearing to determine whether the applicant does, in fact, possess good moral character. *Id.* 9(d)(1). The applicant bears the burden to establish his or her good moral character, which burden remains upon the applicant throughout the proceedings. *See id.* 9(a), (d)(5)(H). *See also Nicholson v. Bd. of Bar Exam'rs*, BAR-07-01 at 9 (Dec. 6, 2007) (Levy, J.).

"'Good moral character' entails honesty, integrity, respect for the law, and respect for the rights of others." *Id.* (quoting ABA CODE OF RECOMMENDED STANDARDS FOR BAR EXAMINERS, COMPREHENSIVE GUIDE TO BAR ADMISSION REQUIREMENTS (2007)). When reviewing an

applicant's prior bad conduct, the following factors are considered:

(1) the applicant's age at the time of the conduct; (2) the frequency and recency of the conduct; (3) the seriousness of the conduct; (4) the evidence of rehabilitation; (5) the applicant's candor in the admission process; (6) the materiality of any omissions or misrepresentations; (7) the cumulative effect of conduct or information; and (8) the applicant's current attitude regarding the conduct... Additional factors that may bear on the determination of a candidate's good moral character include the applicant's positive social contributions since the conduct, the opinions of character witnesses as to the applicant's current moral fitness, and any other evidence relevant to the applicant's current honesty, diligence, or reliability.

Id. at 10.

In evaluating whether the Applicant has met her burden, the Board finds it useful to review individually the factors outlined in the 2007 Guide to Bar Admission Requirements.

1. The applicant's age at the time of the conduct

The conduct did not take place at a time when the applicant was young, and it cannot be said that the conduct stemmed from young age. Ms. London is 60 years old and most of the conduct at issue has occurred in the last seven years.

2. The frequency and recency of the conduct

The conduct relating to Ms. London's character and fitness largely took place within the past seven years after the applicant relocated to Maine. It is

frequent, with at least nineteen complaints being filed with the MBOLIM against Ms. London, numerous acts of dishonesty in relation to her performance at law school and law school and bar applications, and many negative interactions with law enforcement, other people of all walks of life, and the judicial system.

3. The seriousness of the conduct

It is fair to say that no individual incident or event described in this decision would disqualify Ms. London from admission to the Maine bar. Taken together, however, the conduct demonstrates a pattern of conduct and an attitude that would have serious repercussions on the public were Ms. London admitted to the Maine bar and placed in a position of authority and trust.

4. The evidence of rehabilitation

There is conflicting evidence regarding Ms. London's rehabilitation. The consent agreement that Ms. London entered into was terminated early by the MBOLIM. Ms. London did complete several evaluations and courses that were required by the consent agreement—although her attendance at one course generated another MBOLIM complaint. Ms. London's character witness, Attorney Woodcock, testified that she had learned from her experiences with the MBOLIM. However, another complaint was filed with the MBOLIM in 2021 that is consistent in nature with the prior complaints filed against Ms. London, which is still pending. Moreover, Ms. London's bar application and testimony

do not embody a level of candor or appreciation of her past conduct that would demonstrate rehabilitation. Instead, Ms. London responds to the past conduct by minimizing, blaming others, denying, and failing to appreciate the seriousness of her actions and the impact they have had on the public. The Board does not find Ms. London's acceptance of responsibility regarding a few matters to be sincere. Ms. London appears to lack empathy and insight.

In some cases, such problematic behavior stems from substance abuse or mental health issues which, if properly treated, allow for admission (or sometimes conditional admission) to the bar. Here, there is no evidence of substance abuse. Ms. London has testified that she has no mental health diagnosis that might account for the problematic behavior. Accordingly, the Board concludes that Ms. London's conduct—which is often threatening and intimidating to others, reveals a disrespect for rules and authority, and demonstrates a lack of candor—reflects serious character flaws.

5. The applicant's candor in the admission process

The Board cannot find that Ms. London was candid in the admission process. Her response to the questions about the filing of her taxes was evasive and inaccurate. She failed to provide any documentation about litigation that she described in her response to complaints made against her, including an alleged no contact order and an alleged lawsuit involving a truck. She did not disclose in her bar application any of the seven complaints that were dismissed by the Letter of Guidance from the MBOLIM. She did not disclose that the 2021

complaint is ongoing. The Board did not find Ms. London's explanations regarding her omissions and misrepresentations credible. As noted throughout the decision, the Board found very little of Ms. London's testimony to be credible. In sum, Ms. London has not persuaded the Board that she is someone who could be relied on to be candid with a court, a client, or opposing counsel.

6. The materiality of any omissions or misrepresentations

The failure to disclose seven MBOLIM complaints and the resulting letter of guidance is significant and represents a material omission. The failure to accurately describe her failure to file tax returns is a misrepresentation. The failure to provide documentation on the New York charge is concerning, as they suggest an attempt at deception. The Board did not find Ms. London's explanations regarding her omissions and misrepresentations credible. The Board cannot accept that the reports of a few dozen people—including a law professor, police officers, oil companies, UPS and Fed-Ex drivers, a Verizon employee, continuing medical education presenters, a pharmacist, physicians, neighbors, and many of her own patients—are all fabrications and invented allegations to attack and punish Ms. London. The allegations span large periods of time, geography, and unconnected areas of Ms. London's life, but they share a common theme and collectively tell a persuasive story about Ms. London's character. Her failure to be candid about these events is material to our decision in this matter.

7. The cumulative effect of conduct or information

The cumulative effect of the conduct is significant. It is significant that Ms. London has had nineteen complaints filed against her since beginning her medical practice in Maine. It is significant that Ms. London has had at least ten contacts with law enforcement or the judicial system since relocating to Maine. It is significant that in all the reports made of her conduct, the description of Ms. London is consistent—that she behaved in ways that were rude, belittling, aggressive, non-law abiding, dishonest, self-serving, and vindictive. Particularly concerning to the Board are the descriptions of Ms. London’s attempts at retaliatory and vindictive action against other physicians, current patients who were thinking about changing physicians, and her former patients.

8. The applicant's current attitude regarding the conduct

At the hearing, Ms. London did not demonstrate an appreciation for the seriousness of her cumulative conduct. She often stated that she “may have” done things rather than fully admitting to conduct. She frequently claimed that the people making accusations against her were the ones who were actually at fault. Her explanations were not credible. She demonstrated an attitude of resentment that she had to explain the various complaints to the Board reminiscent of the antipathetic and flippant attitude demonstrated in many of her written responses to the MBOLIM. She views herself as being punished by the MBOLIM and as the victim of her accusers. She continued to belittle and

demean her former patients and colleagues (as well as the population of Downeast Maine), displayed racism and socio-economic bias, and used the addictions of her former patients to try to discredit their statements. She did not demonstrate remorse or a recognition of how her abuse of power could have affected her vulnerable population of patients.

9. Positive social contributions since the conduct

Ms. London has completed law school where she received several honors. She has held internships, a student attorney position, and a judicial clerkship.

10. Opinions of character witnesses as to the applicant's current moral fitness

Attorney Woodcock testified that Ms. London has grown and learn from this experience and stated that he believed her strong convictions would serve her well in a position of advocacy. The Board has no reason to question Attorney Woodcock's earnestness in making these remarks. However, the Board considers Attorney Woodcock's experience with Ms. London in light of all of the other material presented.

11. Any other evidence relevant to the applicant's current honesty, diligence, or reliability.

Several of the complaints related to Ms. London's staff. In response to some of these complaints, Ms. London stated that she had not been aware of her staff's conduct. For example, in one response to a complaint, Ms. London

stated that her staff had been improperly providing prescriptions to a patient and that Ms. London was not aware. Whether or not Ms. London was aware, Ms. London's failure to appropriately supervise her staff is concerning. There is no evidence, for example, that Ms. London changed her office practices or took corrective action with the involved staff members improperly providing the prescriptions or who told a patient to "stop bitching" or called the patient a "fucking bitch."

On other occasions, Ms. London acknowledged that her staff may have behaved poorly but indicated that it was out of her control, suggesting that it was hard to find employees in "that part of the world" (meaning Downeast Maine). Attorneys are responsible for the conduct of the staff that they supervise. Regardless of the level of training of Ms. London's staff, it is unclear that Ms. London would take her responsibility to supervise her staff seriously.

Ms. London's attempt to skirt the law by not "selling" her marijuana products but instead taking "donations" is a concern. Improperly accessing the PMP to do opposition research on her former business partner and those who had filed complaints against her is troubling. Also relevant to the Board are Ms. London's poor record-keeping practices, failure to file tax returns, lack of attention to HIPAA, and lack of attention to confidentiality policies. Ms. London's willingness to side-step the cap on suboxone patients by prescribing the patients methadone and coaching at least one patient to provide a false explanation for the purpose of the prescription is demonstrative of her lack of respect for the rule of law.

After reviewing the record and weighing the above-mentioned factors, Ms. London “has not satisfied the Board that the applicant is a person of good character and is fit to practice law.” Maine Bar Admission Rule 9(d)(5)(H). This Board also cannot conclude that “the conditions that led to the determination that [Ms. London] has not produced satisfactory evidence of good moral character are in the past and are not likely to recur.” M. Bar Admission R. 9A(a)(1). At this time, the Board does not believe there are conditions that could be imposed that would adequately serve to protect the public. Accordingly, this Board declines to exercise its discretion to grant Ms. London conditional admission.

CONCLUSION

In light of the foregoing, the Maine Board of Bar Examiners hereby denies Cathleen London’s application for admission to the Maine Bar. All members participating in the Rule 9 hearing concur in this result.

Date: June 26, 2023



Maine Board of Bar Examiners
By: Christopher K. MacLean, Esq.