

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF PROFESSIONAL LICENSING  
BOARD OF MEDICINE  
DISCIPLINARY SUBCOMMITTEE

In the Matter of

Husam Thamin Abed, M.D.  
License No. 43-01-075802

Complaint No. 43-22-000642  
(Consolidated with 43-22-000643)

ORDER OF SUMMARY SUSPENSION

An administrative complaint has been issued against Respondent under the Public Health Code, MCL 333.1101 *et seq.*, the Administrative Procedures Act of 1969, MCL 24.201 *et seq.*, and associated administrative rules.

After consideration of the allegations in the administrative complaint filed in this matter and in consultation with the Chairperson of the Board of Medicine, the Department concludes that the public health, safety, or welfare requires emergency action, as allowed by section 16233(5) of the Public Health Code and section 92(2) of the Administrative Procedures Act.

THEREFORE, IT IS ORDERED that Respondent's license to practice medicine in the state of Michigan shall be summarily suspended commencing on the date this order is served.

Under Mich Admin Code, R 792.10702, Respondent has the right to petition for the dissolution of this order of summary suspension. This petition shall clearly state that it is a Petition for Dissolution of Summary Suspension and shall be filed with the Department of Licensing and Regulatory Affairs, Bureau of Professional Licensing by email to [LARA-BPL-RegulationSection@michigan.gov](mailto:LARA-BPL-RegulationSection@michigan.gov), with a copy served upon the Department of Attorney General, Licensing & Regulation Division, P.O. Box 30758, Lansing, Michigan 48909. If unable to submit a petition by email, Respondent may submit by regular mail to the Department of Licensing and Regulatory Affairs, Bureau of Professional Licensing, P.O. Box 30670, Lansing, Michigan 48909, with a copy served upon the Department of Attorney General, Licensing & Regulation Division at the address above. Questions concerning the order of summary suspension may be directed to (517) 335-7569. Upon receipt of such a petition, an administrative hearing will immediately be scheduled before an administrative law judge, who shall dissolve the order of summary suspension unless sufficient evidence is produced to support a finding that the public health,

safety, or welfare requires emergency action and a continuation of the suspension order.

DEPARTMENT OF LICENSING AND  
REGULATORY AFFAIRS

By:  \_\_\_\_\_  
Amy Gumbrecht, Director  
Bureau of Professional Licensing

Dated: 5/23/2022 \_\_\_\_\_

LF: Abed, Husam Thamin, M.D., 000642 2022-0347401-B/order of summary suspension 2022-05-19

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ADMINISTRATIVE COMPLAINT

Assistant Attorneys General Bridget K. Smith and Jason W. Werkema, on behalf of the Department of Licensing and Regulatory Affairs, Bureau of Professional Licensing (Complainant), files this complaint against Husam Thamin Abed, M.D. (Respondent), alleging upon information and belief as follows:

1.e The Board of Medicine, an administrative agency established by the Public Health Code, MCL 333.1101 *et seq.*, is authorized to find that a licensee has violated the Code and impose sanctions through its Disciplinary Subcommittee under the Code.

2.e Respondent is currently licensed to practice medicine and holds a controlled substance license pursuant to the Code. At all relevant times, Respondent practiced as a medical doctor, with a specialty in urogynecology, at Grand Rapids Women's Health and Spectrum Health – Butterworth Hospital in Grand Rapids, Michigan.

## ARTICLE 15 PROVISIONS

3. Section 16221(a) of the Code authorizes the Disciplinary Subcommittee to sanction a licensee for a violation of general duty, consisting of negligence or failure to exercise due care, including negligent delegation to, or supervision of employees or other individuals, whether or not injury results, or any conduct, practice, or condition that impairs, or may impair, the ability to safely and skillfully engage in the practice of the health profession.

4. Section 16221(b)(i) of the Code authorizes the Disciplinary Subcommittee to sanction a licensee for personal disqualifications, consisting of incompetence, which is defined in section 16106(1) of the Code to mean a departure from, or failure to conform to, minimal standards of acceptable and prevailing practice for a health profession, whether or not actual injury to an individual occurs.

5. Section 16221(b)(vi) of the Code authorizes the Disciplinary Subcommittee to sanction a licensee for personal disqualifications, consisting of lack of good moral character, which is defined in MCL 338.41 to mean the propensity on the part of the person to serve the public in the licensed are in a fair, honest, and open manner.

6. Section 16226 of the Code authorizes the Disciplinary Subcommittee to impose sanctions against persons licensed by the Board if, after an opportunity for a hearing, the Disciplinary Subcommittee determines that a licensee violated one or more of the subdivisions contained in section 16221 of the Code.

7. Section 16233(5) of the Code provides for the summary suspension of a license, reading, in pertinent part, as follows:

After consultation with the chair of the appropriate board or task force or his or her designee, the department may summarily suspend a license or registration if the public health, safety, or welfare requires emergency action in accordance with section 92 of the administrative procedures act of 1969, MCL 24.292.

### FACTUAL ALLEGATIONS

8. In October 2021, Respondent advised staff at Spectrum Health that he had been using pessary<sup>1</sup> devices in patients as young as 13 years old.

9. After Respondent's admissions, Spectrum Health immediately revoked Respondent's hospital privileges and reported his conduct to Grand Rapids Police Department (GRPD).

10. Upon learning of Respondent's practices during the course of the GRPD investigation, Metro Health Hospital and Saint Mary's Hospital also revoked Respondent's hospital privileges.

11. A review of Respondent's patient records revealed that Respondent performed treatments on minors that fell below the standard of care as well as performed a surgery that was not indicated.

12. Given the intrusive nature of Respondent's practices and the irreparable harm to at least one patient, Respondent poses an immediate threat to the public's health, safety, and welfare.

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<sup>1</sup> A pessary is a removable device that is inserted into the vagina (birth canal) to provide support in the area of a prolapse.

Patient KB<sup>2</sup>

13. On September 10, 2020, KB, at age 12, began treating with Respondent due to complaints of urinary incontinence, constipation, and mild back pain.

14. Respondent advised KB that her condition was likely due to pelvic organ prolapse<sup>3</sup> (POP) and advised her to consider pelvic floor training and vaginal estrogen cream with the option of using a pessary device in the future.

15. At a follow-up appointment in April 2021, Respondent diagnosed KB with stage 2 POP. This diagnosis was made despite her young age and no history of childbirth. Information received as part of the Bureau's investigation revealed that KB's symptoms were likely due to other conditions and that there were other, more conservative, treatment options available.

16. During the April 2021 appointment, Respondent inserted a pessary device into KB's vagina despite no accepted standard of care in which the use of pessary devices in minor patients is an appropriate or accepted treatment option.

17. From April 2021 to July 2021, Respondent treated KB approximately every 2 weeks. During these appointments, Respondent inserted various sizes of pessary devices into KB's vagina up to 3.5 inches in diameter, despite no symptoms indicating that an increase in size of the pessary device was necessary.

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<sup>2</sup> Designation used to protect patient confidentiality.

<sup>3</sup> When the muscles and ligaments supporting a woman's pelvic organs weaken, the pelvic organs can drop lower in the pelvis, creating a bulge in the vagina (prolapse).

Patient JA<sup>4</sup>

18. On December 17, 2018, JA, at age 15, began treating with Respondent due to mixed urinary incontinence.

19. Respondent diagnosed JA with stage 2 POP and inserted a pessary device into her vagina despite no history of trauma, childbirth, or pregnancy and no history of prolapse from previous gynecological appointments. Furthermore, there is no accepted standard of care in which the use of pessary devices in minor patients is an appropriate or accepted treatment option.

20. From January to April 2019, JA treated with Respondent approximately every 2 weeks. During these visits, Respondent serially upsized the size of the pessary device to sizes as large as 3.5 inches in diameter. Respondent increased the size of the pessary device used in JA with no symptoms indicating that an upsizing was necessary as well as the fact that a use of a pessary in minor patient is inappropriate.

Patient MF<sup>5</sup>

21. MF began treating with Respondent on July 27, 2021 due to mixed urinary incontinence and a history of pelvic pain and defecatory dysfunction.

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<sup>4</sup> Designation used to protect patient confidentiality.

<sup>5</sup> Designation used to protect patient confidentiality.

22. During the July 27 appointment, Respondent advised MF that her previously diagnosed conditions of interstitial cystitis<sup>6</sup> and endometriosis<sup>7</sup> did not exist.

23. Prior to her pelvic exam, MF requested a chaperone and Respondent failed to provide one and continued with the exam.

24. Respondent fitted MF with the smallest size pessary device and advised her to return in 2 weeks to upsize the pessary device.

25. During a follow-up appointment on August 12, 2021, Respondent removed the pessary device from MF. During removal, pain and bleeding were noted. Despite MF's pain, Respondent encouraged her to increase the size of the pessary device.

26. MF refused an additional pessary device. Respondent advised her that her only option at that time was surgery to include a hysterectomy<sup>8</sup>, sacrocolpopexy<sup>9</sup>, and a midurethral sling<sup>10</sup>.

27. Even though MF was only 19, on September 7, 2021, Respondent performed hysterectomy, sacrocolpopexy, and midurethral sling surgeries on MF despite there being no indication for hysterectomy or sacrocolpopexy, MF never

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<sup>6</sup> Interstitial cystitis is a chronic condition causing bladder pressure, bladder pain, and sometimes pelvic pain.

<sup>7</sup> Endometriosis is a disorder in which the tissue similar to the inner lining of the uterus (endometrium) grows outside the uterus. This results in pelvic pain and irregular menstrual cycle.

<sup>8</sup> Hysterectomy is a permanent surgical procedure that removes the uterus.

<sup>9</sup> Sacrocolpopexy is a procedure where surgical mesh is attached from the vagina to the sacrum (tail bone) to treat prolapse.

<sup>10</sup> A procedure to treat urinary incontinence that uses a narrow ribbon of surgical mesh under the urethra to prevent the urethra from dropping during physical activity.



having children, and without first recommending or referring MF for more conservative treatment options that are available to address her symptoms.

28. Following the surgery, MF experienced severe pain and Respondent was unavailable to adequately assist in her pain management.

29. MF has experienced an increase in complications following the surgery and required revisional surgery to address her complications.

### COUNT I

30. Respondent's conduct as described above constitutes a violation of general duty, consisting of negligence or failure to exercise due care, including negligent delegation to, or supervision of employees or other individuals, whether or not injury results, or any conduct, practice, or condition that impairs, or may impair, the ability to safely and skillfully engage in the practice of the health profession, in violation of section 16221(a) of the Code.

### COUNT II

31. Respondent's conduct as described above constitutes a departure from, or failure to conform to, minimal standards of acceptable and prevailing practice for a health profession, in violation of section 16221(b)(i) of the Code.

### COUNT III

32. Respondent's conduct as described above demonstrates a lack of good moral character in violation of section 16221(b)(vi) of the Code.

THEREFORE, Complainant requests that this complaint be served upon Respondent and that Respondent be offered an opportunity to show compliance with

all lawful requirements for retention of the aforesaid licenses. If compliance is not shown, Complainant further requests that formal proceedings be commenced pursuant to the Public Health Code, the Administrative Procedures Act of 1969, MCL 24.201 *et seq.*, and associated administrative rules.

RESPONDENT IS HEREBY NOTIFIED that, pursuant to section 16231(8) of the Public Health Code, Respondent has 30 days from receipt of this complaint to submit a written response to the allegations contained in it. Pursuant to section 16192(2) of the Code, Respondent is deemed to be in receipt of the complaint 3 days after the date of mailing listed in the attached proof of service. The written response shall be submitted by email to the Department of Licensing and Regulatory Affairs, Bureau of Professional Licensing to LARA-BPL-RegulationSection@michigan.gov, with a copy mailed to the undersigned assistant attorneys general. If unable to submit a response by email, Respondent may submit by regular mail to the Department of Licensing and Regulatory Affairs, Bureau of Professional Licensing, P.O. Box 30670, Lansing, MI 48909, with a copy mailed to the undersigned assistant attorneys general.

Pursuant to section 16231(9) of the Code, failure to submit a written response within the 30-day period shall be treated as an admission of the allegations contained in the complaint and shall result in transmittal of the complaint directly to the Board's Disciplinary Subcommittee for imposition of an appropriate sanction.

FURTHER, Complainant requests that pending the hearing and final determination Respondent's license to practice medicine in the State of Michigan

continue to be summarily suspended pursuant to section 92 of the Administrative Procedures Act of 1969 and section 16233(5) of the Public Health Code for the reason that, based upon the allegations set forth herein, the public health, safety, and welfare requires emergency action.

Respectfully submitted,

*/s/ Bridget K. Smith* \_\_\_\_\_  
Bridget K. Smith (P71318)  
Jason W. Werkema (P80350)  
Assistant Attorneys General  
Licensing & Regulation Division  
P.O. Box 30758  
Lansing, MI 48909  
Telephone: (517) 335-7569  
Fax: (517) 241-1997

Dated: May 17, 2022

L.F: Abed, Husam Thamin, M.D., 000642 2022-0347401-B/Administrative Complaint 2022-05-17