

No. **26 - 5559 ORIGINAL**

Supreme Court, U.S.
FILED

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OFFICE OF THE CLERK

IN THE

SUPREME COURT OF THE UNITED STATES

James Michael Ryan

v.

Maryland

On Petition for Writ of Certiorari

to the Appellate Court of Maryland

Pro Se Petitioner:

James M. Ryan, DDS, MS

Maryland Correctional Training Center

DOC# 496667

18800 Roxbury Road

Hagerstown, MD 21746

QUESTIONS PRESENTED

Whether The Due Process Clause permits a State to expand second-degree "Depraved Heart" murder liability:

- a) to encompass a physician's off-label prescribing decisions absent Constitutionally clear standards distinguishing criminal malice from protected medical judgement.
- b) by applying a particular mens rea to a charge [non-narcotic distribution] that does not demand the use of physical force "against the person or property of another."

Whether a State court decision criminalizing a physician's prescribing practices conflicts with long standing federal recognition and acceptance of lawful off-label prescribing within the practice of medicine.

Whether the Constitution permits homicide liability to be imposed based primarily upon retrospective disagreement with medical treatment decisions, rather than proof of traditionally understood malice sufficient to distinguish murder from negligence, malpractice, or regulatory violations.

Whether the State decision fails to provide constitutionally adequate notice of what prescribing conduct transforms a licensed physician exercising clinical judgement into a murder suspect to life-altering criminal penalties.

PARTIES

James Michael Ryan v. Maryland

PRIOR OPINIONS AND ORDERS

August 25, 2023 – Conviction, Depraved Heart Murder, Gross Negligence Manslaughter, Distribution of Schedule III Controlled Dangerous Substance (**Ketamine**), Distribution of Schedule IV Controlled Dangerous Substance (**Diazepam**), Possession of Schedule IV Controlled Dangerous Substance (**Midazolam**), **Montgomery County, MD. No. C-15-CR-22-000458**.

September 3, 2025 – Direct Appeal, Affirmed; **Ryan v. State, 2025 MD Lexis 741**

December 23, 2025 – Writ of Certiorari denied; **Ryan v. State, 2025 MD Lexis 592** (December 23, 2025)

BASIS OF JURISDICTION

Seeking U.S. Supreme Court review of Maryland State Appellate Court's affirming decision of second degree murder based on a Licensed Physician's dispensing of a (non-narcotic) medication; affirming Appellate Courts judgement on September 3, 2025.

Writ of Certiorari denied and dismissed by Maryland's Highest court on December 23, 2025, which renders the judgement final.

Jurisdiction is conferred on this court by **U.S. Sup. Ct. Rules 10(c) and 13(1)**. The state courts decision was final and the affirmed judgement violates The Due Process Clause of the US 14th Amendment and 5th Amendment. Read in **Pennsylvania V. Finley, 481 US 551 (1987)**.

CONSTITUTIONAL PROVISIONS AND STATUTES

United States Constitution, Amendment V.

United States Constitution, Amendment XIV.

STATEMENT OF CASE

On January 26, 2022 Sarah Harris died of a self-administered drug overdose of medications used to treat Depression, Anxiety, and Bipolar disorder (all of which Harris suffered from), in the home she shared with Dr. James M. Ryan; a Board- Certified Oral and Maxillofacial Surgeon. The two had been dating for nearly a year and worked together at Evolution Oral Surgery for several months. By all accounts, Dr. Ryan and Harris were very much in love and Dr. Ryan was considered by Harris's family as a "good man" who "loved her" and had her best interests at heart.

Harris had suffered from Depression and anxiety for many years and had recently been diagnosed with Bipolar disorder. Five days before Harris's death, her mood, as described by her psychiatrist at trial, was "very depressed" with signs of **Anhedonia**, and for good reason: Harris's brother had passed away less than two weeks earlier and the family was still reeling from the suicide of Harris's brother-in-law. Harris had spent the two days prior to her death scouting out burial plots for her brother. At the final appointment, Harris's "reported and seemed very depressed," "presented with increased depression," "looked emotionally distressed," was prescribed an increased dose of "an anti-psychotic, anti-depressant given for depression," and was started on a second anti-depressant.

Harris had an extensive history of substance abuse, predating her relationship with Dr. Ryan, which included hallucinogens, heroin, cocaine, other narcotics and cannabis. In his effort to alleviate Harris's anxiety, insomnia and deter her from obtaining "street drugs" in unknown concentrations, amounts and additive substances like fentanyl, Dr. Ryan who was licensed to prescribe, dispense and administer, provided, medications that included: Ketamine, diazepam, midazolam and propofol at limited times in known amounts and quantity. In as much as Harris had a long history of illicit drug use, Dr. Ryan "felt it was the lesser of two evils" "[r]ather than having her get [street drugs] from outside and not be safe." Dr. Ryan told Harris's mother: "I'm very safe with your daughter, but I can't control what she does when I'm not with her." Dr. Ryan was justified in fearing Harris would resort to street drugs; just one month earlier, Harris tried to buy cocaine from a friend.

On January 25, 2022 Harris texted Dr. Ryan at work while scouting burial plots for her brother with her family, and asked him to bring home Ketamine and a needle. There was NO evidence that Dr. Ryan brought home Ketamine that day, however, all the evidence showed was that by 6:52 the next morning, he was on the phone with the 911 operator, sobbing and hysterical, trying to resuscitate Harris. Dr. Ryan told paramedics that Harris had also overdosed on a previous occasion, necessitating his administration of CPR to revive her.

Paramedics found "numerous vials" of midazolam, ketamine and diazepam in Harris' purse. The cause of Harris's death was ketamine and diazepam (oral medication) intoxication. The manner of death was "Undetermined" meaning there were three possibilities: Suicide, accident, or homicide.

REASONS TO GRANT THE WRIT

This case presents exceptionally important constitutional and federal questions concerning the outer limits of criminal homicide liability as applied to physicians engaged in medical prescribing practices. The Maryland State's decision dramatically expand the scope of second-degree murder liability, threatens nationally recognized off-label prescribing practices, and erodes fundamental due process protections requiring fair notice and principled limits on criminal statutes.

The Petition should be granted because Maryland State's decision blurs long established distinctions between: 1) murder negligence; 2) criminal law and medical judgement; and 3) adverse medical outcomes and constitutionally culpable malice.

ARGUMENT

I. THE DECISION IMPERMISSIBLY EXPANDS SECOND-DEGREE MURDER LIABILITY BEYOND TRADITIONAL CONSTITUTIONAL LIMITS.

Historically, second-degree depraved heart murder has required conduct demonstrating extreme recklessness reflecting a conscious disregard for human life approximating intentional wrongdoing and demands the use of physical force against a "person or property of another." The doctrine was never intended to criminalize disputed medical judgement, dispensing of CDS Schedule III / Schedule IV (non-narcotic) Medications or retrospective disagreements regarding treatment decisions.

The decision substantially enlarges murder liability by permitting prosecutors to convert prescribing decisions into homicide offenses based on hindsight evaluation of medical care rather than proof of

traditionally understood malice. In doing so, the court effectively collapses the distinction between criminal homicide and medical malpractice.

Such expansion raises profound constitutional concerns because criminal statutes must provide meaningful limiting principles. Without such limits, **ALL PHYSICIANS** are exposed to murder prosecution whenever a patient suffers a fatal adverse outcome and government experts later disagree with treatment choices.

The consequences extend far beyond this case. The reasoning below threatens to transform ordinary medical risk assessment into potential homicide exposure whenever treatment involves controlled substances, off-label use, complex pain management, or controversial clinical decisions.

II. THE DECISION CONFLICTS WITH FEDERALLY PROTECTED AND UNIVERSALLY ACCEPTED OFF-LABEL PRESCRIBING PRACTICES.

Federal law has long recognized that physicians may lawfully prescribe approved medications for off-label purposes within the exercise of professional medical judgement. Off-label prescribing is both lawful and deeply embedded within the modern medical practice.

The FDA regulates drug approval and marketing, not the practice of medicine itself. Courts and federal authorities have repeatedly recognized that once a drug is approved, physicians retain broad discretion to prescribe it according to individual patient needs.

The decision substantially conflicts with this framework by permitting criminal liability to attach to prescribing practices that fall within historically protected realm of physician discretion. The result creates intolerable uncertainty for medical professionals nationwide and threatens to chill legitimate treatment decisions.

If allowed to stand, the decision invites prosecutors and retrospective experts to criminalize medical outcomes based upon disagreement with treatment methodology rather than clearly established criminal standards. Such an approach risks nationwide disruption to accepted medical practice and intrudes upon an area historically governed through professional regulations, malpractice standards, and administrative oversight, not expansive homicide doctrines.

III. THE DECISION IMPROPERLY BLURS THE BOUNDARY BETWEEN CRIMINAL LAW AND MEDICAL JUDGEMENT.

The constitution requires meaningful separation between civil negligence, professional malpractice, regulatory violations, and murder.

The opinion erodes these distinctions by permitting juries to infer malice from treatment decisions that may, at most, constitute disputed clinical judgement. Once malice becomes untethered from clearly defined criminal conduct, prosecutors gain enormous discretion to convert adverse medical outcomes into homicide charges.

This danger is especially acute in medicine, where physicians routinely make difficult decisions involving risk-benefit balancing, evolving standards of care, individualized patient responses, and off-label treatment options. Medical professionals cannot constitutionally be forced to guess whether aggressive

treatment choices to save lives later deemed controversial or incorrect by experts will expose them to murder liability.

Without principled constitutional boundaries, criminal law becomes an instrument for punishing medical hindsight rather than culpable intent.

IV. THE DECISION RAISES SERIOUS DUE PROCESS AND FAIR NOTICE CONCERNS.

The Due Process Clause requires criminal laws to provide fair notice of prohibited conduct and guard against arbitrary enforcement.

The States Decision fails that constitutional requirement because it provides no clear standard identifying when prescribing conduct crosses the line from protected medical discretion into implied-malice murder. Physicians are left without constitutionally adequate guidance regarding what degree of prescribing risk, dosage judgement, patient monitoring, or off-label treatment transforms lawful clinical practice into homicide.

This lack of clarity creates substantial danger of arbitrary and discriminatory enforcement. Prosecutors and expert witnesses may apply subjective hindsight standards after tragic outcomes occur, effectively allowing criminal liability to depend upon retrospective disagreement rather than clearly defined legal rules.

The constitution does not permit liability to hinge upon such indeterminate standards.

CONCLUSION

THIS CASE REPRESENTS IMPORTANT NATIONAL QUESTIONS WARRANTING THIS COURTS REVIEW.

The questions presented carry profound implications for physicians, patients, prosecutors and courts nationwide. Medical professionals across the United States routinely engage in lawful off-label prescribing and complex treatment decisions involving substantial risk.

If state courts may redefine such conduct a "Depraved-Heart" murder without clear constitution limitations, physicians nationwide face uncertainty regarding the criminal consequence of ordinary medical judgement. The resulting Chilling effect threatens patient care, pain management, and legitimate treatment innovation.

This courts intervention is urgently needed to clarify the constitutional boundaries separating malpractice, negligence, regulatory violations, and murder.

This court is respectfully asked to issue a Writ of Certiorari to review Maryland State Appellate Court's intentionally deceptive (misrepresented trial facts and laws) and deeply flawed opinion which effectively yielded an indefensible result.

Respectfully submitted this 10th day of June 2026.



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