

1 ROB BONTA
Attorney General of California
2 ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General
3 KEITH C. SHAW
Deputy Attorney General
4 State Bar No. 227029
600 West Broadway, Suite 1800
5 San Diego, CA 92101
P.O. Box 85266
6 San Diego, CA 92186-5266
Telephone: (619) 738-9515
7 Facsimile: (619) 645-2012

8 *Attorneys for Complainant*

9
10 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
11 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

12 In the Matter of the Accusation Against:

Case No. 800-2021-076195

13 **WILLIAM MOORE THOMPSON, IV,**
14 **M.D.**

DEFAULT DECISION
AND ORDER

15 **1501 Superior Avenue, #208**
16 **Newport Beach, CA 92663-3600**

[Gov. Code, §11520]

16 **Physician's and Surgeon's Certificate No.**
17 **A 98022**

18 Respondent.

19
20 **FINDINGS OF FACT**

21 1. On or about March 12, 2024, Complainant Reji Varghese, in his official capacity as
22 the Executive Director of the Medical Board of California, Department of Consumer Affairs, filed
23 Accusation No. 800-2021-076195 against William Moore Thompson, IV, M.D. (Respondent)
24 before the Medical Board of California. A true and correct copy of the Accusation, related
25 documents, and Declaration of Service are attached as Exhibit 1 to the accompanying "Default
26 Decision Evidence Packet," and are incorporated by reference as if fully set forth herein.¹

27
28 ¹ The Exhibits referred to herein, which are true and correct copies of the originals, are
contained in the separate accompanying "Default Decision Evidence Packet."

1 2. On or about November 9, 2006, the Medical Board of California (Board) issued
2 Physician's and Surgeon's Certificate No. A 98022 to Respondent. The Physician's and
3 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
4 herein and will expire on August 31, 2024, unless renewed. (See Exhibit 2, Certificate of
5 Licensure.)

6 3. On or about March 12, 2024, Regina Rodriguez, an employee of the Board, served by
7 Certified and First Class Mail a copy of Accusation No. 800-2021-076195, Statement to
8 Respondent, Notice of Defense, Request for Discovery, and Government Code sections 11507.5,
9 11507.6, and 11507.7 to Respondent's address of record with the Board, which was and is: 1501
10 Superior Avenue, #208, Newport Beach, CA 92663-3600. (See Exhibit 1.)

11 4. Service of the Accusation was effective as a matter of law under the provisions of
12 Government Code section 11505, subdivision (c).

13 5. On or about March 23, 2024, the aforementioned Certified Mail documents were
14 marked "expired forward" and returned to the original sender. A true and correct copy of the
15 U.S. Postal Service (USPS) Tracking History is attached, and is incorporated by reference as if
16 fully set forth herein. (See Exhibit 3: Copy of USPS Tracking History of Accusation.)

17 6. On or about March 27, 2024, Ileana Chavarin, an employee of the Office of the
18 Attorney General, served via Certified and First Class Mail a Courtesy Notice of Default along
19 with a copy of the Accusation, Notice of Defense, and Declaration of Service to Respondent's
20 address of record with the Board, which was and is: 1501 Superior Avenue, #208, Newport
21 Beach, CA 92663-3600. (See Exhibit 4, Courtesy Notice of Default and Declaration of Service.)

22 7. On or about April 9, 2024, the aforementioned Certified Mail copy of the Courtesy
23 Notice of Default was returned to the original sender and marked, "Insufficient Address, Unable
24 to Forward." True and correct copies of the return envelope for the returned Courtesy Notice of
25 Default and USPS Tracking History of the Courtesy Notice of Default are attached, and
26 incorporated by reference as if fully set forth herein. (See Exhibit 5: Returned Envelope for
27 Courtesy Notice of Default; Exhibit 6: Copy of USPS Tracking History of Courtesy Notice of
28 Default.)

8. On or about April 29, 2024, Deputy Attorney General, Keith C. Shaw (DAG Shaw), emailed Respondent a copy of the Courtesy Notice of Default, along with the Accusation, Notice of Defense, and Declaration of Service at his last known email address, which was and is: surfcitydoc@aol.com. (See Exhibit 7, Declaration of Deputy Attorney General, Keith C. Shaw, ¶ 8.)

9. To date, Respondent has not filed a Notice of Defense. (See Exhibit 7, Declaration of DAG Shaw.)

10. Respondent failed to file a Notice of Defense within 15 days after service upon him of the Accusation, and within 14 days after service upon him of the Courtesy Notice of Default, and has therefore waived his right to a hearing on the merits of Accusation No. 800-2021-076195.

STATUTORY AUTHORITY

11. Government Code section 11506 states, in pertinent part:

(c) The respondent shall be entitled to a hearing on the merits if the respondent files a notice of defense, and the notice shall be deemed a specific denial of all parts of the accusation not expressly admitted. Failure to file a notice of defense shall constitute a waiver of respondent's right to a hearing, but the agency in its discretion may nevertheless grant a hearing.

Respondent failed to file a Notice of Defense within 15 days after service upon him of the Accusation, and therefore waived his right to a hearing on the merits of Accusation No. 800-2021-076195.

12. California Government Code section 11520 states, in pertinent part:

(a) If the respondent either fails to file a notice of defense or to appear at the hearing, the agency may take action based upon the respondent's express admissions or upon other evidence and affidavits may be used as evidence without any notice to respondent.

13. Business and Professions Code section 125.3 states, in pertinent part:

(a) Except as otherwise provided by law, in any order issued in resolution of a disciplinary proceeding before any board within the department or before the osteopathic Medical Board, upon request of the entity bringing the proceeding, the administrative law judge may direct a licensee found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

///

1 14. Section 726 of the Code states:

2 (a) The commission of any act of sexual abuse, misconduct, or relations with a
3 patient, client, or customer constitutes unprofessional conduct and grounds for disciplinary
4 action for any person licensed under this division or under any initiative act referred to in
5 this division.

6 (b) This section shall not apply to consensual sexual contact between a licensee and
7 his or her spouse or person in an equivalent domestic relationship when that licensee
8 provides medical treatment, other than psychotherapeutic treatment, to his or her spouse or
9 person in an equivalent domestic relationship.

10 15. Section 2234 of the Code, states in part:

11 The board shall take action against any licensee who is charged with unprofessional
12 conduct. In addition to other provisions of this article, unprofessional conduct includes, but
13 is not limited to, the following:

14 (b) Gross negligence.

15 (c) Repeated negligent acts. To be repeated, there must be two or more negligent acts
16 or omissions. An initial negligent act or omission followed by a separate and distinct
17 departure from the applicable standard of care shall constitute repeated negligent acts.

18 (1) An initial negligent diagnosis followed by an act or omission medically
19 appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

20 (2) When the standard of care requires a change in the diagnosis, act, or omission that
21 constitutes the negligent act described in paragraph (1), including, but not limited to, a
22 reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs
23 from the applicable standard of care, each departure constitutes a separate and distinct
24 breach of the standard of care.

25 16. Section 2236 of the Code states in part:

26 (a) The conviction of any offense substantially related to the qualifications, functions,
27 or duties of a physician and surgeon constitutes unprofessional conduct within the meaning
28 of this chapter. The record of conviction shall be conclusive evidence only of the fact that
the conviction occurred.

 (d) A plea or verdict of guilty or a conviction after a plea of nolo contendere is
deemed to be a conviction within the meaning of this section and Section 2236.1. The
record of conviction shall be conclusive evidence of the fact that the conviction occurred.

 17. Section 2239 of the Code states:

 (a) The useof alcoholic beverages, to the extent, or in such a manner as to be
dangerous or injurious to the licensee, or to any other person or to the public, or to the
extent that such use impairs the ability of the licensee to practice medicine safely or more
than one misdemeanor or any felony involving the use, consumption, or self-administration
of any of the substances referred to in this section, or any combination thereof, constitutes
unprofessional conduct. The record of the conviction is conclusive evidence of such
unprofessional conduct.

1 (b) A plea or verdict of guilty or a conviction following a plea of nolo contendere is
2 deemed to be a conviction within the meaning of this section. The Division of Medical
3 Quality² may order discipline of the licensee in accordance with Section 2227 or the
4 Division of Licensing may order the denial of the license when the time for appeal has
5 elapsed or the judgment of conviction has been affirmed on appeal or when an order
6 granting probation is made suspending imposition of sentence, irrespective of a subsequent
7 order under the provisions of Section 1203.4 of the Penal Code allowing such person to
8 withdraw his or her plea of guilty and to enter a plea of not guilty, or setting aside the
9 verdict of guilty, or dismissing the accusation, complaint, information, or indictment.”

10 18. Section 2266 of the Code states:

11 The failure of a physician and surgeon to maintain adequate and accurate records
12 relating to the provision of services to their patients constitutes unprofessional conduct.

13 ETHICAL PRINCIPLES

14 19. The medical profession has long subscribed to a body of ethical statements, set forth
15 and adopted by the American Medical Association and known as *The Principles of Medical*
16 *Ethics*. *The Principles of Medical Ethics* represent standards of conduct which define the
17 essentials of honorable behavior for a physician. These principles establish that the relationship
18 between a patient and physician is based on trust, and gives rise to an ethical obligation on the
19 part of the physician to place the patient's interests above his or her self-interest.

20 20. The *Principles of Medical Ethics*, Opinion 9.1.1 (Romantic or Sexual Relationships
21 with Patients), provides in part:

22 Romantic or sexual interactions between physicians and patients that occur
23 concurrently with the patient physician relationship are unethical. Such interactions detract
24 from the goals of the patient-physician relationship and may exploit the vulnerability of the
25 patient, compromise the physician's ability to make objective judgments about the patient's
26 health care, and ultimately be detrimental to the patient's well-being.

27 A physician must terminate the patient-physician relationship before initiating a
28 dating, romantic, or sexual relationship with a patient. Likewise, sexual or romantic
relationships between a physician and a former patient may be unduly influenced by the
previous physician-patient relationship.

In keeping with a physician's ethical obligations to avoid inappropriate behavior, a
physician who has reason to believe that nonsexual, nonclinical contact with a patient may
be perceived as or may lead to romantic or sexual contact should avoid such contact.

21 21. The *Principles of Medical Ethics*, Opinion 9.1.3 (Sexual Harassment in the Practice
22 of Medicine), provides in part:

23 ² The "Division of Medical Quality" refers to the Board pursuant to Business and Profession Code section
24 2002.

1 Sexual harassment can be defined as unwelcome sexual advances, requests
2 for sexual favors, and other verbal or physical conduct of a sexual nature.

3 Sexual harassment in the practice of medicine is unethical.

4 Sexual harassment exploits inequalities in status and power, abuses the rights and
5 trust of those who are subjected to such conduct...and is likely to jeopardize patient care.

6 22. Respondent is subject to disciplinary action under sections 2227 and 2234, as
7 defined by section 2234, subdivision (b), of the Code, in that he committed gross
8 negligence in his care and treatment of Patients 1, 2, 3, 4, 5, 6, and 8, as more particularly
9 alleged hereinafter:

10 (a) Respondent sexually assaulted P-1, including engaging in prolonged
11 touching and masturbation of P-1's penis;

12 (b) Respondent exposed his erect penis to P-1;

13 (c) Respondent forced P-1 to orally copulate him;

14 (d) Respondent performed an unnecessary digital rectal examination
15 during P-2's hospitalization for the purposes of sexual gratification;

16 (e) Respondent failed to wear gloves while conducting a digital rectal
17 examination to P-2;

18 (f) Respondent performed a digital rectal examination to P-2 using two
19 fingers;

20 (g) Respondent performed medically unnecessary digital rectal
21 examinations at numerous appointments to P-3, each being a separate
22 act of gross negligence;

23 (h) Respondent made sexually inappropriate comments to P-3 during
24 digital rectal examinations;

25 (i) Respondent left his finger inserted in P-3's anal canal for a prolonged
26 period of time at numerous appointments, each being a separate act of
27 gross negligence;

28 (j) Respondent performed medically unnecessary digital rectal
examinations at numerous appointments to P-4, each being a separate
act of gross negligence;

- 1 (k) Respondent made sexually inappropriate comments to P-4;
- 2 (l) Respondent left his finger inserted in P-4's anal canal for a prolonged
- 3 period of time at numerous appointments, each being a separate act of
- 4 gross negligence;
- 5 (m) Respondent exposed his erect penis to P-4 at numerous appointments,
- 6 each being a separate act of gross negligence;
- 7 (n) Respondent engaged in oral sex with P-4 during an office visit;
- 8 (o) Respondent exposed his erect penis to P-5 on two separate occasions,
- 9 each being a separate act of gross negligence;
- 10 (p) Respondent performed a digital rectal examination using two fingers
- 11 on multiple occasions to P-5, each being a separate act of gross
- 12 negligence;
- 13 (q) Respondent made sexually inappropriate comments and sexually-
- 14 related requests on multiple occasions to P-5, each being a separate
- 15 act of gross negligence;
- 16 (r) Respondent failed to appropriately treat P-5's lower back pain;
- 17 (s) Respondent failed to maintain adequate and accurate records for P-5;
- 18 (t) Respondent performed a digital rectal examination to P-6 without
- 19 proper medical justification;
- 20 (u) Respondent penetrated P-6's anal canal for 1-2 minutes with his
- 21 finger while making in and out motions;
- 22 (v) Respondent performed multiple digital rectal examinations without
- 23 proper medical justification to P-8, each being a separate act of gross
- 24 negligence;
- 25 (w) Respondent penetrated P-8's anal canal for 1-2 minutes while
- 26 performing digital rectal examinations on numerous occasions, each
- 27 being a separate act of gross negligence; and
- 28

1 (x) Respondent made sexually inappropriate comments to P-8. (See
2 Exhibit 8, Declaration of James J. Huang, M.D.)

3 23. Respondent is further subject to disciplinary action under sections 2227 and 2234, as
4 defined by section 2234, subdivision (c), of the Code, in that he committed repeated negligent
5 acts in his care and treatment of Patients 1, 2, 3, 4, 5, 6, 7, and 8, as more particularly alleged
6 herein.

7 (a) Paragraph 22, above, is hereby incorporated by reference and realleged as if
8 fully set forth herein;

9 (b) Respondent made sexually inappropriate comments to P-1;

10 (c) Respondent failed to wear gloves while examining P-2's genitals despite the
11 patient's request to do so on multiple occasions;

12 (d) Respondent made sexually inappropriate comments to P-2;

13 (e) Respondent failed to perform anal cancer screenings for P-2, a high-risk
14 patient for anal cancer.

15 (f) Respondent failed to perform anal cancer screenings for P-4, a high-
16 risk patient for anal cancer.

17 (g) Respondent failed to perform anal cancer screenings for P-5, a high-
18 risk patient for anal cancer;

19 (h) Respondent failed to document the occurrence of any digital rectal
20 examination for P-5;

21 (i) Respondent failed to obtain a detailed history and examination of P-
22 5's chronic lower back pain to justify the use of opioids;

23 (j) Respondent failed to attempt additional safer alternative
24 pharmacotherapy options in lieu of opioids for P-5;

25 (k) Respondent failed to attempt ancillary treatment, such as physical
26 and chiropractic therapy, in lieu of opioid therapy for P-5;

27 (l) Respondent failed to initiate opioid therapy at the least effective
28 dose for P-5;

- 1 (m) Respondent concurrently prescribed benzodiazepines, opiates, and
2 zolpidem to P-5;
3 (n) Respondent failed to monitor CURES prior to or while prescribing
4 controlled substances to P-5;
5 (o) Respondent failed to obtain informed consent from P-5 for the
6 prescribed controlled substances;
7 (p) Respondent failed to document the severity of P-5's anxiety
8 symptoms and his functional limitations;
9 (q) Respondent failed to update the physical examination notes from P-
10 5's initial visit.
11 (r) Respondent failed to document the occurrence of a digital rectal
12 examination for P-6;
13 (s) Respondent made sexually inappropriate comments to P-6.
14 (t) Respondent failed to document the occurrence of a digital rectal
15 examination for P-7; and
16 (u) Respondent made sexually inappropriate comments to P-7. (See
17 Exhibit 8, Declaration of James J. Huang, M.D.)

18 24. Respondent's certificate to practice medicine is subject to disciplinary action for
19 unprofessional conduct under section 726 of the Code, and a violation of the *Principles of*
20 *Medical Ethics*, including Opinions 9.1.1 and 9.1.3, in that Respondent engaged in sexual
21 misconduct with Patients 1, 2, 3, 4, 5, 6, 7, and 8 during the time he was a physician based on the
22 following circumstances:

23 25. The allegations contained in Paragraphs 22 and 23, above, are incorporated herein by
24 reference as if fully set forth. (See Exhibit 8, Declaration of James J. Huang, M.D.)

25 26. Respondent is further subject to disciplinary action under sections 2227 and 2234, as
26 defined by section 2266, of the Code, in that Respondent failed to maintain adequate and accurate
27 records regarding his care and treatment of Patients 1, 2, 3, 4, 5, 6, 7, and 8, as more particularly
28

1 alleged in Paragraphs 22 and 23, above, which are hereby incorporated by reference and realleged
2 as if fully set forth herein. (See Exhibit 8, Declaration of James J. Huang, M.D.)

3 27. Respondent is further subject to disciplinary action under sections 2234 and 2236 of
4 the Code, in that Respondent engaged in unprofessional conduct and was convicted of a crime.
5 The circumstances are as follows:

6 28. On October 12, 2021, Respondent pled guilty to Vehicle Code sections 23152(a) and
7 23152(b), and admitted an enhancement for driving with a blood alcohol content of 0.20% or
8 more. He was sentenced to the following: three (3) years of court probation, attend the nine (9)
9 month driving program, not operate a motor vehicle with any measurable amount of alcohol, and
10 obey all laws. (See Exhibit 9, Certified Criminal Conviction.)

11 29. Respondent is further subject to disciplinary action under section 2239 of the Code in
12 that Respondent used alcohol in a dangerous manner, as more particularly alleged in Paragraph
13 28, above, which is hereby incorporated by reference and realleged as if fully set forth herein.
14 (See Exhibit 9, Certified Criminal Conviction.)

15 30. Pursuant to its authority under Government Code section 11520, the Board finds
16 Respondent is in default. The Board will take action without further hearing and, based on
17 Respondent's express admissions by way of default and the evidence before it, contained in
18 Exhibits 1 through 9, finds that the allegations in Accusation No. 800-2021-076195 are true.

19 31. The Board further finds that pursuant to Business and Professions Code section 125.3,
20 the costs of investigation and enforcement of the case prayed for in the Accusation total
21 \$111,280.00 (See Exhibit 10, Declaration of Costs; Exhibit 11, Declaration of Investigative
22 Activity; Exhibit 12, Declaration of Expert Reviewer Services.)

23 **DETERMINATION OF ISSUES**

24 1. Based on the foregoing findings of fact, Respondent William Moore Thompson, IV,
25 M.D. has subjected his Physician's and Surgeon's Certificate No. A 98022 to discipline.

26 2. A copy of the Accusation, the related documents, and Declaration of Service are
27 attached as Exhibit 1.

28 3. The Board has jurisdiction to adjudicate this case by default.

4. Pursuant to Business and Professions Code section 125.3, the Board is authorized to order Respondent to pay the Board the reasonable costs of investigation and enforcement of the case prayed for in the Accusation total \$111,280.00 based on the Declaration of Costs, Declaration of Investigative Activity, and Declaration of Expert Reviewer Services, attached as Exhibits 10, 11, and 12, respectively, in the Exhibit Package.

5. The Medical Board of California is authorized to revoke Respondent's Physician's and Surgeon's Certificate based upon the following violations alleged in the Accusation:

- (a) Respondent committed gross negligence in his care and treatment of Patients 1, 2, 3, 4, 5, 6, and 8;
- (b) Respondent committed repeated negligent acts in his care and treatment of Patients 1, 2, 3, 4, 5, 6, 7, and 8;
- (c) Respondent committed unprofessional conduct under section 726 of the Code, and violated the *Principles of Medical Ethics*, including Opinions 9.1.1 and 9.1.3, in that Respondent engaged in sexual misconduct with Patients 1, 2, 3, 4, 5, 6, 7, and 8 during the time he was a physician;
- (d) Respondent failed to maintain adequate and accurate records regarding his care and treatment of Patients 1, 2, 3, 4, 5, 6, 7, and 8;
- (e) Respondent committed unprofessional conduct under section 2236, of the Code, in that he was convicted of a crime substantially related to the qualifications, functions and duties of a physician and surgeon, to wit: criminal convictions for driving under the influence of alcohol;
- (f) Respondent committed unprofessional conduct under section 2239, of the Code, in that he used alcohol in a dangerous manner to both himself and the public in that he drove while under the influence of alcohol.

ORDER

IT IS SO ORDERED that Physician's and Surgeon's Certificate No. A 98022, heretofore issued to Respondent William Moore Thompson, IV, M.D., is revoked.

1 If Respondent ever files an application for relicensure or reinstatement in the State of
2 California, the Board shall treat it as a petition for reinstatement of a revoked license.
3 Respondent must comply with all the laws, regulations, and procedures for reinstatement of a
4 revoked license in effect at the time the petition is filed.

5 Respondent William Moore Thompson, IV, M.D., is ordered to pay the Board the costs of
6 the investigation and enforcement of this case in the amount of \$111,280.00. The filing of
7 bankruptcy by Respondent shall not relieve Respondent of his responsibility to reimburse the
8 Board for its costs. Respondent's Physician's and Surgeon's License may not be renewed or
9 reinstated unless all costs ordered under Business and Professions Code section 125.3 have been
10 paid.

11 Pursuant to Government Code section 11520, subdivision (c), Respondent may serve a
12 written motion requesting that the Decision be vacated and stating the grounds relied on within
13 seven (7) days after service of the Decision on Respondent. The agency in its discretion may
14 vacate the Decision and grant a hearing on a showing of good cause, as defined in the statute.

15 **JUN 14 2024**

16 This Decision shall become effective on _____.

17 **MAY 15 2024**

18 It is so ORDERED _____

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22 REJI VARGHESE, EXECUTIVE DIRECTOR
23 THE MEDICAL BOARD OF CALIFORNIA
24 DEPARTMENT OF CONSUMER AFFAIRS

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1 ROB BONTA
Attorney General of California
2 ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General
3 KEITH C. SHAW
Deputy Attorney General
4 State Bar No. 227029
600 West Broadway, Suite 1800
5 San Diego, CA 92101
P.O. Box 85266
6 San Diego, CA 92186-5266
Telephone: (619) 738-9515
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10 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
11 **DEPARTMENT OF CONSUMER AFFAIRS**
12 **STATE OF CALIFORNIA**

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14 In the Matter of the Accusation Against:

Case No. 800-2021-076195

15 **WILLIAM MOORE THOMPSON, IV,**
M.D.

A C C U S A T I O N

16 1501 Superior Avenue, #208
17 Newport Beach, CA 92663-3600

18 **Physician's and Surgeon's Certificate**
No. A 98022,

19 Respondent.
20

21 **PARTIES**

22 1. Reji Varghese (Complainant) brings this Accusation solely in his official capacity as
23 the Executive Director of the Medical Board of California, Department of Consumer Affairs
24 (Board).

25 2. On or about November 9, 2006, the Medical Board issued Physician's and Surgeon's
26 Certificate No. A 98022 to William Moore Thompson, IV, M.D. (Respondent). The Physician's
27 and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
28 herein and will expire on August 31, 2024, unless renewed.

JURISDICTION

3. This Accusation is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

4. Section 726 of the Code states:

“(a) The commission of any act of sexual abuse, misconduct, or relations with a patient, client, or customer constitutes unprofessional conduct and grounds for disciplinary action for any person licensed under this division or under any initiative act referred to in this division.

“(b) This section shall not apply to consensual sexual contact between a licensee and his or her spouse or person in an equivalent domestic relationship when that licensee provides medical treatment, other than psychotherapeutic treatment, to his or her spouse or person in an equivalent domestic relationship.”

5. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Board deems proper.

6. Section 2234 of the Code, states in part:

“The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

“...”

“(b) Gross negligence.

“(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

“(1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

1 “(2) When the standard of care requires a change in the diagnosis, act, or omission that
2 constitutes the negligent act described in paragraph (1), including, but not limited to, a
3 reevaluation of the diagnosis or a change in treatment, and the licensee’s conduct departs from the
4 applicable standard of care, each departure constitutes a separate and distinct breach of the
5 standard of care.

6 “...”

7 7. Section 2236 of the Code states in part:

8 “(a) The conviction of any offense substantially related to the qualifications, functions, or
9 duties of a physician and surgeon constitutes unprofessional conduct within the meaning of this
10 chapter. The record of conviction shall be conclusive evidence only of the fact that the conviction
11 occurred.

12 “...”

13 “(d) A plea or verdict of guilty or a conviction after a plea of nolo contendere is deemed to
14 be a conviction within the meaning of this section and Section 2236.1. The record of conviction
15 shall be conclusive evidence of the fact that the conviction occurred.”

16 8. Section 2239 of the Code states:

17 “(a) The useof alcoholic beverages, to the extent, or in such a manner as to be
18 dangerous or injurious to the licensee, or to any other person or to the public, or to the extent that
19 such use impairs the ability of the licensee to practice medicine safely or more than one
20 misdemeanor or any felony involving the use, consumption, or self-administration of any of the
21 substances referred to in this section, or any combination thereof, constitutes unprofessional
22 conduct. The record of the conviction is conclusive evidence of such unprofessional conduct.

23 “(b) A plea or verdict of guilty or a conviction following a plea of nolo contendere is
24 deemed to be a conviction within the meaning of this section. The Division of Medical Quality¹
25 may order discipline of the licensee in accordance with Section 2227 or the Division of Licensing
26 may order the denial of the license when the time for appeal has elapsed or the judgment of

27 _____
28 ¹ The “Division of Medical Quality” refers to the Board pursuant to Business and Profession Code section 2002.

1 conviction has been affirmed on appeal or when an order granting probation is made suspending
2 imposition of sentence, irrespective of a subsequent order under the provisions of Section 1203.4
3 of the Penal Code allowing such person to withdraw his or her plea of guilty and to enter a plea of
4 not guilty, or setting aside the verdict of guilty, or dismissing the accusation, complaint,
5 information, or indictment.”

6 9. Section 2266 of the Code states:

7 “The failure of a physician and surgeon to maintain adequate and accurate records relating
8 to the provision of services to their patients constitutes unprofessional conduct.”

9 10. Section 2229 of the Code states that the protection of the public shall be the highest
10 priority for the Board in exercising their disciplinary authority. While attempts to rehabilitate a
11 licensee should be made when possible, Section 2229, subdivision (c), states that when
12 rehabilitation and protection are inconsistent, protection shall be paramount.

13 11. Section 2228.1 of the Code states in part:

14 “(a) On and after July 1, 2019, except as otherwise provided in subdivision (c), the
15 board and the Podiatric Medical Board of California shall require a licensee to provide a separate
16 disclosure that includes the licensee's probation status, the length of the probation, the probation
17 end date, all practice restrictions placed on the licensee by the board, the board's telephone
18 number, and an explanation of how the patient can find further information on the licensee's
19 probation on the licensee's profile page on the board's online license information internet website,
20 to a patient or the patient's guardian or health care surrogate before the patient's first visit
21 following the probationary order while the licensee is on probation pursuant to a probationary
22 order made on and after July 1, 2019, in any of the following circumstances:

23 “(1) A final adjudication by the board following an administrative hearing or admitted
24 findings or prima facie showing in a stipulated settlement establishing any of the following:

25 “(A) The commission of any act of sexual abuse, misconduct, or relations with a patient or
26 client as defined in Section 726 or 729.

27 “...”

28 ///

ETHICAL PRINCIPLES

12. The medical profession has long subscribed to a body of ethical statements, set forth and adopted by the American Medical Association and known as *The Principles of Medical Ethics*. *The Principles of Medical Ethics* represent standards of conduct which define the essentials of honorable behavior for a physician. These principles establish that the relationship between a patient and physician is based on trust, and gives rise to an ethical obligation on the part of the physician to place the patient's interests above his or her self-interest.

13. The *Principles of Medical Ethics*, Opinion 9.1.1 (Romantic or Sexual Relationships with Patients), provides in part:

“Romantic or sexual interactions between physicians and patients that occur concurrently with the patient physician relationship are unethical. Such interactions detract from the goals of the patient-physician relationship and may exploit the vulnerability of the patient, compromise the physician’s ability to make objective judgments about the patient’s health care, and ultimately be detrimental to the patient’s well-being.

“A physician must terminate the patient-physician relationship before initiating a dating, romantic, or sexual relationship with a patient. Likewise, sexual or romantic relationships between a physician and a former patient may be unduly influenced by the previous physician-patient relationship.

“In keeping with a physician’s ethical obligations to avoid inappropriate behavior, a physician who has reason to believe that nonsexual, nonclinical contact with a patient may be perceived as or may lead to romantic or sexual contact should avoid such contact.”

14. The *Principles of Medical Ethics*, Opinion 9.1.3 (Sexual Harassment in the Practice of Medicine), provides in part:

“Sexual harassment can be defined as unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature.

“Sexual harassment in the practice of medicine is unethical.

“Sexual harassment exploits inequalities in status and power, abuses the rights and trust of those who are subjected to such conduct...and is likely to jeopardize patient care.”

1 **COST RECOVERY**

2 15. Section 125.3 of the Code provides, in pertinent part, that the Board may request the
3 administrative law judge to direct a licensee found to have committed a violation or violations of
4 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and
5 enforcement of the case, with failure of the licensee to comply subjecting the license to not being
6 renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be
7 included in a stipulated settlement.

8 **FIRST CAUSE FOR DISCIPLINE**

9 **(Gross Negligence)**

10 16. Respondent is subject to disciplinary action under sections 2227 and 2234, as defined
11 by section 2234, subdivision (b), of the Code, in that he committed gross negligence in his care
12 and treatment of Patients 1, 2, 3, 4, 5, 6, and 8,² as more particularly alleged hereinafter:

13 **PATIENT 1**

14 17. Patient 1 (P-1), a then 32-year-old male, began HIV treatment with Respondent in
15 approximately August 2015. P-1 became increasingly uncomfortable during his office visits with
16 Respondent, who began to make inappropriate comments, including, "I miss Mexico because
17 Mexicans have big penises" and "Do you like to fuck hard?" P-1 cancelled his next appointment
18 because he felt uncomfortable, but later returned to obtain test results.

19 18. On or about May 6, 2016, P-1 was being examined by Respondent during an
20 appointment when Respondent asked P-1 to open his mouth like he had "a big dick in there."
21 After collecting a swab from his mouth, Respondent directed P-1 to pull down his pants to inspect
22 his genitals. As Respondent was inspecting P-1's penis and genitals without wearing gloves,
23 Respondent commented to P-1 that he had a "big dick." P-1 became aroused and Respondent
24 stated "what is it with you guys getting erections?" Next, Respondent began masturbating P-1's
25 penis, which lasted for approximately eight minutes. Respondent then pulled down his own pants
26

27 ² The patients listed in this document are unnamed to protect their privacy. Respondent
28 knows the name of the patients and can confirm their identity through discovery.

1 and said, "Look at what you did to me." Respondent began rubbing his own penis and P-1's
2 penis simultaneously. Respondent also kissed P-1 on the neck and face, and placed his tongue
3 inside P-1's mouth.

4 19. P-1 then felt Respondent grab the back of his neck and push him onto his knees
5 facing Respondent's erect penis. P-1 then orally copulated Respondent for several minutes
6 because he thought it would end quickly. Respondent then pulled P-1 to his feet and told him he
7 needed to complete the examination. P-1 described feeling frozen during the sexual acts. P-1
8 terminated care with Respondent following this incident.

9 20. Respondent committed gross negligence in his care and treatment of Patient 1 which
10 included, but was not limited to, the following:

- 11 (a) Respondent sexually assaulted P-1, including engaging in prolonged
- 12 touching and masturbation of P-1's penis;
- 13 (b) Respondent exposed his erect penis to P-1; and
- 14 (c) Respondent forced P-1 to orally copulate him.

15 **PATIENT 2**

16 21. On or about November 18, 2019, Patient 2 (P-2), a then 29-year-old male, was
17 admitted to Hoag Hospital following injuries sustained from being raped, including an infection
18 and abscess to his scrotum. The following day, Respondent examined P-2 for post-surgery care
19 as he lay bed-ridden. Respondent began to examine P-2's scrotum without wearing gloves. P-2
20 requested that Respondent wear gloves, but Respondent refused and said he could access his
21 scrotum better without gloves. As Respondent rubbed and touched P-2's testicles for a prolonged
22 period of time, he told P-2 that he was "beautiful" and "fit." Respondent also performed a digital
23 rectal examination of P-2 and inserted "two fingers" into his anal canal.³ On two occasions,
24 Respondent raised his voice at hospital staff members entering P-2's room, and stated they should
25 not be entering when he was with a patient.

26
27 ³ A routine digital rectal examination for medical purposes only requires one finger
28 penetration and should last for less than 5-10 seconds.

1 22. On or about December 16, 2019, P-2 had a follow-up visit with Respondent. Inside
2 the examination room, Respondent asked P-2 to remove his pants and lie down on the table. P-2
3 asked Respondent to wear gloves, but again Respondent refused, stating it would not allow him to
4 sufficiently examine the injury. P-2 felt Respondent rub and cup his scrotum for nearly one
5 minute. Respondent also touched P-2's penis, which made him feel uncomfortable. Respondent
6 asked P-2's sexual orientation and relayed to P-2 that Respondent was gay. Respondent also
7 boasted about how many of his patients "hit" on him, and asked if P-2 participates in "doctor-
8 patient fantasies."

9 23. Respondent committed gross negligence in his care and treatment of Patient 2 which
10 included, but was not limited to, the following:

- 11 (a) Respondent performed an unnecessary digital rectal examination
- 12 during P-2's hospitalization for the purposes of sexual gratification;
- 13 (b) Respondent failed to wear gloves while conducting a digital rectal
- 14 examination; and
- 15 (c) Respondent performed a digital rectal examination using two fingers.

16 **PATIENT 3**

17 24. Patient 3 (P-3), a then 32-year-old male, began regular HIV treatment with
18 Respondent from approximately September 2017 through June 2020. At every appointment
19 (approximately 11 total), Respondent conducted either an anal swab or prostate exam (digital
20 rectal examination of the prostate). At numerous appointments, Respondent inserted his finger
21 into P-3's anal canal and left it inserted for a prolonged period of time. Respondent would make
22 inappropriate comments while his finger was inserted, including, "it's like Fort Knox up here,"
23 and "he hits his partner's prostate just right."

24 25. Respondent committed gross negligence in his care and treatment of Patient 3 which
25 included, but was not limited to, the following:

- 26 (a) Respondent performed medically unnecessary digital rectal
- 27 examinations at numerous appointments, each being a separate act of
- 28 gross negligence;

1 (b) Respondent made sexually inappropriate comments to P-3 during
2 digital rectal examinations; and

3 (c) Respondent left his finger inserted in P-3's anal canal for a prolonged
4 period of time at numerous appointments, each being a separate act of
5 gross negligence.

6 **PATIENT 4**

7 26. Patient 4 (P-4), a then 32-year-old male, saw Respondent for primary care treatment
8 from approximately August 2017 through February 2021. At the initial visit, Respondent had P-4
9 drop his pants and expose his genitals. Respondent began playing with P-4's genitals, which
10 caused P-4 to have an erection. Respondent then had P-4 turn around to conduct a prostate exam.
11 When P-4 turned around again, he could see that Respondent had an erection under his pants.
12 Respondent then grabbed his own erection under his pants to show it to P-4. Next, Respondent
13 grabbed P-4's erect penis and stated, "Wow, you're still excited." Respondent then pulled out his
14 own penis out of his pants to show it to P-4, who noticed that Respondent was excited. At the
15 end of the visit, Respondent asked P-4, "You're not going to say anything, are you, to get me in
16 trouble?"

17 27. P-4 saw Respondent approximately every three months for a regular appointment,
18 which included medication refills for depression and an HIV preventative medication. Each time,
19 Respondent conducted a prostate and genital exam. Every time, P-4 would get an erection and
20 recalled seeing Respondent get an erection under his pants on numerous visits. On several
21 occasions, Respondent would take his own penis out of his pants and show it to P-4. On one
22 occasion, Respondent penetrated P-4's anal canal with his finger for approximately one minute,
23 moving his finger back and forth, while telling P-4, "you like that, don't you."

24 28. On or about February 8, 2021, P-4 recalled things went farther than ever before
25 during his appointment. When Respondent directed P-4 to pull down his pants, Respondent
26 asked P-4 if he could "suck his dick." P-4 recalled not knowing what to do as Respondent went
27 down on his knees and proceeded to orally copulate P-4. Respondent then stood up and told P-4,
28 "Now it's your turn." Next, P-4 went down on his knees and orally copulated Respondent for 1-2

1 minutes before P-4 stopped and told Respondent that it wasn't right and they should not be doing
2 this in a doctor's office. Respondent assured him that no one could hear. Respondent then told
3 P-4, "Man, I'd like to see what it feels like in your ass." P-4 recalled that Respondent reeked of
4 alcohol.⁴ This was the last appointment P-4 had with Respondent. P-4 recalled feeling "dirty and
5 disgusting" on the way home.

6 29. At no time did Respondent document that he performed a digital rectal examination
7 of P-4. Additionally, P-4 was diagnosed with anal HPV (human papilloma virus)⁵ in
8 approximately September 2017, but there was no confirmatory lab report in the records.
9 Moreover, Respondent did not perform any rectal examination or anal pap smear for cancer
10 screening despite P-4 being at an increased risk for anal cancer due to his diagnosis of HPV and
11 being over 30 years of age.

12 30. Respondent committed gross negligence in his care and treatment of Patient 4 which
13 included, but was not limited to, the following:

- 14 (a) Respondent performed medically unnecessary digital rectal
15 examinations at numerous appointments, each being a separate act of
16 gross negligence;
17 (b) Respondent made sexually inappropriate comments to P-4;
18 (c) Respondent left his finger inserted in P-4's anal canal for a prolonged
19 period of time at numerous appointments, each being a separate act of
20 gross negligence;
21 (d) Respondent exposed his erect penis to P-1 at numerous appointments,
22 each being a separate act of gross negligence; and
23 (e) Respondent engaged in oral sex with P-4 during an office visit.

24 ///

25 ///

26 _____
27 ⁴ It is noteworthy that Respondent was arrested the following month on March 12, 2021,
28 for driving under the influence, and his blood alcohol level was measured to be 0.37%.

⁵ HPV is the leading cause of anal cancer.

1 **PATIENT 5**

2 31. Patient 5 (P-5), a then 24-year-old male, began primary care treatment with
3 Respondent in approximately October 2016 through April 2021, totaling about 27 appointments.
4 Two weeks prior to P-5 initiating care with Respondent, P-5 had been sexually assaulted and
5 suffered an injury and trauma to his anus, which was documented by Respondent. P-5 was
6 diagnosed with HIV, HPV, and gonorrhea. P-5 also had a history of lower back pain, anxiety,
7 depression, alcoholism, and insomnia.

8 32. P-5 saw Respondent regularly for HIV treatment, in addition to primary care
9 treatment. At every appointment, Respondent conducted a prostate and genital exam. After
10 approximately one year, Respondent's behavior toward P-5 became more aggressive.
11 Respondent started making inappropriate comments, including telling P- 5 that he had a "nice
12 dick" and a "great ass." At times, Respondent told P-5 that he was using "two fingers" to insert
13 into his anal canal. P-5 told Respondent that he did not want or need these prostate exams, but
14 Respondent assured him they were necessary. P-5 felt uncomfortable seeing Respondent, but
15 continued treatment with him since it was difficult to find an HIV doctor.

16 33. At one appointment, Respondent pointed out his own erect penis to P-5, and told him,
17 "Look at my huge cock," and "I bet you're a lot of fun in bed." Respondent then moved his erect
18 penis around under his scrubs and told P-5 that he could not leave until Respondent's erection
19 went away. P-5 recalled wanting to run out of the room, but stayed because he did not feel he had
20 a choice. During another appointment, Respondent told P-5, "I bet you come like a fountain."
21 Respondent then asked that P-5 send him a video of P-5 ejaculating to fulfill Respondent's
22 fantasy.

23 34. The sexual conduct by Respondent continued to escalate toward P-5. At a later
24 appointment, Respondent pulled his penis out of his scrubs and showed it to P-5, saying,
25 "Daddy's got a nice dick." P-5 recalled that Respondent pulled out his own penis on multiple
26 visits. Respondent also said he would love to see P-5 "sucking his cock." P-5 saved a text
27 message from Respondent stating, "Hey handsome, I noticed you have an appointment on Friday.
28 You're due for your Pap, so make sure you come clean, okay?"

1 35. During the course of treatment, Respondent prescribed a number of controlled
2 substances to P-5 for treatment of his anxiety, depression, insomnia, and lower back pain,
3 including the following: 1) alprazolam, a benzodiazepine; 2) OxyContin (30 mg), an opioid; 3)
4 hydrocodone (7.5 mg), an opioid; 4) clonazepam, a benzodiazepine; and 5) zolpidem, a sedative.
5 Between approximately July 2018 and December 2018, Respondent concurrently prescribed
6 opiates, benzodiazepines, and zolpidem to P-5. Prior to prescribing opioids, Respondent did not
7 conduct a musculoskeletal examination or document a thorough history regarding the location,
8 radiation, and intensity of P-5's chronic back pain. Additionally, Respondent failed to check
9 CURES⁶ prior to or while prescribing controlled substances to P-5, nor obtain informed consent
10 for the prescribed medication. Respondent also failed to consider safer medications and ancillary
11 treatment, such as physical and chiropractic therapy, prior to initiating high-dose opioid therapy
12 for a mid-twenties patient with a history of alcohol addiction.

13 36. Despite Respondent conducting digital rectal examinations on P-5 at every
14 appointment, Respondent failed to document any occurrence. Further, Respondent failed to
15 update the physical examination findings from the initial office visit that P-5 had been raped and
16 suffered anal trauma, which continued in the clinical examination notes for approximately four
17 years. Finally, while P-5 suffered from severe depression and anxiety disorder requiring the use
18 of benzodiazepines, there lacked a detailed record of the patient's anxiety symptoms and his
19 functional limitations.

20 37. Respondent committed gross negligence in his care and treatment of Patient 5 which
21 included, but was not limited to, the following:

- 22 (a) Respondent exposed his erect penis to P-5 on two separate occasions,
23 each being a separate act of gross negligence;
24

25
26 ⁶ Beginning October 2, 2018, state law requires all California physicians to consult
27 CURES before prescribing a Schedule II, III or IV controlled substance to a patient for the first
28 time and at least every four months thereafter if the substance remains part of the treatment. Prior
to this date, it was still prudent for physicians to consult CURES to assess for aberrant behavior.

- 1 (b) Respondent performed a digital rectal examination using two fingers
2 on multiple occasions, each being a separate act of gross negligence;
3 (c) Respondent made sexually inappropriate comments and sexually-
4 related requests on multiple occasions, each being a separate act of
5 gross negligence;
6 (d) Respondent failed to appropriately treat P-5's lower back pain; and
7 (e) Respondent failed to maintain adequate and accurate records.

8 **PATIENT 6**

9 38. Patient 6 (P-6), a then 20-year-old male, established care with Respondent in
10 approximately December 2019. At the initial visit, Respondent commented, "you're so skinny, I
11 love it." Respondent told P-6 that he was a "top" and asked P-6 if he was a "top" or "bottom."
12 At a later appointment, Respondent asked P-6 if he was "fucking people" and conducted a pap
13 smear. Later, Respondent called P-6 from his personal cell, and told him that he tested positive
14 for a sexually transmitted disease and would need to return for another appointment. Respondent
15 told P-6 to "come clean."

16 39. At an appointment in approximately September 2020, Respondent conducted a
17 prolonged prostate exam where he inserted his finger into P-6's anal canal and made "in and out"
18 motions for 1-2 minutes. P-6 thought this prostate exam was strange and unnecessary, especially
19 since he was only in his early twenties. P-6 noticed that Respondent had an erection under his
20 scrubs and was not wearing underwear. Respondent told P-6, "you're going to get me in trouble,"
21 then Respondent grabbed P-6's penis. Following this appointment, P-6 felt uncomfortable and
22 did not return to see Respondent for treatment. Respondent never documented that he conducted
23 a digital rectal examination of P-6.

24 40. Respondent committed gross negligence in his care and treatment of Patient 6 which
25 included, but was not limited to, the following:

- 26 (a) Respondent performed a digital rectal examination without proper
27 medical justification; and
28

(b) Respondent penetrated P-6's anal canal for 1-2 minutes with his finger while making in and out motions.

PATIENT 8

41. Patient 8 (P-8), a then 26-year-old male, began primary care treatment with Respondent from approximately January 2017 through January 2021. P-8 saw Respondent for medication management, including Adderall, which he had taken since childhood. At the initial visit, Respondent directed P-8 to drop his pants and proceeded to perform a digital rectal exam. P-8 did not understand why a rectal exam was necessary for refilling his Adderall prescription.

42. P-8 saw Respondent approximately four times annually. At nearly every appointment, Respondent would perform a prostate and genital exam. Each prostate exam would last a couple of minutes and, at times, Respondent would insert his finger into P-8's anal canal. Even though P-8 was only in his mid-twenties, Respondent told him the prostate exams and pap smears were medically necessary. P-8 did not believe the exams were necessary, but trusted Respondent because he is a doctor. Respondent also made inappropriate comments to P-8 during visits, including mentioning other patients' sexual experiences while referencing Respondent's own penis size and genitals.

43. Respondent committed gross negligence in his care and treatment of Patient 8 which included, but was not limited to, the following:

- (a) Respondent performed multiple digital rectal examinations without proper medical justification, each being a separate act of gross negligence;
- (b) Respondent penetrated P-8's anal canal for 1-2 minutes while performing digital rectal examinations on numerous occasions, each being a separate act of gross negligence; and
- (c) Respondent made sexually inappropriate comments.

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1 **SECOND CAUSE FOR DISCIPLINE**

2 **(Repeated Negligent Acts)**

3 44. Respondent is further subject to disciplinary action under sections 2227 and 2234, as
4 defined by section 2234, subdivision (c), of the Code, in that he committed repeated negligent
5 acts in his care and treatment of Patients 1, 2, 3, 4, 5, 6, 7, and 8, as more particularly alleged
6 herein.

7 **PATIENT 1**

8 45. Respondent committed repeated negligent acts in his care and treatment of Patient 1,
9 which included, but was not limited to, the following:

- 10 (a) Paragraphs 16 through 43, above, are hereby incorporated by reference
11 and realleged as if fully set forth herein; and
12 (b) Respondent made sexually inappropriate comments.

13 **PATIENT 2**

14 46. Respondent committed repeated negligent acts in his care and treatment of Patient 2,
15 which included, but was not limited to, the following:

- 16 (a) Paragraphs 16 through 43, above, are hereby incorporated by reference
17 and realleged as if fully set forth herein;
18 (b) Respondent failed to wear gloves while examining P-2's genitals
19 despite the patient's request to do so on multiple occasions; and
20 (c) Respondent made sexually inappropriate comments.

21 **PATIENT 3**

22 47. Respondent committed repeated negligent acts in his care and treatment of Patient 3,
23 which included, but was not limited to, the following:

- 24 (a) Paragraphs 16 through 43, above, are hereby incorporated by reference and
25 realleged as if fully set forth herein.

26 **PATIENT 4**

27 48. Respondent committed repeated negligent acts in his care and treatment of Patient 4,
28 which included, but was not limited to, the following:

1 (a) Paragraphs 16 through 43, above, are hereby incorporated by reference
2 and realleged as if fully set forth herein; and

3 (b) Respondent failed to perform anal cancer screenings for a high-risk
4 patient for anal cancer.

5 **PATIENT 5**

6 49. Respondent committed repeated negligent acts in his care and treatment of Patient 5,
7 which included, but was not limited to, the following:

8 (a) Paragraphs 16 through 43, above, are hereby incorporated by reference
9 and realleged as if fully set forth herein;

10 (b) Respondent failed to perform anal cancer screenings for a high-risk
11 patient for anal cancer;

12 (c) Respondent failed to document the occurrence of any digital rectal
13 examination;

14 (d) Respondent failed to obtain a detailed history and examination of P-5's
15 chronic lower back pain to justify the use of opioids;

16 (e) Respondent failed to attempt additional safer alternative pharmacotherapy
17 options in lieu of opioids;

18 (f) Respondent failed to attempt ancillary treatment, such as physical and
19 chiropractic therapy, in lieu of opioid therapy;

20 (g) Respondent failed to initiate opioid therapy at the least effective dose;

21 (h) Respondent concurrently prescribed benzodiazepines, opiates, and
22 zolpidem;

23 (i) Respondent failed to monitor CURES prior to or while prescribing
24 controlled substances;

25 (j) Respondent failed to obtain informed consent for the prescribed
26 controlled substances;

27 (k) Respondent failed to document the severity of P-5's anxiety symptoms
28 and his functional limitations; and

1 (l) Respondent failed to update the physical examination notes from P-5's
2 initial visit.

3 **PATIENT 6**

4 50. Respondent committed repeated negligent acts in his care and treatment of Patient 6,
5 which included, but was not limited to, the following:

6 (a) Paragraphs 16 through 43, above, are hereby incorporated by reference

7 and realleged as if fully set forth herein;

8 (b) Respondent failed to document the occurrence of a digital rectal
9 examination; and

10 (c) Respondent made sexually inappropriate comments.

11 **PATIENT 7**

12 51. Patient 7 (P-7), a then 21-year-old male, was treated by Respondent on three
13 occasions from approximately September 2018 to February 2019. P-7 was seeking HIV
14 preventative care. At the initial visit, Respondent had P-7 pull down his pants and proceeded to
15 carefully inspect his genitals. Respondent took an extended period of time and referred to P-7's
16 genitals as "dick, cock, and balls."

17 52. At the next appointment, Respondent conducted a rectal exam of P-7 without asking
18 his consent, and took a prolonged period of time. While P-7 felt uncomfortable and vulnerable,
19 he believed the examination must be medically necessary because he had trust in doctors.
20 P-7 also did not understand the purpose of the rectal exam since he was only in his early twenties.
21 At another appointment, Respondent commented that P-7 had high testosterone levels and that
22 meant "you are very horny." Following this appointment, P-7 decided not to return to
23 Respondent.

24 53. Respondent committed repeated negligent acts in his care and treatment of Patient 7,
25 which included, but was not limited to, the following:

26 (a) Respondent failed to document the occurrence of a digital rectal
27 examination; and

28 (b) Respondent made sexually inappropriate comments.

1 **PATIENT 8**

2 54. Respondent committed repeated negligent acts in his care and treatment of Patient 8,
3 which included, but was not limited to, the following:

4 (a) Paragraphs 16 through 43, above, are hereby incorporated by reference
5 and realleged as if fully set forth herein.

6 **THIRD CAUSE FOR DISCIPLINE**

7 **(Sexual Misconduct with a Patient/Violation of Ethical Principles)**

8 55. Respondent's certificate to practice medicine is subject to disciplinary action for
9 unprofessional conduct under section 726 of the Code, and a violation of the *Principles of*
10 *Medical Ethics*, including Opinions 9.1.1 and 9.1.3, in that Respondent engaged in sexual
11 misconduct with Patients 1, 2, 3, 4, 5, 6, 7, and 8 during the time he was a physician based on the
12 following circumstances:

13 56. The allegations of paragraphs 16 through 54, above, are incorporated herein by
14 reference as if fully set forth.

15 **FOURTH CAUSE FOR DISCIPLINE**

16 **(Failure to Maintain Adequate and Accurate Records)**

17 57. Respondent is further subject to disciplinary action under sections 2227 and 2234, as
18 defined by section 2266, of the Code, in that Respondent failed to maintain adequate and accurate
19 records regarding his care and treatment of Patients 1, 2, 3, 4, 5, 6, 7, and 8, as more particularly
20 alleged in paragraphs 16 through 54, above, which are hereby incorporated by reference and
21 realleged as if fully set forth herein.

22 **FIFTH CAUSE FOR DISCIPLINE**

23 **(Conviction of a Crime)**

24 58. Respondent is subject to disciplinary action under sections 2234 and 2236 of the
25 Code, in that Respondent engaged in unprofessional conduct and was convicted of a crime. The
26 circumstances are as follows:

27 59. On or about March 12, 2021, at approximately 9:38 a.m., a Huntington Beach Police
28 Department officer was dispatched to a Vons grocery store for a reported impaired driver that had

1 purchased alcohol, was observed staggering, and then drove through the parking lot. The officer
2 made contact with Respondent in the Vons parking lot, who was seated in the driver's seat and
3 drinking a can of beer. Respondent's vehicle was parked at a forty-five degree angle and
4 occupying two parking spots. Respondent admitted to the officer that he had drove to Vons and
5 had been drinking alcohol. There was also a box of beer at Respondent's feet. Respondent's
6 vehicle was observed to have fresh damage to the tires and rims, and Respondent stated he did not
7 know how that occurred.

8 60. Respondent displayed objective signs of alcohol intoxication, including slow and
9 slurred speech, bloodshot and watery eyes, and an unsteady gait. Respondent performed a series
10 of field sobriety tests (FST) with results that indicated he was under the influence of alcohol. An
11 officer had to assist Respondent during one FST so that he would not fall due to his balance being
12 so poor. Respondent was placed under arrest for driving under the influence of alcohol.
13 Respondent then submitted to a blood alcohol tests which resulted in 0.37%, over four times the
14 legal limit.

15 61. Respondent was charged in the Superior Court of California, County of Orange, with
16 two misdemeanor charges: 1) Vehicle Code (VC) section 23152(a) – Driving Under the Influence
17 of Alcohol and; 2) VC section 23152(b) – Driving with a Blood Alcohol Level of 0.08% or More.
18 The Complaint contained an enhancement for Excessive Blood Alcohol pursuant to VC section
19 23538(b)(2), in that Respondent drove with a blood alcohol content of 0.20% or more.

20 62. On October 12, 2021, Respondent pled guilty to VC sections 23152(a) and 23152(b),
21 and admitted the enhancement for driving with a blood alcohol content of 0.20% or more. He
22 was sentenced to the following: three (3) years of court probation, attend the nine (9) month
23 driving program, not operate a motor vehicle with any measurable amount of alcohol, and obey
24 all laws.

25 63. Respondent's October 12, 2021, criminal convictions for driving under the influence
26 of alcohol are substantially related to the qualifications, functions and duties of a physician and
27 surgeon. As such, his convictions and conduct constitute unprofessional conduct under section
28 2234, and a violation under section 2236, of the Code (criminal conviction).

1 **SIXTH CAUSE FOR DISCIPLINE**

2 **(Dangerous Use of Alcohol)**

3 64. Respondent is subject to disciplinary action under section 2239 of the Code in that
4 Respondent used alcohol in a dangerous manner. The circumstances are as follows:

5 (a) Paragraphs 58 through 63, above, are hereby incorporated by
6 reference and realleged as if fully set forth herein.

7 65. Respondent's conduct involving driving under the influence amounts to the use of
8 alcohol in a manner dangerous to both Respondent and the public. As such, his convictions and
9 conduct constitute unprofessional conduct under sections 2234 and 2239 of the Code.

10 **PRAYER**

11 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
12 and that following the hearing, the Medical Board of California issue a decision:

13 1. Revoking or suspending Physician's and Surgeon's Certificate No. A 98022, issued
14 to Respondent William Moore Thompson, IV, M.D.;

15 2. Revoking, suspending or denying approval of Respondent William Moore Thompson,
16 IV, M.D.'s authority to supervise physician assistants and advanced practice nurses;

17 3. Ordering Respondent William Moore Thompson, IV, M.D., to pay the Board the
18 costs of the investigation and enforcement of this case, and if placed on probation, the costs of
19 probation monitoring;

20 4. Ordering Respondent William Moore Thompson, IV, M.D., if placed on probation, to
21 provide patient notification in accordance with section 2228.1 of the Code; and

22 5. Taking such other and further action as deemed necessary and proper.

23
24 DATED: MAR 12 2024

25 
26 REJI VARGHESE
27 Executive Director
28 Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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