BEFORE THE MEDICAL BOARD OF CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS STATE OF CALIFORNIA

In the Matter of the First Amended Accusation and Petition to Revoke Probation Against:

Youmna Abdulhadi, M.D.

Case No. 800-2023-103713

Physician's and Surgeon's Certificate No. C 55715

10,0084 , 486 07 2021.

Respondent.

DECISION

The attached Proposed Decision is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on December 4, 2024.

IT IS SO ORDERED November 4, 2024.

MEDICAL BOARD OF CALIFORNIA

Michella A. Bholat, MI

Michelle A. Bholat, M.D. Interim-Chair Panel A

BEFORE THE MEDICAL BOARD OF CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS STATE OF CALIFORNIA

In the Matter of the First Amended Accusation and Petition

to Revoke Probation Against:

YOUMNA ABDULHADI, M.D., Respondent

Physician's and Surgeon's Certificate No. C 55715

Case No. 800-2023-103713

OAH No. 2024020856

PROPOSED DECISION

Kimberly J. Belvedere, Administrative Law Judge, Office of Administrative Hearings, State of California, heard this matter on September 11, 2024, by videoconference.

Keith C. Shaw, Deputy Attorney General, Department of Justice, represented complainant, Reji Varghese, Executive Director of the Medical Board of California (board), Department of Consumer Affairs, State of California.

Youmna Abdulhadi, respondent, did not appear. The matter proceeded by default pursuant to Government Code section 11520.

Oral and documentary evidence was received. The record was closed, and the matter was submitted for decision on September 11, 2024.

PROTECTIVE ORDER

A protective order has been issued on complainant's motion sealing Exhibits 5, 7, 10, and 11. A reviewing court, parties to this matter, and a government agency decision maker or designee under Government Code section 11517 may review materials subject to the protective order provided that this material is protected from disclosure to the public.

SUMMARY

Respondent had discipline imposed against her Physician's and Surgeon's certificate in 2023 and was placed on probation for seven years subject to terms and conditions, one of which required that she undergo a mental health examination. Respondent submitted to that mental health examination and was determined to be unable to safely practice medicine. Given this finding, she is also in violation of probation. Respondent has also had discipline imposed against her medical license in another state thereby subjecting her California Physician's and Surgeon's certificate to discipline, which also violates her probation. In order to protect the public, respondent's probation is revoked, and her Physician's and Surgeon's certificate is revoked.

FACTUAL FINDINGS

Background and Jurisdiction

1. On January 23, 2013, the Medical Board issued Physician's and Surgeon's Certificate No. C 55715 to respondent.

2. In the matter entitled *In the Matter of the First Amended Accusation Against: Youmna M. Abdulhadi, M.D.,* Physician's and Surgeon's Certificate No. C 55715, Case No. 800-2022-085470, respondent's license was placed on probation, with terms and conditions, for a period of seven years, for unprofessional conduct, and because respondent was determined to be unable to safely practice medicine due to having a mental illness affecting her competency, pursuant to Business and Professions Code section 822. The matter was resolved by Stipulated Settlement, whereby respondent admitted the truth of the allegations in the underlying disciplinary matter. The facts, determined to be true by virtue of her admissions are summarized as follows:

Respondent and Dr. A. had previously been colleagues but were never romantically involved or married. Beginning in January 2022, respondent began sending Dr. A. inappropriate and incoherent emails and text messages that were sexual in nature. Dr. A told respondent he wanted nothing to do with her and to stop contacting him. Later in January 2022, respondent came to Dr. A's office and told office staff that she was married to Dr. A, and was going to be seeing his patients. Dr. A promptly filed a restraining order against respondent. Despite the restraining order, respondent continued to harass Dr. A, coming to his home, office, and messaging Dr. A's girlfriend on social media. In February 2022, Dr. A obtained a civil harassment order against respondent, which was served upon her in March of 2022. By that time,

respondent informed Dr. A that she had legally changed her last name to his last name. Thereafter, respondent stormed into Dr. A's office again, and this continued until she was eventually arrested for violations of the civil harassment order.

3. Respondent's probation stemming from the above disciplinary action became effective September 1, 2023. The terms and conditions pertinent to this matter are:

> 2. PSYCHIATRIC TREATMENT. Within 60 calendar clays of the effective date of this Decision, Respondent shall submit to the Board or its designee for prior approval the name and qualifications of a California-licensed, board certified psychiatrist. Upon approval, Respondent shall undergo and continue regular psychiatric treatment, including any modifications to the frequency of psychiatric treatment, until the Board or its designee deems that no further psychiatric treatment is necessary.

The psychiatrist shall consider any information provided by the Board or its designee and any other information the psychiatrist deems relevant and shall furnish a written evaluation report to the Board or its designee. Respondent shall cooperate in providing the psychiatrist with any information and documents that the psychiatrist may deem pertinent. Respondent shall have the treating psychiatrist submit quarterly status reports to the Board or its designee. The Board or its designee may require Respondent to undergo farther psychiatric evaluations by a Board-

appointed board certified psychiatrist. If, prior to the completion of probation, Respondent is found to be mentally unfit to resume the practice of medicine without restrictions, the Board shall retain continuing jurisdiction over Respondent's license and the period of probation shall be extended until the Board determines that Respondent is mentally fit to resume the practice of medicine without restrictions. Respondent shall pay the cost of all psychiatric treatment and psychiatric evaluations.

[¶] . . . [¶]

14. VIOLATION OF PROBATION. Failure to fully comply with any term or condition of probation is a violation of probation. If Respondent violates probation in any respect, the Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation, or an Interim Suspension Order is filed against Respondent during probation, the Board shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

4. Virginia Addis, an inspector for the board, was assigned to be respondent's probation monitor. Ms. Addis met with respondent at a probation intake interview on August 22, 2023, and discussed all terms and conditions of respondent's

probation. Subsequent to the interview, Ms. Addis scheduled a psychiatric evaluation for respondent to be conducted by Mohan S. Nair, M.D., on September 14, 2023.

5. Dr. Nair conducted a comprehensive psychiatric evaluation of respondent on September 14, 2023, and determined respondent suffered from a mental illness (bipolar disorder, manic type) such that she was unable to safely practice medicine. Dr. Nair also concluded respondent needed ongoing psychiatric treatment and medication management. Dr. Nair prepared a report with his findings and sent it to the board.

6. On March 13, 2024, the State Medical Board of Ohio (Ohio board) issued an order (Case Number 24-CRF-0044) regarding respondent's license to practice medicine in that state. The order was based on the disciplinary action that had been taken against respondent in California. That order contained findings stating that, during a well-being screening by the Ohio Professionals Health Program (OPHP), respondent was determined to be suffering from a mental health condition that affected her ability to practice medicine safely. The Ohio board immediately suspended respondent's license and required her to cease the practice of medicine.

7. On July 5, 2024, complainant signed the accusation against respondent alleging the following:

- Respondent is unable to safely practice medicine as she suffers from a mental or physical impairment, subjecting her Physician's and Surgeon's certificate to action pursuant to Business and Professions Code section 822;
- Respondent engaged in unprofessional conduct by failing to comply with Condition Number 2 and Condition Number 14 of her probation by being found mentally unfit to safely practice medicine;

- Respondent's Physician's and Surgeon's certificate is subject to discipline in California based on the limitation and/or restrictions placed on the actions taken by the Ohio board against her medical license in that state;
- Respondent's probation is subject to revocation because she failed to comply with Condition Numbers 2 and 14 of her probation based on the allegations noted above, and the discipline of revocation imposed in the prior case should be imposed.
- 8. Respondent timely filed a notice of defense; this hearing followed.

Dr. Nair's Evaluation, Report, and Testimony

9. On September 14, 2023, respondent participated in a psychiatric evaluation conducted by Dr. Nair, who testified at hearing, and prepared a report with his findings. The following is a summary of Dr. Nair's report and testimony.

10. Dr. Nair obtained his Doctor of Medicine degree in 1975. From 1981 to 1983, Dr. Nair was a clinical fellow in child psychiatry at Harvard University. Dr. Nair completed his residency in psychiatry at the University of California, Irvine in 1981. Dr. Nair has served as an assistant clinical professor of psychiatry at the University of California, Los Angeles, School of Medicine, and is a member of many organizations relating to the practice of psychiatry. Dr. Nair is licensed in California and Hawaii, and holds board certifications including psychiatry, and in several areas of psychiatry and neurology, including neuropsychiatry and behavior, forensic psychiatry, and child psychiatry. Dr. Nair is an expert in the field of psychiatry.

11. Prior to conducting his examination of respondent, Dr. Nair reviewed documents pertaining to respondent's past medical and psychiatric history (well over

350 pages), and the decision in the prior discipline case. Dr. Nair interviewed respondent. During the interview, respondent told Dr. Nair she did not have any mental health symptoms at present, and actually never did. Later, she said her uncle, who is a doctor, had diagnosed her with bipolar disorder in March of 2022. When asked about hospitalizations that documented mental health issues, respondent said she had been delusional "between March of 2022 to May of 2022" but the delusions had resolved. Respondent reported being on many different antipsychotic medications during the time she was incarcerated in 2022 but could not specify the dates she was incarcerated. Later during the interview, she indicated she was incarcerated from June of 2022 to September of 2022. Dr. Nair described respondent's speech as talking "almost continuously" and in a fragmented fashion, which disrupted the flow of the conversation. Respondent was sometimes unable to respond to the questions asked and he had to rephrase them. Dr. Nair felt there was evidence of cognitive impairment, and respondent's attention and concentration were interrupted by racing thoughts. Dr. Nair described respondent of the mental illness.

12. Dr. Nair discussed his conversation with respondent in his report, as follows:

[Respondent's] problems that led up to the Medical Board began in January of 2022 when she began sending inappropriate and incoherent text and email messages of a sexual nature to [Dr. A]. [Dr. A] informed her that he did not want this unsolicited contact. However, she persisted and in January of 2022, came to his office representing that she was married to him and would be seeing his patients. [Dr. A] filed a temporary restraining order, but [respondent]

continued to come to his home, his office and would message his girlfriend on social media. In October of 2022, [Dr. A] obtained a Civil Harassment Order, CHO, which required respondent to stay 500 yards away from his home and place of work. On 03/17/2022, Dr. Abdulhadi forced herself into his office and began to chase after [Dr. A], chasing him into the parking lot. On that date, she was arrested for violating the Civil Harassment Order. Arresting officers noted her as making nonsensical statements to the officers, including that she was a machine, pledging allegiance to the CIA and the United States and representing that [Dr. A] was her husband. She was charged in the San Diego Superior Court with three misdemeanor counts violating the Civil Harassment Order. On 08/15/2022, she was found to be mentally incompetent following a competency evaluation. She was initially released on bail. On 03/22/2022, she was placed on involuntary hold and taken to UCSD Inpatient Psychiatric Hospital where she was hospitalized until 04/04/2022.

[M]edical Board expert Dr. Walter W. Strauser, M.D. evaluated the patient and . . . diagnosed her with a bipolar disorder with psychotic features and determined she was unsafe to practice medicine as result of a mental illness affecting her competency. On 06/07/2022, she went to court for the violation of the restraining order and was placed at Las Colinas until 09/16/2022. During the initial

phase of her incarceration, she was not treated with antipsychotics, but subsequently was placed on aripiprazole starting on 08/14/2022, according to the records from custody. Subsequent to her release; she has been under the care of psychiatrist Dr. Bahram Bembhai, initially seen once a month, now seen once every three months. She is also being seen by a therapist once a month, now on an asneeded basis. [Respondent] represents she was hospitalized involuntarily, but states that she was never committable, that she was never a danger to herself, others, or was gravely disabled.

The current examination shows [respondent] to be very disorganized in her thought processes and speech. She is not able to communicate in a meaningful manner and has to be repeatedly redirected. The patient is hyperverbal, tangential in a manner that makes it unlikely that she will be able to have meaningful interactions with her patients, obtain relevant information from patients or be able to provide adequate documentation or make reflective and insightful recommendations for treatment. She continues to show significant lack of insight. While not overtly psychotic, her lack of insight and impulsivity and inability to be focused would make it unlikely that she is able to adequately review medical information from patients or from their records, meaningfully document, to organize

information to provide a diagnosis, or provide appropriate treatment.

[Respondent] is diagnosed with bipolar disorder. In 2022, she had manic episodes with psychotic delusions related to the disorder.

13. As an example of her condition, Dr. Nair noted that respondent changed her name to the name of the doctor she was accused of harassing in her original disciplinary case (Dr. A), who is also the doctor who obtained a restraining order against her. Despite respondent saying she was married to Dr. A, she never was. Respondent later changed her name back to her actual name, and then changed it back to Dr. A's last name again. All of these actions happened between 2022 and 2024. Court documents and other documents (emails by respondent) show how she switches back and forth between using her real name and then using Dr. A's name. Dr. Nair noted respondent continues to be psychotic and out of control, and unable to manage her life. It is a severe psychiatric disorder. Respondent has been almost continuously delusional since 2022, and episodically psychotic.

14. Regarding some of the records he reviewed, Dr. Nair noted that there is documented evidence of psychiatric disorders as early as 2004, and that there is a history of bipolar disorder in respondent's family. Bipolar disorder is one of the most inheritable psychiatric conditions a person can have.

15. Dr. Nair also conducted psychological testing utilizing the Minnesota Multiphasic Personality Inventory -2 Restructured Form (MMPI2) and Million Clinical Multiaxial Inventory 4 (MCMI), both of which are widely used in the psychiatric community to conduct psychiatric examinations. Following a review of respondent's

performance on those assessments, and in conjunction with his interview and review of respondent's past records, Dr. Nair indicated possible diagnoses for respondent included unspecified personality disorder (turbulent style), and bipolar disorder, manic.

16. Dr. Nair pointed out that bipolar disorder is a lifelong condition that is not able to be cured, but it can be treated/managed with medications. When not in compliance with their medication, individuals with bipolar disorder experience depression and a manic phase. In both phases the individual will exhibit a lack of insight into their mental status. Dr. Nair noted that, for example, respondent said she was "fine" and able to safely practice medicine. She also said she had never been found not safe to practice. However, the records she provided – which included evaluations and psychiatric hospitalizations in 2022, showed the opposite. An individual can decompensate rapidly, and therefore, a person must be seen regularly by a therapist that can recognize that rapid decompensation and treat it appropriately.

17. When asked if respondent is a danger to herself, patients, or the public, Dr. Nair opined that she is not a danger to herself but would be unsafe to treat patients with her level of symptoms mainly due to her disorganized mental state and inability to provide and extract information to and from patients in a meaningful manner. Respondent continues to be "actively symptomatic" of bipolar disorder manic type, characterized by impulsivity and lack of judgment. Respondent is unable to think or speak in a focused manner and this lack of judgment is likely to result in her being unable to conduct proper medical examinations, provide appropriate documentation to patients, or safely prescribe medications and instructions to patients.

Other Documents

18. Many emails written by respondent to her probation monitor were admitted as evidence. Those emails show disjointed thinking, rambling sentences, and were generally incoherent, consistent with what Dr. Nair observed during his examination of respondent.

19. Some documents were included in respondent's probation report, showing she sporadically went to psychiatric treatment administered by Bahram Panbehi, M.D. A letter dated October 6, 2023, showed respondent attended individual and group therapy between 2022 and 2023. Dr. Panbehi identified respondent as "presently stable" as of that date, however, there are no reports from 2024. Moreover, there are no recent reports concerning her current status in therapy, or if she is even attending. Dr. Panbehi did not testify at hearing, and his opinion contradicts the comprehensive evaluation conducted by Dr. Nair. As such, the letter from Dr. Panbehi was not afforded great weight.

Costs of Investigation and Enforcement

20. Business and Professions Code section 125.3 authorizes complainant to seek recovery of the reasonable costs of its investigation and enforcement in disciplinary matters. Complainant submitted a certification of costs for work performed by the Office of the Attorney General. The certification reflects work completed by all employees on this matter, and attached to that certification is a form entitled, "Matter Time Activity By Professional Type." The attachment contains a general description of the tasks performed, the time spent on the tasks, and the hourly rate charged for the work of each employee. The certification of costs submitted in this matter established that the Department of Justice billed \$26,650 for 120.25 hours expended on the case.

21. The certification satisfied the requirements of California Code of Regulations, title 1, section 1042, subdivision (b), and supports a finding that costs are reasonable in both the nature and extent of the work performed.

LEGAL CONCLUSIONS

Purpose of Physician Discipline

1. The purpose of the Medical Practice Act (Chapter I, Division 2, of the Business and Professions Code) is to assure the high quality of medical practice; in other words, to keep unqualified and undesirable persons and those guilty of unprofessional conduct out of the medical profession. (*Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564, 574.) The purpose of administrative discipline is not to punish, but to protect the public by eliminating those practitioners who are dishonest, immoral, disreputable or incompetent. (*Fahmy v. Medical Board of California* (1995) 38 Cal.App.4th 810, 817.)

Evaluation Regarding First Amended Accusation

2. In an administrative action seeking to suspend or revoke a physician's certificate complainant bears the burden of establishing by clear and convincing evidence that the allegations in the first amended accusation are true. (*Ettinger v. Board of Medical Quality Assurance* (1982) 135 Cal.App.3d 853, 856.) Clear and convincing evidence requires a finding of high probability, or evidence so clear as to leave no substantial doubt; sufficiently strong evidence to command the unhesitating assent of every reasonable mind. (*Katie V. v. Superior Court* (2005) 130 Cal.App.4th 586, 594.)

FIRST CAUSE FOR ACTION

3. Complainant proved by clear and convincing evidence that respondent is unable to practice medicine safely; her ability to do so is impaired because she is mentally ill to such an extent that it affects her competency. Cause therefore exists pursuant to Business and Professions Code section 822 to revoke respondent's license. This conclusion is based on the comprehensive examination conducted by Dr. Nair, which included a detailed report describing how respondent's bipolar disorder affects her thought process, as well as her judgement. It is clear from Dr. Nair's examination that respondent would pose a threat to patients because she cannot formulate coherent thoughts, remain on topic, or safely prescribe medications and/or issue instructions to patients. Respondent still exhibits delusional features and occasional psychosis, and there is no evidence (as respondent did not appear) that respondent is currently appropriately managed with medication and therapy.

FIRST CAUSE FOR DISCIPLINE

4. In the first cause for discipline, complainant alleged that respondent engaged in unprofessional conduct based on the same allegations as in the first cause for action. (Code, § 2234, subd. (a).) Complaint established this cause for discipline based on the same reasoning above in connection with the first cause for action. Respondent is in violation of Condition Number 2 of her probation because she is not attending ongoing therapy or otherwise taking steps to ensure she is safe and competent to practice medicine. By being in violation of Condition Number 2 and engaging in unprofessional conduct as a result of that violation, respondent is in violation of Condition Number 14, which requires compliance with probation conditions as well as all ethical and professional rules that govern the medical profession. Violating probation constitutes unprofessional conduct.

SECOND CAUSE FOR DISCIPLINE

5. In the second cause for discipline, complainant alleged that respondent subjected her license to discipline because her license was disciplined, or she otherwise had her license limited or restricted in another jurisdiction. Complainant proved by clear and convincing evidence that the Ohio board issued an order in Case Number 24-CRF-0044 suspending respondent's license after she was determined to be suffering from a mental health condition that affected her ability to practice medicine safely. This limitation, requiring respondent to cease the practice of medicine, is a limitation or restriction that permits the imposition of discipline pursuant to Business and Professions Code sections 141 and 2305.

Evaluation Regarding Petition to Revoke Probation

6. The standard of proof on a petition to revoke probation is preponderance of the evidence and complainant has the burden of proof. (*Sandarg v. Dental Board of California* (2010) 184 Cal.App.4th 1434, 1441.)

7. Complainant proved by a preponderance of the evidence that respondent violated Condition Numbers 2 and 14, for the same reasons discussed above in paragraphs 3 through 5.

8. After considering the board's disciplinary guidelines and the evidence as a whole, it is determined that respondent's probation should be revoked, and respondent's Physician's and Surgeon's certificate be revoked to protect the public.

Costs of Enforcement

9. Under Business and Professions Code section 125.3, complainant may request that an administrative law judge "direct a licentiate 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." "A certified copy of the actual costs, or a good faith estimate of costs where actual costs are not available, signed by the entity bringing the proceeding or its designated representative shall be prima facie evidence of reasonable costs of investigation and prosecution of the case." (Bus. & Prof. Code, § 125.3, subd. (c).)

10. Another consideration in determining costs is *Zuckerman v. Board of Chiropractic Examiners* (2002) 29 Cal.4th 32. In *Zuckerman*, the California Supreme Court decided, in part, that in order to determine whether the reasonable costs of investigation and enforcement should be awarded or reduced, the administrative law judge must decide: (a) whether the licensee has been successful at hearing in getting charges dismissed or reduced; (b) the licensee's subjective good faith belief in the merits of his or her position; (c) whether the licensee has raised a colorable challenge to the proposed discipline; (d) the financial ability of the licensee to pay; and (e) whether the scope of the investigation was appropriate to the alleged misconduct. The scope of the investigation was appropriate to the alleged misconduct. The sustained, and respondent provided no evidence regarding her ability to pay the costs.

11. After consideration of the factors under *Zuckerman, supra,* reasonable costs are assessed at \$26,650, and no evidence was presented to justify a departure from those costs. The award of costs is stayed, however, and will be a condition precedent to reinstating respondent's Physician and Surgeon's certificate, if she chooses to do so.

ORDER

1. The probation imposed in Case Number 800-2022-085470, against Physician's and Surgeon's certificate Number C 55715, issued to respondent Youmna Abdulhadi, M.D., is revoked. The stay on the order of revocation in that case is lifted, and the order of revocation is imposed.

2. Physician and Surgeon's certificate Number C 55715, issued to respondent, Youmna Abdulhadi, M.D., is revoked.

3. Respondent's authority to supervise physician assistants or advanced practice nurses is revoked by virtue of the revocation of her license.

4. Respondent, Youmna Abdulhadi, M.D., is ordered, as a condition precedent to reinstatement of her license should she seek reinstatement, to pay costs to the board in the amount of \$26,650. The costs may be paid pursuant to a payment plan agreed upon by respondent and the board. This order does not abrogate the board's right to modify or waive these costs, if desired, at the time of reinstatement.

DATE: October 11, 2024

kimberly J. Belvedere

KIMBERLY J. BELVEDERE Administrative Law Judge Office of Administrative Hearings