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

In the Matter of the Accusation Against: David George Glick, M.D. Physician's & Surgeon's Certificate No G 53604 Respondent.	Case No.: 800-2023-098512

DENIAL BY OPERATION OF LAW
PETITION FOR RECONSIDERATION

No action having been taken on the petition for reconsideration, filed by March 14, 2025, and the time for action having expired at 5:00 p.m. on March 24, 2025, the petition is deemed denied by operation of law.

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

In the Matter of the Accusation Against: **David George Glick, M.D.** **Physician's & Surgeon's Certificate No. G 53604** **Respondent.**	**Case No. 800-2023-098512** **ORDER GRANTING STAY** **(Government Code Section 11521)**

Complainant Reji Varghese, Executive Director, has filed a Request for Stay of execution of the Decision in this matter with an effective date of March 14, 2025, at 5:00 p.m.

Execution is stayed until March 24, 2025, at 5:00 p.m.

This Stay is granted solely for the purpose of allowing the Board time to review and consider the Petition for Reconsideration.

DATED: March 14, 2025

for

Reji Varghese
Executive Director
Medical Board of California

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

In the Matter of the Accusation Against: David George Glick, **M.D.** Physician's and Surgeon's Certificate No. G 53604 Respondent.	Case No.: 800-2023-098512

ORDER CORRECTING NUNC PRO TUNC CLERICAL ERROR IN "REQUESTER AND STAY ACTION" PORTION OF DECISION

On its own motion, the Medical Board of California (hereafter "Board") finds that there is a clerical error in the "Requester and Stay action" portion of the Decision in the above-entitled matter and that such clerical error should be corrected to reflect the appropriate action requested by the respondent.

IT IS HEREBY ORDERED that the Decision in the above titled matter be and hereby is amended and corrected nunc pro tunc as of the date of entry of the Order to reflect the appropriate requester to Respondent, David George Glick, and that the Stay is granted solely for the purpose of allowing the Respondent to file a Petition for Reconsideration.

MAR 0 7 2025

Reji Varghese,
Executive Director

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

In the Matter of the Accusation Against: **David George Glick, M.D.** **Physician's & Surgeon's Certificate No. G 53604** **Respondent.**	**Case No. 800-2023-098512** **ORDER GRANTING STAY** **(Government Code Section 11521)**

Complainant Reji Varghese, Executive Director, has filed a Request for Stay of execution of the Decision in this matter with an effective date of February 28, 2025, at 5:00 p.m.

Execution is stayed until March 14, 2025, at 5:00 p.m.

This Stay is granted solely for the purpose of allowing the Board time to review and consider the Petition for Reconsideration.

DATED: February 27, 2025

Reji Varghese
Executive Director
Medical Board of California

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

In the Matter of the Accusation Against: David George Glick, M.D. Physician's & Surgeon's Certificate No. G 53604 Respondent.	Case No. 800-2023-098512

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 February 28, 2025.

IT IS SO ORDERED: January 31, 2025.

MEDICAL BOARD OF CALIFORNIA

Michelle A. Bholat, MD
Michelle Anne Bholat, Chair
Panel A

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

In the Matter of the Accusation Against:

DAVID GEORGE GLICK, M.D., Respondent

Physician's and Surgeon's Certificate No. G 53604

Case No. 800-2023-098512

OAH No. 2024090239

PROPOSED DECISION

Kimberly J. Belvedere, Administrative Law Judge, Office of Administrative Hearings, State of California, heard this matter on December 17 and 18, 2024, by telephone and videoconference.

Andres T. Carnahan, Deputy Attorney General, Office of the Attorney General, Department of Justice, State of California, represented complainant, Reji Varghese, Executive Director of the Medical Board of California (board), Department of Consumer Affairs, State of California.

Michael J. Khouri, Khouri Law Firm APC, represented respondent, who was present for the second day of hearing.

Oral and documentary evidence was received. The record was closed, and the matter was submitted for decision on December 18, 2024.

PROTECTIVE ORDER

A protective order has been issued sealing Exhibits 7, 15, 17, 18, 19, and B. It is not practical to redact these documents. 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 is a 69-year-old plastic surgeon who suffers from Frontotemporal Dementia. Frontotemporal Dementia is a neurocognitive disorder, a progressive form of dementia, that is aggressive in nature and nonresponsive to any available treatments. The condition is characterized by abnormalities in thought processes, which affect social behavior and judgment. Based on the conclusions of two experts who examined respondent, and the evidence as a whole, respondent is unable to practice medicine safely due to a mental illness that affects his competency, and his license is revoked.

FACTUAL FINDINGS

Background and Jurisdiction

1. On September 17, 1984, the board issued Physician's and Surgeon's Certificate No. G 53604 (certificate and/or license) to respondent. The license was in full force and effect at all times relevant to this matter and will expire on November 30, 2025, unless renewed. Respondent is a plastic surgeon with his own private practice.

PRIOR DISCIPLINE AND ACTIONS

2. Respondent has two prior disciplinary actions against his license, as follows: by Decision and Order effective January 26, 2021, the board revoked respondent's license, stayed the revocation, and placed respondent on 35 months' probation with terms and conditions. Respondent successfully completed his probation. Additionally, on June 4, 2021, the board issued respondent a letter of reprimand. Nothing in the record showed the basis for those disciplinary actions.

3. In May of 2023, the board received information about respondent's May 18, 2023, arrest, that raised concerns regarding whether respondent was safe to practice medicine. Respondent agreed to voluntarily submit to physical and mental examinations, but missed appointments. On December 21, 2023, the board's Executive Officer filed a Petition to Compel Mental and Physical Examinations of respondent (pursuant to Business and Professions Code section 820), which was granted on January 9, 2024. Respondent thereafter underwent two examinations conducted by Edward Spencer, M.D (on March 22, 2024) and Lorne Label, M.D. (on March 8, 2024). On July 8, 2024, after reviewing the reports of those examinations, the board's Executive Officer brought a Petition for Interim Suspension Order (pursuant to

Business and Professions Code sections 822 and 11529) alleging respondent was unsafe to practice due to physical and/or mental health impairments, for the same reasons that gave rise to this matter. On August 13, 2024, the Interim Order of Suspension was granted and respondent has not been practicing since that time.

ACCUSATION

4. On August 23, 2024, complainant, in his official capacity as Executive Officer for the board, signed the accusation in this matter, alleging one cause of action against respondent's license pursuant to Business and Professions Code section 822. The accusation alleged the circumstances surrounding respondent's May 14, 2023, arrest, the two aforementioned examinations completed by Dr. Spencer and Dr. Label, and an anonymous complaint regarding respondent's admission to a hospital in October 2023 and corresponding medical records, showing that respondent has a mental or physical illness affecting his competency such that he is unable to safely practice medicine.

5. Respondent timely filed a notice of defense; this hearing followed.

Testimony and Report of Investigator Chris Jensen, Police Report, Related Complaint, and Other Documents

6. The following factual findings are derived from the testimony and report of Special Investigator Chris Jensen (Inv. Jensen), a police report[1] from the Orange County Sheriff's Department, and other documents identified herein.

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[1] The report was admitted pursuant to *Lake v. Reed* (1997) 16 Cal.4th 448. In *Lake*, the California Supreme Court concluded that direct observations memorialized in

7. Inv. Jensen has been a Special Investigator with the board since November 2015. He has also worked as an investigator for the Board of Vocational Nursing and Psychiatric Technicians and California Youth Authority. His job duties include gathering evidence, conducting interviews, and writing reports. He has investigated over 700 cases in his career.

8. On May 30, 2023, the board received an arrest notification showing that, on May 18, 2023, respondent had been arrested for a felony violation of Penal Code section 245, subdivision (a)(1) (assault with a deadly weapon/not a firearm, likely to produce great bodily injury); a felony violation of Penal Code section 646.9, subdivision (a), stalking; a felony violation of Penal Code section 594, subdivision (b)(1); and misdemeanor violations of Penal Code sections 240 and 242, assault and battery, respectively. Inv. Jensen was assigned to the matter on June 5, 2023, and obtained a certified police report from the Orange County Sheriff's Department concerning the arrest. Inv. Jensen was concerned about the behavior and observations

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a police officer's report were admissible under Evidence Code section 1280, the public employee records exception to the hearsay rule, and were sufficient to support a factual finding. The court further concluded that admissions by a party memorialized in such a report were admissible under Evidence Code section 1220 and were sufficient to support a factual finding. Citing Government Code section 11513, the court held that other hearsay statements set forth in the police officer's report could be used to supplement or explain other evidence, but they were not sufficient, by themselves, to support a factual finding, unless the hearsay evidence would be admissible over objection in civil actions.

documented in the police report, and requested video evidence, if any. He was informed that there was no video evidence of the incident.

9. The police report obtained by Inv. Jensen is summarized[2] as follows: Respondent's adult son had recently moved out of respondent's home. He wanted to return to the home to retrieve some personal property. Respondent told his son if he came to the property he would destroy his son's Tesla. On May 14, 2023, at approximately 5:00 p.m., respondent's son and a friend drove to respondent's home. Respondent's son started collecting personal things. Respondent's son heard his car alarm going off so he went to check his Tesla. Respondent had blocked the Tesla with his car, reached in through the Tesla's car window, and ripped the navigation screen out of it. Respondent was screaming and yelling. Respondent was punching the dashboard. Respondent's son tried to get respondent to stop and respondent pulled off his belt and struck his son with it. Respondent then got in his own vehicle and drove towards the Tesla while respondent's son and his friend were still standing by it. Respondent drove his car directly at them, narrowly missing them, and crashed into the Tesla. Respondent fled the area. Deputies observed severe damage to the Tesla including the driver's side door being completely bent backwards, the center console,

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[2] This summary concerning what respondent's son and son's friend told deputies is hearsay, however, respondent admitted to some of the conduct and therefore the hearsay statements supplement and explain those admissions and are admissible pursuant to Government Code section 11513, subdivision (d). Further, the events recorded in the police report are also background information to show why Inv. Jensen was concerned about respondent's alleged behaviors and took the steps he did in his investigation; and thus were also offered for a non-hearsay purpose.

and the entire navigation screen and housing having been removed. Deputies photographed the son's injury from being hit with the belt and the belt itself, which had been left at the scene. Respondent's son told deputies that this was unusual behavior for respondent, but that respondent did have bipolar disorder and could possibly be manic. Respondent's son was unaware if respondent was on any medication. On May 18, 2023, deputies located respondent and advised him of his *Miranda* rights. Respondent admitted that he ripped the navigation screen out of the Tesla and that he "rammed" the Tesla because he was "enraged." Deputies arrested and booked respondent for the aforementioned charges.

10. Due to the concerning behavior noted in the police report, Inv. Jensen contacted James Nuovo, M.D., the board's Chief Medical Consultant. Inv. Jensen explained that, whenever it is suspected that a licensee may have a physical or mental impairment that affects his or her ability to practice, the procedure is to request a review by one of the board's medical consultants. Dr. Nuovo reviewed the police report, and concluded there was sufficient cause to believe that respondent may have a physical or mental impairment that impacts his ability to practice medicine safely. As such, a mental and physical examination permitted by Business and Professions Code section 820 was warranted.

11. On July 10, 2023, Inv. Jensen sent a letter to respondent indicating that the board had received the police report from the May 18, 2023, arrest, and the board believed cause existed to compel he undergo a mental and physical evaluation. The letter advised respondent that before the board moved to compel the examinations, it was requesting respondent voluntarily submit to them. The letter was sent to respondent's address of record via certified mail. Inv. Jensen never received a response.

12. On August 16, 2023, Inv. Jensen sent a second letter, via certified mail, requesting respondent undergo a mental and physical examination. The letter included forms for respondent to give his consent. Inv. Jensen also scanned the letter and sent it to respondent's email address of record. Inv. Jensen conducted a LexisNexis search and found an address for respondent that was not his address of record, and also sent the letter to that address.

13. Inv. Jensen called respondent on September 7, 2023. During the conversation, respondent's tone fluctuated between angry and hostile, then respectful and polite. Respondent told Inv. Jensen that he did not trust the board as he felt he had been treated unfairly in the past. Respondent told Inv. Jensen he hates dealing with "stupid people" and tends to "go livid."

14. On September 11, 2023, Inv. Jensen received respondent's signed agreements to undergo a mental and physical examination. Thereafter, Inv. Jensen experienced difficulty getting respondent to submit to the examinations. Appointments were made, but respondent would either cancel or not make himself available for the appointments. This led to the filing of the Petition to Compel Mental and Physical Examinations of respondent (pursuant to Business and Professions Code section 820), which was granted on January 9, 2024. Between October 2023 and February 2024, a series of voicemails (and transcripts of voicemails) respondent left for Inv. Jensen were admitted as evidence. The voicemails generally evidenced disjointed thinking, rambling sentences, and an inability to remain on topic, much like what was recorded in the reports of Dr. Spencer and Dr. Label during their examinations of respondent, and during respondent's testimony, to be described more fully below. The communications also evidenced rapid changes in behavior/mood, sometimes

beginning polite and pleasant but then ending with belligerent words, insults, or hostility against the board and its employees.

15. Similarly, between October 2023 and February 2024, respondent sent a series of emails to Inv. Jensen. On October 18, 2023, respondent sent an email response to Inv. Jensen, which stated (errors in original):

> Good morning, Yes Mr Jensen let's keep everything "official " as this is Official in my Professional Carrier and is not Taken Lightly at All....No game playing gamesmanship and direct straight to the point and Always Focused please Sir...

16. A February 8, 2024, email read (errors in original):

> You can have them send a clearly addressed request for all the other game you're hunting forward.. I bet it was never delivered the way your OFFICE OF POST COVID INTELECTUALS ARE HALF MINDED ELSEWHERE ... my Clinical assessment ..Dr GLIVK
>
> Sent from my iPhone

17. A February 10, 2024, email read (errors in original):

> So sorry I must be in " ManYak" pha$e triggered by Uour offices the " Board of 12/13 Under your new Deputy AG...Where's Kamela??? I just a Biden heart attack from mmbeing President!!! Maybe she'll give your group the clean up of BS or starting BS to confuse the Truth and

Waste everone$$$$ 'S Time as your doing to Me..

$$$$DocDr DavidGeorgeGlick$$$doc

Your office $UCK

Mr Dangerou$$$ and Misinformed

$$$In$$$peckerJ$n$en$$$Pecker$$$$$

Got it ?? I

Will see you at the heating I'm sure so you can explain all this B$$$ to the Magistrate at my Kangaroo Like

Inquision you'll ReQue$$t....

Sent from my iPhone

18. Another February 9, 2024, email read (errors in original):

Your app like I said a real bunch of HS of course it is it was and it WILL BE!!!

Your game playing goes NO where with me ... ...

Out of controll and the Idiocrocy of the Civil servant.

Please SND responses t my inquiry as to:

Who the F ... mailed labeled a letter to Doc&$$$&

I find that insulting and grounds for early retirement you lovely civil servants GO GETBA REAL JOB SND

LEARN THE RESECT OF WORKING FOR THE CA MEDICAL BOARD!!!' Idiots it's not the least Funny

...but I'll use it in my Stand Up Vomedy Hour about your office and high IQ???!!!??

Which of you "collegues Stated it was mailed and to what Address and name??"

Are you a bunch of Distracted Covid 19 work from Home dogs and infants distracting From Gods Work???!

I'll bet my license on that FACT!!!! A bunvh of educated ..... you fill it in..

""!!!!why don't yo have your whole department take the Foreignsic exams and we can see who's worthy of the

Job of

The People For the People to the People !!!

No doc$$$&...BS at 414 N Camden Dr Suite 800

Beverly Hills Ca. 90210

You never delivered the letter and there's no such person only in your Dream State mentality,....

Go Fish!!

Send my requested proof for the future BS I'll have to go through...

You're welcome Mr Jensen!!!

Sent from my iPhone

19. Another February 9, 2024, email read (errors in original):

You sir Jensen owe me an SPPOLOGY FROM YOUR DITECTOR OR THE AG... today Sir

Your a magician I bet you have a whole cabinet yet ready to send out tonthisevYouvevCrossed the LINE AND

BOUNDERIES OF YOUR HS "

SEND ME ONE TODAY I BET YOU RAN OUT OF DISTRESSED DRS TO HARRASS

Sent from my iPhone

20. Eventually, respondent submitted to the required mental and physical examinations conducted by Dr. Spencer (on March 22, 2024) and Dr. Label (on March 8, 2024).

21. Inv. Jensen testified that during the time he was attempting to get respondent to submit to the examinations, specifically, on October 6, 2023, the board

also received an anonymous complaint that raised further concern whether respondent was safe to practice. The complaint[3] advised:

> This complaint is sent from attending physicians who have witnessed concerning and problematic behavior of Dr. David Glick and this complaint is written with agreement in assessment by several physicians who examined and treated this individual.
>
> Dr. Glick was admitted to the hospital under the care of several physicians from 10/6-10/8/23. During this time, we became aware of several very serious issues, which we believe gravely impact Dr. Glick's ability to practice medicine, and which should be brought to the attention of the medical board.
>
> 1. Dr. Glick has been self-prescribing several medications, most notably Dexamethasone at high doses, for which he does not have a medical indication. He prescribed himself this medication during two weeks prior to admission to UCSF.
>
> 2. Due to his use of dexamethasone at high doses Dr. Glick displayed signs and symptoms of mania and was placed on

[3] The complaint, which is hearsay, is not offered for the truth of the matter asserted, but rather is to provide further background showing why Inv. Jensen took the steps he did during his investigation.

a medical hold due to violent and aggressive behavior. He displayed no insight into this behavior and refused to engage with any offers of treatment for mania. He was evaluated by psychiatry who recommended that the patient be placed on an antipsychotic medication, olanzapine, which Dr. Glick refused to consider. During his hospitalization he was intermittently aggressive and threatening to nursing and other staff.

3. Dr. Glick informed us he was prescribing himself other medications, including empagliflozin and possibly other hypertension and cardiac medications (this was not clear to us).

4. Dr. Glick was evaluated by the specialists in Neurology. Based on this exam as well as collateral information obtained from family, the Neurology team determined that Dr. Glick is experiencing symptoms of a neuro-cognitive disorder, very possibly fronto-temporal dementia. This diagnosis is based on a history of 1 year of erratic and aggressive behavior, with loss of inhibition, and with a complete lack of insight into the unusual behavior. Several treating physicians agree with this diagnosis (or something very similar) and believe the impairments will only get worse[.]

22. As a result of the complaint, Inv. Jensen requested medical records from respondent's admission at the University of California, San Francisco, hospital (UCSF)

for the dates October 6, 2023, to October 8, 2023. Inv. Jensen noted that the anonymous complaint was not provided to either Dr. Spencer or Dr. Label because he did not want to influence their evaluations of respondent. The medical records from UCSF were provided to Dr. Spencer prior to his evaluation, but Dr. Label did not receive them prior to conducting his evaluation. Once Dr. Label did receive the USCF reports, he offered a supplemental report clarifying his earlier conclusions.

UCSF Medical Records

23. Respondent was admitted to UCSF from October 6 to October 8, 2023. He was held involuntarily until he was assessed by the attending physician on October 8, 2023, and permitted to leave. Prior to his departure, the attending physician determined respondent likely suffered from a "neurobehavioral/neurocognitive disease such as Frontotemporal Dementia," and recommended further testing. Nobody from UCSF testified, but pertinent parts of the UCSF records were discussed by the experts in conjunction with their testimony, described below.

Evaluation, Report, and Testimony of Edward Spencer, M.D.

24. Dr. Spencer received his Doctor of Medicine degree from Naylor College of Medicine in 2007. He is licensed to practice in California and also board-certified in psychiatry by the American Board of Psychiatry and Neurology. Dr. Spencer is currently in private practice but served as an attending physician at the Resnick Neuropsychiatric Hospital at the University of California, Los Angeles, from 2011 to 2023. Dr. Spencer has also served as a qualified medical examiner since 2016. Dr. Spencer has many professional development activities and teaching experience as part of his professional background. Dr. Spencer is an expert in psychiatry and neurology.

25. Dr. Spencer reviewed countless records including the police report regarding respondent's arrest, respondent's medical records from his hospitalization at UCSF, and the board's investigation file. On March 22, 2024, Dr. Spencer performed an in person evaluation of respondent, which included psychological testing, to determine whether respondent suffers from a mental or physical condition that impairs his ability to practice medicine safely. Afterwards, Dr. Spencer prepared a report, which was attached to his declaration setting forth his findings and opinions. The following is a summary of Dr. Spencer's declaration and report.

26. Regarding his 2023 arrest, respondent blamed the incident on his "bipolar" son, and feels the current situation respondent finds himself in reflected his wife's "collusion" with their son's psychiatrist to have respondent hospitalized so his wife could "continue her financial exploitation" of him. Respondent minimized the events surrounding the 2023 arrest, stating that his destruction of the dashboard computer screen was just an attempt to disable the vehicle so his son could not drive away, and describing the crash into the side of his son's car as just a "tap." Respondent told Dr. Spencer he thought his son's friend, present during the arrest incident, was a "mole" for the police and perhaps a "Pakistani government agent or some type of criminal figure." Respondent did not show any remorse for the incident or appreciation as to why the board would be concerned with the violence that occurred, describing the board as "fucking idiots."

27. Respondent reported several things to Dr. Spencer: 1) he had a stroke in September 2023 which has affected his mental status; 2) he decided to treat brain swelling after his stroke with dexamethasone; 3) he believed the medical staff at UCSF were wrong when they said his self-administration of dexamethasone were causing his psychiatric symptoms at that the time he was admitted in October 2023, and he did

not "give a fuck" what they think; 4) his wife filed a restraining order against him after the October 2023 incident; 5) he spent a few days in jail in November 2023 for being "loud" in his jacuzzi; 6) at some point he felt the need to relieve himself and peed in a box in an aisle at a Home Depot store; 7) he reported being referred to Hoag Hospital for a neurobehavioral evaluation but refused to elaborate on it, and told Dr. Spencer, "You're going to make me mad. Do your job!"

28. Respondent reported being diagnosed with "frontotemporal symptoms" during his stay at UCSF. Further, Dr. Spencer noted that the hospital records showed that during respondent's evaluation at UCSF, respondent was noted to be agitated, disorganized, and manic, despite the dexamethasone being withheld.

29. Other pertinent observations from Dr. Spencer's report are [bold in original]:

> MENTAL STATUS AND NEUROBEHAVIORAL EXAMINATION
>
> His speech was fluent in English. He spoke, in general, in a grammatical manner. He spoke in a hyperverbal, pressured manner and was difficult to interrupt. He frequently used profanity to describe others: "fucking assholes," "fucking idiots."
>
> The form of his speech was notable for some errors and word-finding difficulties. At times, his speech was vague and there were circumlocutions, such as when he referred to collapsing at "the thing," in a description of a recent bout of weakness. Errors also included some poorly formed sentences: "My car within my car," for example.

In his interpersonal demeanor, he was initially polite and cooperative with the evaluation process. There was a jocularity to his manner that was inappropriate to the circumstances. He related to the examiner relatively casually, though when there was a discussion of a recent neurobehavioral evaluations, he abruptly became more guarded and hostile: "That's none of your business."

His affect varied and was labile throughout the interview. Mainly he presented as frustrated and exasperated by others and spoke angrily about a number of people in his recent life. There was a moment in which he became briefly tearful when describing a friend's illness and his perceived powerlessness in the situation. He did not show any explosive anger but on the subject of a recent neurobehavioral evaluation his affect towards the evaluator became angry, hostile, and suspicious.

His thought process and content showed abnormalities.

The interview began with an open-ended question asking him to describe the circumstances of this evaluation. In response to this, he offered a very expansive, rambling narrative marked by digressions and irrelevant tangents. In response to more specific questions he would give a brief answer then continue a tangential personal narrative or begin elaborating on a different, unrelated subject.

The content of these narratives was difficult to follow at times and he seemed unable to appreciate that the examiner would be unfamiliar with certain personal life events that he referenced, and he showed brief irritation when asked for clarification.

His thought content was highly focused on his wife [name], and he returned to descriptions of her in a devalued, suspicious manner repeatedly. He presented extensive material regarding [his wife], expressing suspicions and anger regarding her contact with physicians at UCSF hospital, her contact with the psychiatrist treating his son, her motivations for repeatedly contacting the psychiatric crisis assessment (CAT) team about his behavior. He repeatedly spoke of her stealing money and argued that she had falsified legal documents in relation to the sale of a home. He expressed similar types of concerns regarding his son [name] and [son's] friend, whom he saw as a "mole" for the local police and perhaps an agent of the Pakistani government. In these narratives he presented himself as an exasperated, exploited victim of sinister people in his life who was forced to take actions to defend himself.

He described recent professional contacts in starkly devalued and paranoid terms. The medical staff at UCSF were described as "fucking idiots." He referred to lawyers who had taken his money and failed to appear for hearings,

probation officers who lied to judges, UCSF nurses who described him inaccurately in the medical records and spoke dismissively of the Medical Board investigative staff.

He characterized his own anger toward his son and others as always justified. In regard to the May 2023 incident involving his son, he presented himself as being forced to take violent action in order to protect his son from the son's own irresponsibility. He described himself as nonviolent, and when confronted with the fact of his violent behavior towards the son resulting in his arrest, he became irritable and denied that the event was really that violent: "it's not like I had a knife."

[¶] . . . [¶]

This instrument tests various areas of cognitive functioning.

[¶] . . . [¶]

Language functioning showed deficits in that he was not able to repeat exactly two presented complex sentences. There were subtle distortions.

[¶] . . . [¶]

His overall level of insight was assessed as low . . . .

[¶] . . . [¶]

His judgement and impulse control had been variable recently based on the available history and were deteriorating. During the evaluation, he exhibited a general dismissal of any concerns about his medical competence and did not himself appear worried about his abilities. He was able to participate in the evaluation process in a superficially compliant manner and cooperated with all the testing he was invited to complete, including the MMPI-2 which was a lengthy evaluation consisting of 567 true or false questions, which he read, and recorded his answers on a standard answer form. He completed the MMPI-2 in about 90 minutes which is a typical amount of time. He required no additional prompting or direction to complete the MMPI-2.

[¶] . . . [¶]

The validity scales reflect a defensive orientation to the test and a conscious effort by [respondent] to portray himself positively.

[¶] . . . [¶]

In addition to the aggressive behavior that led to the referral, relevant abnormal findings at his evaluation interview included:

1. Irritability.

2. Perseverative thought processes.

3. Hyperverbosity and pressured speech.

4. Affective lability.

5. Paranoid thought content.

6. Poor insight into his own behaviors.

7. Minor short-term memory impairment.

8. Minor language dysfunction.

9. Lack of empathy or curiosity about the minds of others.

In relation to the evaluation itself, [respondent] exhibited behaviors that were considered abnormal. . . :

1. Hostility towards Medical Board staff in excess of a reasonable or expectable attitude towards adverse parties.

2. Irritability.

3. Perseverative thought processes.

4. Suspiciousness.

5. Disorganization in relation to attending the scheduled evaluations.

[I] was provided with medical records from UCSF Hospital from a 10/6/2023 hospital admission, where treating

doctors documented information they obtained from [respondent's wife] about his condition. These are documented on page 62 and page 106 of "Property 5." These included:

1. A change in behavior beginning approximately one year prior (October 2022).

2. Fluctuations in mental status.

3. Increased irritability and frequent outbursts, and rudeness.

4. Frequent contacts with police psychiatric crisis team.

5. "Loss of boundaries with other people" interpreted as a loss of social awareness and functioning.

6. Impulsive spending.

7. Impulsive behaviors such as traveling between Los Angeles and San Francisco.

8. Prescribing medications to himself without appropriate medical indications, specifically, dexamethasone.

9. Developing the habit of smoking cigars.

10. Sleep disturbance described as "staying up all night."

All of these symptoms and behavioral abnormalities need to be considered in making a psychiatric diagnosis.

At this point in the diagnostic analysis, the following conclusions are justified based on the preceding discussion.

1. [Respondent's] aggressive behaviors of May 14, 2023 and others reflect symptoms of a psychiatric disorder as opposed to unusual behaviors in an otherwise normal person not warranting further psychiatric supervision, and

2. [Respondent's] symptomatic aggressive behaviors of May 14, 2023 are not better explained by another mental disorder such as a mood disorder, a psychotic disorder, a personality disorder, or the effects of substances.[4]

Dr. Glick's performance in neurocognitive domains was assessed as a part of this evaluation by

the psychiatric interview and examination, and with the Montreal Cognitive Assessment instrument.

[¶] . . . [¶]

Executive function was assessed was moderately impaired based on Dr. Glick's history of impaired planning and

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[4] It is noted that Dr. Spencer thoroughly considered and documented all differential diagnoses (psychiatric diagnosis, mood disorder, personality disorder, psychotic disorder, and substance abuse) that could account for respondent's behavioral and cognitive changes, and discounted each one, explaining in detail why they did not explain respondent's challenges.

decision-making with respect to the evaluation, limited response to error recognition of his written output, history of impulsive behavior, and poor insight and inflexibility in thinking regarding the behavioral symptoms under review. He reported a history of a recent automobile accident in which he damaged several cars while under the influence of medication, suggesting further executive functioning impairment.

Learning and memory were assessed as mildly impaired based on abnormal short-term memory performance on Montreal Cognitive Assessment.

Language functioning was assessed as mildly impaired based on his generally fluent and grammatical speech, which was marked by rare vagueness and circumlocution, with impaired written language capability as indicated by the form of email messages sent as part of this case.

Perceptual-motor functioning was assessed as very mildly impaired. On the Montreal Cognitive Assessment, his three-dimensional drawing showed minor errors. A clock drawing showed minor construction errors.

Social cognition functioning was assessed as showing moderate to severe impairment. This assessment was based on behavioral symptoms in the history and noted on the examination. Relevant examination findings included:

> perseveration on the topic of his wife's exploitation of him despite repeated attempts to redirect him from this subject; decreased empathy and concern for others, as evidenced by his aggressive stance towards his son, his contemptuous dismissal of the . . . UCSF medical personnel and the DCA/Medical Board personnel verbalized in an inappropriate manner exceeding normative disagreements between adverse parties; his inappropriate and excessive use of profanity to the point of perseveration on the word "fuck" in his written and oral communication; and his inability to consider alternative perspectives or interpretations of events which reflects a loss of theory of mind functioning. The main historical factor consistent with impaired social cognition functioning is the clearly inappropriately aggressive behavior of May 14, 2023, with support noted in the medical records of UCSF hospital and in [respondent's] description of subsequent disruptive events. Additional support is found in the interpretation of [respondent] disorganized and inappropriate voice mail and email communications with the board staff that were referred to me for review. . . .

30. Following his examination, Dr. Spencer concluded respondent was unable to safety practice medicine due to being diagnosed with Major Frontotemporal Neurocognitive Disorder using the criteria set forth in the *Diagnostic and Statistical Manual for Mental Disorders, Fifth Edition, Text Revised* (DSM-5-TR), and allowing

respondent to continue practicing medicine would endanger the public health, safety, or welfare. Dr. Spencer stated [bold in original]:

> Considering the historical information, examination findings, and the process of thorough differential diagnosis described in this report including consideration of no diagnosis, it is my opinion that [respondent] is appropriately diagnosed with **Major Frontotemporal Neurocognitive Disorder** using DSM-5-TR criteria.
>
> Major neurocognitive disorder is diagnosed under DSM-5-TR criteria when there is evidence of significant cognitive decline from a previous level of performance in one or more of the above cognitive domains, when the deficits interfere with independence in everyday activities, when the cognitive deficits are not caused by delirium (a disturbance of attention and environmental awareness, not present on examination of [respondent]), and are not explained by another mental disorder.
>
> As discussed, there is evidence of significant decline in cognitive performance in the areas of executive function and social cognition. These are understood as being below his previous level of unimpaired performance based on the history of a decline in functioning. The deficits are interfering with independence in everyday activities as evidenced by a need for repeated involvement of his wife and other family members to redirect or contain

inappropriate behaviors. He is not delirious, and the symptoms are not caused by another mental disorder.

Major Frontotemporal Neurocognitive Disorder is diagnosed when the symptoms of major neurocognitive disorder have an insidious onset and gradual progression, and the symptoms are consistent with either a behavioral variant pattern or a language variant pattern. The behavioral variant of frontotemporal neurocognitive disorder is diagnosed [when] there is a prominent decline in the social cognition and/or executive function cognitive domains with a relative sparing of learning and memory and perceptual-motor functioning.

[Respondent's] examination confirmed declines in social cognition and executive functioning with mostly intact memory and perceptual-motor functioning, along with meeting the other diagnostic criteria for Major Neurocognitive Disorder.

[¶] . . . [¶]

Frontotemporal neurocognitive disorder (also described as "frontotemporal dementia") is a progressive disorder. The cognitive deficits will worsen over time and cannot be reversed or stabilized with any medical therapy. Because of the present deficits in executive functioning and social cognition, it is my assessment that [respondent] is no

> longer able to practice medicine safely. His continued practice represents an imminent danger to the public due to his serious and irreversible cognitive deficits.
>
> [¶] . . . [¶]
>
> [H]e is not able to practice medicine safely at this time and would not be able to do so even with restrictions or conditions, including monitoring.
>
> [H]is continued practice of medicine reflects a danger to the public health, safety, and welfare.
>
> Monitoring of [respondent's] continued medical practice is not recommended as it would not reduce the danger to the public health, safety, and welfare of his continued practice.
>
> It is necessary for [respondent] to discontinue medical practice at this time due to his condition, which has caused irreversible and progressive cognitive deficits incompatible with the safe practice of medicine. . . .

31. Dr. Spencer's hearing testimony echoed the opinions and conclusions expressed in his report.

32. Notably, Dr. Spencer explained that Major Frontotemporal Neurocognitive Disorder is an "umbrella term" for several diagnoses that present evidence of cognitive decline and significant functional impairment as a result of that cognitive decline. Major neurocognitive disorders are marked by their aggressive nature and are resistant or nonresponsive to available treatments. When deciding

whether a person can still practice in the context of the medical field, Dr. Spencer considers that person's ability to obtain and retain information, use appropriate judgement, and the effect behavioral or mood changes could have on a patient. Based on his observations of respondent, short of having someone shadow respondent and second-guess absolutely everything respondent does, it is simply not safe for him to practice.

Evaluation, Report, and Testimony of Lorne S. Label, M.D.

33. Lorne S. Label obtained his Doctor of Medicine degree from the University of Texas in 1978. He is licensed to practice medicine in California and also board-certified in psychiatry by the American Board of Psychiatry and Neurology. Dr. Label has held many positions in his field, including associate program director of a neurological residency program, medical director and assistant medical director for a home and hospice care facility, clinical professor of neurology, and a lecturer at a university. Dr. Label has served as a consultant for the board since 2000. Dr. Label also has many professional development activities, presentations, and peer-reviewed publication as part of his professional background. Dr. Label is an expert in psychiatry and neurology.

34. Dr. Label reviewed the police report regarding respondent's arrest, but did not have the medical records from respondent's hospitalization at UCSF available at the time of his initial evaluation. On March 8, 2024, Dr. Label performed an in person evaluation of respondent, which included psychological testing, to determine whether respondent suffers from a mental or physical condition that impairs his ability to practice medicine safely. Afterwards, Dr. Label prepared a report, which concluded respondent did not have a neurological condition affecting his ability to safely practice medicine. However, subsequent to that initial evaluation, Dr. Label received the

medical reports from respondent's October 2023 UCSF admission. Dr. Label then prepared a supplemental report dated April 18, 2024, clarifying his findings and opinions, and concluded respondent was unable to safely practice medicine due to a diagnosis of frontotemporal neurocognitive disorder. The following is a summary of Dr. Label's testimony and reports.

DR LABEL'S MARCH 8, 2024, EVALUATION

35. Respondent told Dr. Label that since his stroke, his word retrieval is off. His voice is different and his vision has changed. Respondent denied memory impairment but finds it difficult negotiating his computer and phone. He suffers from numbness in his left hand. Respondent referred to the May 2023 arrest incident, and reported that he ripped the dashboard computer out of his son's car because his son is bipolar and had driven very fast down a road so he wanted to disable the vehicle. Respondent did not provide any further details.

36. Regarding the neurological examination, Dr. Label observed respondent to be mood-appropriate, but somewhat "hypomanic." His speaking was tangential and he often had to be redirected during conversation. Dr. Label described his judgment as questionable based on respondent's reporting of wanting to "catch a plane to Hawaii" at 4:30 p.m., when he was first going to leave Dr. Label's office at 2:30 p.m. Respondent's scores on the Montreal Cognitive Test were normal. Dr. Label tested respondent's muscle tone and cranial nerve, motor function, sensory function, cerebellar function, and other physical functions, and nothing remarkable was noted.

37. Based on his observations, Dr. Label concluded respondent did not appear to have a neurological condition affecting his ability to safely practice medicine. However, he noted the following:

> [T]oday's testing raises the question of a psychiatric abnormality in relationship to his insight, judgment and behavior. It is doubtful that his embolic strokes would have caused these issues. The question is whether he has an underlying psychiatric disorder such as a bipolar disorder or personality disorder.

38. Notably, Dr. Label concluded that further testing should be conducted to determine if respondent has a mental illness that would impair his ability to practice medicine. When asked if respondent is able to safely practice medicine "at this time," Dr. Label answered, "The subject physician should not practice medicine until he is evaluated by a psychiatrist." When asked if respondent posed a danger or threat to the public health, welfare, or safety, Dr. Label answered, "[H]e does not pose a danger or threat from a neurological standpoint but may from a psychiatric standpoint particularly in regard to his insight, judgment and behavior." Dr. Label elaborated:

> The subject physician does not have a neurological illness or condition which requires monitoring, treatment, or oversight to practice medicine safely. This question should be posed to a psychiatrist following a full evaluation.

39. Dr. Label recommended that respondent "undergo a psychiatric evaluation" and possibly "neuropsychological testing" to determine whether he can continue to practice safely as a plastic surgeon.

DR. LABEL'S APRIL 18, 2024, REPORT

40. Dr. Label reviewed the UCSF records, which were not previously available during his initial evaluation. Dr. Label noted in his report many observations of the UCSF doctors pertinent to his evaluation, as follows:[5]

- Page 10-Dr. Andrew Merryman "his affect is also somewhat pressured/erratic though at times he is very linear; query post CVA related behavioral changes versus he also has been taking high-dose steroids that he prescribed to himself versus psychiatric disorder."

- Page 34-Observation: Patient wandering in the halls, demanding a supervisor, half naked with his gowned opened in the back. He is threatening violent behavior if we do not immediately address his needs, he began grabbing food and drinks from old breakfast food trays and carts which are likely no longer safe to eat.

- Page 35-Observation: Patient trying to rip the glass doors off of the hinges in room 6. Threatening violence to nurses. Code 100 called. MD notify.

- Page 36-Observation: 3 bags full of 68 cataloged medications removed from patient's belongings with his assistance were handed to pharmacist and recorded there and sent to storage. Patient has additional medications that are in his suitcase and the lock was secured from the front office. Patient had

[5] The page citations referenced in Dr. Label's April 18, 2024, report cite to the internal pagination located in the lower right-hand corner of the UCSF reports.

been observed earlier by the doctor taking a bunch of medications by mouth from his backpack which he prescribed himself.

- Page 39-Observation: Patient is refusing further labs. He wants to be provided printed copies and review all of his results for all tests done to this point and to be allowed to weigh in on decisions for further testing before it happens. He insists this must be by the attending or head of department, and not a resident. He also requested that he be seen in the ED by ophthalmology while he waits.

- Page 40-Observation : Patient is insisting we bring a computer in the room and assist him in setting up Mychart to review results of all of what has been done during his stay here. He also says he cannot see so he needs someone to be his "sherpa". Also explained nursing staff does not really have time for this. Patient is now angry and yelling that he would like a nurse manager, patient advocate, Red Cross employee, candy striper or for some volunteer to come take care of him and assist in his needs.

- Page 44-Observation: Patient's wife [name] visiting at bedside and requesting that she speak to MD regarding placing patient on a 5150 hold. Wife states that patient's current behavior is much different from his baseline and that he has a strong family history of bipolar disorder. Patient currently speaking loudly on the phone in his room and appears well.

- Page 47-Attending evaluation by Peter Nathan Barish, MD. He noted elevated mood and pressured speech. Noted that patient admitted taking 12 mg of dexamethasone prescribed by himself daily for the past 10 days and he had been taking surreptitiously more dexamethasone in the emergency

room for "brain swelling". This raises concern for both steroid-induced mania/psychosis but also is a concern for immunosuppression and risk of infection. The patient has at times been quite aggressive and demonstrated violent behavior. We have consulted psychiatry. They recommended antipsychotic medications and stopping the dexamethasone he was taking by removing the patient's home medications away from him.

- Page 59-Report by Peter Nathan Barish, MD on 10/10/23. "Neurologically he has no focal deficits visible on my examination. Psychiatrically the patient presents himself as irritated and at times aggressive. His mood is irritated, affect labile. His speech remains tangential and difficult to redirect but is less pressured than on prior exams. He has no apparent hallucinations or delusions though has mild paranoia with regard to his medical care". He was evaluated by the neurology consult service who examined him thoroughly reviewed his chart and determined his likely diagnosis to be frontotemporal dementia or something similar. This primarily is due to a one-year history of progressive impulsive disorder, aggression and disinhibition in conversation and action.

- Page 72-Psychiatry consult. Mental status examination revealed the following. Speech [is] rapid and pressured. Affect increased intensity, irritable expansive. Thought process circumstantial and tangential with mild loosening of associations. Orientation normal attention normal recent memory and remote memory normal. Insight limited and judgment limited.

- Page 81-Neurology consultation by Yazan Izzat Eliyan, MD. Mental status examination was normal except for tangential thought process and pressured speech. Remainder of the neurologic examination was normal.

CSF study was negative. Imaging studies revealed an MRI of the brain on 9/26/23 with a punctate focus of DWI signal in the left occipital lobe favoring artifact over acute ischemic event. There was a posterior left temporal lobe punctate acute or subacute infarction possibly embolic in etiology. MRI of the cervical spine revealed central canal narrowing at C4-5 and multilevel degenerative cervical facet and uncovertebral joint hypertrophy. "Per collateral obtained from family he has had one year of increasingly erratic, belligerent, and impulsive behaviors.["]

- Page 61-Peter Nathan Barish, MD. Most likely multifactorial etiology including steroid induced mania and Neurobehavioral/Neurocognitive disease such as frontotemporal dementia (FTD). FTD is a clinical diagnosis and would not have required image correlation. Wife was told to call behavioral neurology at UCLA to set up an appointment.

41. In light of the additional information received through review of the UCSF reports, Dr. Label clarified his earlier opinion expressed following the March 8, 2024, evaluation. Dr. Label opined that the UCSF records, coupled with his evaluation, show that there is evidence of a neurological condition that affects respondent's ability to safely practice medicine rather than a psychiatric disorder. He noted that the UCSF records showed it was suspected respondent had frontotemporal dementia, which commonly presents with behavioral manifestations such as disinhibition, lack of insight, changes in social conduct, loss of empathy, and apathy. Memory changes typically occur later in the course of the disease. Because respondent suffers from a "slowly progressive neurodegenerative disorder," the continued practice of medicine would present a danger or threat to the public health, welfare, and safety. Dr. Label concluded respondent should not be practicing medicine or performing surgery.

Evidence Presented by Respondent

RESPONDENT'S TESTIMONY

42. Respondent was not present for the first day of testimony, according to his attorney, because he was in the hospital. He testified on the second day of hearing. Respondent's testimony was rapid, disjointed (jumped back and forth between subjects and introduced new subjects not being discussed). Respondent's narrative testimony was rambling, incoherent at times, and generally hard to follow. The mostly nonsensical testimony is summarized below, as close to respondent's speech patterns as possible.

43. Respondent grew up in San Pedro, California. It was a mixed-race neighborhood. He grew up with rough riders, low riders, and Mexicans. Respondent became a surfer. Respondent's father was depressed, and his mother moved to Hawaii. Respondent was alone, but lucky because he had nurturing from parents of his friends. Respondent had a clubbed foot. When his mother was young, he went to chemotherapy with her.

44. Respondent is fully aware that his testimony affects his fifth amendment right and he waives that right. When asked if respondent understood the fifth amendment, he said, "We are in the United States, not Russia." Respondent became licensed in 1984 and has been a practicing plastic surgeon for about 42 years. He completed his "pre-med" at the University of California, Los Angeles, and attended a medical school in Mexico. He transferred to and completed medical school in Chicago. Respondent did a residency program at UCSF in general surgery for three years and then sent to Cedars Sinai in Los Angeles to conduct research. He worked at St. Luke's Medical Center from 1988 to 1990 and did a plastic surgery fellowship for two years.

He has worked at many hospitals over the years and has never lost privileges anywhere. Currently, he has a private practice in Beverly Hills.

45. Respondent believes the duty of a doctor is to "do no harm." He considers himself a "surgical psychiatrist." He is the "Marcus Welby" of plastic surgeons. His "dementia" has not interfered with his thought process because he does not have dementia. It is disappointing that the board wants to take his license because this is not real. It is "not a vessel that can hold water."

46. Respondent has been married twice and has four children; two with each wife. His first wife died several years ago. One of his children has bipolar disorder. His sister had bipolar disorder and schizophrenia. Respondent has been dealing with mental illness of others his whole life. One of his daughters desires to take over his practice someday.

47. Respondent's son took mushrooms at age 17 and became manic. His son has spent time in institutions, has had many hospitalizations, and has received treatment for his conditions. However, his son always goes in and out of manic phases. Respondent's son will not take medication. When his son is "hypomanic," he is brilliant, like "Elon Musk." Respondent had a few malpractice cases that he has won. It is impossible in the system to get a manic adult to treatment. Very few psychiatrists provide treatment because they only work three days and play golf on weekends.

48. In March of last year respondent's son totaled respondent's car, probably because he was smoking pot. His son was driving with an influencer who has now disappeared to Florida. The two of them went to New York and when his son came back, respondent drove home after dropping the influencer off at the beach.

Respondent's son was parked about a half a block from the house, and respondent was in the car.

49. This portion of respondent's testimony likely relates to the May incident that led to his arrest: Regarding the incident that led to his arrest, respondent said this was a person who threatened on email that he would shoot him in the head if respondent did not leave him alone. Respondent took it personally and felt his life was threatened and that the person was taking advantage of respondent's manic son. Respondent got out of the car and threw a tennis ball. The person started videotaping. Respondent got inside his son's Tesla. This incident was only two months after his son crashed his Mercedes. Respondent figured if he crashed the Tesla everyone would be dead and respondent paid for that car. He (unknown who respondent was referring to) said he was going to teach respondent a lesson. Respondent was irate because the person videotaping was yelling at him. The Tesla door was dented. Respondent drove off and after the fact "they" tried to say respondent ran them over. This allegation does not hold any water. Respondent just wanted to dent the car. The car was eventually sent back to Tesla and does not exist anymore. Respondent went to a hospital in Laguna Hills for two days. They had to resuscitate him with calcium gluconate. A majority was trying to take care of his son.

50. During this time respondent was practicing medicine. Respondent has been working with other doctors. He had an episode of hypotension and vascular collapse the day Feinstein was buried. He drove all the way to San Francisco. At the end of a game he collapsed. He tried to have dinner but ended up in the hospital. Respondent was in renal failure from a stroke that occurred on October 5. This was 10 days before he had a cardiac ablation. He had two IVs and surgery should have been canceled because he woke up with a stroke. It was malpractice.

51. The next portion of respondent's testimony likely relates to his hospitalization at UCSF between October 6 and 8, 2023: Respondent went to the emergency room because he needed blood pressure support. They launched into a discussion about other medical issues. Respondent said he gets belligerent and testy. It does not take much to set him off into "an aggressive mentality." Respondent is "verbally aggressive" especially when he is on steroids. Respondent did not know they gave him the antipsychotic Zyprexa. Everyone ignored him. They did not feed him. He walked down the hallway in a patient gown. They said he was walking down a hallway half naked. He found a cart with food, two bran muffins that were sealed, so he took the bran muffins and someone told him he could not do that. He then said something like "call security" or "call the sheriff." He went back into his room and they put him in a different room and then they said he tried to break doors. In retrospect, they had already talked to his wife who said he was psychotic. Respondent was in a sensory deprived room with no light switch, no internet, nothing. He was under Zyprexa because they listened to a woman. She put napalm on a fire that was already happening.

52. Similar things happened with his first wife being outmaneuvered. It is very frustrating. Respondent deals with frustration very directly and that is his problem. Maybe he had steroid induced hypomania or maybe he is just an "asshole." Respondent said he is "just an asshole" who was admitted to one of the most prestigious universities in the world. He is not afraid to defy authority when he knows he is right. He is not a threat to anyone, he has tried to notify the board about people who are a threat but here they are pursuing him.

53. This portion of testimony is likely related to the reason respondent was not present at hearing the first day: Respondent went to Coachella and got

legionnaires from staying at a hotel in Coachella. He had breakfast at the Ritz Carlton today instead of going to the jacuzzi and doing laps like yesterday which is probably why he ended up in the hospital. Respondent can "go on all day long to defend" his life and his honor. He is no more a threat to the people of the State of California than "you sitting on the bench." He is an "ethical" and "moral" individual and a father who cares for his son. He is a "victim" of himself. He saw his sister last week for her birthday. He regrets not being her conservator.

54. When asked why he thinks the board diagnosed him with dementia, respondent said Dr. Spencer is "for the board" and criticized Dr. Spencer's "affect." Respondent said Dr. Label was a nice gentleman, unlike Dr. Spencer. When asked about Dr. Label and his report, respondent started talking about his stroke, and a phone left in his recovery room, and something about protected patient information. Respondent then said he learned the "F" word from a preacher when he was four years old and that word is "his word" and "ingrained" in his behavior since he was four years old.

55. During cross-examination, respondent was hostile and argumentative with the Deputy Attorney General. When asked about the criminal matter he is facing, respondent said the allegation "does not hold water." He then said, "I am not familiar with that" and "I have dementia, right? I don't know what vandalism means." When asked if he drove a Lincoln Navigator into the Tesla, respondent said "that's a fair statement." Respondent remained argumentative throughout the questions concerning his arrest. Respondent denied making some of the statements Dr. Spencer recorded in his report, specifically, that his son's friend was a mole for the Pakistani government. When asked if respondent described the board to Dr. Spencer as "fucking idiots," respondent said "it speaks for itself." When asked if respondent recalled calling

Inv. Jensen a high school dropout, respondent said, "that's possible" because he is "livid" and "frustrated with your bullshit."

CHARACTER WITNESSES

56. Wendy Page's testimony is summarized as follows: She has known respondent for 32 years. She worked for him as a medical receptionist for 10 to 15 years in the late 90s. She has been friends with respondent since that time. During the time she worked with respondent, she saw him every day, five days a week. Respondent treated patients well. He never yelled or screamed. He never used profanity. Respondent is a very honest and good person.

57. Richard Moreno's testimony is summarized as follows: He has been a certified public accountant for a "half a century." He has been friends with respondent for 30 years. He talks to respondent once per week and trusts respondent with his life. He finds respondent's medical research to be impeccable. Mr. Moreno is aware of the criminal charges pending against respondent for the incident involving respondent's son, and testified that respondent told him he wrecked the Tesla because his son was involved with a "drug peddler." He is not aware if respondent spent time in jail as a result of that incident. But, Mr. Moreno said when anything goes bad with his health, he is not going to listen to his doctors. Instead, he will talk to respondent because respondent knows how to calm him down and always knows what is wrong with him.

58. Neither character witness indicated if they are aware of the time respondent spent on an involuntary hold at UCSF, or whether respondent has been diagnosed with any physical or mental conditions that would otherwise impair his ability to practice medicine safely. Neither character witness indicated if they have

seen the reports of Dr. Spencer or Dr. Label, and thus, it is unknown if seeing those reports would change their opinions regarding respondent.

Radiology Consultation

59. Respondent submitted a letter entitled, "Radiology Consultation," written by Tushar Patel, M.D. In the letter, which was admitted as administrative hearsay only, Dr. Patel wrote that he was asked to review a July 5, 2022, brain scan that had been conducted on respondent. Based on his review, he concluded there was normal symmetric metabolic activity in all areas of the brain, and it appeared to be unchanged from a previous brain scan in 2021.

60. The letter from Dr. Patel was given little weight because the brain scan reviewed pre-dated respondent's May 2023 arrest, his October 2023 admission to UCSF, and his March 2024 evaluations conducted by Dr. Spencer and Dr. Label. Further, the letter is administrative hearsay so cannot be used to make findings of fact.

LEGAL CONCLUSIONS

Applicable Law

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. (*Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564, 574.) The purpose of administrative discipline is not to punish. (*Fahmy v. Medical Board of California* (1995) 38 Cal.App.4th 810, 817.)

2. If a licensing agency determines that its licentiate's ability to practice his or her profession safely is impaired because the licentiate is mentally ill, or physically ill

affecting competency, the licensing agency may take action as appropriate. (Bus. & Prof. Code, § 822.)

3. 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.)

Evaluation

4. Expert testimony is required for subject matter that is sufficiently beyond common experience and the opinion of an expert would assist the trier of fact. (Evid. Code, § 801.) The expert's opinion must be based on matter perceived by or personally known to the witness or made known to the witness at or before the hearing, whether or not admissible, that is of a type that reasonably may be relied upon by an expert in forming an opinion upon the subject to which his testimony relates, unless an expert is precluded by law from using such matter as a basis for his opinion. (*Ibid.*)

5. Both Dr. Label and Dr. Spencer were well-qualified to conduct examinations of respondent and their opinions were supported by the documentation in their reports. Both doctors reviewed extensive medical documentation from UCSF, conducted lengthy interviews with respondent, administered testing, and recorded detailed observations of him. Both Dr. Label and Dr. Spencer were credible and their opinions were given great weight.

6. Complainant proved by clear and convincing evidence that respondent is unable to practice medicine safely; his ability to do so is impaired because he suffers from a mental or physical illness to such an extent that it affects his competency. Cause therefore exists pursuant to Business and Professions Code section 822 to revoke respondent's license.

7. Major Frontotemporal Neurocognitive Disorder is a slowly progressive disorder. The cognitive deficits already exhibited by respondent will worsen over time and cannot be reversed or stabilized with any known medical therapy. Respondent's examination by Dr. Spencer confirmed declines in social cognition and executive functioning, along with meeting the other diagnostic criteria for the disorder. Dr. Spencer concluded that, because of the present deficits in executive functioning and social cognition, respondent is no longer able to practice medicine safely, and poses an imminent danger to the public due to his serious and irreversible cognitive deficits.

8. Although Dr. Label's evaluation initially did not conclude respondent had a neurological condition affecting his ability to safely practice medicine, Dr. Label nonetheless concluded respondent "should not" practice medicine until he is evaluated by a psychiatrist, suggesting serious concerns regarding respondent's condition. Once Dr. Label received the copious records from UCSF that contained vivid descriptions of respondent's behavior and the UCSF physicians' observations and opinions, Dr. Label clarified his earlier opinion that respondent "should not" practice due to a possible psychiatric disorder, and instead concluded that respondent's condition was likely neurological, and respondent was unsafe to practice – the same conclusion as that of Dr. Spencer.

9. Respondent contended that the UCSF reports were hearsay, and did not contain an actual diagnosis that rendered respondent unsafe to practice. While it is

true that the UCSF reports did not provide a specific diagnosis of Frontotemporal Dementia, rather, they indicated respondent likely suffered from a "neurobehavioral/neurocognitive disease *such as* Frontotemporal Dementia," Dr. Spencer and Dr. Label's opinions – following their evaluations - are in accord with the opinion of UCSF doctors. As experts, they are entitled to rely on hearsay (and observations recorded in documents) in rendering their conclusions. (Evid. Code, § 801; *People v. Sanchez* (2016) 63 Cal.4th 665, 685.) And both doctors believe respondent is unsafe to practice as a result of a slowly progressive neurocognitive disorder, which, Dr. Spencer described, falls under the "umbrella" of Major Frontotemporal Neurocognitive Disorder. Rendering such an opinion is appropriate; it is not simply repeating what the UCSF doctors stated. Rather, Dr. Spencer and Dr. Label rendered their own conclusions in light of the statements contained in the UCSF reports, along with their own knowledge, skill, experience, and clinical observations. Evidence Code section 802 properly allows an expert to relate generally the kind and source of the "matter" upon which his opinion rests. (*Sanchez*, 63 Cal.4th at p. 686.)[6]

[6] What an expert cannot do is relate as true case-specific facts asserted in hearsay statements. (*People v. Sanchez* (2016) 63 Cal.4th 665, 686.) Thus, in this case, it would have been inappropriate for Dr. Spencer or Dr. Label to relate as true the likely diagnosis reported by the UCSF doctors, absent additional evaluations, evidence, or hearsay exceptions. Notably, Dr. Spencer and Dr. Label both used the UCSF report as background, and rendered their own independent opinions. Moreover, Government Code section 11513, subdivision (d), permits administrative hearsay to be used to supplement or explain other evidence. As such, the UCSF doctors' conclusions regarding respondent possibly having Major Frontotemporal Neurocognitive Disorder

10. Respondent's hearing testimony similarly suggests concerns with his executive functioning and judgement, consistent with what Dr. Spencer and Dr. Label observed. Although at times respondent was coherent, his sentences often jumped from subject to subject and evidenced racing thoughts. His affect changed significantly when being questioned by the Deputy Attorney General, from rambling to hostile. Respondent's strange lack of coherent reasoning was also evident in the email communications and voicemails exchanged between him and Inv. Jensen.

11. Respondent's condition is characterized by progressive cognitive deficits that worsen over time, and respondent was found to already have declines in behavior, judgement, and deficits in executive functioning. Although nobody testified from UCSF regarding their observations, the UCSF reports were reviewed by Dr. Spencer and Dr. Label and they provided their opinions after reviewing those reports, as well as after conducting their own examinations. Both experts concluded that allowing respondent to continue practicing medicine would endanger the public health, safety, or welfare due to a slow but certain progressive decline for which there is no current treatment. That certain decline, coupled with the already existing deficits in respondent's executive functioning, cannot be stabilized with any current medical therapy, and monitoring would not be sufficient to reduce the danger to the public. Accordingly, the only way to protect the public is to revoke respondent's license.

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supplements and explains the independent observations and reports of both Dr. Spencer and Dr. Label.

ORDER

Physician and Surgeon's certificate Number G 53604, issued to respondent, David George Glick, M.D., is revoked.

DATE: January 15, 2025

Kimberly J. Belvedere

KIMBERLY J. BELVEDERE

Administrative Law Judge

Office of Administrative Hearings