ROB BONTA
Attorney General of California
STEVE DIEHL
Supervising Deputy Attorney General
SARAH J. JACOBS
Deputy Attorney General
State Bar No. 255899
California Department of Justice
2550 Mariposa Mall, Room 5090
Fresno, CA 93721
Telephone: (559) 705-2312
Facsimile: (559) 445-5106
Attorneys for Complainant

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

In the Matter of the Accusation Against:	Case No. 800-2020-068734
Satwant Singh Dhillon, M.D. **P.O. Box 833** **Porterville, CA 93258-0833** **Physician's and Surgeon's Certificate No. G 76370,** Respondent.	**A C C U S A T I O N**

PARTIES

1. William Prasifka (Complainant) brings this Accusation solely in his official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs (Board).

2. On or about November 18, 2014, the Medical Board issued Physician's and Surgeon's Certificate Number G 76370 to Satwant Singh Dhillon, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on October 31, 2022, unless renewed.

JURISDICTION

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

4. Section 2227 states:

(a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:

(1) Have his or her license revoked upon order of the board.

(2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.

(3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.

(4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.

(5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.

(b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, continuing education activities, and cost reimbursement associated therewith that are agreed to with the board and successfully completed by the licensee, or other matters made confidential or privileged by existing law, is deemed public, and shall be made available to the public by the board pursuant to Section 803.1.

5. Section 2228 states:

The authority of the board or the California Board of Podiatric Medicine to discipline a licensee by placing him or her on probation includes, but is not limited to, the following:

(a) Requiring the licensee to obtain additional professional training and to pass an examination upon the completion of the training. The examination may be written or oral, or both, and may be a practical or clinical examination, or both, at the option of the board or the administrative law judge.

(b) Requiring the licensee to submit to a complete diagnostic examination by one or more physicians and surgeons appointed by the board. If an examination is ordered, the board shall receive and consider any other report of a complete diagnostic examination given by one or more physicians and surgeons of the licensee's choice.

(c) Restricting or limiting the extent, scope, or type of practice of the licensee, including requiring notice to applicable patients that the licensee is unable to perform

the indicated treatment, where appropriate.

(d) Providing the option of alternative community service in cases other than violations relating to quality of care.

STATUTORY PROVISIONS

6. Section 2234 states, in pertinent part:

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

(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.

[¶] . . . [¶]

7. Section 729 states:

(a) Any physician and surgeon, psychotherapist, alcohol and drug abuse counselor or any person holding himself or herself out to be a physician and surgeon, psychotherapist, or alcohol and drug abuse counselor, who engages in an act of sexual intercourse, sodomy, oral copulation, or sexual contact with a patient or client, or with a former patient or client when the relationship was terminated primarily for the purpose of engaging in those acts, unless the physician and surgeon, psychotherapist, or alcohol and drug abuse counselor has referred the patient or client to an independent and objective physician and surgeon, psychotherapist, or alcohol and drug abuse counselor recommended by a third-party physician and surgeon, psychotherapist, or alcohol and drug abuse counselor for treatment, is guilty of sexual exploitation by a physician and surgeon, psychotherapist, or alcohol and drug abuse counselor.

(b) Sexual exploitation by a physician and surgeon, psychotherapist, or alcohol and drug abuse counselor is a public offense:

(1) An act in violation of subdivision (a) shall be punishable by imprisonment in a county jail for a period of not more than six months, or a fine not exceeding one thousand dollars ($1,000), or by both that imprisonment and fine.

(2) Multiple acts in violation of subdivision (a) with a single victim, when the offender has no prior conviction for sexual exploitation, shall be punishable by imprisonment in a county jail for a period of not more than six months, or a fine not exceeding one thousand dollars ($1,000), or by both that imprisonment and fine.

(3) An act or acts in violation of subdivision (a) with two or more victims shall be punishable by imprisonment pursuant to subdivision (h) of Section 1170 of the Penal Code for a period of 16 months, two years, or three years, and a fine not exceeding ten thousand dollars ($10,000); or the act or acts shall be punishable by imprisonment in a county jail for a period of not more than one year, or a fine not exceeding one thousand dollars ($1,000), or by both that imprisonment and fine.

(4) Two or more acts in violation of subdivision (a) with a single victim, when the offender has at least one prior conviction for sexual exploitation, shall be punishable by imprisonment pursuant to subdivision (h) of Section 1170 of the Penal Code for a period of 16 months, two years, or three years, and a fine not exceeding

ten thousand dollars ($10,000); or the act or acts shall be punishable by imprisonment in a county jail for a period of not more than one year, or a fine not exceeding one thousand dollars ($1,000), or by both that imprisonment and fine.

(5) An act or acts in violation of subdivision (a) with two or more victims, and the offender has at least one prior conviction for sexual exploitation, shall be punishable by imprisonment pursuant to subdivision (h) of Section 1170 of the Penal Code for a period of 16 months, two years, or three years, and a fine not exceeding ten thousand dollars ($10,000).

For purposes of subdivision (a), in no instance shall consent of the patient or client be a defense. However, physicians and surgeons shall not be guilty of sexual exploitation for touching any intimate part of a patient or client unless the touching is outside the scope of medical examination and treatment, or the touching is done for sexual gratification.

(c) For purposes of this section:

(1) "Psychotherapist" has the same meaning as defined in Section 728.

(2) "Alcohol and drug abuse counselor" means an individual who holds himself or herself out to be an alcohol or drug abuse professional or paraprofessional.

(3) "Sexual contact" means sexual intercourse or the touching of an intimate part of a patient for the purpose of sexual arousal, gratification, or abuse.

(4) "Intimate part" and "touching" have the same meanings as defined in Section 243.4 of the Penal Code.

(d) In the investigation and prosecution of a violation of this section, no person shall seek to obtain disclosure of any confidential files of other patients, clients, or former patients or clients of the physician and surgeon, psychotherapist, or alcohol and drug abuse counselor.

(e) This section does not apply to sexual contact between a physician and surgeon and his or her spouse or person in an equivalent domestic relationship when that physician and surgeon provides medical treatment, other than psychotherapeutic treatment, to his or her spouse or person in an equivalent domestic relationship.

(f) If a physician and surgeon, psychotherapist, or alcohol and drug abuse counselor in a professional partnership or similar group has sexual contact with a patient in violation of this section, another physician and surgeon, psychotherapist, or alcohol and drug abuse counselor in the partnership or group shall not be subject to action under this section solely because of the occurrence of that sexual contact.

8. Section 726 states:

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

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

FACTUAL ALLEGATIONS

9. Patient A[1] sought ThermiVa[2] treatment from Respondent on or about June 9, 2020. She had been Respondent's patient for approximately two years and had received numerous prior medical procedures from him throughout that time, including three prior ThermiVa procedures. All prior procedures were performed at Respondentt's office with a female chaperone present.

10. When Patient A scheduled her last appointment on or about June 9, 2020, Respondent informed her that he no longer worked at his prior medical office and had moved the ThermiVa equipment to his residence. Patient A agreed to have ThermiVa treatment at Respondent's residence at approximately 6:30 p.m. on or about June 9, 2020. Patient A believed that Respondent was married and that his wife would likely be at the residence at the time of the procedure. When Patient A arrived at Respondent's residence, she noted that it had minimal furniture and appeared to be a makeshift doctor's office; Respondent referred to it as his "bachelor pad." Patient A inquired into the whereabouts of the Respondent's wife and he responded that she was out of state.

11. Respondent led Patient A into a bedroom, which contained a medical bed/table and they proceeded with the ThermiVa procedure. During the procedure, Respondent removed the wand from her vagina and placed it on her clitoris; this had not occurred during any of her prior ThermiVa procedures. Patient A was caught "off guard." Respondent told her, "Some women orgasm when I do this. You can if you want to." Patient A was suddenly aware that she was in a "bad situation", and she "froze."

12. Respondent continued to insert the wand into Patient A's vagina and she became aware that the Respondent was sexually aroused.

13. Respondent began "rubbing" Patient A's clitoris with his ungloved fingers and asked her if she wanted it "fast or slow." He told Patient A to "stimulate" herself by masturbating; she did not. Respondent then placed his mouth on Patient A's vagina, performing oral sex while the

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[1] The patient's name has been redacted to protect privacy.

[2] ThermiVa is an in-office, non-surgical procedure for labia and vaginal tightening and rejuvenation. An s-shaped wand is placed inside the vaginal cavity and on the soft tissue surrounding the vagina and uses radiofreqency energy to gently heat the tissue to increase the collagen in the skin.

wand was inside her vagina. Respondent removed the wand, placed it near Patient A's face, and attempted to "French kiss" her.

14. Respondent again encouraged Patient A to self-stimulate her clitoris; she just wanted it all to stop, so she placed her hand near her clitoris. Respondent kept talking about her masturbating, so she finally began to rub her clitoris, hoping that Respondent would stop and finally "leave her alone."

15. Throughout this time, Respondent made crude comments to Patient A saying, "Your pussy is so pink," and, "All I do is look at vaginas and yours is so amazing and pink." Respondent told Patient A that he is like a "baker in a bakery that makes the treats, but doesn't get to try them." At one point, Respondent jokingly asked Patient A what she was going to tell her therapist about this procedure with him.

16. Respondent told Patient A that he was enjoying the encounter because his wife did not "French kiss" him. While the wand was inside her vagina, Respondent again started to kiss her on the lips. Respondent asked Patient A if she was interested in "anal sex" while he was rushing to undo his pants. Patient A finally had enough courage to say "no," and ended the procedure. She got off the medical table and began to get dressed. Respondent said, "If you showed up in a dress and heels, I would have had my answer, but [instead] you showed up in sneakers."

17. After she was dressed, Patient A stated that for reasons unknown to her, she was extremely nice to Respondent and that she tried to minimize what had just happened. Patient A returned home and then called a friend, who encouraged her to report it to the police.

18. Patient A told law enforcement that during the sexual assault, she was fearful, too terrified to move, and described herself as in "shock," and "play[ing] dead," due to the Respondent's "abuse of power." Patient A explained that she thought if the "heated" wand was left inside her vagina, it could cause permanent damage to her vaginal area.

19. On or about June 10, 2020, during a pre-text phone call with Respondent (and the authorities listening), Patient A directly confronted Respondent about sexually assaulting her during the ThermiVa medical procedure. He responded, "I was afraid of that," and stated he was

"sorry," and that he "never meant to hurt her." Respondent explained that he got his "signals mixed." When Patient A asked why Respondent touched her vagina with his fingers, and why he put his mouth on her vagina, he asked what he could do to "make things better." She responded that she was considering reporting the sexual assault to the authorities. Respondent stated, "Ok." Then Respondent spontaneously defended himself saying that he "didn't force himself on [Patient A]." Respondent again stated that he was confused and that he "never meant to do anything against her will." He explained that after they started kissing, he misinterpreted what was occurring and that it was "his fault." Respondent blamed Patient A, and said that if she had told him to stop when she first became uncomfortable, then nothing would have occurred. Patient A confronted Respondent about him asking if he could have anal sex with her. Respondent stated that it had been on his mind and when she said "no," he stopped and did not argue. Respondent never denied any of the allegations, only minimized them, and attempted to blame Patient A for allowing him to continue with his sexual assault while in the midst of providing her with medical treatment.

20. On or about June 11, 2020, while performing a search, law enforcement officers noted that medical machines and furniture were inside Respondent's residence. The dining room contained a "medical style examination chair, a "Cool sculpting machine" and an "Emsela chair." Respondent escorted officers to a back bedroom, which he stated was used for more "intimate" medical procedures, and it contained a ThermiVa machine.

21. That same day, during an interview with officers, Respondent admitted that sexual acts occurred between him and Patient A. Respondent admitted to orally copulating Patient A's vagina during the ThermiVa procedure for a few seconds. He stated that he stopped because the medical gel lubricant he used for the procedure had a bad taste. Respondent further admitted to "stimulating" Patient A's clitoris with his ungloved fingers for approximately three to four seconds. Respondent also admitted to asking the victim if she wanted to have "anal sex." Respondent claimed that Patient A initially responded, "Yes," agreeing to anal sex; however, he believed that Patient A might have thought Respondent was referring to him using the wand in her anus. Respondent stated that when he began to pull on the drawstring, removing his pants,

Patient A changed her mind and stated that she did not want to have anal sex with him. Respondent was adamant that all of the sexual acts between them were consensual.

22. Respondent told officers that Patient A appeared to be "enjoying herself," during the ThermiVa treatment. He claimed that during the ThermiVa treatment, Patient A experienced an orgasm, which he explained was normal. He said that during the ThermiVa treatment, she began to discuss her sex life and stated that she "enjoyed anal sex," and that she "orgasms best" while having anal sex. Respondent told officers that he had performed ThermiVa treatment on Patient A three times before and stated that the entire "procedure" was consensual.

23. Respondent explained to officers that he "French kissed" Patient A and she reciprocated by pulling his head towards hers. He stated that Patient A talked about enjoying masturbating, and he further admitted that he encouraged her to masturbate during the ThermiVa treatment, and that she did. Respondent claimed Patient A made statements about having fantasies of them having sexual encounters and having her sexual fantasies fulfilled. Respondent further admitted that he jokingly talked about Patient A telling her therapist about the latest ThermiVa incident. Respondent admitted he told Patient A that he was like a "baker in a bakery and not getting to test the product." When officers inquired what he meant by this statement, Respondent explained, he works and looks at vaginas all day, but he never gets to enjoy his work after completing the therapy sessions.

24. Respondent further stated that Patient A had recently called him and was "making up allegations" that he sexually abused her. He stated that during the phone conversation (the pre-text phone call), Patient A alleged that he had rectally penetrated her with the ThermiVa wand. However, the officer who listened to that call noted that Patient A never claimed that occurred. Respondent told an officer that when he scheduled the appointment with Patient A, he was getting "mixed signals" because she used a "heart emoji" while responding via text message that Respondent did not need to have a chaperone present for her ThermiVa treatment. Respondent stated, "I don't know what a heart emoji means to you, but to me it means a lot."

25. When asked by officers why he was apologetic to Patient A if he felt that he did not do anything wrong, Respondent replied that he "felt bad that it went that far." He further stated

that he was confused about the allegations because after the ThermiVa treatment, Patient A sat in his Emsela chair for approximately 30 minutes. When asked about taking pictures of Patient A's vagina, Respondent stated it was a common practice in his field.

26. Respondent later contacted an assigned detective and stated that he thought it was important that it be documented that the only time Patient A said no, was when Respondent asked her for anal sex. Respondent said he felt that Patient A was able to say no when she wanted to.

27. On January 5, 2021, the Tulare County District Attorney filed a criminal complaint in this matter charging Respondent with violations of (1) Penal Code, section 289, subd. (d)(3), sexual penetration by fraud; (2) Penal Code, section 243.4, subd. (e)(1), misdemeanor sexual battery; and (3) Business and Professions Code, section 729, subdivision (a), sexual exploitation of a patient by a physician. The criminal allegations are still pending as of the date of this Accusation.

FIRST CAUSE FOR DISCIPLINE

(Sexual Exploitation)

28. Respondent Satwant Singh Dhillon, M.D. is subject to disciplinary action under section 729 in that he committed sexual exploitation by a physician with respect to Patient A by engaging in an act of sexual intercourse, sodomy, oral copulation, or sexual contact with a patient. The facts and circumstances are alleged in paragraphs 9 through 27 and are incorporated here as if fully set forth.

SECOND CAUSE FOR DISCIPLINE

(Sexual Misconduct with a Patient)

29. Respondent Satwant Singh Dhillon, M.D. is subject to disciplinary action under section 726 in that he committed acts of sexual abuse, misconduct, or relations with Patient A. The facts and circumstances are alleged in paragraphs 9 through 27 and are incorporated here as if fully set forth.

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THIRD CAUSE FOR DISCIPLINE

(Unprofessional Conduct)

30. Respondent Satwant Singh Dhillon, M.D. is subject to disciplinary action under section 2234 in that he engaged in unprofessional conduct in the care and treatment of Patient A. The facts and circumstances are alleged in paragraphs 9 through 27 and are incorporated here as if fully set forth.

PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number G 76370, issued to Satwant Singh Dhillon, M.D.;

2. Revoking, suspending or denying approval of Satwant Singh Dhillon, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Satwant Singh Dhillon, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

4. Taking such other and further action as deemed necessary and proper.

DATED: JUN 21 2021

WILLIAM PRASIFKA
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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