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

In the Matter of the Accusation Against: Yahir A. Santiago-Lastra, M.D. Physician's and Surgeon's Certificate No. A 143504 Respondent.	Case No. 800-2019-061705

DECISION

The attached Proposed Decision is hereby amended, pursuant to Governmental Code section 11517(c)(2)(C), to correct a clerical error that does not affect the factual or legal basis of the Proposed Decision. The Proposed Decision is amended as follows:

1. Page 31, paragraph 3, line 1, the name is corrected to read "Yahir A. Santiago-Lastra".

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 September 30, 2021.

IT IS SO ORDERED August 31, 2021.

MEDICAL BOARD OF CALIFORNIA

Richard E. Thorpe, M.D., Chair
Panel B

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

In the Matter of the Accusation Against:

YAHIR A. SANTIAGO-LASTRA, M.D., Respondent

Physician's and Surgeon's Certificate No. A 143504

Case No. 800-2019-061705

OAH No. 2020070605

PROPOSED DECISION

Vallera J. Johnson, Administrative Law Judge, Office of Administrative Hearings (OAH), State of California, heard this matter on July 6, 7, and 8, 2021, via videoconference, due to the COVID-19 Pandemic.

Jason A. Ahn, Deputy Attorney General, represented William Prasifka, Executive Director of the Medical Board of California, Department of Consumer Affairs.

Nicole Irmer, Attorney at Law, Law Office of Nicole Irmer, represented Yahir A. Santiago-Lastra, M.D., who was present during the hearing.

Testimony and documentary evidence was received. The record was closed, and the matter was submitted for decision on July 8, 2021.

SUMMARY

On October 17, 2019, respondent was convicted of a misdemeanor crime substantially related to the qualifications, functions, or duties of a physician and surgeon, involving honesty. For the reasons stated in this Decision, a public reprimand is appropriate.

FACTUAL FINDINGS

Jurisdictional Matters

1. On June 19, 2020, the Executive Director of the Medical Board of California (board) filed the Accusation while acting in his official capacity.

2. On June 28, 2016, the board issued Physician's and Surgeon's Certificate Number A 143504 (Certificate) to respondent. At all times relevant to the charges in the Accusation, the Certificate was in full force and effect and will expire on May 31, 2022, unless renewed or revoked.

3. The Accusation alleges respondent was convicted of a crime substantially related to the qualifications, functions, or duties of a physician due to her conviction of Penal Code section 602, subdivision (k); the facts and circumstances underlying the conviction are that respondent stole merchandise of a value in excess of $950. Additionally, the Accusation alleges the above conduct constitutes violations of the Medical Practice Act and unprofessional conduct.

4. In addition to her California license, respondent holds inactive licenses to practice medicine in Massachusetts and Michigan. She disclosed her conviction to the

agency that regulates the practice of medicine in each state. As of the date of hearing in this case, neither agency has taken disciplinary action against respondent.

Conviction

5. On October 7, 2019, in the case entitled *People v. Yahir SantiagoLastra*[1] Case No. M251472, on her plea of guilty, respondent was convicted of violating Penal Code section 602, subdivision (k), trespass, a misdemeanor.

6. The facts and circumstances underlying the conviction are that on May 13, 2018, respondent stole merchandise valued at $1,000 from Rosamariposa store.

Respondent purchased 13 bracelets priced at $1.00 each, 15 necklaces priced at $1.00 each, and one bracelet priced at $16.00. She paid $47.41 (including tax of $3.41) for the items. The stolen items included 17 pieces of jewelry (including necklaces, bracelets, and a ring) with various prices, none below $44.00, and two priced at $198; the total value of the items that respondent stole was $1,098.00.

7. The court sentenced respondent to probation for three years on terms and conditions that included, among other things, pay fines/fees of $277, and restitution of $1,298, complete an anti-theft course, attend 10 self-help meetings, and stay away from the Rosamariposa store. The prosecutor agreed not to object to termination of probation after one year if respondent commits no other violations.

---

[1] Court documents state respondent's name as one word rather than hyphenated.

8. Respondent complied with the terms of her criminal probation. Prior to sentencing, respondent paid the cost of restitution (which included the cost of the stolen items and the store owner's time) and completed the anti-theft course.

9. In the anti-theft class, respondent learned, among other things, theft is not a victimless crime. Theft is criminal behavior that demonstrates character deficiencies. It does not uphold what is expected of someone living in society, much less of a professional licensee. Respondent admitted, "It cemented in me the regrets that I would even act that way."

10. Though she provided proof of attendance at 10 self-help meetings, respondent attended different types of meetings to determine which would be the "best fit for her." After her research, respondent elected to attend two different Alcoholics Anonymous (AA) meetings for several reasons. There were quite a few of these meetings at different times; since it was during COVID-19, she attended on line meetings. Many professional women attended the meetings. Though she did not relate to the substance abuse issue, she did relate to the underlying behavior.

11. On January 25, 2021, the court granted respondent's petition for early termination of probation and dismissal pursuant to Penal Code section 1203.4.

Respondent's Explanation About Theft

12. On May 13, 2018, respondent and her husband, son, and mother-in-law were celebrating Mother's Day, her birthday, and her son's birthday at a restaurant in Little Italy in San Diego. After dinner, they went to a small jewelry store and purchased some gifts for her sister-in-law to give to her bridesmaids. The store manager/salesperson was trying to get them to buy more. While the store clerk looked

for bags to place the items in, respondent put the items she purchased as well as additional items (for which she had not paid) into her bag.

13. Respondent did not enter the store with the intent to steal. She could have paid for the items she stole. She paid for the purchased items with her credit card, which had her name on it. With her name, and her picture on the internet, the store owner and/or law enforcement easily identified her.

Mitigation and Rehabilitation

REMORSE AND ACCEPTANCE OF RESPONSIBILITY

14. Respondent was embarrassed, mortified, and disappointed in herself. She was remorseful and accepted responsibility for her misconduct. She has taken steps to understand her impulsive acts and to avoid engaging in the same or similar misconduct in the future. Also, respondent established that she understands the board's concern about the conduct. In her letter to the board, dated January 28, 2020, respondent stated:

> I have deep regret, disappointment, and embarrassment as a result of my behavior. I fully understand that my transgression violates the ethical codes of my profession, and weakens the pillar of trust that is at the core of the physician-patient relationship. Society places its most profound trust in me to make the best decisions and recommendations for their care, and unethical behavior at any time of the day, whether in our [sic] outside of the hospital, can erode that trust. I am deeply remorseful for

this and have taken corrective action to ensure this never happens again. . .

In the past few years as a physician, I have thrived professionally . . . I have gained the respect of my students, residents, colleagues, and supervisors . . . I have not let my personal life and its tribulations interfere with the quality of the care that I provide. There has never been any complaint of dishonesty, misconduct or lack of professionalism at any junction in my career . . . This list of accomplishments is a sad counterpoint to the self-defeating behavior of that day, and reflects a deep need for balance in my personal and professional life.

Well now I understand that I am a very fallible human and I have become more in tune with my vulnerabilities and risk factors. I am very invested in the process of lifelong rehabilitation and present mitigation here for the purpose of self improvement and also for upholding my licensure and my employment . . . . While my conviction is in fact an isolated incident, the stressors will continue [sic] and I have sought help in developing adaptive strategies to multitask the demands of my personal and professional life . . . .

I would love to go back in time and replace my actions and correct them. Unfortunately, now I can only get back up and ensure that the missteps that led to the fall never occur

again. I must proceed to rebuild myself in a way that is authentic, caring, ethical and professional.

I trust that my employer, supervisors and licensing board recognize that I am worthy of continuing to practice my profession without limitations. However, I understand fully the scope of what I have done and am deeply remorseful. I am making necessary changes in my life to prevent this from ever occurring again.

ETHICS AND MAINTENANCE COURSES

15. On November 16 and 17, 2019, respondent attended the PBI Medical Ethics and Professionalism course. On the certificate of completion, the course is described as "an ethics protection, violation prevention course." At the course respondent attended, there were 15 other professionals in attendance who had similar criminal violations.

The course requires eight hours of pre-course readings and written assignments prior to commencement of the course; it was interactive and required participation.

According to the course syllabus, a significant part of the course is spent "learning from individual journeys." During this segment, the participants discuss (1) taking accountability for past behaviors and decisions, learning from misjudgments, and moving forward as professionals; (2) processing ethical drifts, crossings, transgressions, and violations, and (3) gaining insight into risk factors, personal vulnerabilities, and resistance levels. As part of the course, the participant develops a roadmap for preventing ethical relapses, which included recognizing early warning signs of potential problems, and developing and presenting his/her own personalized

protection plan, based on guidelines provided by PBI for developing a multi-tiered strategic plan outlining realistic protocols to protect patients, workplace and professionals from ethics violations.

Thereafter, respondent attended and completed PBI Maintenance and Accountability Seminars. These are 12 one-hour weekly sessions per cycle/semester, open-ended, facilitator-led, teleconference-based seminar discussions. Among other things, upon completion, the clinician should be able to: (1) more fully discern the impact of violations, such as betrayal of trust, the abuse of professional power, and other damage done; (2) deepen insights into personal vulnerabilities and professional risk factors that predispose to violations; (3) sharpen sensitivity to the early warning signs of evolving issues in themselves or a colleague and to develop appropriate action plans to safeguard the patient and the professional; (4) modify the personalized protection plan to continue to safeguard themselves and their patients as situations change; and (5) protect against recidivism caused by professional isolation through the creation of community.

16. Respondent found the ethics and professionalism course and subsequent maintenance course to be helpful. Now, she understands the violation did not occur in a vacuum but because of her character deficiencies and vulnerabilities. In the maintenance course, the participants (including respondent) shared with the group what they did, what they learned, what they are going through.

PSYCHOTHERAPY

17. On July 1, 2019, respondent commenced psychotherapy with Deisy Boscan, Ph.D.[2]

18. Initially respondent sought treatment because she wanted to gain insight into what drove her impulsive criminal behavior on May 13, 2018. Over time, her goal became to develop stress management strategies, to attain work/life balance, and to make sure she did not engage in the same or similar criminal conduct in the future.

19. Respondent meets with Dr. Boscan on a weekly basis unless there is a conflict with her work schedule; if there is, typically, respondent reschedules within the same week. According to Dr. Boscan, respondent has been compliant and proactive with her treatment. In her letter, dated June 21, 2021, Dr. Boscan stated:

> [Respondent]'s psychotherapy included cognitive behavioral therapy, insight-oriented psychotherapy, family dynamic issues, building of coping skills, problem solving techniques, boundary setting and solution focused therapies.

20. Dr. Boscan is a clinical psychologist, licensed in the State of California with a Certificate in psychotherapy. She has maintained a clinical practice for more than 20 years. She provides treatment for medical practitioners, those who are on board probation, medical doctors, and surgeons.

---

[2]After obtaining her Ph.D., Dr. Boscan completed training for a certificate in psychotherapy.

Dr. Boscan identified common issues that affect some medical professionals. They have a high level of stress. Sometimes they do not acknowledge the level of stress or are not aware of it. They tend not to ask for help. They are well versed in caring for others but not themselves. Medical practitioners have very demanding jobs and a high volume of cases. They have problems recognizing they are feeling overwhelmed, overburdened or any other issues at home.

Dr. Boscan identified characteristics unique to surgeons. They tend to feel invincible. They have a certain bravado. They feel they can do anything in the operating room, and they do. However, "they carry a lot of stress – internal stress." They have a lot of anxiety, are afraid of failure and tend not to ask for emotional help for fear of showing weakness or seeming weak in front of other people.

Dr. Boscan explained that highly educated, driven people handle life by compartmentalizing, and she provided an example. They put things into file cabinets; those things stay there; they do not communicate with the next file cabinet; ultimately the file cabinets overflow and become overwhelming. That is why some people get into trouble, and they do not understand what is happening to them.

21. Dr. Boscan explained that to assist respondent achieve her goal, it was necessary to understand her background (general and cultural), family demands, and professional accomplishments. Part of psychoanalysis is to identify facts that impact thought process and behavior.

22. Respondent was born in Puerto Rico, where she lived most of her life until she attended college at Columbia University in New York City, returning to Puerto Rico for medical school. She was a urology resident at Harvard and did a fellowship in pelvic reconstructive surgery at the University of Michigan. Among other things, she

has done research and presents her research for local, national, and international organizations. She has been employed at University of California – San Diego Health. Her parents are both attorneys, and she has one younger brother, who is two years younger than she is.

As part of her cultural background, as a female, respondent's role was to take care of her family, a common unspoken cultural trait. Respondent gave the impression she could handle a lot of things, and "she was right." She has worked since the age of 14.

Respondent has always been in the top three of her academic class.

Respondent was taught and trained not to seek help. When she had an issue that was sad, disappointing, or weighed on her, respondent did not share with others; she did not express her emotional needs. She was reluctant to acknowledge she was not in control of her life. Instead, she would pretend things were fine.

Since she was young, respondent has learned to keep performing, irrespective of the circumstance. When her parents divorced, arrangements were made for her brother to receive therapy, but not respondent; her mother thought respondent could take care of herself. On the day her father passed away, respondent took the MCAT examination.

23. Respondent and her husband have been together since 2003 and married in 2008. She and her husband have one son.

When she began her fellowship, respondent's son was six months old; because of his multiple serious health issues, her husband required additional care; also, his health condition prevented him from assisting with the baby. Respondent described

her husband as a strong man who was used to doing things for himself but could not; it was difficult for him. He was irritable; she did not realize that his irritability was a result of his recovery from a brain injury. Respondent had difficulty sleeping; she "was in a foul mood, angry, and frustrated. She did not talk to anyone." She did not realize that what she was doing was bad for her. Respondent denied that she needed help, and she was overwhelmed; she did not ask for assistance from his family or hers. His family would come. During that time, they experienced marital difficulties; she and her husband separated in 2017. At that time, they obtained marital therapy, and she obtained individual therapy to cope with the separation. When the marital therapist asked if they still loved each other, they realized that they did, and their relationship has improved.

Respondent is close to her family. In 2017, because of Hurricane Maria, she "had some separation from her family;" some of her families' homes were flooded; for several weeks, she could not find her grandmother; she had her mother flown out from Puerto Rico; she worked with other doctors to fundraise for the victims.

24. In Dr. Boscan's opinion, respondent engaged in the misconduct in May 2018 because of "all the stress she was experiencing at that time. It wasn't about money, it was self-destructive and emotional acting out."

25. Regarding her progress in treatment, Dr. Boscan stated:

> She has been committed to understand the underlying conflicts in relationship to her family of origin, her developmental history, her marriage, relationship with her son, her relationship with her community, and most importantly her work, which is a big part of her identity.

26. Referring to her analogy about compartmentalizing, Dr. Boscan explained that respondent "has opened every file that needs to be opened." As part of treatment, respondent has worked on identifying new skills so the acting out conduct does not occur again. Respondent has learned to take care of herself and has developed strategies to achieve work life balance.

Among other things, Respondent has learned to engage in the process of honest self-reflection, problem solving, and keeps her boundaries tight so she is not overextending; she has learned it is not necessary to say "yes" to every demand or request made of her This allows her to manage her stressors and channel her behaviors in a practical way. She asks for help, has honest conversations with her family, delegates and admits she is not perfect.

Her weekly therapy allows transparent communication with Dr. Boscan about the stress in her life. In addition, every morning she rises earlier to evaluate and schedule her day. She has other strategies, such as meditation and boundaries. She communicates with her family and friends and asks for help. Her work day includes all tasks and allows her to provide good clinical care without overextending. Her mentor and volunteer activities are embedded in her workday. She has consolidated her practices from four to two; she has a scribe who takes notes when she sees patients. Respondent keeps her boundaries "tight", so she is not overextending. Respondent has more and better skills to handle stress. The foregoing allows her to take care of herself, her husband and son.

27. Dr. Boscan is aware that respondent participates in the PBI maintenance and accountability group; she described it as group therapy. In Dr. Boscan's opinion, the group is helpful for respondent because it provides a different perspective and complements the work she does with respondent.

28. In May 2021, respondent had an opportunity to implement/test the skills she learned. At that time, her husband had heart surgery. Though the surgery was more serious than the health issues he faced in 2018, she was better prepared and handled it better. She had a plan in place to care for her husband while she worked. Among other things, her brother moved into their home; his family came; when his family left, her mother came to assist with his care and their family needs; respondent delegated tasks such as housecleaning and meal planning.

29. According to Dr. Boscan, it is necessary for respondent to be transparent; this is part of the curative process, and she explained:

> You have to own what you did. Now, you might not know why you did what you did, but you have to come and own it. Say, I did it. I don't know why. And to show that she's vulnerable. That she was under a lot of stress carrying on for years and years without knowing. And it's important for the healing process and for her to come out and say, you know, I needed help and I didn't even know that I needed help. And now I'm getting the help I need. So, it's very important to actually know what happened and to reflect on it and keep reflecting on it.

Dr. Boscan testified respondent is engaging in this process in treatment.

30. Lynn Lunceford, Psy.D., a clinical psychologist licensed by the California Board of Psychology, performed a psychosocial evaluation of respondent. Dr. Lunceford has pending charges against her, filed by the executive officer of the California Board of Psychology.

31. Dr. Lunceford's evaluation included: a review of records, structured clinical interview of respondent, a mental status examination of respondent, administration of the Minnesota Multiphasic Personality Investory-2 (MMPI-2), and a collateral interview with Dr. Boscan. She interviewed respondent and administered the MMPI-2 on November 18, 2020, and interviewed Dr. Boscan on December 2, 2020. Thereafter, she issued a report, admitted as Exhibit W.

32. Dr. Lunceford stated:

> The [MMPI-2] is the most widely used and researched test of adult psychopathology. An MMPI-2 was done by [respondent] and evaluated by Pearson (testing company). [Respondent] did not have any difficulty understanding the test items. The profile was determined to be valid. Malingering was not suspected and [respondent]'s approach to the test was described as "open and cooperative".

Also, Dr. Lunceford explained that the narrative in her report is computer-generated. "It speaks to research on groups of people who scored similarly and the traits found in those individuals." Not all the computer-generated information applies specifically to respondent.

Under Diagnostic Impression, Dr. Lunceford stated:

> [Respondent] exemplifies a lifelong personality profile that demonstrates drive, determination, and the ability to persist in spite of challenges. She has no history of mental illness or substance abuse. Although the MMPI-2 computer-

generated profile indicates she "may tend to manipulate others to her own advantage," I have no evidence that she has demonstrated this in academic or professional settings. I note that her highest scales are 4, 5, and 6, which indicates chronic struggles over demands and expectations. This personality type is also often fearful of vulnerability. These descriptors are more consistent with [respondent]'s history and recent circumstances. Her reluctance to being vulnerable as well as her struggle with the demands and expectations placed upon her led to her trying to manage all she was experiencing without asking for help, thus leading to her acting out and her "cry for help" through her actions on 5/13/2018.

There is no indication that she ever had any ethical or professional violations in any educational or vocational settings. There is no evidence that she has performed poorly while doing her job; in fact, her history demonstrates an exemplary medical career to date.

The MMPI-2 also found that "Individuals with this MMPI-2 pattern typically show little interest in changing their behavior. Sometimes such clients are pressured into therapy by outside circumstances. In that instance, their cooperation is minimal and they tend to terminate therapy prematurely." I have no evidence that supports this statement. In fact, in my interview with her, [respondent] was forthcoming and

frank about her experiences that led to the inquiry from the Medical Board. Additionally, she sought out marital counseling prior to the charge and found it helpful. She has completed and surpassed the requirements and plans to continue several aspects of treatment (i.e., psychotherapy, professional boundaries group).

[Respondent]'s actions in this situation appear to be due to an extraordinary amount of stress that had been building for several years, including miscarriages, her husband's brain tumor, his subsequent Wernicke's aphasia, marital separation, and a hurricane that devasted Puerto Rico where her family of origin resides. Research on shoplifting identifies what is referred to as an "atypical theft offender." These are "individuals whose acts of theft are not related to genuine need or greed; rather, their behavior is carried out for psychological, as opposed to either material or monitoring motivations."[3] At the far end of the spectrum of this type of offender is the person who has led an exemplary life to the point that their acts are seemingly nonsensical and they may have taken things that they may not have needed or even wanted. Research has demonstrated that this behavior is often driven by "a death

[3] Cupchik, W. (1997), "Why Essentially Honest Persons Steal," Forensic Examiner, Nov/Dec 1997, Vol 6, Issue 11/12, PPs 32 – 35.

> in the family, the loss of a job, divorce, illness."[4] Research in North America in 2012 indicated that "more doctors, nurses, and police officers have been involved in shoplifting than any other profession." According to Will Kupchik, Ph.D., "These are professions that deal with loss – such as loss of life – on a daily basis. They don't process how to handle the experience of loss."[5] Clearly [respondent] experienced significant stresses and potential losses in the few years preceding her offense, to include miscarriages, potential loss of her husband due to illness, actual temporary loss of her husband due to aphasia and then separation, and potential loss of family due to a devastating hurricane in Puerto Rico.

In her report, Dr. Lunceford goes on to explain, based on the research, respondent is not likely to reoffend, and she described the characteristics of such individuals.

Finally, Dr. Lunceford stated:

> In summary, the information obtained in the evaluation demonstrates that [respondent] is driven, accomplished, and has a strong desire to excel. Her out-of-character

---

[4] Cupchik, W. (1997). *Big Steal Man.*

[5] Westcott, k. (2012). *Why Do Well-Off People Shoplift?* BBC News Magazine, January 10, 2012.

behavior was driven by overwhelming stress and grief and her difficulty with asking for her [sic]. Since the events which led to this evaluation, she has participated in individual therapy and group work. She has developed tools she will use going forward, including the use of psychotherapy and the setting of healthier boundaries for herself to better minimize her stress load. Consequently, given her exceedingly high standards for herself along with her deep shame and remorse for her actions, and consistent with the current research as cited above, I have no concerns about her likelihood to violate laws or ethics in the future, either in her work or in her personal life.

REPORT TO BOARD

33. Pursuant to Business and Professions Code section 802.1, respondent notified the board of her conviction in a timely manner (received November 5, 2019).

REPORT TO EMPLOYERS

34. In November 2019, respondent notified Michael Albo, M.D., and Christopher Kane, M.D., of her conviction.

35. By email, dated July 2, 2020, respondent notified Shira Robbins, M.D., Manoj Monga, M.D., and Dr. Albo, that the board had filed an Accusation against her, and she briefly described the charges in the Accusation.

Doctors Manga, Albo, and Kane testified and submitted declarations in support of respondent.

36. Respondent disclosed her criminal conduct, her conviction, and the filing of the Accusation by the board to those who testified and/or submitted letters of support. Some described the conduct as uncharacteristic. Some stated she is remorseful and believe respondent has learned from the experience and has taken steps to assure that she does not engage in dishonest behavior in the future. To a person, these individuals are familiar with respondent's background as a physician and respect her in that capacity. Respondent has an excellent reputation in the community for honesty and as a physician. Despite respondent's bad judgment stealing in May 2018, each person continues to support respondent.

37. When respondent was recruited to join the faculty at University of California, San Diego (UCSD), Dr. Kane was the Chair of the Department of Urology. Dr. Kane has since stepped down from that role and now serves as the Dean of Clinical Affairs at UCSD and CEO of the UC San Diego Health Physician Health Group. In this capacity, Dr. Kane is responsible for the clinical care and quality delivered by UCSD faculty. In his letter, he stated:

> In my career as a physician leader, I have had to intervene in various settings with colleagues who have had professionalism lapses or serious quality of care lapses and commonly, we will see a pattern of concerns raised by nurses, trainees and colleagues and setbacks in different areas of the personal and professional interactions. That is not the case with [respondent]. I have not heard of any concerns from colleagues, nurses, trainees in her entire career at UCSD. This is the only lapse that I have been aware of. Her demeanor and professionalism and quality of

> care is absolutely exemplary. She is completely committed to honestly confronting her mistakes and moving forward continuing to provide outstanding patient care and inspire the next generation of Urologists.

38. On November 21, 2019, Dr. Albo was respondent's direct supervisor and mentor. He had known her for four years and recruited her as his "faculty partner in Female Pelvic Medicine and Reconstructive Surgery (FPMRS);" also, on that date, he was the Vice-Chair of the Department of Urology at UCSD Health.

39. It is noteworthy that, in concluding his letter, Dr. Albo stated:

> Finally, I think it relevant to share with the Board that I currently serve on the UC San Diego Health Medical Executive Staff Committee and as the Urology representative to the Peer Review Committee. In addition, I have 10 years of experience as a Urology Examiner for the UCSD Physician Assessment and Clinical Education (PACE) program. In those roles, I have first-hand knowledge of how important physician professionalism is in maintaining a health care culture of safety. [Respondent] has exemplified the best in professional and ethical behavior in every interaction I have had with her in the time she has been at UC San Diego. I am confident that she will use this experience to enhance her professional behavior and to protect herself from any similar setbacks in the future.

40. Dr. Monga has been Chair of the Department of Urology since April 1, 2020. In his letter, Dr. Monga stated:

> I also served as the Secretary of the American Urological Association from 2015 – 2019 and was involved in monitoring the conduct and ethics of our 20,000 membership in collaboration with our Ethics Committee. During my role of AUA Secretary I became aware of [respondent] through her exemplary teaching activities at the regional, national, and international levels as well as her innovative research. She has also served as a leader in our national efforts on Equality, Diversity and Inclusion and is a member of the American Urological Association Diversity, Equity and Inclusion Task Force. . .
>
> Most germane to the issue at hand, she was elected to serve on the Ethics Committee of the International Continence Society in 2020. The brief summary above paints a picture of a dedicated clinician, researcher and educator. An individual committed to her community. This exemplifies my impression of [respondent]. As such the accusations against her are completely out of character. There have been no other incidents of any kind that would indicate any character flaws or lack of integrity and ethics.

41. The following individuals submitted letters of support but did not testify.

Daniel Hoffman, M.D., has known respondent for 10 years. They met while she was a resident in the Harvard Program in Urology, and he was completing his training at the University of Puerto Rico School of Medicine. Respondent has served as a mentor to him.

Brian Eisner, M.D., has known respondent for 12 years when she was "a medical student rotating as a sub-intern on our Urology service at Massachusetts General Hospital." He knows her well, personally and professionally, and has served as one of her mentors. Dr. Eisner recruited respondent to join the faculty at Massachusetts General Hospital.

Kyoko Sakamoto, M.D., is respondent's direct supervisor at VA San Diego Health Care System. Dr. Sakamoto has known respondent since respondent joined the UCSD Department of Urology in 2016.

PROFESSIONAL APPOINTMENTS SINCE HER CONVICTION

42. After disclosure of her conviction and the filing of the Accusation by the board to UCSD Health, including her supervisors, respondent received a joint appointment to the Department of Urology and the Department of Obstetrics, Gynecology and Reproductive Services.

The Interim Chair of the Department of Obstetrics, Gynecology and Reproductive Sciences recommended the appointment of respondent as HS[6] Clinical Professor. Dr. Monga, the chair of the Department of Urology, concurred with the recommendation.

---

[6] No evidence was offered to establish the meaning of "HS".

In her memorandum, the Interim Chair stated respondent serves as Associate Clinical Professor in the Department of Urology. In addition, the Interim Chair stated:

> The Department of Obstetrics, Gynecology and Reproductive Services has established close educational, research and clinical service ties with [respondent], whose contributions will enhance and create new opportunities with the Department. Extending the joint appointment will help strengthen ties and continuing collaborations between the [Departments]. [Respondent] was actively recruited to UC San Diego for her primary appointment, and therefore, her joint appointment is recruitment compliant. I have no conflict proposing this action on behalf of the Department of Obstetrics, Gynecology and Reproductive Services.

In her memorandum recommending the joint appointment, the Interim Chair, of the Department of Obstetrics, Gynecology and Reproductive Services stated [respondent]'s "background and academic trajectory demonstrates her excellence in clinical activity, teaching, service, and scholarship." In conclusion, the Interim Chair stated:

> [Respondent]'s contribution as a collaborator and mentor to trainees at all levels in the Department of Obstetrics, Gynecology and Reproductive Services is invaluable. [Respondent] has proven herself to be an excellent teacher, clinician and engaged citizen, and his [sic] joint appointment will further the Departmental mission in all domains. . . .

43. After disclosure of her conviction and the filing of the Accusation by the board to UCSD Health, including her supervisors, respondent was appointed to the UCSD Leadership Academy Class of 2021. In his memorandum recommending respondent, Dr. Monga stated:

> [Respondent] was promoted this year to Associate Professor and has recently assumed the role of Women's Pelvic Medicine Center Clinic Medical Director for our department. She has also assumed leadership roles in our educational program, as Sub-internship Director, and has done an outstanding job developing virtual town halls and virtual sub-internships for resident applicants.

Other Facts Considered

44. Respondent was required to report the conviction/action by the board to the Executive Committee of UCSD Health. She did.

LEGAL CONCLUSIONS

1. The purpose of the Medical Practice Act (Chapter 1, Division 2, of the Business and Professions Code[7] is to assure the high quality of medical practice; in other words, to keep unqualified and undesirable persons and those guilty of

---

[7] Hereinafter, unless otherwise stated, all reference is to the Business and Professions Code.

unprofessional conduct out of the medical profession. (*Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564, 574.)

The purpose of administrative discipline is not to punish, but to protect the public by eliminating those practitioners who are dishonest, immoral, disreputable or incompetent. (*Fahmy v. Medical Board of California* (1995) 38 Cal.App.4th 810, 817.)

Relevant Statutes

2. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have her license revoked, suspended for a period not to exceed one year, placed on probation, and required to pay the costs of probation monitoring, be publicly reprimanded, which may include a requirement that the licensee complete relevant education courses, or have such other action taken in relation to discipline as the board deems appropriate.

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

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

4. Section 2236 of the Code states, in part:

(a) The conviction of any offense substantially related to the qualifications, functions, or duties of a physician and surgeon constitutes unprofessional conduct within the meaning of this chapter [Chapter 5, the Medical Practice Act]. The record of conviction shall be conclusive evidence of the fact that the conviction occurred.

[¶] ... [¶]

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

Relevant Regulation

5. California Code of Regulations, title 16, section 1360, subdivision (a), provides that a crime is substantially related to the qualifications, functions, or duties of a physician and surgeon if to a substantial degree it evidences present or potential unfitness to perform the functions of a physician and surgeon.

Relevant Case Law

6. Unprofessional Conduct under Code section 2234 is conduct which breaches the rules or ethical code of the medical profession or conduct which is unbecoming a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine. (*Shea v. Board of Medical Examiners, supra,* 81 Cal.App.3d at p. 575.)

Cause for Discipline

7. Cause exists to discipline respondent's Certificate under Code sections 2227 and 2234, in that she has been convicted of a crime substantially related to the qualifications, functions, or duties of a physician and surgeon.

8. Cause exists to discipline respondent's Certificate under sections 2227 and 2234, in that she has committed acts of dishonesty or corruption.

9. Cause exists to discipline respondent's Certificate under Code sections 2227 and 2234, in that she has engaged in conduct which breaches the rules or ethical code of the medical profession or conduct, which is unbecoming a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine.

Disciplinary Guidelines and considerations

10. The purpose of the Medical Practice Act is to assure the high quality of medical practice. (*Shea v. Board of Medical Examiners, supra,* 81 Cal.App.3d at p. 574.) Conduct supporting the revocation or suspension of a medical license must demonstrate unfitness to practice. The purpose of a disciplinary action is not to punish but to protect the public. In an administrative disciplinary proceeding, the inquiry must be limited to the effect of the doctor's actions upon the quality of her service to her patients. (*Watson v. Superior Court* (2009) 176 Cal.App.4th 1407, 1416.) Because the main purpose of license discipline is to protect the public, patient harm is not required before the board can impose discipline. It is far more desirable to impose discipline on a physician before there is patient harm than after harm has occurred. (*Griffiths v. Superior Court* (2002) 96 Cal.App.4th 757, 772-773).

11. Rehabilitation requires a consideration of those offenses from which one has allegedly been rehabilitated. (*Pacheco v. State Bar* (1987) 43 Cal.3d 1041, 1048.) Rehabilitation is a state of mind, and the law looks with favor upon rewarding with the opportunity to serve one who has achieved reformation and regeneration. (*Id.*, at p. 1058.) The absence of a prior disciplinary record is a mitigating factor. (*Chefsky v. State Bar* (1984) 36 Cal.3d 116, 132, fn. 10.) Remorse and cooperation are mitigating factors. (*In re Demergian* (1989) 48 Cal.3d 284, 296.) While a candid admission of misconduct and full acknowledgment of wrongdoing may be a necessary step in the rehabilitation process, it is only a first step. A truer indication of rehabilitation is presented if an individual demonstrates by sustained conduct over an extended period of time that she is once again fit to practice. (*In re Trebilcock* (1981) 30 Cal.3d 312, 315-316.)

12. In making a determination about the appropriate level of discipline, the highest priority is protection of the public from harm. According to the board's disciplinary guidelines, the appropriate discipline for respondent's violations is probation for five years. However, deviation from the guidelines is warranted because of the extensive and compelling evidence of respondent's rehabilitation.

At the time of the incident that resulted in her conviction, respondent had been licensed by the board for two years. Respondent has been convicted of a crime involving dishonesty, which calls into question her character as a physician and surgeon.

On the date of hearing, it had been more than three years since respondent engaged in the theft offense. Respondent is remorseful and accepts responsibility for her misconduct. She has no other history of dishonest or criminal conduct. This was an aberrational incident, an incident involving impulsive behavior by an individual who is not impulsive. Respondent understands and appreciates the significance of her

criminal acts, i.e., it demonstrates a character flaw essential for a physician and surgeon. Further, respondent has taken steps to identify the cause of her criminal acts and to ensure that it does not occur again. She complied with the terms of her criminal probation, and the charge has been expunged. Through therapy and the PBI maintenance group (group therapy), respondent understands the cause of her criminal act was stress; she has developed a plan for work life balance. In May 2021, when her husband had surgery, respondent's plan was implemented. With her insight and new skills, respondent effectively managed her stress at that time. Respondent is an accomplished physician who is respected by her students, fellows, colleagues, and patients. Her colleagues did not dismiss her misconduct but believe it will not occur again and therefore support her. The testimony and/or letters of support of Doctors Albo, Kane, Monga, Hoffman, Eisner, and Sakamoto, lend credibility and substance to respondent's own testimony of rehabilitation. "Favorable testimony of acquaintances, neighbors, friends, associates and employers with reference to their observation of the daily conduct and mode of "living" can be helpful in determining whether a person seeking licensure is rehabilitated. (See, *In the Matter of Brown* (1993) 2 Cal. State Bar Ct. Rptr 309, 317 – 318).

Because of (1) respondent's conviction of a crime substantially related to the qualifications, or duties of a physician and surgeon, (2) respondent committing an act of dishonesty, and (3) respondent engaging in unprofessional conduct, the board seeks to have respondent placed on probation for five years. However, complainant offered no evidence to establish what additional rehabilitation will be achieved if she is placed on probation.

13. Based on the evidence of violations, the law, and the evidence of rehabilitation, issuance of a public reprimand adequately protects the public.

ORDER

1. Complainant's request to revoke or suspend Physician's and Surgeon's Certificate No. A 143504 issued to Yahir A. Santiago-Lastra, M.D. is denied.

2. Complainant's request to suspend or deny approval of Yahir A. Santiago, M.D.'s authority to supervise physician assistants and advanced nurse practice nurses is denied.

3. Physician's and Surgeon's Certificate Number A 143504 issued to Yahir Santiago-Lastra is publicly reprimanded.

DATE: August 9, 2021

Vallera Johnson

VALLERA J. JOHNSON
Administrative Law Judge
Office of Administrative Hearings

XAVIER BECERRA
Attorney General of California
MATTHEW M. DAVIS
Supervising Deputy Attorney General
JASON J. AHN
Deputy Attorney General
State Bar No. 253172
600 West Broadway, Suite 1800
San Diego, CA 92101
P.O. Box 85266
San Diego, CA 92186-5266
Telephone: (619) 738-9433
Facsimile: (619) 645-2061

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. 800-2019-061705
Yahir A. Santiago-Lastra, M.D. **Mail Code 7897** **9444 Medical Center Drive** **La Jolla, CA 92037** **Physician's and Surgeon's Certificate No. A 143504** 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 June 28, 2016, the Medical Board issued Physician's and Surgeon's Certificate No. A 143504 to Yahir A. Santiago-Lastra, 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 May 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 (Code) unless otherwise indicated.

4. Section 2227 of the Code 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 2234 of the Code, states:

> "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.
>
> "..."

///

///

///

6. Section 2236 of the Code states:

"(a) The conviction of any offense substantially related to the qualifications, functions, or duties of a physician and surgeon constitutes unprofessional conduct within the meaning of this chapter [Chapter 5, the Medical Practice Act]. The record of conviction shall be conclusive evidence only of the fact that the conviction occurred.

"...

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

7. California Code of Regulations, title 16, section 1360, states:

"For the purposes of denial, suspension or revocation of a license, certificate or permit pursuant to Division 1.5 (commencing with Section 475) of the code, a crime or act shall be considered to be substantially related to the qualifications, functions or duties of a person holding a license, certificate or permit under the Medical Practice Act if to a substantial degree it evidences present or potential unfitness of a person holding a license, certificate or permit to perform the functions authorized by the license, certificate or permit in a manner consistent with the public health, safety or welfare. Such crimes or acts shall include but not be limited to the following: Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate any provision of the Medical Practice Act."

8. Unprofessional conduct under Business and Professions Code section 2234 is conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine. (*Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564, 575.)

FIRST CAUSE FOR DISCIPLINE

(Conviction of a Crime Substantially Related to the Qualifications, Functions, or Duties of a Physician and Surgeon)

9. Respondent has subjected her Physician's and Surgeon's Certificate No. A 143504 to disciplinary action under sections 2227 and 2234, as defined by section 2236, subdivision (a), of the Code, in that she has been convicted of a crime substantially related to the qualifications, functions, or duties of a physician and surgeon, as more particularly alleged hereinafter:

10. On or about May 13, 2018, Respondent entered Rosamariposa, a gift shop in downtown San Diego. Respondent removed various items of jewelry worth approximately $1,000.00 and then

exited Rosamariposa, without paying.

11. On or about September 14, 2018, San Diego County District Attorney's Office filed a criminal complaint against Respondent, in the case of the *People of the State of California vs. Yahir Amir Santiago Lastra*, Case No. M251472. Count 1, Grand Theft of Personal Property, alleges that on or about May 13, 2018, Yahir Amir Santiago Lastra did unlawfully take and steal money and personal property of Rosamariposa, of a value in excess of Nine Hundred Fifty Dollars ($950), in violation of PENAL CODE SECTION 487(a), a misdemeanor pursuant to PENAL CODE SECTION 17(b)(4).

12. On or about October 7, 2019, Respondent pled guilty to an amended Count 1, a violation of Penal Code section 602, subdivision (k), "[e]ntering any lands, whether unenclosed or enclosed by fence, for the purpose of injuring any property or property rights or with the intention of interfering with, obstructing, or injuring any lawful business or occupation carried on by the owner of the land, the owner's agent, or the person in lawful possession." Respondent was sentenced to, among other things, three years of probation, victim restitution in the amount of $1,298.00, various fines and fees, anti-theft class, ten (10) self-help meetings, and a stay away order requiring Respondent to stay at least 100 yards away from the Rosamariposa gift shop.

SECOND CAUSE FOR DISCIPLINE

(Dishonesty or Corruption)

13. Respondent has further subjected her Physician's and Surgeon's Certificate No. A 143504 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (e), of the Code, in that she has committed an act or acts of dishonesty or corruption, as more particularly alleged in paragraphs 9 through 12, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

///

///

///

///

///

THIRD CAUSE FOR DISCIPLINE

(General Unprofessional Conduct)

14. Respondent has further subjected her Physician's and Surgeon's Certificate No. A 143504 to disciplinary action under sections 2227 and 2234, as defined by section 2234, of the Code, in that she has engaged in conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine, as more particularly alleged in paragraphs 9 through 13, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

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 No. A 143504, issued to Yahir A. Santiago-Lastra, M.D.;

2. Revoking, suspending or denying approval of Yahir A. Santiago-Lastra, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Yahir A. Santiago-Lastra, 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 19 2020

William Prasifka
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

SD2020300754
82336641.docx