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

In the Matter of the Accusation Against: **Ranganath Pathak, M.D.** **Physician's and Surgeon's Certificate No. A 79498** **Respondent.**	**MBC File # 800-2019-053476**

ORDER CORRECTING NUNC PRO TUNC CLERICAL ERROR IN DECISION

On its own motion, the Medical Board of California (hereafter "Board") finds that there is a clerical error in the Decision in the above-entitled matter and that such clerical error should be corrected.

IT IS HEREBY ORDERED that page 3 of the Stipulated Settlement and Disciplinary Order in the above-entitled matter be and is hereby amended and corrected nunc pro tunc as of the date of entry of the Decision to include Paragraph 11-Reservation.

March 29, 2022

William Prasifka
Executive Director

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

In the Matter of the Accusation Against: Ranganath Pathak, M.D. Physician's and Surgeon's Certificate No. A 79498 Respondent.	Case No. 800-2019-053476

DECISION

The attached Stipulated Surrender of License and Order 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 March 30, 2022.

IT IS SO ORDERED March 23, 2022.

MEDICAL BOARD OF CALIFORNIA

William Prasifka
Executive Director

ROB BONTA
Attorney General of California
STEVEN D. MUNI
Supervising Deputy Attorney General
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Deputy Attorney General
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Attorneys for Complainant

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

In the Matter of the Accusation Against: **RANGANATH PATHAK, M.D.** **8690 Sierra College Blvd, Ste 160-335** **Roseville, CA 95661** **Physician's and Surgeon's Certificate No. A 79498** Respondent.	Case No. 800-2019-053476 OAH No. 2021070654 **STIPULATED SURRENDER OF LICENSE AND ORDER**

IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-entitled proceedings that the following matters are true:

PARTIES

1. William Prasifka (Complainant) is the Executive Director of the Medical Board of California (Board). He brought this action solely in his official capacity and is represented in this matter by Rob Bonta, Attorney General of the State of California, by Megan R. O'Carroll, Deputy Attorney General.

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2. Ranganath Pathak, M.D. (Respondent) is represented in this proceeding by attorney Ian A. Scharg, whose address is: 400 University Avenue, Sacramento, CA 95825-6502.

3. On or about June 14, 2002, the Board issued Physician's and Surgeon's Certificate No. A 79498 to Ranganath Pathak, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2019-053476 and will expire on September 30, 2023, unless renewed.

JURISDICTION

4. Accusation No. 800-2019-053476 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on May 4, 2021. Respondent timely filed his Notice of Defense contesting the Accusation. A copy of Accusation No. 800-2019-053476 is attached as Exhibit A and incorporated by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2019-053476. Respondent also has carefully read, fully discussed with counsel, and understands the effects of this Stipulated Surrender of License and Order.

6. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

7. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

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CULPABILITY

8. Respondent understands that the charges and allegations in Accusation No. 800-2019-053476, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

9. For the purpose of resolving the Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual basis for the charges in the Accusation and that those charges constitute cause for discipline. Respondent hereby gives up his right to contest that cause for discipline exists based on those charges. Respondent understands and agrees that if he should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any health care licensing agency in the State of California, all of the charges and allegations contained in Accusation, No. 800-2019-053476 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict licensure.

10. Respondent understands that by signing this stipulation he enables the Board to issue an order accepting the surrender of his Physician's and Surgeon's Certificate without further process.

RESERVATION

11. The admissions made by Respondent herein are only for the purposes of this proceeding, or any other proceedings in which the Medical Board of California or other professional licensing agency is involved, and shall not be admissible in any other criminal or civil proceeding.

CONTINGENCY

12. Business and Professions Code section 2224, subdivision (b), provides, in pertinent part, that the Medical Board "shall delegate to its executive director the authority to adopt a ... stipulation for surrender of a license."

13. Respondent understands that, by signing this stipulation, he enables the Executive Director of the Board to issue an order, on behalf of the Board, accepting the surrender of his

Physician's and Surgeon's Certificate No. A 79498 without further notice to, or opportunity to be heard by, Respondent.

14. This Stipulated Surrender of License and Disciplinary Order shall be subject to the approval of the Executive Director on behalf of the Board. The parties agree that this Stipulated Surrender of License and Disciplinary Order shall be submitted to the Executive Director for his consideration in the above-entitled matter and, further, that the Executive Director shall have a reasonable period of time in which to consider and act on this Stipulated Surrender of License and Disciplinary Order after receiving it. By signing this stipulation, Respondent fully understands and agrees that he may not withdraw his agreement or seek to rescind this stipulation prior to the time the Executive Director, on behalf of the Medical Board, considers and acts upon it.

15. The parties agree that this Stipulated Surrender of License and Disciplinary Order shall be null and void and not binding upon the parties unless approved and adopted by the Executive Director on behalf of the Board, except for this paragraph, which shall remain in full force and effect. Respondent fully understands and agrees that in deciding whether or not to approve and adopt this Stipulated Surrender of License and Disciplinary Order, the Executive Director and/or the Board may receive oral and written communications from its staff and/or the Attorney General's Office. Communications pursuant to this paragraph shall not disqualify the Executive Director, the Board, any member thereof, and/or any other person from future participation in this or any other matter affecting or involving respondent. In the event that the Executive Director on behalf of the Board does not, in his discretion, approve and adopt this Stipulated Surrender of License and Disciplinary Order, with the exception of this paragraph, it shall not become effective, shall be of no evidentiary value whatsoever, and shall not be relied upon or introduced in any disciplinary action by either party hereto. Respondent further agrees that should this Stipulated Surrender of License and Disciplinary Order be rejected for any reason by the Executive Director on behalf of the Board, Respondent will assert no claim that the Executive Director, the Board, or any member thereof, was prejudiced by its/his/her review, discussion and/or consideration of this Stipulated Surrender of License and Disciplinary Order or of any matter or matters related hereto.

16. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Surrender of License and Order, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.

17. In consideration of the foregoing admissions and stipulations, the parties agree that the Executive Director on behalf of the Board may, without further notice or formal proceeding, issue and enter the following Order:

ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 79498, issued to Respondent Ranganath Pathak, M.D., is surrendered and accepted by the Board.

1. The surrender of Respondent's Physician's and Surgeon's Certificate and the acceptance of the surrendered license by the Board shall constitute the imposition of discipline against Respondent. This stipulation constitutes a record of the discipline and shall become a part of Respondent's license history with the Board.

2. Respondent shall lose all rights and privileges as a Physician and Surgeon in California as of the effective date of the Board's Decision and Order.

3. Respondent shall cause to be delivered to the Board his pocket license and, if one was issued, his wall certificate on or before the effective date of the Decision and Order.

4. If Respondent ever files an application for licensure or a petition for reinstatement in the State of California, the Board shall treat it as a petition for reinstatement. Respondent must comply with all the laws, regulations and procedures for reinstatement of a revoked or surrendered license in effect at the time the petition is filed, and all of the charges and allegations contained in Accusation No. 800-2019-053476 shall be deemed to be true, correct and admitted by Respondent when the Board determines whether to grant or deny the petition.

5. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing agency in the State of California, all of the charges and allegations contained in Accusation, No. 800-2019-053476 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict licensure.

ACCEPTANCE

I have carefully read the above Stipulated Surrender of License and Order and have fully discussed it with my attorney Ian A. Scharg. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Surrender of License and Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 1/12/2022

RANGANATH PATHAK, M.D.
Respondent

I have read and fully discussed with Respondent Ranganath Pathak, M.D. the terms and conditions and other matters contained in this Stipulated Surrender of License and Order. I approve its form and content.

DATED: 1/22/2022

IAN A. SCHARG
Attorney for Respondent

ENDORSEMENT

The foregoing Stipulated Surrender of License and Order is hereby respectfully submitted for consideration by the Medical Board of California of the Department of Consumer Affairs.

DATED: 2/4/2022

Respectfully submitted,

ROB BONTA
Attorney General of California
STEVEN D. MUNI
Supervising Deputy Attorney General

MEGAN R. O'CARROLL
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2019-053476

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Attorneys for Complainant

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

In the Matter of the Accusation Against: **Ranganath Pathak, M.D.** **1020 29th St. Ste. 350** **Sacramento, CA 95816** **Physician's and Surgeon's Certificate No. A 79498,** Respondent.	Case No. 800-2019-053476 **ACCUSATION**

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 14, 2002, the Medical Board issued Physician's and Surgeon's Certificate No. A 79498 to Ranganath Pathak, 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 September 30, 2021, 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 provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Board deems proper.

5. Section 2234 of the Code 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:
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> (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.
>
> (b) Gross negligence.
>
> (c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.
>
> (1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.
>
> (2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.
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> ...
>
> (e) The commission of any act involving dishonesty or corruption that is substantially related to the qualifications, functions, or duties of a physician and surgeon.
>
> (f) Any action or conduct that would have warranted the denial of a certificate.
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> ...

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6. Section 2228.1 of the Code states, in pertinent part:

(a) On and after July 1, 2019, except as otherwise provided in subdivision (c), the board shall require a licensee to provide a separate disclosure that includes the licensee's probation status, the length of the probation, the probation end date, all practice restrictions placed on the licensee by the board, the board's telephone number, and an explanation of how the patient can find further information on the licensee's probation on the licensee's profile page on the board's online license information Internet Web site, to a patient or the patient's guardian or health care surrogate before the patient's first visit following the probationary order while the licensee is on probation pursuant to a probationary order made on and after July 1, 2019, in any of the following circumstances:

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

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

(B) Drug or alcohol abuse directly resulting in harm to patients or the extent that such use impairs the ability of the licensee to practice safely.

(C) Criminal conviction directly involving harm to patient health.

(D) Inappropriate prescribing resulting in harm to patients and a probationary period of five years or more.

(2) An accusation or statement of issues alleged that the licensee committed any of the acts described in subparagraphs (A) to (D), inclusive, of paragraph (1), and a stipulated settlement based upon a nolo contendre or other similar compromise that does not include any prima facie showing or admission of guilt or fact but does include an express acknowledgment that the disclosure requirements of this section would serve to protect the public interest.

(b) A licensee required to provide a disclosure pursuant to subdivision (a) shall obtain from the patient, or the patient's guardian or health care surrogate, a separate, signed copy of that disclosure.

(c) A licensee shall not be required to provide a disclosure pursuant to subdivision (a) if any of the following applies:

(1) The patient is unconscious or otherwise unable to comprehend the disclosure and sign the copy of the disclosure pursuant to subdivision (b) and a guardian or health care surrogate is unavailable to comprehend the disclosure and sign the copy.

(2) The visit occurs in an emergency room or an urgent care facility or the visit is unscheduled, including consultations in inpatient facilities.

(3) The licensee who will be treating the patient during the visit is not known to the patient until immediately prior to the start of the visit.

(4) The licensee does not have a direct treatment relationship with the patient.

(d) On and after July 1, 2019, the board shall provide the following information, with respect to licensees on probation and licensees practicing under probationary licenses, in plain view on the licensee's profile page on the board's online license information Internet Web site.

(1) For probation imposed pursuant to a stipulated settlement, the causes alleged in the operative accusation along with a designation identifying those causes by which the licensee has expressly admitted guilt and a statement that acceptance of the settlement is not an admission of guilt.

(2) For probation imposed by an adjudicated decision of the board, the causes for probation stated in the final probationary order.

(3) For a licensee granted a probationary license, the causes by which the probationary license was imposed.

(4) The length of the probation and end date.

(5) All practice restrictions placed on the license by the board.

(e) Section 2314 shall not apply to this section.

7. Section 726 of the Code states, in pertinent part:

(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.

8. Section 2266 of the Code states, in pertinent part:

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

FACTUAL ALLEGATIONS

9. Respondent is a board-certified general surgeon and colo-rectal surgeon. He is part of a medical group where he solely practices colo-rectal examinations and procedures.

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Patient A: [1]

10. On or about June 7, 2016, Patient A underwent a colonoscopy during which her doctor found a concerning rectal mass. Patient A was then referred to Respondent for further evaluation.

11. On or about June 16, 2016, Patient A met with Respondent for the first time. Respondent performed a rectal examination and, consistent with the findings from the colonoscopy, located a rectal mass. Respondent ordered a carcinoembryonic antigen (CEA) test[2] as well as an MRI.

12. On or about June 23, 2016, Respondent saw Patient A for a follow-up visit to discuss the results of a pelvic MRI she had the day prior. Patient A was ultimately diagnosed with rectal cancer. Respondent ordered a PET-CT scan to figure out Patient A's stage of cancer. Respondent also recommended Patient A start chemoradiation therapy.

13. On or about July 1, 2016, Respondent discussed the PET-CT scan findings with Patient A. Respondent recommended Patient A start with chemoradiation followed by a robotic assisted low anterior resection and diverting ileostomy.[3]

14. On or about October 17, 2016, Patient A underwent a robotic-assisted low anterior resection with coloanal anastomosis and diverting ileostomy. Subsequent to this surgery, Patient A had no evidence of a residual tumor.

15. From on or about November 22, 2016 through September 19, 2019, Patient A continued to visit with Respondent for follow-up care. Through on or about December 2017, the visits would take place every 1-2 months. After that, the visits became less frequent with Patient A visiting Respondent every six months. This pattern continued until her last visit on September 12, 2019.

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[1] The Patient's names have been redacted to protect confidentiality. The names will be fully identified in discovery.

[2] CEA is an antigen that is found on the surface of many types of cancer cells. An abnormal level of CEA could be indicative of cancer.

[3] An ileostomy is a surgical operation in which a piece of the last part of the small intestine (ileum) is diverted to an artificial opening in the abdominal wall.

16. Prior to September 12, 2019, Respondent typically had a chaperone in the room while examining Patient A. Respondent's custom and practice was to have Patient A pull her pants down to her ankles and have the patient lie flat on her back so that he could examine her abdomen. Respondent would then have Patient A lie on her stomach. The exam table had a hump such that Patient A's rear was raised during the examination. Respondent would put a paper drape over Patient A so that she was partially covered. Respondent would then examine Patient A's rectum. Respondent never conducted vaginal examinations on Patient A.

17. Patient A's last visit with Respondent was on or about September 12, 2019. For approximately one or two visits prior to the last one, Patient A noticed there was no chaperone during her examinations. While this made Patient A uncomfortable, she did not mention it to Respondent. Patient A also noticed Respondent became friendlier towards her, hugging her when she left his office. After the examinations were over, Patient A and Respondent would discuss quality of life issues associated with her surgery. Patients with these surgeries often go through a syndrome called low anterior resection syndrome (LARS).[4] Respondent had knowledge of how LARS affected Patient A's body and marriage. Patient A trusted and felt comforted by Respondent.

18. On or about September 12, 2019, Patient A went to see Respondent for a routine follow-up appointment. Prior to the appointment, Patient A had been having difficulty with her LARS symptoms. At the appointment, Respondent asked Patient A whether she was experiencing any issues during sexual intercourse. Patient A described an incident that was causing her stress. Respondent followed up by asking her whether her concerns were due to emotional or physical issues. Patient A was adamant she did not have any physical issues. Respondent then advised Patient A to purchase an adult sex toy and practice having orgasms. He even recommended a specific sex toy. Respondent told Patient A to report back to him how many orgasms she achieved. Patient A was uncomfortable and nervous but she tried making light of the situation by

[4] LARS is a collection of symptoms or issues patients have after undergoing a resection or removal of part of or the entire rectum. The symptoms can include fecal incontinency or urgency, frequent or fragmented bowel movements, emptying difficulties, and increased intestinal gas.

joking with Respondent. After that uncomfortable conversation, Respondent then told her he was going to perform an exam on her.

Respondent did not call for a chaperone during any point of the examination. Per their routine, Patient A pulled her pants down and Respondent examined her rectum. The Respondent said, "Now I'm gonna do a vaginal exam, is that okay"? Even though Patient A was not okay with the examination, she remained silent. Respondent did not have Patient A lie on her back, rather, he conducted a vaginal examination while Patient A was still lying on her stomach. Respondent then inserted two fingers into her vagina and "probed" for about 5-10 seconds. Patient A had never had a vaginal examination in that position before and reported that it felt "really different." After Respondent finished, he said something to the effect of "[e]verything looks fine."

Patient A was so nervous and uncomfortable with the examination she just wanted to leave the room. As she began to walk out the door, Respondent reached over to hug her. As Patient A was trying to get to the door, Respondent moved quickly toward her right side. Respondent put one arm around Patient A's back and the other arm across her front. Respondent then placed his left hand on her breast and did not move it. Patient A looked at Respondent and noticed he was looking down at her breasts. Patient A pulled away and immediately realized that her treatment was not "legitimate."

19. On or about August 7, 2020, Stacie Barrera, an investigator with the Division of Investigation (DOI), interviewed Respondent about his treatment of Patient A. Respondent stated his practice's policy is to have a chaperone present when examining a female patient. Respondent admitted that during the period in question, it was not his custom to document the name of the chaperone present with him. However, Respondent insisted there was a chaperone present while he examined Patient A on September 12, 2019. On that date, Respondent described conducting an abdominal exam and a proctoscopy on Patient A. Respondent denied performing a vaginal examination on her but admitted he introduced lubrication into Patient A's anal canal to conduct a proctoscopy.

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Respondent could not specifically remember having a conversation with Patient A about a brand of adult sex toy nor did he remember discussing orgasms with her. However, he admitted that if Patient A had discussed incontinence during sexual intercourse, he would have given advice about using a sex toy for her issues. Lastly, although Respondent admitted to occasionally hugging his patients, Respondent denied hugging Patient A. Respondent believed he may have put his hand on her shoulder to lead her out of the room.

20. On or about September 18, 2020, DOI investigator Barrera spoke with one of Respondent's medical assistants, L.T. L.T. was familiar with Patient A and knew that she was a patient at the clinic. L.T. could not recall being in the room during Patient A's final appointment because she could not remember the specific date of that appointment. Later, on or about September 24, 2020, DOI investigator Barrera confirmed that L.T. worked on the date of Patient A's appointment.

Patient B:

21. In or around 2019, Patient B sought advice from her primary care physician for issues she was having with her bowels. The primary care physician referred her to Respondent for a consultation. Patient B scheduled an appointment with Respondent on January 3, 2020 after she could not schedule an appointment with her own doctor.

22. On or about January 3, 2020, Patient B went to her scheduled appointment with Respondent. Patient B was taken into an examination room where her vitals were taken prior to getting escorted into Respondent's office. Once Respondent came into the office, Respondent and Patient B discussed her medical history. They then went into an exam room where Patient B was told to pull her pants down to her ankles and put her knees on a bed with her buttocks facing upwards. Patient B was not asked to put a robe on but Respondent walked out while she lowered her pants and got into position. The medical assistant stayed in the room both before and during the exam.

23. During the examination, Respondent did not explain what he was doing. Patient B believed Respondent used an instrument inside her anus but she could not be sure. Patient B heard a snap, felt some pain, and then Respondent announced he had completed the examination.

24. After the examination, Patient B got dressed and then went to Respondent's office where it was just the two of them. Respondent explained that the exam went well and suggested Patient B schedule a colonoscopy per her normal schedule. Respondent and Patient B discussed her diet after Patient B explained she had lost 42 pounds through intermittent fasting. Patient B thought her appointment was over.

25. Respondent continued the appointment by questioning Patient B about her history with breast lumps. Patient B explained she had breast examinations every six months and everything had been normal. Respondent then said, "Let me see." Respondent got out of his chair, went over to where Patient B was standing, stood in front of her, and asked, "Where?" Patient B pointed to the breast that previously had lumps. Respondent touched that same breast over Patient B's clothes. Respondent told Patient B he could not feel anything. Respondent then pulled Patient B's dress open at the neck and stuck his hand down into her bra. Patient B heard her collar rip as Respondent's hand went down on her breast. Respondent apologized and then asked Patient B to lift her dress and bra. Patient B lifted her dress and bra up above her breasts exposing both her breasts. Respondent then put both his hands on her breasts and touched her nipples. Respondent then went underneath Patient B's breasts and kept squeezing, cupping, touching her nipples and pushing her breasts together repeatedly. Patient B noted there was no specific pattern to what Respondent was doing. Respondent then said, "Oh yeah, they're really heavy, huh?" Patient B explained she intended on having a breast reduction. Respondent then bounced Patient B's breasts and asked her about their size. When Patient B responded, he then said, "Yeah, you could stand to lose some." Patient B estimated she was standing in front of Respondent for at least three minutes while Respondent was feeling her breasts.

26. On or about August 7, 2020, Respondent was interviewed by Stacie Barrera regarding his treatment of Patient B. Respondent admitted that during the time in question, he did not routinely document the chaperone in a patient's chart, including Patient B. Respondent noted he has since changed his practice. When Respondent was questioned as to whether he performed a breast examination on Patient B, he denied performing such an examination and further denied having any conversation with her about her breast size.

Patient C

27. Patient C was referred to Respondent to be evaluated and possibly treated for issues with obstructed defecation. On or about August 27, 2018, Respondent performed a detailed history and physical on Patient C, which included an anorectal examination. The results of that examination demonstrated that Patient C had a moderate sized anterior rectocele. Respondent described his findings and made suggestions for further testing.

28. On or about September 18, 2018, Respondent described his further findings with Patient C. Respondent confirmed a finding of a small anterior rectocele[5] as well as internal rectal mucosal prolapse resulting in an intussusception.[6] He then scheduled a future appointment for Patient C where he would conduct a rubber band ligation (RBL) procedure of the intussuscepting rectal mucosa.

29. On or about January 10, 2019, Respondent performed the RBL procedure on Patient C. Patient C described the procedure as painful. Respondent did not explain the nature of the procedure he would be conducting on Patient C. Thus, Patient C was confused and believed she was going to have a procedure to treat her rectocele. Due to that confusion, on two occasions during the procedure, Patient C asked Respondent to explain his actions. Patient C stated that immediately after the procedure she did not feel well, hyperventilated, and was in a cold sweat. Patient C waited for half an hour until she felt better to drive home. Patient C felt discomfort the following day as well as intermittently for the several weeks following the procedure.

30. On or about August 7, 2020, Respondent was by Stacie Barrera regarding his treatment of Patient C. Respondent stated he explained the RBL procedure to Patient C prior to her appointment on January 10, 2019. He stated he told Patient C that the procedure would be simple, not painful, and result in some discomfort. He advised Patient C to get the procedure at the end of the week to allow her the weekend to recover. In response to whether he obtained consent from Patient C, Respondent said, "[S]o when they come back for follow-up, for the

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[5] An anterior rectocele is the name given to a pocket or bulge in the part of the bowel lying under the back wall of the vagina. It is a type of prolapse.

[6] Internal rectal intussusception is a medical condition defined as a funnel shaped infolding of the rectal wall that can occur during defecation.

procedure itself, they are informed that they are coming back voluntarily for the procedure." Overall, Respondent stated after he placed the rubber band, the procedure went well. He stated he injected Patient C with some lidocaine to numb the area and make it more comfortable. Respondent admits he likely did not make this notation in the patient's medical chart.

31. Patient C's medical chart did not indicate Respondent obtained a written or oral informed consent from Patient C for the procedure performed on her. Further, the notes did not mention a discussion about the risks and benefits of the RBL procedure; the possible outcomes; and the usual postoperative course related to a RBL procedure. Respondent's note was fairly brief and included the diagnosis being treated, a quick description of the procedure itself, a mention of Patient C's postoperative "vasovagal reaction" and the appropriate postoperative instructions.

FIRST CAUSE FOR DISCIPLINE

(Sexual Misconduct)

32. Respondent is subject to disciplinary action under section 726 of the Code in that he committed sexual misconduct against two patients. The circumstances are as follows:

a. Paragraphs 10 through 26, above, are incorporated herein as if fully set forth.

b. Respondent's conduct, as set forth above, constitutes sexual misconduct with a patient in violation of section 726 of the Code, thus subjecting Respondent's license to discipline.

SECOND CAUSE FOR DISCIPLINE

(Gross Negligence)

33. Respondent's license is subject to disciplinary action under section 2234, subdivision (b), of the Code, in that he committed gross negligence during the care and treatment of Patients A and B, as more particularly alleged in paragraphs 10 through 26, above, which is hereby incorporated by reference and realleged as if fully set forth herein.

34. Respondent's license is subject to disciplinary action because he committed gross negligence during the care and treatment of Patients A and B in the following distinct and separate ways:

a. Performing a vaginal examination on Patient A without a written or verbal consent;

b. Performing a vaginal examination on Patient A without medical reason;

c. Performing a vaginal examination on Patient A without a chaperone present;

d. Placing his hand on Patient A's breast for an unacceptable period of time making Patient A uncomfortable and feeling violated;

e. Giving Patient A insensitive and inappropriate advice to use a specific brand of sex toy, making recommendations for the number of times to use the device, and reporting usage to him; and

f. Performing an unpermitted, unnecessary, and inappropriate breast exam on Patient B.

THIRD CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

35. Respondent's license is subject to disciplinary action under section 2234, subdivision (c) of the Code, in that he committed repeated negligent acts during the care and treatment of Patients A, B, and C, as more particularly alleged in paragraphs 10 through 31, above, which is hereby incorporated by reference and realleged as if fully set forth herein.

36. Respondent committed the following negligent acts during the care and treatment of Patients A, B, and C in the following distinct and separate ways:

a. Respondent failed to have a chaperone in the examination room during Patient A's anorectal or rectovaginal examination;

b. Respondent failed to have a chaperone present during Patient B's breast examination;

c. Respondent failed to obtain informed consent from Patient C prior to performing the RBL procedure; and

d. Respondent failed to have a chaperone present during Patient C's RBL procedure.

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FOURTH CAUSE FOR DISCIPLINE

(Inadequate and Inaccurate Record Keeping)

37. Respondent's license is subject to disciplinary action under section 2266 of the Code, in that he kept inadequate and inaccurate medical records during the treatments of Patients A, B, and C, as more particularly alleged in paragraphs 10 through 31, above, which is hereby incorporated by reference and realleged as if fully set forth herein.

FIFTH CAUSE FOR DISCIPLINE

(Unprofessional Conduct)

Respondent is subject to disciplinary action under section 2234 in that he has engaged in conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming to a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine, as alleged in paragraphs 10 through 37 above, which are incorporated by reference and realleged as if fully set forth here.

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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 79498, issued to Ranganath Pathak, M.D.;

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

3. Ordering Ranganath Pathak, M.D., if placed on probation, to pay the Board the costs of probation monitoring;

4. Ordering Ranganath Pathak, M.D., if placed on probation to disclose the disciplinary order to patients pursuant to section 2228.1 of the Code; and

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

DATED: MAY 04 2021

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

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