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FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO *May 9 2018*
BY: *Gray Winst* ANALYST

7
8 **BEFORE THE**
9 **MEDICAL BOARD OF CALIFORNIA**
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:
13 **ADAM DAVID TRAVIS, M.D.**
14 **1430 Buckingham Way**
15 **Hillsborough, CA 94010-7397**
16 **Physician's and Surgeon's Certificate**
17 **No. G 80122,**
18 Respondent.

Case No. 800-2017-033792

ACCUSATION

19 Complainant alleges:

20 **PARTIES**

- 21 1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official
22 capacity as the Executive Director of the Medical Board of California.
23 2. On or about October 26, 1994, the Medical Board issued Physician's and Surgeon's
24 Certificate Number G 80122 to Adam David Travis, M.D. (Respondent). The Physician's and
25 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein
26 and will expire on May 31, 2020, unless renewed. On April 20, 2018, an interim order issued and
27 that order requires Respondent to have a female third party chaperone present while consulting,
28 examining or treating female patients.

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JURISDICTION

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

4 4. Section 2227 of the Code provides that a licensee who is found guilty under the
5 Medical Practice Act may have his or her license revoked, suspended for a period not to exceed
6 one year, placed on probation and required to pay the costs of probation monitoring, or such other
7 action taken in relation to discipline as the Board deems proper.

8 5. Section 2234 of the Code states:

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

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

14 “(b) Gross negligence.

15 “(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or
16 omissions. An initial negligent act or omission followed by a separate and distinct departure from
17 the applicable standard of care shall constitute repeated negligent acts.

18 “(1) An initial negligent diagnosis followed by an act or omission medically appropriate for
19 that negligent diagnosis of the patient shall constitute a single negligent act.

20 “(2) When the standard of care requires a change in the diagnosis, act, or omission that
21 constitutes the negligent act described in paragraph (1), including, but not limited to, a
22 reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the
23 applicable standard of care, each departure constitutes a separate and distinct breach of the
24 standard of care.

25 “(d) Incompetence.

26 “(e) The commission of any act involving dishonesty or corruption which is substantially
27 related to the qualifications, functions, or duties of a physician and surgeon.

28 “(f) Any action or conduct which would have warranted the denial of a certificate.

1 8. The *Principles with Annotations*, provide:

2 *Section 1*

3 *A physician shall be dedicated to providing competent medical care with*
4 *compassion and respect for human dignity and rights.*

5
6 1. A psychiatrist shall not gratify his or her own needs by exploiting the patient.
7 The psychiatrist shall be ever vigilant about the impact that his or her conduct has
8 upon the boundaries of the doctor-patient relationship, and thus upon the well-being
9 of the patient. These requirements become particularly important because of the
10 essentially private, highly personal, and sometimes intensely emotional nature of the
11 relationship established with the psychiatrist.

12 9. The *Principles with Annotations* further provide:

13 *Section 2*

14 *A physician shall uphold the standards of professionalism, be honest in all*
15 *professional interactions and strive to report physicians deficient in character or*
16 *competence, or engaging in fraud or deception to appropriate entities.*

17 1. The requirement that the physician conduct himself/herself with propriety in
18 his or her profession and in all the actions of his or her life is especially important in
19 the case of the psychiatrist because the patient tends to model his or her behavior after
20 that of his or her psychiatrist by identification. Further, the necessary intensity of the
21 treatment relationship may tend to activate sexual and other needs and fantasies on the
22 part of both the patient and psychiatrist, while weakening the objectivity necessary for
23 control. Additionally, the inherent inequality in the doctor-patient relationship may
24 lead to exploitation of the patient. Sexual activity with a current or former patient is
25 unethical.

26 10. The *Principles with Annotations* further provide:

27 *Section 8*

28 *A Physician shall, while caring for a patient, regard responsibility to the patient as*
paramount.

... 2. When the psychiatrist's outside relationships conflict with the clinical
needs of the patient, the psychiatrist must always consider the impact of such
relationships and strive to resolve conflicts in a manner that the psychiatrist believes
is likely to be beneficial to the patient.

3. When significant relationships exist that may conflict with patients' clinical
needs, it is especially important to inform the patient or decision maker about these
relationships and potential conflicts with clinical needs.

STATEMENT OF FACTS

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2 11. On June 16, 2017, the Board received an 805 report from The Permanente Medical
3 Group (TPMG) which reported that, effective June 8, 2017, Respondent had resigned from the
4 medical group. The report stated that “following commencement of an investigation regarding a
5 personal relationship Dr. Travis disclosed involving a patient, he voluntarily resigned his
6 employment with The Permanente Medical Group.” The Board also received documents,
7 including email communications between Respondent and TPMG, which revealed that
8 Respondent admitted to having developed very strong feelings for a married patient in his
9 psychiatric practice and that he anticipated converting to her religion in order that they could
10 marry once his own marriage was dissolved.

11 12. Respondent was interviewed by representatives from the medical staff and human
12 resources department. He acknowledged that after several appointments he had developed
13 romantic feelings for a female patient. At least one of the appointments followed a meeting in a
14 park, where Respondent had talked with the patient about his personal life and feelings.
15 Respondent allowed his romantic attachment to the patient affect his care. By his admission, she
16 received more time and attention than his other patients. Respondent complied with her requests
17 for zolpidem, a hypnotic sleep medication, in extremely high doses. When another physician
18 denied the patient an early refill of the zolpidem, Respondent interceded on her behalf. Although
19 Respondent stated many times that he had crossed boundaries, Respondent insisted that the APA
20 guidelines, which provide that a clinician shall not engage in a personal relationship with a current
21 or former patient, did not apply. He advised that he and the patient planned to take a six month
22 “break,” after which they would resume their social relationship. Respondent asserted that this
23 plan was consistent with the AMA guidelines.

24 13. Respondent was also interviewed by an investigator and medical consultant for the
25 Medical Board. Although Respondent initially described his relationship with his patient as a
26 friendship, he acknowledged that his own emails stated that the relationship was a romantic one.
27 Respondent reported that his appointments with the patient increased in frequency in April, 2017,
28 so that he was seeing the patient weekly. He conceded that he was uncertain whether the

1 increased frequency served to address her needs or his own personal desires, but acknowledged
2 that such frequent meetings exceeded what would be required to manage the patient's
3 medications. In addition to office visits, he conceded that he was meeting the patient socially
4 outside the office and their relationship included hugging, kissing, holding hands and exchanging
5 gifts. Respondent also admitted that even after their psychiatrist-patient relationship ended, he
6 maintained contact with the patient and, at the time of the October 2017 interview, they were in
7 daily communication.

8 14. At his interview, Respondent again contended that, despite the fact that he was the
9 patient's psychiatrist, he did not feel that the principles of ethics promulgated by the American
10 Psychiatric Association (APA) barred his instigation and maintenance of a personal relationship
11 with a patient. Respondent stated that he was not an APA member. Respondent also stated that
12 the nature of the treatment was medication management rather than psychotherapy, hence the
13 APA prohibition against relationships with current or former patients would not apply to their
14 relations.

15 15. At the Board's request, Respondent agreed to undergo a psychiatric evaluation. The
16 results of that evaluation were reported to the Board. Significantly, the evaluator reported that
17 Respondent was deceptive and evasive in his explanation of his relationship with the patient,
18 characterizing it as a friendship and glossing over evidence of a romantic dating relationship. To
19 the extent that he did acknowledge his boundary and ethical violations, Respondent minimized
20 them, stating that he was only providing medication management albeit he was seeing the patient
21 weekly in response to her requests and his desire for more contact and that he was also meeting
22 her socially outside office hours. Respondent showed no insight into the potential for
23 psychological and emotional harm his boundary violations could cause the patient. Although he
24 recognized that he was in a conflicted and unhappy marriage, he did not see that his
25 dissatisfaction with his own marital relationship was driving his desire for intimacy with his
26 patient and impacting their therapeutic relationship. The psychiatric evaluator diagnosed
27 Respondent with a mental illness, which diagnosis included an adjustment disorder with mixed
28 anxiety and depressed mood, as well as likely personality traits that render him more prone to

1 engage in boundary and ethical violations. Overall, the evaluator opined that Respondent has little
2 insight into his boundary violations and that he is at risk for repeating these behaviors unless his
3 practice should be restricted as regards to female patients and he also be required to undergo
4 psychotherapy specifically addressing transference and countertransference issues.

5 **FIRST CAUSE FOR DISCIPLINE**

6 **(Unprofessional Conduct/Gross Negligence/Negligence)**

7 16. Respondent's conduct in initiating and continuing a personal romantic relationship
8 with a patient in his psychiatric practice constitutes unprofessional conduct and/or gross
9 negligence and/or negligence and/or a violation of ethical standards and Respondent's certificate
10 is subject to discipline under Business and Professions Code sections 2234 and/or 2234(b) and/or
11 2234(c).

12 17. Complainant incorporates the factual allegations in Paragraphs 11-15 above as though
13 fully set out herein. Respondent's conduct violated the standard of care for a psychiatrist as well
14 as the canons of professional ethics applicable to psychiatrists.

15 **SECOND CAUSE FOR DISCIPLINE**

16 **(Mental Illness)**

17 18. Respondent is subject to disciplinary action under Sections 2227 and 822 of the Code
18 in that respondent is impaired in his ability to practice medicine safely, particularly as regards to
19 female patients, as a result of his adjustment disorder with mixed anxiety and depressed mood.

20 19. Complainant incorporates the factual allegations in Paragraphs 11-15 above as though
21 fully set out herein.

22 **THIRD CAUSE FOR DISCIPLINE**

23 **(Unprofessional Conduct/Gross Negligence/Negligence/Incompetence)**

24 20. Complainant incorporates the factual allegations in Paragraphs 11-15 above as though
25 fully set out herein.

26 21. Respondent repeatedly demonstrated a lack of knowledge regarding the content and
27 application of the ethical standards governing the practice of psychiatry generally and/or as it
28 applied to his personal romantic relationship with a patient and this constitutes unprofessional

1 conduct and is cause for discipline pursuant to Business and Professions Code sections 2234
2 and/or 2234(d). It also represents a violation of ethical standards.

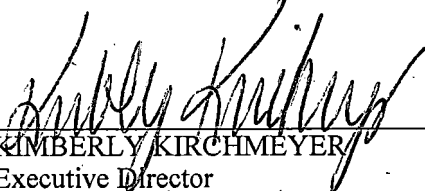
3 22. Respondent's failure to understand or appreciate the role of transference and counter-
4 transference in his relationship with his female patient, his maintenance of dual relationships with
5 her during and after termination of therapy, as well as his failure to understand or consider the
6 dynamics between them and the potential for harm posed to the patient's well-being constitute
7 unprofessional conduct and/or incompetence and/or gross negligence and/or negligence and is
8 cause for discipline pursuant to Business and Professions Code sections 2234 and/or 2234(b)
9 and/or 2234(c) and/or 2234(d).

10 **PRAYER**

11 **WHEREFORE**, Complainant requests that a hearing be held on the matters herein alleged,
12 and that following the hearing, the Board issue a decision:

- 13 1. Revoking or suspending Physician's and Surgeon's Certificate Number G 80122,
14 issued to Adam David Travis, M.D.;
- 15 2. Revoking, suspending or denying approval of Adam David Travis, M.D.'s authority to
16 supervise physician assistants and advanced practice nurses;
- 17 3. Ordering Adam David Travis, M.D., if placed on probation, to pay the Board the costs
18 of probation monitoring; and
- 19 4. Taking such other and further action as deemed necessary and proper.

20
21 DATED: May 9, 2018


22 KIMBERLY KIRCHMEYER
23 Executive Director
24 Medical Board of California
25 State of California
26 Complainant

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