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

In the Matter of the Accusation Against: **Ahsan Rauf Shaikh, M.D.** **2542 S BASCOM AVE STE 100** **CAMPBELL, CA 95008-5541** **Physician's and Surgeon's Certificate No. A 72258,** Respondent.	Case No. 800-2021-084223 **ACCUSATION**

PARTIES

1. Reji Varghese (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 June 26, 2000, the Medical Board issued Physician's and Surgeon's Certificate Number A 72258 to Ahsan Rauf Shaikh, 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 November 30, 2025, 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:
>
> (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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> . . .

ETHICAL PRINCIPLES

6. The American Medical Association, Code of Medical Ethics Opinion 1.1.1 governs Patient-Physician Relationships. Opinion 1.1.1, states, in part:

"The practice of medicine, and its embodiment in the clinical encounter between a patient and a physician, is fundamentally a moral activity that arises from the imperative to care for patients and to alleviate suffering. The relationship between a patient and a physician is based on

trust, which gives rise to physicians' ethical responsibility to place patients' welfare above the physician's own self-interest or obligations to others, to use sound medical judgment on patients' behalf, and to advocate for their patients' welfare."

7. The American Medical Association, Code of Medical Ethics Opinion 9.1.1 governs Romantic or Sexual Relationships with Patients. Opinion 9.1.1 states:

"Romantic or sexual interactions between physicians and patients that occur concurrently with the patient physician relationship are unethical. Such interactions detract from the goals of the patient-physician relationship and may exploit the vulnerability of the patient, compromise the physician's ability to make objective judgments about the patient's health care, and ultimately be detrimental to the patient's well-being.

A physician must terminate the patient-physician relationship before initiating a dating, romantic, or sexual relationship with a patient.

Likewise, sexual or romantic relationships between a physician and a former patient may be unduly influenced by the previous physician-patient relationship. Sexual or romantic relationships with former patients are unethical if the physician uses or exploits trust, knowledge, emotions, or influence derived from the previous professional relationship, or if a romantic relationship would otherwise foreseeably harm the individual.

In keeping with a physician's ethical obligations to avoid inappropriate behavior, a physician who has reason to believe that nonsexual, nonclinical contact with a patient may be perceived as or may lead to romantic or sexual contact should avoid such contact."

8. The American Psychiatric Association has promulgated *The Principles of Medical Ethics with Annotations Especially Applicable to Psychiatry (Principles with Annotations)*. As explained, in part, in the Foreword to the 2013 Edition:

> ALL PHYSICIANS should practice in accordance with the medical code of ethics set forth in the Principles of Medical Ethics of the American Medical Association.
>
> . . .
>
> However, these general guidelines have sometimes been difficult to interpret for psychiatry, so further annotations to the basic principles are offered in this document. While psychiatrists have the same goals as all physicians, there are special ethical problems in psychiatric practice that differ in coloring and degree from ethical

problems in other branches of medical practice, even though the basic principles are the same. The annotations are not designed as absolutes and will be revised from time to time so as to be applicable to current practices and problems.

9. The *Principles with Annotations* provide, in pertinent part:

Section 1[1]

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

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

10. The *Principles with Annotations* further provide:

Section 2[2]

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

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

COST RECOVERY

11. Section 125.3 of the Code provides:

(a) Except as otherwise provided by law, in any order issued in resolution of a disciplinary proceeding before any board within the department or before the Osteopathic Medical Board, upon request of the entity bringing the proceeding, the administrative law judge may direct a

[1] The *AMA Principles of Medical Ethics* from which the *Principles with Annotations* is derived provides: "A physician shall be dedicated to providing competent medical care with compassion and respect for human dignity and rights." (*AMA Principles*, Section 1.)

[2] The *AMA Principles of Medical Ethics* from which the *Principles with Annotations* is derived provides: "A physician shall uphold the standards of professionalism, be honest in all professional interactions and strive to report physicians deficient in character or competence, or engaging in fraud or deception to appropriate entities." (*AMA Principles*, Section 2.)

licensee found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

(b) In the case of a disciplined licensee that is a corporation or a partnership, the order may be made against the licensed corporate entity or licensed partnership.

(c) A certified copy of the actual costs, or a good faith estimate of costs where actual costs are not available, signed by the entity bringing the proceeding or its designated representative shall be prima facie evidence of reasonable costs of investigation and prosecution of the case. The costs shall include the amount of investigative and enforcement costs up to the date of the hearing, including, but not limited to, charges imposed by the Attorney General.

(d) The administrative law judge shall make a proposed finding of the amount of reasonable costs of investigation and prosecution of the case when requested pursuant to subdivision (a). The finding of the administrative law judge with regard to costs shall not be reviewable by the board to increase the cost award. The board may reduce or eliminate the cost award, or remand to the administrative law judge if the proposed decision fails to make a finding on costs requested pursuant to subdivision (a).

(e) If an order for recovery of costs is made and timely payment is not made as directed in the board's decision, the board may enforce the order for repayment in any appropriate court. This right of enforcement shall be in addition to any other rights the board may have as to any licensee to pay costs.

(f) In any action for recovery of costs, proof of the board's decision shall be conclusive proof of the validity of the order of payment and the terms for payment.

(g)(1) Except as provided in paragraph (2), the board shall not renew or reinstate the license of any licensee who has failed to pay all of the costs ordered under this section.

(2) Notwithstanding paragraph (1), the board may, in its discretion, conditionally renew or reinstate for a maximum of one year the license of any licensee who demonstrates financial hardship and who enters into a formal agreement with the board to reimburse the board within that one-year period for the unpaid costs.

(h) All costs recovered under this section shall be considered a reimbursement for costs incurred and shall be deposited in the fund of the board recovering the costs to be available upon appropriation by the Legislature.

(i) Nothing in this section shall preclude a board from including the recovery of the costs of investigation and enforcement of a case in any stipulated settlement.

(j) This section does not apply to any board if a specific statutory provision in that board's licensing act provides for recovery of costs in an administrative disciplinary proceeding.

FACTUAL ALLEGATIONS

12. Respondent specializes in psychiatry. During the period when the events set forth in this Accusation took place, Respondent practiced as a child and adolescent psychiatrist. At least a portion of his work was with an entity (referred to herein as Health Treatment Entity) which provided mental and behavioral health treatment to foster care children.

Patient 1[3]

13. Between 2017 and 2021, Patient 1 received care through a variety of Health Treatment Entity treatment programs. Patient 1 first saw Respondent for psychiatric care in late 2017, when she was 14 years old. She had grown up for many years in foster care, having been removed from her parental care at a young age. She had lived in several foster care and other non-parental custodial settings over the years. She has a history of neglect and sexual abuse. She had an extensive history of significant interpersonal traumas, including ones perpetrated by adults in positions of caregiving and trust. In approximately December 2017, Respondent diagnosed Patient 1 with Attention Deficit-Hyperactivity Disorder [combined type] and Oppositional Defiance Disorder with "rule out" diagnoses of bipolar disorder and posttraumatic stress disorder. After March 2018, there was a gap in treatment with Respondent. In 2019, the then sixteen-year-old Patient 1 became pregnant and had a child. Respondent again treated Patient 1 at regular intervals and prescribed medication to treat the patient's symptoms.

14. In the later part of 2020, Patient 1 turned 18, but continued to receive voluntary support from Health Treatment Entity. She continued to receive care and prescriptions from

[3] Patients are identified by numbers to protect privacy.

Respondent. From March through May 2021, Respondent documented three telehealth appointments describing his treatment plan with psychotropic medication. Respondent's record for visits in March and April 2021 note that he prescribed medication for Patient 1's depression and ADHD, as well as for insomnia in April 2021.

15. Respondent's last documented encounter for Patient 1 was on June 27, 2021. His record noted an appointment for one hour with a "Place of Service" location of "Field." June 27, 2021, was a Sunday, but the note was not made until two days later. Respondent did not note why the visit was in-person, why it took place outside of business hours, or that it involved driving to a remote location with his patient. His record does not mention anything unusual about the appointment, but consists only of a brief summary of medication issues.

16. According to Patient 1, Respondent suggested an appointment location at the beach or a park, Patient 1 agreed to the beach, and Respondent scheduled the June 27, 2021 appointment as a trip to the beach. Arrangements were made mostly by text messages, between Patient 1 and Respondent, using his personal cell phone. Respondent met Patient 1 in the parking lot of a local business, where they had planned she would leave her car. Respondent got out of his vehicle, approached her and gave her a hug, an event she described as unusual. Patient 1 got into Respondent's car. Respondent took Patient 1 to a restaurant for lunch, and suggested that they would go to a shopping center instead of the beach, in order to avoid traffic. This particular shopping center is a location where Respondent had previously gone in his personal life. While they were together during this encounter, Respondent made a number of personal comments to Patient 1. For example, he said that she was thin and wrapped his hand around her wrist, and during a conversation in which she expressed that her family did not acknowledge her accomplishments, Respondent grabbed and held onto her hand for a prolonged period of time until she pulled it away, and told her that he appreciated and cared about her. At the shopping center, Respondent kept placing his hand on Patient 1's lower back and would stand directly behind her. Respondent made inappropriate comments in response to Patient 1's reason for not wanting to go to an ice cream shop at the shopping center, the two walked across the street to another mall and ate ice cream at that mall, and Respondent acted in a manner that made Patient 1

very uncomfortable. He attempted to lean closer to her as they ate ice cream, and made personal comments such as telling Patient 1 that he wanted to spoil her, and "it looks like I'm your sugar daddy." When Patient 1 spilled ice cream on her pants, Respondent attempted to wipe the ice cream off of her pants. Eventually, Patient 1 told Respondent she had a headache and wanted to leave. Respondent told Patient 1 that he would later show her a technique to help with her headache. In the car on the return trip, Respondent made inappropriate statements that made Patient 1 uncomfortable. When they got back to the parking lot, Patient 1 got out of Respondent's car and began to put her leftover food in her car. Respondent got out of the driver's seat of his car and moved into the back seat of his car. He asked Patient 1 to join him. Patient 1 got in the back seat with Respondent, and he proceeded to massage her shoulders and told her to lean back, which Patient 1 did to the point where she was lying face up on Respondent's lap. Respondent then massaged her head and face while saying she was tense and needed to loosen up. As Patient 1 moved to get up, Respondent hugged her for longer than the typical amount of time for a hug.

17. Patient 1 also states that on a few occasions before the June 27, 2021 incident, Respondent made comments that were unusual. For example, when Patient 1 forgot to take her medication, he said something along the lines of "do I have to go over there and spank you" and "I'll have to go over there and make you swallow them." Patient 1 states that Respondent also at various points took her out to dinner on her birthday, bought gifts for her and for her child, offered to host her child's birthday party at his home, followed Patient 1 on Instagram, and engaged with her social media profile. During one in-office visit in 2019, Patient 1 states that Respondent performed a short shoulder massage in his office.

18. During an investigative interview with personnel from Health Treatment Entity, when discussing the June 27, 2021 encounter with Patient 1, Respondent stated that he accommodated Patient 1's request for an in-person visit, and that his touching that occurred during the June 27 appointment was done in a "validating and therapeutic way" that was maybe "misinterpreted" by Patient 1. He acknowledged hugging Patient 1, but during his Board interview, downplayed it as a "side hug." He conceded that he had performed a sort of massage in his car at the end of the

encounter, but described it as a therapeutic method to relieve headaches by using fingers on the temples. According to Respondent, Patient 1 was unable to accomplish the maneuver on her own, so he performed it on her to teach her how to do it. He stated that the procedure occurred in the front seat of the car. Respondent also stated that when Patient 1 was in Respondent's car and close to tears while discussing her failure to get support or recognition from her family, Respondent told Patient 1 that she should be very proud and briefly put his hand on hers to emphasize the point. Respondent stated that his touches of Patient 1 were intended to be supportive. Respondent denied many of Patient 1's allegations.

19. Within a few days of the June 27, 2021 encounter, Patient 1 reached out to Respondent by a text message sent to his private cell phone, asking to "talk about yesterday". Patient 1 did not answer calls from Respondent after that message, but later sent him the following message:

> Sorry I wasn't picking up, this is very serious to me I couldn't figure out how to put my thoughts into words. I've been thinking a lot about how yesterday went and there's a lot of things that I've been processing that have made me uncomfortable. Yesterday you got more physical with me more often than you ever used to and I tried to brush it off because I wasn't comfortable with the the [*sic*] hug but you still touched me more throughout our meeting, by holding your hand on my back when we walked, or holding my hand for an excessive amount of time in the car, once I told you about my headache I feel like in a way that was taken to your advantage by offering me to get in the backseat for a massage and you asked me to lean on you which did make me uncomfortable as well, along with the hug from behind as I was getting out of your car. Of all people, you know my past better than anyone, and it felt like in a way you tried to have your way with me even knowing I have a boyfriend and you're married and with kids. It felt unprofessional and out of line and it left me feeling really uncomfortable about our meeting and stuck processing everything. It felt like the reason you were asking me to get in the back seat was pretty apparent and for those reasons I feel like it's best if we keep our visits virtual for now[.]

Respondent texted back that he was sorry for making Patient 1 feel uncomfortable and asked if he could call her. Patient 1 did not respond.

20. Respondent's actions harmed Patient 1 because after the June 27, 2021 incident, Patient 1 decided that she was unable to continue services with her long-term psychiatrist. Additionally, Patient 1 believed that as a result of this conduct that she would have more difficulty trusting future health care providers in a therapeutic relationship.

Patient 2

21. Patient 2 was Respondent's patient at Health Treatment Entity for approximately five years beginning in June 2015. At that time she was a young teenager. Patient 2 became a dependent of the court in 2013 due to sexual abuse by a close family member, and subsequently had multiple failed foster care placements. She suffered from physical abuse and severe psychiatric illness including depression and hallucinations, and she demonstrated suicidal behavior resulting in psychiatric hospitalizations.

22. Early in Respondent's treatment of Patient 2, he noted her difficulties with maintaining appropriate boundaries with male peers. Over the course of approximately five years of treating Patient 2, he several times noted vulnerability and concerns regarding her self-esteem, interpersonal relationships, safety, and sexuality.

23. Respondent provided Patient 2 with his personal cell phone number and they regularly exchanged text messages. According to Patient 2, they developed a close relationship. They met on multiple occasions outside of regular appointments. Respondent took Patient 2 to lunch with one of his children, and included her on multiple outings with his family. Respondent took Patient 2 to dinner with his family as a graduation present, and took her to the movies with his family. He drove her to pick up a lizard for therapeutic purposes. Respondent gave gifts to Patient 2, and they occasionally hugged.

24. In 2018, Health Treatment Entity staff became concerned about Respondent exceeding professional boundaries with Patient 2 and elevated the issue to management, and Respondent was counseled on the issue.

25. In 2020, Respondent bought Patient 2 an emotional support dog. In 2020, Patient 2 texted Respondent to update Respondent with good news on her sobriety status. Respondent responded, sending her heart emojis and saying that she had always been a kid that he loved.

26. Patient 2 never found Respondent's behavior sexual or inappropriate.

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FIRST CAUSE FOR DISCIPLINE

(Unprofessional Conduct - Gross Negligence [Patient 1]

Violation of AMA Code of Medical Ethics Opinion 1.1.1)

27. Paragraphs 12-20 above are incorporated as if set forth herein.

28. Respondent is subject to disciplinary action under Business and Professions Code sections 2234 (unprofessional conduct) and/or 2234, subdivision (b) (unprofessional conduct - gross negligence) in that Respondent committed unprofessional conduct and committed gross negligence when he provided treatment to Patient 1 that violates the American Medical Association Code of Medical Ethics Opinion 1.1.1 ethical principle and the principle of not doing harm.

SECOND CAUSE FOR DISCIPLINE

(Unprofessional Conduct - Gross Negligence [Patient 1]

Boundaries Violation)

29. Paragraphs 12-20 above are incorporated as if set forth herein.

30. Respondent is subject to disciplinary action under Business and Professions Code sections 2234 (unprofessional conduct) and/or 2234, subdivision (b) (unprofessional conduct - gross negligence) in that Respondent exhibited poor judgment and failed to maintain therapeutic neutrality in the psychiatrist-patient relationship by demonstrating a lack of awareness of ethical and boundary issues with Patient 1. He failed to maintain clear boundaries with Patient 1, even before the June 27, 2021 encounter, by actions such as communicating with the patient through his personal cell phone, giving the patient a gift, following Patient 1 on social media, and engaging with Patient 1's social media profile. For the June 27, 2021 encounter, which Respondent deemed a medical appointment, Respondent exhibited poor judgment and failed to maintain therapeutic neutrality in the psychiatrist-patient relationship by demonstrating a lack of awareness of ethical and boundary issues. He used a personal cell phone to communicate with the patient. He arranged an encounter that took place on a Sunday—outside of usual business hours and outside a usual practice location (such as office or telehealth). Patient 1 met Respondent at an outdoor mall where Respondent normally goes in his personal life and rode in

his car. Patient 1 and Respondent engaged in physical contact, including hugging, hands on temples, and hand on hand. They went to a shopping mall, ate a meal together, and then had ice cream together. Respondent failed to maintain therapeutic neutrality in the physician-patient relationship with Patient 1 by violating boundaries of method of communication, appointment location and time, physical contact, eating together, purchasing a gift, and engagement over social media.

THIRD CAUSE FOR DISCIPLINE

(Unprofessional Conduct - Gross Negligence [Patient 1]

Violation of AMA Code of Medical Ethics Opinion 9.1.1)

31. Paragraphs 12-20 above are incorporated as if set forth herein.

32. Respondent is subject to disciplinary action under Business and Professions Code sections 2234 (unprofessional conduct) and/or 2234, subdivision (b) (unprofessional conduct - gross negligence) in that Respondent committed unprofessional conduct and committed gross negligence when he made statements and actions that violated the American Medical Association Code of Medical Ethics Opinion 9.1.1 ethical principle prohibiting (1) nonsexual/nonclinical contact with Patient 1 that Respondent had a reason to believe would be perceived as or leading to romantic or sexual contact and (2) romantic interactions occurring concurrently with the Patient 1 patient-physician relationship, because such interactions detracted from the goals of the Patient 1 patient-physician relationship, exploited the vulnerability of Patient 1, compromised Respondent's ability to make objective judgments about Patient 1's healthcare, and were ultimately detrimental to Patient 1's well-being. Over the course of treatment, Respondent made several inappropriate comments to Patient 1, a vulnerable patient with a history of sexual abuse and trauma. On June 27, 2021, Respondent made inappropriate comments to Patient 1, while also engaging in physical touching that was both inappropriate and unusual in the context of their psychiatrist-patient relationship. On June 27, 2021, this conduct with Patient 1 occurred during the course of a purported medical appointment, with some of the physical contact occurring in the confined space of his personal car.

FOURTH CAUSE FOR DISCIPLINE

(Unprofessional Conduct - Gross Negligence [Patient 2]

Violation of AMA Code of Medical Ethics Opinion 1.1.1)

33. Paragraphs 12 and 21-26 above are incorporated as if set forth herein.

34. Respondent is subject to disciplinary action under Business and Professions Code sections 2234 (unprofessional conduct) and/or 2234, subdivision (b) (unprofessional conduct - gross negligence) in that Respondent committed unprofessional conduct and committed gross negligence when he provided treatment to Patient 2 that violates the American Medical Association Code of Medical Ethics Opinion 1.1.1 ethical principle and the principle of not doing harm, including by using his own money, family, and personal weekend time outside of business hours, which demonstrated how Respondent incorporated Patient 2 into his own life to meet Respondent's own altruistic needs under the misguided belief that he was helping Patient 2's treatment. Although this did not result in a complaint from this child patient, Patient 2 would be expected to be confused by this attention resulting in exacerbation of feelings of anger, loneliness, and abandonment by her family of origin. Respondent therefore violated the American Medical Association Code of Medical Ethics Opinion 1.1.1 ethical principle and the principle of not doing harm to Patient 2.

FIFTH CAUSE FOR DISCIPLINE

(Unprofessional Conduct - Gross Negligence [Patient 2]

Boundaries Violation)

35. Paragraphs 12 and 21-26 above are incorporated as if set forth herein.

36. Respondent is subject to disciplinary action under Business and Professions Code sections 2234 (unprofessional conduct) and/or 2234, subdivision (b) (unprofessional conduct - gross negligence) in that Respondent exhibited poor judgment and failed to maintain therapeutic neutrality in the psychiatrist-patient relationship with Patient 2 by demonstrating a lack of awareness of ethical and boundary issues, including by using his personal cell phone to communicate with Patient 2, met with the patient outside usual business hours and outside of a

practice location. He took Patient 2 to a place where he regularly goes in his personal life. He included Patient 2 in social and family activities (including going to the movies and meals), and purchased gifts for Patient 2. He engaged in communication with demonstration of nonclinical affection. In taking these steps, Respondent exhibited poor judgment and failed to maintain therapeutic neutrality in the psychiatrist-patient relationship with Patient 2 by demonstrating a lack of awareness of ethical and boundary issues.

SIXTH CAUSE FOR DISCIPLINE

(Unprofessional Conduct – Repeated Negligent Acts)

37. Paragraphs 12-36 above are incorporated as if set forth herein.

38. Respondent is subject to disciplinary action under Business and Professions Code sections 2234 (unprofessional conduct) and/or 2234, subdivision (c) (unprofessional conduct – repeated negligent acts) in that Respondent committed repeated negligent acts when he committed unprofessional conduct by committing at least two of the following:

A. Provided treatment to Patient 1 that violates the American Medical Association Code of Medical Ethics Opinion 1.1.1 ethical principle and the principle of not doing harm;

B. Exhibited poor judgment and failed to maintain therapeutic neutrality in the psychiatrist-patient relationship with Patient 1 by demonstrating a lack of awareness of ethical and boundary issues;

C. Provided care and treatment to Patient 1 that violated the American Medical Association Code of Medical Ethics Opinion 9.1.1 ethical principle prohibiting romantic interactions between physicians and patients occurring concurrently with the physician-patient relationship and allowing nonsexual/nonclinical contact with a patient that could be perceived as or leading to romantic or sexual contact;

D. Provided treatment to Patient 2 that violates the American Medical Association Code of Medical Ethics Opinion 1.1.1 ethical principle and the principle of not doing harm;

E. Exhibited poor judgment and failed to maintain therapeutic neutrality in the psychiatrist-patient relationship with Patient 2 by demonstrating a lack of awareness of ethical and boundary issues.

PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number A 72258, issued to Respondent Ahsan Rauf Shaikh, M.D.;

2. Revoking, suspending or denying approval of Respondent Ahsan Rauf Shaikh, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Respondent Ahsan Rauf Shaikh, M.D., to pay the Board the costs of the investigation and enforcement of this case, and if placed on probation, the costs of probation monitoring; and

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

DATED: JUL 3 1 2024

REJI VARGHESE
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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