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**FILED**

**OCT 29 2021**

**OSTEOPATHIC MEDICAL BOARD  
OF CALIFORNIA**

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

12 In the Matter of the First Amended Accusation  
13 Against:

Case No. 900-2019-000047

14 **CUYLER BURNS GOODWIN, D.O.**  
15 P.O. Box 695  
Cotati, CA 94931-0695

**FIRST AMENDED ACCUSATION**

16 Osteopathic Physician's and Surgeon's  
17 Certificate No. 20A 13049  
Respondent.

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21 **PARTIES**

22 1. Mark M. Ito (Complainant) brings this First Amended Accusation solely in his  
23 official capacity as the Executive Director of the Osteopathic Medical Board of California,  
24 Department of Consumer Affairs.

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1           2.     On November 19, 2013, the Osteopathic Medical Board of California issued  
 2 Osteopathic Physician's and Surgeon's Certificate No. 20A 13049 to Cuyler Burns Goodwin, D.O.  
 3 (Respondent). The Osteopathic Physician's and Surgeon's Certificate was in full force and effect  
 4 at all times relevant to the charges brought herein and will expire on October 31, 2022, unless  
 5 renewed.

6                                                         JURISDICTION

7           3.     This First Amended Accusation is brought before the Osteopathic Medical Board of  
 8 California (Board), Department of Consumer Affairs, under the authority of the following laws.  
 9 All section references are to the Business and Professions Code (Code) unless otherwise  
 10 indicated.

11           4.     Section 3600 of the Code states that the law governing licentiates of the Osteopathic  
 12 Medical Board of California is found in the Osteopathic Act and in Chapter 5 of Division 2,  
 13 relating to medicine, known as the Medical Practice Act.

14           5.     Section 3600-2 of the Code states:

15                 "The Osteopathic Medical Board of California shall enforce those portions of the Medical  
 16 Practice Act identified as Article 12 (commencing with Section 2220), of Chapter 5 of Division 2  
 17 of the Business and Professions Code, as now existing or hereafter amended, as to persons who  
 18 hold certificates subject to the jurisdiction of the Osteopathic Medical Board of California. . ."

19           6.     Section 2227(a) of the Code provides in pertinent part that a licensee whose matter  
 20 has been heard by an administrative law judge. . .who is found guilty. . .may, in accordance with  
 21 the provisions of this chapter: have his license revoked; have his right to practice medicine  
 22 suspended for a period not to exceed one year upon order of the board; be placed on probation  
 23 and be required to pay the costs of probation monitoring upon order of the board; be publicly  
 24 reprimanded which may include relevant educational courses; or have any other action taken in  
 25 relation to discipline as part of an order of probation.

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1 7. Section 2234 of the Code states, in pertinent part:

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

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

7 (b) Gross negligence.

8 (c) Repeated negligent acts.

9 (d) Incompetence.

10 8. Section 2266 of the Code states: "The failure of a physician and surgeon to maintain  
11 adequate and accurate records relating to the provision of services to their patients constitutes  
12 unprofessional conduct."

13 9. Section 2452 of the Code provides that the Medical Practice Act applies to the  
14 Osteopathic Medical Board of California so far as it is consistent with the Osteopathic Act.

15 10. Section 2459.4(a) of the Code provides, in pertinent part, that a licensee of the Board  
16 must notify his patients if he is placed on probation based on the commission of any act of sexual  
17 abuse, misconduct, or relations with a patient or client.

18 11. Section 726 of the Code provides that the commission of any act of sexual abuse,  
19 misconduct, or relations with a patient, client, or customer constitutes unprofessional conduct and  
20 grounds for disciplinary action.

21 **ETHICAL PRINCIPLES**

22 12. Beginning in 1973, with periodic revisions, the American Psychiatric Association has  
23 promulgated *The Principles of Medical Ethics with Annotations Especially Applicable to*  
24 *Psychiatry (Principles with Annotations)*. As explained in the Foreword to the 2013 Edition:

25 All physicians should practice in accordance with the medical code of ethics set  
26 forth in the *Principles of Medical Ethics* of the American Medical Association . . .  
27 However, these general guidelines have been difficult to interpret for psychiatry, so  
28 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.

1           13.    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                    1. A psychiatrist shall not gratify his or her own needs by exploiting the  
6                    patient. The psychiatrist shall be ever vigilant about the impact that his or her conduct  
7                    has upon the boundaries of the doctor-patient relationship, and thus upon the well-  
8                    being of the patient. These requirements become particularly important because of the  
9                    essentially private, highly personal, and sometimes intensely emotional nature of the  
10                   relationship established with the psychiatrist.

11           14.    The *Principles with Annotations* further provide:

12                    *Section 2*

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

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

25           15.    The *Principles with Annotations* further provide:

26                    *Section 8*

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

          16.    In addition, the American Medical Association publishes Medical Ethics Opinions to  
inform the ethical practice of medicine. American Medical Association Code of Medical Ethics  
Opinion 9.1.2 states that third-party patient relationships involving sexual or romantic interactions

1 between physicians and third parties may detract from the goals of the patient-physician  
2 relationship, exploit the vulnerability of the third-party, compromise the physician's ability to  
3 make objective judgments, and be detrimental to the patient's well-being. The opinion states that  
4 physicians should avoid sexual or romantic relations with any individual whose decisions directly  
5 affect the health and welfare of the patient.

6 **COST RECOVERY**

7 17. Section 125.3 of the Code provides, in pertinent part, that the Board may request the  
8 administrative law judge to direct a licensee found to have committed a violation or violations of  
9 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and  
10 enforcement of the case, with failure of the licensee to comply subjecting the license to not being  
11 renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be  
12 included in a stipulated settlement.

13 18. At all times relevant to these allegations, Respondent was the Medical Director at  
14 Sequoia Mind Health in Santa Rosa, where he practiced as a psychiatrist.

15 **FIRST CAUSE FOR DISCIPLINE**

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

17 **Patient A**

18 19. Respondent treated Patient A<sup>1</sup> for schizophrenia<sup>2</sup> from June 11, 2017 to January 15,  
19 2019, for a total of 38 appointments. Patient A suffers auditory hallucinations, delusional beliefs  
20 including paranoia, suicidal ideations, and daily severe panic attacks. Respondent concurred in  
21 the diagnosis of schizophrenia.

22 20. Respondent's treatment of Patient A was provided by way of house calls to the home  
23 where the patient lived with his mother. Patient A's sister (Sister) was a frequent visitor to the  
24

25 <sup>1</sup> The first patient in this document is designated as Patient A to protect his privacy. The  
26 second patient is designated as Patient B to protect her privacy. The third patient is designated as  
27 Patient C to protect her privacy. All other witnesses will be designated by their relationship with  
28 Patient A. Respondent knows the names of the patients and witnesses and can confirm their  
identities through the discovery process.

<sup>2</sup> Schizophrenia is a serious mental disorder in which people interpret reality abnormally  
and may result in hallucinations, delusions, and extremely disordered thinking with behavior that  
can impair daily functioning, and can be disabling.

1 home, was very close to and involved in Patient A's life, and provided significant assistance to  
2 her family in caring for her schizophrenic and significantly younger brother. Patient A often  
3 visited Sister's home, had a close relationship with her children and husband. Sister was present  
4 at her mother's home for most, if not all, of the treatment sessions. Sister was a primary source of  
5 contact with Respondent, and actively facilitated the care of Patient A. She obtained a referral for  
6 and arranged for Patient A to be seen by Respondent, scheduled appointments, consulted  
7 frequently with Respondent regarding Patient A's care and response to treatment, monitored his  
8 medication, and was charged with paying for each session with \$900 cash provided by Patient  
9 A's mother. Before and after most treatment sessions, Respondent met with Patient A's mother  
10 and Sister to discuss the patient's status and response to treatment. Respondent was well aware of  
11 Patient A's close relationship with his family, and the importance of those relationships in his  
12 mental stability. In January 2018, authored a letter stating that Patient A should not be placed in  
13 situations that could be "potentially destabilizing" and trigger his anxiety, and that the patient's  
14 routines, including spending time with loved ones, should not be altered.

15 21. Sister was extremely grateful for the care and treatment Respondent provided to  
16 Patient A, and even believed that Respondent had saved her brother's life. Sister conveyed her  
17 gratitude to Respondent in what she described as "effusive" terms. In the fall of 2018,  
18 Respondent and Sister entered into a sexual relationship that lasted for several months.

19 22. Sister became pregnant during the sexual relationship. At Sister's request,  
20 Respondent wrote a prescription on November 13, 2018 for Misoprostol<sup>3</sup>. The hand-written  
21 prescription included the word "fetal abortion." Respondent maintained no medical record of the  
22 treatment provided to Sister.

23 23. The sexual relationship ended after it was discovered by Sister's husband and  
24 disclosed to the rest of her family. The discovery of the relationship resulted in significant turmoil  
25 and disruption of the family. Sister believed she was in love with Respondent, and was very angry  
26 with her family over the end of her relationship with Respondent. Sister separated from her  
27 husband and spent less time with her family. Sister became far less involved in Patient A's life,

28 <sup>3</sup> Misoprostol is a medication which can be used to induce an abortion.

1 and Patient A had far less contact with Sister's husband and children. Patient A's family had to  
2 locate a new psychiatrist. These changes were disruptive, confusing and painful to Patient A.

3 24. Respondent was interviewed by the Board's investigators, but refused to answer  
4 questions about the nature of his relationship with Patient A's sister - which he characterized as  
5 outside of his care of Patient A and his own business - or whether he had provided medical  
6 treatment to Sister.

7 25. Respondent is subject to disciplinary action under Business and Professions Code  
8 section 2234(unprofessional conduct) and/or 2234(b) (gross negligence) and/or 2234 (c) (repeated  
9 negligent acts) and/or 2234 (d) (incompetence) and/or a violation of ethical standards, in that  
10 Respondent:

11 A. Had an emotional, physical, and sexual relationship with Patient A's sister while  
12 Respondent was treating Patient A;

13 B. Violated ethical principles and professional boundaries of the patient-psychiatrist  
14 relationship by engaging in a sexual relationship with Patient A's sister, who was a significant  
15 third-party in Patient A's life;

16 C. Entered into a sexual relationship with Patient A's sister, whose decisions and  
17 presence in Patient's A's life directly affected the health and welfare of Patient A.

18 D. Demonstrated either a lack of knowledge of ethics and boundaries, or choose to  
19 ignore his knowledge of ethics and boundaries, by engaging in a physical, emotional, and sexual  
20 relationship with a significant third party in Patient A's life, demonstrating both poor judgment  
21 and lack of knowledge of the potential adverse effects on Patient A;

22 E. Prescribed to Patient A's sister without conducting an appropriate medical  
23 examination or assessment, and without documenting the medical indication or creating any  
24 medical record of the prescription.

25 F. Violated boundaries and ethics, and exhibited poor judgment and/or lack of  
26 knowledge by prescribing abortion medication to a sexual partner who was his patient's sister.

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1 **SECOND CAUSE FOR DISCIPLINE**

2 **(Unprofessional Conduct/Gross Negligence/Negligence/Incompetence/Sexual Misconduct)**

3 **Patient B**

4 26. Patient B was referred to Respondent by her therapist for assistance in tapering off  
5 antidepressant medication. Respondent began treating 27-year-old Patient B on June 6, 2017.  
6 Patient B suffered from generalized anxiety disorder, panic attacks and premenstrual dysphoric  
7 disorder. She had a history of sexual trauma, including multiple sexual assaults. By July 5, 2017,  
8 Patient B had successfully tapered off the antidepressants, and for a brief period of time, stopped  
9 treatment with Respondent. Shortly thereafter, Respondent hired Patient B to work part-time at  
10 his office. In the fall of 2017, while she was Respondent's employee, Patient B returned to  
11 Respondent's psychiatric care for her anxiety, and was treated with Ketamine infusions.<sup>4</sup> At  
12 times during the infusions, Respondent asked Patient B personal questions regarding her sexual  
13 history and her relationship with her boyfriend. He also disclosed his own affair. Respondent's  
14 medical record does not indicate that his treatment of Patient B was ever terminated.

15 27. At the end of the work day on January 12, 2018, Respondent offered Patient B a glass  
16 of wine and led her to his personal office. Respondent proceeded to ask Patient B personal  
17 questions about her boyfriend and discussed his personal life. Respondent told Patient B that he  
18 liked her and kissed her. He then unbuttoned Patient B's pants and penetrated her vagina with his  
19 finger. Patient B pulled his hand out of her pants, said no, and pushed Respondent's hand away.  
20 She left the office, and quit her job soon thereafter. In subsequent communications, Patient B told  
21 Respondent his behavior was inappropriate and unacceptable. Respondent apologized and  
22 eventually offered to pay severance pay "under the table" because she had to quit her job so  
23 suddenly. Patient B never accepted any money from Respondent; however, she refused to pay a  
24 bill he sent her in February 2018 for a ketamine treatment. Respondent told her he "would take  
25 care of it."

26 \_\_\_\_\_  
27 <sup>4</sup> Ketamine is a controlled substance which is commonly used as an anesthesia, but in  
28 smaller doses, can be administered intravenously to treat depression and anxiety. Patient B's  
medical records show she was treated with Ketamine infusions on five occasions between  
September 6, 2017 and October 18, 2017.



1 28. Patient B, who was in graduate school and wanted to become a therapist, continued to  
2 reflect on and feel discomfort over the incident. An ethics course triggered feelings of guilt that  
3 she had not reported Respondent's conduct. On March 15, 2019, Patient B filed a police report.  
4 She also told Respondent's wife and made a report to the Board.

5 29. Respondent is subject to disciplinary action under Business and Professions Code  
6 sections 2234(unprofessional conduct) and/or 2234 (b) (gross negligence) and/or 2234 (c)  
7 (repeated negligent acts) and/or section 726 (sexual misconduct) and/or a violation of ethical  
8 standards, including but not limited to:

9 A. Respondent violated ethical and professional boundaries by changing the relationship  
10 with Patient B from a physician/patient relationship to an employer/employee relationship.

11 B. Respondent exhibited poor judgment and lack of awareness of ethical and boundary  
12 issues by treating Patient B as a current patient while she was also an employee;

13 C. Respondent made unwanted sexual advances to Patient B who was also his employee  
14 and patient;

15 D. Respondent engaged in sexual misconduct when he kissed Patient B and made sexual  
16 advances.

### 17 **THIRD CAUSE FOR DISCIPLINARY ACTION**

#### 18 **(Unprofessional Conduct/Gross Negligence/Negligence/Incompetence/Sexual Misconduct)**

#### 19 **Patient C**

20 30. Patient C came under Respondent's treatment in May 2017. Patient C had a  
21 significant history of depression and had experienced a recent major depressive episode with a  
22 suicide attempt that required hospitalization. Respondent diagnosed Patient C with generalized  
23 anxiety disorder, panic disorder, premenstrual dysphoria disorder and unspecified depressive  
24 disorder. The patient also reported a history of sexual trauma and assault. Respondent provided  
25 psychiatric treatment, including referral to a therapist, and adjustment of her medications.

26 31. In September 2017, Respondent hired Patient C to work in his office. Soon  
27 thereafter, Respondent spoke to Patient C about the benefits of Ketamine infusion treatment.  
28 Respondent thereafter provided Patient C Ketamine treatment from December 2017 through April

1 2019. During her first treatment in December 2017, Patient C was alone in the room with  
2 Respondent as he started the Ketamine IV. She began to feel “woozy” and Respondent asked her  
3 to remove her top. Patient removed her shirt and bra, and noticed Respondent getting closer to  
4 her. She felt uncomfortable, put her top back on, grabbed a blanket and put her knees up to  
5 prevent Respondent from getting too close to her. Respondent asked questions about her sexual  
6 partners and if she had ever been with any women. Patient C received other Ketamine treatments  
7 after this, but she was never alone with Respondent again.

8 32. Respondent’s medical record for Patient C contains an “Addendum” dated August 1,  
9 2019, stating that he conducted some form of assessment or visualization of Patient C’s breasts,  
10 because, he noted, the patient asked his medical opinion about her dissatisfaction with implant  
11 repair. However, Respondent’s medical record before that date contains no reference to any  
12 concern regarding the patient’s breast augmentation procedure, and his record for the December  
13 6, 2017 treatment does not document any assessment of Patient C’s breasts. The first reference  
14 to any issue pertaining to breast implant surgery was documented April 17, 2018, and notes  
15 depression related to a perceived nipple inversion and insecurity and anxiety relating to body  
16 image

17 33. Respondent is subject to disciplinary action under Business and Professions Code  
18 sections 2234(unprofessional conduct) and/or 2234(b) (gross negligence) and/or 2234 (c)  
19 (repeated negligent acts) and/or 726 (sexual misconduct) and/or a violation of ethical standards,  
20 including but not limited to:

21 A. Respondent, who was Patient C’s treating psychiatrist, conducted a breast  
22 examination or assessment of his patient/employee without the presence of a preferred-gender  
23 observer, and in the absence of any medical necessity or urgent reason to conduct an intimate  
24 examination of the patient.

25 B. Respondent failed to properly or contemporaneously document any form of a breast  
26 examination or assessment of Patient C on the examination date;

27 C. Respondent violated ethical and professional boundaries by hiring his patient or  
28 former patient as an employee;

1 D. Respondent made unwanted sexual advances to Patient/Employee C, a woman who  
2 he knew had a history of sexual assault and trauma, and asked inappropriate and intrusive  
3 questions, which violated ethical and professional boundaries

4 **FOURTH CAUSE FOR DISCIPLINE**

5 **(Unprofessional Conduct: Failure to Maintain Adequate and Accurate Records)**

6 **Sister and Patient C**

7 34. Respondent is subject to disciplinary action under Business and Professions Code  
8 section 2234 (unprofessional conduct) and/or 2266 (inadequate records) in that Respondent failed  
9 to maintain adequate and accurate medical records for Patient C and Patient A's Sister, including  
10 but not limited to:

11 A. Respondent failed to document any medical treatment or prescription to Patient A's  
12 sister;

13 B. Respondent failed to adequately and contemporaneously document his breast  
14 examination or assessment, or the medical necessity of such an examination or assessment, of  
15 Patient C.

16 **PRAYER**

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

19 1. Revoking or suspending Osteopathic Physician's and Surgeon's Certificate No.  
20 Number 20A 13049, issued to Cuyler Burns Goodwin, D.O.;

21 2. Ordering Cuyler Burns Goodwin, D.O. to notify his patients, should he be placed on  
22 probation, of his probationary status pursuant to Business and Professions Code section 2459.4;

23 3. Ordering Cuyler Burns Goodwin, D.O. to pay the Osteopathic Medical Board of  
24 California the reasonable costs of the investigation and enforcement of this case, pursuant to  
25 Business and Professions Code section 125.3; and,

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

DATED: October 29, 2021

Mark M. Ito

MARK M. ITO  
Executive Director  
Osteopathic Medical Board of California  
Department of Consumer Affairs  
State of California  
*Complainant*

SF2020401436  
Cuyler Goodwin, D.O. First Amended Accusation

**DECLARATION OF SERVICE BY CERTIFIED MAIL AND FIRST CLASS MAIL**  
(Separate Mailings)

**In the Matter of the First Amended Accusation Against:  
Cuyler Burns Goodwin, D.O.  
Case No: 900-2019-000047**

I, the undersigned, declare that I am over 18 years of age and not a party to the within cause; my business address is 1300 National Drive, Suite 150, Sacramento, CA 95834.

On **October 29, 2021**, I served the attached **First Amended Accusation, Statement to Respondent, Request for Discovery, and Government Code Sections 11507.5, 11507.6 and 11507.7**, by placing a true copy thereof enclosed in a sealed envelope as certified mail with postage thereon fully prepaid and return receipt requested, and another true copy of the **First Amended Accusation, Statement to Respondent, Request for Discovery, and Government Code Sections 11507.5, 11507.6 and 11507.7** as enclosed in a second sealed envelope as first class mail with postage thereon fully prepaid, in the internal mail collection system at the Office of the Osteopathic Medical Board of California addressed as follows:

**NAME AND ADDRESS**

(certified and regular mail)

Cuyler Burns Goodwin, D.O.  
P.O. Box 695  
Cotati, CA 94931-0695

Certified Mail No.

9489 0090 0027 6244 3719 26

Cuyler Burns Goodwin, D.O.

9489 0090 0027 6244 3719 33

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on October 29, 2021, at Sacramento, California.

James C. Sparks  
Declarant

*James C. Sparks*  
Signature

cc: Mary Cain-Simon, Sup Deputy Attorney General  
Jane Zack Simon, Sup Deputy Attorney General  
Marvin Firestone, Esq