GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH
HEALTH SYSTEMS AND PREPAREDNESS ADMINISTRATION

IN THE MATTER OF: **ETHAN SALES, MD** **Respondent.**	

NOTICE OF SUMMARY ACTION TO SUSPEND LICENSE

To: Ethan Sales, MD
[redacted]

In accordance with the provisions of the District of Columbia Administrative Procedure Act, D.C. Code § 2-509; the District of Columbia Health Occupations Revision Act of 1985, D.C. Code § 3-1205.15(a); and 17 DCMR § 4118, the District of Columbia Department of Health (DC Health) gives you notice of the summary suspension of your medical license, MD210011775, under D.C. Code § 3-1205.15(a).

Your license is **summarily suspended** effective immediately upon receipt of this notice. If you wish to appeal this summary suspension of your license, you must file a request for a hearing within 72 hours after service of this notice. Should you request a hearing, one will be held within 72 hours of a timely request, and a decision will be rendered within 72 hours after the close of the hearing. The request for a hearing must be submitted in writing to Suzanne Fenzel, Senior Assistant General Counsel, DC Health. The request may be submitted by email to Suzanne.Fenzel3@dc.gov or by mail to 2201 Shannon Place, SE, 4th Floor, Washington, DC 20020. Ms. Fenzel can be reached at (202) 724-8915.

The District of Columbia (the District) is represented by the Office of the Attorney General for the District of Columbia. A copy of your hearing request and any pleading or other written communication addressed to DC Health must also be delivered to Anthony Celo, Assistant Attorney General (AAG), Office of the Attorney General for the District of Columbia, Civil Enforcement Section, 400 6th Street, NW, Washington, DC 20001. AAG Celo can be reached at (202) 735-7559 or by email at Anthony.Celo@dc.gov.

You may appear personally at the hearing, and you may be represented by legal counsel. You have the right to produce witnesses and evidence, to cross-examine witnesses against you, to examine evidence produced, and to have subpoenas issued to require the production of witnesses and evidence.

All hearings are conducted in the English language. If you or any witnesses to be called are deaf, have a hearing impediment, or cannot readily understand or communicate the spoken English language, an application may be made to the Administrative Law Judge for the appointment of a qualified interpreter.

A request for a hearing will not stay the suspension of your license.

The summary suspension is based upon the following charge as set forth below.

Charge: **Your conduct presents an imminent danger to the health and safety of the public, for which DC Health can summarily suspend your license under D.C. Code § 3-1205.15(a)(1)(D).**

On April 2, 2024, DC Health received a referral from the Maryland State Board of Physicians, which forwarded a complaint from a therapist of your shared patient, M.F. On September 16, 2024, DC Health received a second complaint from Patient E.C. DC Health investigated these complaints, obtained a peer review, and concluded its investigation. Yet, on November 21, 2025, DC Health received a third complaint from Patient K.C. That investigation is ongoing.

DC Health has determined that your practice of medicine poses an imminent danger to the health and safety of the public. You used your practitioner-patient relationship to sexually harass and assault your patients by engaging in actions that had no medical purpose to your treatment.

You violated several District of Columbia laws and regulations related to the practice of a health profession, including:

- D.C. Code § 3-1205.14(a)(23)(a) when you sexually harassed your patients;
- D.C. Code § 3-1205.14(a)(23)(b) when you engaged in sexual contact with a patient by virtue of the practitioner-patient relationship;
- D.C. Code § 3-1205.14(a)(23)(c) when, during the course of the practitioner-patient relationship, you engaged in conduct of a sexual nature that a reasonable person would find lewd or offensive;
- D.C. Code § 3-1205.14(a)(26) when you failed to conform to the standards of acceptable conduct and prevailing practice within a health profession;
- D.C. Code § 3-1205.14(a)(28) when you demonstrated a willful disregard for the health, welfare, or safety of a patient;
- D.C. Code § 3-1205.14(a)(16) when you breached the statutory, regulatory, or ethical requirement of confidentiality of your patient;
- D.C. Code § 3-1205.14(a)(37) when you failed to keep adequate client medical records.

DC Health's Investigative Factual Findings

Patient M.F.

The District became aware of Patient M.F.'s complaints when the Maryland Board of Physicians forwarded a complaint from M.F.'s Substance Use Disorder (SUD) Counselor A.W. to DC Health and the District Board of Medicine (Board). Patient M.F. was a 32-year-old single female who was under your care from December 2023 to March 2024.

The complaint alleges that you engaged in inappropriate contact with Patient M.F. through your words and actions, a non-exhaustive exemplar list of which include the following. Over various visits, you had M.F. disrobe under the false pretense of medical treatment. You measured her body while having her remove her bra to measure her chest and told her that she "had beautiful breasts." You told her that she had perfect measurements. You also had M.F. remove her shirt and bra so that you could listen to her heartbeat. You directed M.F. to lay on the floor with her uncovered legs up in a V shape, allegedly to rule out edema as a side effect of Suboxone. And you held her legs up and commented on her vagina. You then had her sit on your lap and massaged her breasts. And, you had her remove her leggings and underwear and placed her on all fours while her genitals were exposed to you.

You made sexual advances to M.F., and spoke about your erection with her, and told her that it is ok that she rejected you, and that you have been rejected before. In M.F.'s medical records, you included her appearance, clothing, and attractiveness in your objective assessments and included measurements for her 'neck, bust, under *[sic]*, waist, hips, and thighs.'

You also conducted office inductions to assess for sedation by having M.F. take benzodiazepine (Klonopin) and Suboxone medications prior to the appointment, without ensuring a protocol for patient transportation after the appointment or for ensuring your ability to respond if medical complications were to occur in the non-clinical situation. You then conducted therapy while monitoring for sedation and while M.F. was under the influence of the sedating medications.

You engaged in inappropriate verbal and text communications with M.F. about your personal life, including your medical history, marital history, and your treatment of other patients. You offered specialized treatments with "pro bono appointments," the offer to fund Uber transportation to the appointments, and extended appointments at the end of the day with only M.F. in the office.

You failed to keep adequate records of all the medical statements and documents M.F. provided to you, as well as your diagnosis and procedures used in this case.

You violated you client confidence by telling a different Patient M.M. about M.F. when treating patient M.M.'s suicidal ideation. And you advised M.M. that

whenever he was thinking about wanting to kill himself, he should instead thing about "M.F.'s beautiful ass," and questioned how M.M. could want to think about killing himself instead of that.

You further violated patient confidence by discussing "every single case every single day" with your wife and a psychiatrist named Ted Fallon in what you described as an "internal peer review" group. Neither your wife nor Dr. Fallon were medical providers for M.F. Your wife and Dr. Fallon knew the identity of some of your patients whose cases you were discussing, but you claimed that you used nicknames to identify your patients in the peer reviews group. Your nickname for M.F. was "medical school dropout."

Peer Review

The process for procuring a subject matter expert to review this matter took longer than usual because of unexpected procurement issues that arose during the investigation. DC Health ultimately procured Dr. Funmilayo Rachal, M.D., who completed a peer review of your treatment of M.F. on August 11, 2026. Dr. Rachal found that your physical measurements and contact with M.F. deviated from the national standards of care and met the Federation of State Medical Boards Report on Physician Sexual Misconduct (2020) definition of physician sexual misconduct, and crossed ethical professional standards under the guise of medical care. She also found that your conduct sexualized M.F. and constituted a pattern of grooming behavior, and in several instances, had no medical indication or clinical based support. Dr. Rachal determined that your recordkeeping was also problematic, and that you risked patient harm in the two visits where you had M.F. take sedation medication without a protocol for her transportation or without making certain that you had ability to respond if medical complications arose.

Interview

On July 23, 2024, you appeared in-person for an interview with Investigators Emilia Moran and Mark Donatelli, along with your legal counsel. In the interview, you admitted to taking M.F.'s measurements and listening to her heart and lungs, but acknowledged that this is not a part of the examination for all patients. You acknowledged referring to M.F. as "pretty" in your medical notes, but claimed you failed to include the reason for taking her measurements in your notes. You admitted to asking M.F. for a copy of an STD screening for you to review. You cited to numerous alleged conclusions and diagnoses for M.F. that did not appear in your medical records and acknowledged that your billing records did not reflect the extended visits you scheduled with M.F. at the end of the workday.

You admitted to sharing the text messages you had with M.F. about her treatment with your wife, who was not M.F.'s medical provider, and acknowledged that your wife knew who M.F. was. You also volunteered that you had offered M.F. to have a chaperone present for the physical examination but then admitted that you have

never used a chaperone in your practice and did not have a contract with a chaperone. Thus, you could not have fulfilled that offer to M.F., had she accepted it.

Patient E.C.

Patient E.C. filed a complaint against you on September 15, 2024, relating to two patient visits she had with you: in person on March 10, 2024, and virtually on March 11, 2024. E.C. was a 24-year-old single woman who presented to you for treatment of her anxiety, lack of confidence, and with complaints of decreased libido. She reported that you asked invasive sexual history questions, took her body measurements, requested that she remove her bra, and touched her nipples while conducting the examination. Your records reflect that you measured her chest, rib cage, waist, hips, and thighs.

The sexual history questions included whether she had tried anal sex and repeatedly insisting that lots of women find anal sex pleasurable. You asked if she tended to date older men and referenced your own age in comparison to the men she dated. You commented about her having a "good looking vagina" and shaking her butt to get her boyfriend to do what she wants. You repeatedly pressed her to answer why she did not enjoy performing oral sex.

These questions, comments and the inappropriate touching of her bare breasts made E.C. deeply uncomfortable, but she was afraid to speak up while seeking help for her anxiety and self-confidence issues.

On March 11, 2024, E.C. informed you that she no longer wanted to see you, and you messaged back asking to speak with her. She responded that "some of the questions and topics about sex felt invasive for no clear reason," and were "inappropriate." She explained that, "Also, referring to your own age in relationship to my tendency to date older felt very inappropriate." You responded by accusing her of not being "able to form a more open dialogue so that you would feel more comfortable discussing this with me instead of unilaterally deciding to cancel treatment. I worry that this denotes a pattern of complacency and avoidance, the very pattern that you told me you were afraid of continuing." You encouraged her to meet with you again to discuss it further, which fed into her anxiety issues and guilt causing her to agree to a zoom meeting.

In the meeting, you blamed E.C. for your failure to "better explain" why it was necessary to measure her breasts because she seemed too "eager." You then went on to allege that patients tend to be somewhere between not wanting to sleep with their psychiatrist and wanting to sleep with their psychiatrist. E.C. reported feeling sick for weeks after speaking with you on March 11, 2024. Your March 12, 2024 memorandum about the March 11, 2024 call did not accurately reflect the nature of E.C.'s complaints or need for the call.

Peer Review

On August 11, 2026, Dr. Funmilayo Rachal, M.D., completed a peer review of your treatment of E.C. Dr. Rachal found that your physical examination does not comport with the national standard of care and could be perceived as sexualizing the clinical encounter. She found that your treatment of E.C. did not meet the standard of care. Your measurements of her breasts, thighs, and hips were examples of inappropriate touching under the guise of physical examination and none of the interventions were clinically indicated. The antidepressant medication you prescribed has no recommendation for monitoring weight through body measurements. Weight gain is measured through BMI, and the measurements you took are not based in any clinical standards or recommendations. Therefore, your behavior is consistent with professional sexual misconduct.

Interview

On January 13, 2025, you appeared in-person for an interview with Investigators Emilia Moran and Mark Donatelli, along with your legal counsel. In the interview, you admitted to taking E.C.'s chest, rib cage, waist, hip, and thigh measurements and listening to her heart and lungs. Your verbal description of E.C. differed from your medical records. You excused the differences by claiming that you did not want to write down things that your patient did not want in their medical records or in your notes. You noted that you did not keep separate records to ensure your memory from one visit to another. You acknowledged that the March 10, 2024 appointment was "pretty uncomfortable" and claimed that the only reason you agreed to continue seeing E.C. was because you were desperate for patients. You acknowledged comparing your age to the men she dated and asking if she shook her hips to get people to do what she wants. You acknowledged that you apologized to E.C. on the March 11, 2024 call.

Patient K.C.

Patient K.C. filed a complaint against you on November 21, 2026, relating to your treatment of her. K.C. was a 33-year-old woman who presented to you for treatment of her depression and obsessive compulsive disorder. The investigation of this complaint is ongoing and the peer review is still pending. However, because the allegations are similar to those made by Patients M.F. and E.C., the complaint demonstrates an ongoing pattern of behavior, even without a peer review.

K.C. alleged that you were engaged in unprofessional conduct and that, when she attempted to leave your care, you refused to provide her medical chart, despite her repeated requests over the course of a month and a half. You questioned why she wanted her records, insisted that it would not be in her "best interest" to read her chart, and offered her a summary provided directly to another provider, instead. On October 30, 2025, you finally relented and provided the records that K.C. first requested on September 10, 2025.

K.C. reports that during her intake when she informed you that she was struggling with suicidal thoughts, you steered the conversation to the possible sexual dysfunction side effects of Zoloft, and specifically warned her to stop taking the medicine and to notify you if sexual dysfunction occurs. You justified the conversation by telling K.C. that you would not want to have to tell her family that she killed herself because she wanted to have sex and you did not investigate the supposed red flags.

On June 27, 2025, K.C. met with you in-person, as opposed to her previous telehealth visits with you, because you wanted to assess things you could not do over telehealth, such as body language and dress. K.C. informed you that she had a bad emotional night the night before because of a breakup, and that she was considering killing herself, but none of that history was in her medical chart when she received it. Instead, you documented that she had "a low-cut shirt," but then also said her dress was appropriate. After discussing the ending of her relationship the day before, you asked her "Why don't you try swinging?" She claims that you were focused on her having sex with someone, while she wanted to feel better and have a healthy relationship. You also suggested that she date a doctor. You asked her about the importance of physical attraction and told her that she has 'giant tits.' You also asked if she had difficulty achieving orgasms and recommended suction sex toys for her.

K.C. also noted numerous other instances where her medical chart fails to reflect the reality of her visit and conversation with you.

Conclusion

Based on the above, your practice of medicine poses an imminent danger to the health and safety of the public and your license is hereby summarily suspended.

Please note that your request for a hearing does not stay this summary suspension. In addition, under 1 DCMR § 2818, your failure to appear at the time and place set for the hearing, either in person or through counsel, or both, will not preclude DC Health proceeding in this matter.

Sept. 4, 2026
DATE

J. SAM HURLEY, MPH, EMPS
Senior Deputy Director
District of Columbia Department of Health
Health Systems and Preparedness Administration