



STATE OF NEW YORK
DEPARTMENT OF HEALTH

433 River Street, Suite 303

Troy, New York 12180-2299

Barbara A. DeBuono, M.D., M.P.H.
Commissioner

Dennis P. Whalen
Executive Deputy Commissioner

April 15, 1998

Mr. Robert Bentley, Director
Division of Professional Licensing Services
New York State Education Department
Cultural Education Center
Empire State Plaza
Albany, NY 12230

Re: Philip R. Siegel, M.D.
NYS License No. 092425

Dear Mr. Bentley:

Enclosed is a copy of a Commissioner's Order and Notice of Hearing which summarily suspends Dr. Philip Siegel's right to practice medicine in the State of New York. This Order was served on Dr. Siegel on April 10, 1998, and is in effect until further notice.

Sincerely,

A handwritten signature in cursive script that reads 'Anne Saile'.

Anne F. Saile
Director
Office of Professional Medical Conduct

Enclosure

cc: Daniel Kelleher

STATE OF NEW YORK : DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

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IN THE MATTER : COMMISSIONER'S
OF : SUMMARY
PHILIP R. SIEGEL, M.D. : ORDER
-----X

TO: PHILIP R. SIEGEL, M.D.
864 ROBERTSON BLVD., SUITE 202
LOS ANGELES, CA 90035

The undersigned, Barbara A. DeBionio, M.D., M.P.H.,
Commissioner of Health of the State of New York, pursuant to N.Y.
Public Health Law §230, upon the recommendation of a Committee on
Professional Medical Conduct, has determined that the duly
authorized professional disciplinary agency of another
jurisdiction has made a finding substantially equivalent to a
finding that the practice of medicine by PHILIP R. SIEGEL, M.D.
(the Respondent) in that jurisdiction constitutes an imminent
danger to the health of its people, as is more fully set forth in
the attached Statement of Facts Supporting Summary Order of
Suspension, and the documents filed with the Medical Board of
California (annexed as Exhibit A), and made a part hereof.

Accordingly, it is hereby

ORDERED, pursuant to N.Y. Public Health Law §230(12)(b),
that effective immediately, Respondent shall not practice
medicine in the State of New York. This Order shall remain in
effect unless modified or vacated by the Commissioner of Health
pursuant to N.Y. Public Health Law §230(12).

PLEASE TAKE NOTICE that a hearing will be held pursuant to
the provisions of N.Y. Public Health Law §230, and N.Y. State
Admin. Proc. Act §§301-307 and 401. The hearing will be

conducted before a committee on professional conduct of the State Board for Professional Medical Conduct and shall commence within thirty days after the disciplinary proceedings commenced against Respondent in California by Interim Order on August 12, 1997 and Accusation dated August 8, 1997 are finally concluded [N.Y. Public Health Law §230(12)(b)]. The date and location of this hearing will be set forth in a written Notice of Summary Hearing and Statement of Charges to be provided to the Respondent at a later date. The written Notice and Statement of Charges may be provided in person, by mail or by other means. If Respondent wishes to be provided this written Notice at an address other than the one noted above, he shall notify both the attorney whose name is set forth in this Order and the Director of the Bureau of Adjudication, New York State Department of Health, Hedley Park Place, 5th Floor, 433 River Street, Troy, New York 12180, (518) 402-0748.

THESE PROCEEDINGS MAY RESULT IN A DETERMINATION THAT YOUR LICENSE TO PRACTICE MEDICINE IN NEW YORK BE REVOKED OR SUSPENDED, AND/OR THAT YOU BE FINED OR SUBJECT TO OTHER SANCTIONS SET FORTH IN NEW YORK PUBLIC HEALTH LAW §230-a. YOU ARE URGED TO OBTAIN AN ATTORNEY TO REPRESENT YOU IN THIS MATTER.

DATED: Albany, New York
April 10, 1998



BARBARA A. DeBUONO, M.D., M.P.H.
Commissioner of Health

Inquiries should be directed to:

BRADLEY MOHR
Assistant Counsel
Bureau of Professional Medical Conduct
Division of Legal Affairs
N.Y.S. Department of Health
Corning Tower - Room 2509
Empire State Plaza
Albany, New York 12237-0032
(518) 473-4282

STATE OF NEW YORK : DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

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IN THE MATTER : STATEMENT OF FACTS
OF : SUPPORTING SUMMARY
PHILIP R. SIEGEL, M.D. : ORDER OF SUSPENSION

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PHILIP R. SIEGEL, M.D., the Respondent, was licensed to practice medicine in New York State on or about July 2, 1964 by the issuance of license number 092425 by the New York State Education Department.

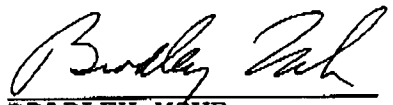
FACTUAL ALLEGATIONS

By Interim Order dated August 12, 1997 the State of California suspended PHILIP R. SIEGEL, M.D. (hereinafter, Respondent) from the practice of medicine pending issuance of a Final Decision by the Division of Medical Quality in Case No. 10-97-74866. An Accusation had been filed by the Medical Board of California, on August 8, 1997, in case No. 10-97-74866, which alleged sexual abuse or misconduct, gross negligence, repeated negligence, dishonesty or corruption all involving his treatment of 4 patients. The Interim Order found that Respondent has engaged in, or is about to engage in, acts or omissions constituting a violation or violations of the California Medical Practice Act; that permitting Respondent to continue in the practice of medicine will endanger the public health, safety, and welfare, and that

serious injury will result to the public before the matter can be heard on notice within the meaning of California Government Code section 11529, subdivisions (a) and (b).

Upon information and belief, the hearing in California is scheduled to take place on July 20 to 24, 1998.

Dated: April 10, 1998
Albany, New York



BRADLEY MOHR
Assistant Counsel
Bureau of Professional
Medical Conduct

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ENDORSED

Filed

AUG 12 1997

Office of Administrative
Hearings

BEFORE THE
OFFICE OF ADMINISTRATIVE HEARINGS
STATE OF CALIFORNIA

RON JOSEPH
Executive Director
Medical Board of California,

Petitioner,

v.

PHILIP SIEGEL, M.D.
864 Robertson Boulevard
Suite 202
Los Angeles, CA 90035

Physician's and Surgeon's
Certificate No. G 14429

Physician Assistant Supervisor
Certificate No. SA 25219

Respondent.

Case No. 10-97-74866

INTERIM ORDER

(Gov. Code, § 11529

TO: PHILIP SIEGEL, M.D.:

THE OFFICE OF ADMINISTRATIVE HEARINGS, having read and considered the Petition for Interim Order, supporting memorandum of points and authorities, declarations and exhibits in the above-entitled matter, having read and considered any opposition

///

1 papers filed thereto, and any reply thereto, and having heard the
2 oral argument of the parties:

3 IT IS HEREBY ORDERED AND ADJUDGED THAT this is a proper
4 case for the issuance of an interim order pursuant to Government
5 Code section 11529, subdivisions (a) and (b), in that the
6 declarations submitted in support of the petition show that:

- 7 1. Respondent has engaged in, or is about to
8 engage in, acts or omissions constituting a violation or
9 violations of the Medical Practice Act; and
- 10 2. Permitting respondent to continue to engage
11 in the practice of medicine will endanger the public health,
12 safety, and welfare.
- 13 3. Serious injury will result to the public
14 before the matter can be heard on notice.

15 THEREFORE, PENDING THE ISSUANCE OF A FINAL DECISION BY
16 THE DIVISION OF MEDICAL QUALITY IN CASE NO. 10-97-74866, IT IS
17 HEREBY ORDERED THAT:

18 Respondent Philip Siegel, M.D., is hereby immediately
19 suspended from the practice of medicine.

20 IT IS SO ORDERED this 12th day of August, 1997.

21 IT IS FURTHER ORDERED that respondent Philip Siegel,
22 M.D. shall appear at the Office of Administrative Hearings
23 located at 1350 Front Street, Sixth floor, Room 6022, San Diego,
24 California, 92101, on the 27th day of August, 1997, at
25 1:00 p m., or as soon thereafter as the matter can be heard,
26 then and there to show cause, if any, why this interim order and
27 any additional license restrictions which may be deemed necessary

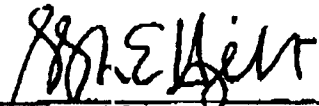
1 to protect the public health, safety and welfare, should not
 2 remain in full force and effect pending the issuance of a final
 3 decision by the Medical Board of California, after an
 4 administrative hearing on the charges and allegations contained
 5 in Accusation No. 10-97-74866.

6 If not delivered to respondent or his attorney of
 7 record, a copy of this interim suspension order, and all
 8 supporting declarations and exhibits filed therein, shall be
 9 forwarded to respondent or his attorney of record by 24-hour
 10 delivery service.

11 Any response to the petition and supporting papers
 12 shall be filed by respondent with the Office of Administrative
 13 Hearings, and served on petitioner through his attorney of
 14 record, Samuel K. Hammond, Deputy Attorney General, not less
 15 than 3 days before the date set for the noticed hearing on the
 16 interim suspension order.

17 Any reply to the response filed by respondent may be
 18 submitted by petitioner, through his attorney or record, in
 19 writing at the hearing on the interim order, or presented orally
 20 at the hearing.

21 IT IS SO ORDERED this 12th day of August, 1997

22 
 23 _____
 24 Honorable
 25 ADMINISTRATIVE LAW JUDGE
 26
 27

1 DANIEL E. LUNGREN, Attorney General
 of the State of California
 2 SAMUEL K. HAMMOND,
 Deputy Attorney General, State Bar No. 141135
 3 Department of Justice
 110 West A Street, Suite 1100
 4 Post Office Box 85266
 San Diego, California 92186-5266
 5 Telephone: (619) 645-2083
 6 Attorneys for Complainant

FILED
 STATE OF CALIFORNIA
 MEDICAL BOARD OF CALIFORNIA
 SACRAMENTO *March 19 97*
 BY *[Signature]* ASSOCIATE

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

11 In the Matter of the Accusation) No. 10-97-74866
 Against:)
 12)
 PHILIP SIEGEL, M.D.) A C C U S A T I O N
 13 864 Robertson Boulevard, Suite 202)
 Los Angeles, CA 90035)
 14)
 Physician's and Surgeon's)
 15 Certificate No. G 14429)
 Physician Assistant Supervisor)
 16 Certificate No. SA 25219)
 Respondent.)
 17)

18 Complainant Ron Joseph, who as cause for disciplinary
 19 action, alleges:

20 PARTIES

21 1. Complainant is the Executive Director of the
 22 Medical Board of California, Department of Consumer Affairs
 23 ("Board") and makes and files this accusation solely in his
 24 official capacity.

25 License Status

26 2. On or about February 1, 1968, Physician's and
 27 Surgeon's Certificate No. G 14429 was issued by the Board to

1 Philip Siegel, M.D. ("respondent"), and at all times
2 relevant to the charges brought herein, said license has been in
3 full force and effect. Unless renewed, said license shall expire
4 on December 31, 1997. On or about November 29, 1995, respondent
5 was issued Physician Assistant Supervisor Certificate
6 No. SA 25219. Said Physician Assistant Certificate shall expire
7 on December 31, 1997 unless renewed.

8 JURISDICTION

9 3. This accusation is made in reference to the
10 following statutes of the California Business and Professions
11 Code ("Code"):

12 A. Section 2227 provides that the Division of Medical
13 Quality, Medical Board of California (hereinafter
14 "Division") may revoke, suspend for a period not to exceed
15 one year, or place on probation and be required to pay the
16 costs of probation monitoring, the license of any licensee
17 who has been found guilty under the Medical Practice Act.

18 B. Section 2234 provides that unprofessional conduct
19 includes, but is not limited to, the following:

20 ". . .

21 "(b) Gross negligence.

22 "(c) Repeated negligent acts.

23 ". . .

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

1 " (f) Any action or conduct which would have warranted
2 the denial of a certificate."

3 4. Code section 726 provides, in pertinent part, that
4 "The commission of any act of sexual abuse,
5 misconduct, or relations with a patient,
6 client, or customer which is substantially
7 related to the qualifications, functions, or
8 duties of the occupation for which the
9 license was issued constitutes unprofessional
10 conduct and grounds for disciplinary action
11 for the person licensed under this division,
12 under any initiative act referred to in this
13 division and under Chapter 17 (commencing
14 with Section 9000) of Division 3."

15 5. Section 125.3 of the Code provides, in part, that
16 the Board may request the administrative law judge to direct any
17 licentiate found to have committed a violation or violations of
18 the licensing act, to pay the Board a sum not to exceed the
19 reasonable costs of the investigation and enforcement of the
20 case.

21 CAUSES FOR DISCIPLINE

22 ~~XX~~

23 6. Respondent Philip Siegel, M.D. is subject to
24 disciplinary action on account of the following:

25 A. On or about May 16, 1997, this patient presented
26 at the Winchester Walk-In Clinic located on 41125 Winchester
27 Road, Suite A-1, Temecula. The patient complained of

1 shortness of breath and provided a history of asthma.
2 Respondent examined the patient and prescribed an
3 antibiotics, a Maxair inhaler, and a cough medicine.
4 Respondent suggested the patient return for an EKG exam.

5 B. On or about May 19, 1997, the patient
6 returned to the clinic for the EKG. The patient
7 checked-in at the reception area and was instructed to
8 wait in an examining room where she sat on the
9 examining table. She was wearing a pair of shorts and
10 a "T" shirt. Approximately five minutes later,
11 respondent entered the examining room and stood next to
12 the patient. Respondent placed his right hand on top
13 of the patient's right thigh, and began to "walk" his
14 fingers towards the patient's vagina. The patient
15 forcibly removed respondent's hand from her thigh.
16 Respondent then read the patient's chart and told the
17 patient go across the hall for the EKG.

18 C. In the EKG room, respondent told the patient
19 to lie down on the table and to unclasp her bra.
20 Respondent attempted to unhook the patient's bra, but
21 the patient told him she would do it herself. While
22 attempting to place the EKG leads on the patient,
23 respondent grabbed the patient's left breast with his
24 right hand. It took respondent approximately 4 minutes
25 to place the EKG leads on the patient's body.

26 D. Respondent talked about sexual topics as he
27 was performing the EKG. Respondent asked the patient

1 about her sexual life, how long it had been since she
2 last had sex, and whether the patient missed having
3 sex. Respondent said he loved sex and thought about
4 sex all the time. Respondent told the patient he had a
5 lesbian roommate who would not allow him to watch
6 sexual acts between the roommate and her lesbian lover.
7 Respondent took approximately 5 minutes to perform the
8 EKG.

9 E. After the EKG, respondent suggested the
10 patient have a pap smear which the patient declined.
11 Respondent also suggested the patient submit to
12 routine lab work. While drawing blood from the
13 patient, respondent continued to talk about sexual
14 topics. He told the patient she had "deep veins" and
15 that he liked things "deep." Respondent also talked
16 about his lesbian roommate again. He also told the
17 patient men have to be careful about female sexual
18 partners these days because the woman could "scream
19 rape." Respondent also told the patient she was a
20 beautiful woman and she would have no problem finding a
21 man.

22 FIRST CAUSE FOR DISCIPLINE

23 (Gross Negligence)

24 7. Respondent Philip Siegel, M.D. is subject to
25 disciplinary based on Code section 2234(b) in his care and
26 treatment of patient [REDACTED] as follows:

27 ///

1 A. Respondent placed his right hand on the
2 thigh of a female patient and "walked" his fingers
3 toward the vagina area of the patient.

4 B. Without being requested to do so, respondent
5 attempted to unhook the bra of a female who was
6 preparing for an EKG.

7 C. Respondent grabbed the left breast of a patient
8 while performing an EKG on the patient.

9 D. While performing EKG on a female patient,
10 respondent talked about his sexual desires and asked
11 the patient questions about her sex life.

12 E. While performing an EKG on a patient,
13 respondent talked about wanting to "watch" the sexual
14 acts of his lesbian roommate and her lesbian lover.

15 SECOND CAUSE FOR DISCIPLINE

16 (Repeated negligent acts)

17 8. Respondent Philip Siegel, M.D. is subject to
18 disciplinary based on Code section 2234(c) in his care and
19 treatment of patient J██████████ in that the conduct alleged in
20 paragraphs 6 & 7 above, represents repeated acts of negligence.

21 THIRD CAUSE FOR DISCIPLINE

22 (Sexual abuse or misconduct)

23 9. Respondent Philip Siegel, M.D. is further subject
24 to disciplinary based on 726 in his care and treatment of patient
25 J██████████ in that the conduct alleged in paragraphs 6 & 7
26 above, represents acts of sexual abuse or misconduct involving a
27 patient which are substantially related to the practice of

1 medicine.

2 FOURTH CAUSE FOR DISCIPLINE

3 (Acts involving dishonesty or corruption)

4 10. Respondent Philip Siegel, M.D. is further subject
5 to disciplinary based on 2234(e) in his care and treatment of
6 patient ~~Janet [REDACTED]~~. in that the conduct alleged in paragraphs 6
7 & 7 above, represents acts of dishonesty or corruption which are
8 substantially related to the practice of medicine.

9

10 ~~Respondent [REDACTED]~~.

11 11. Respondent Philip Siegel, M.D. is subject to
12 disciplinary action on account of the following:

13 A. Between about February 1997 and about April
14 1997, respondent provided services as a physician for
15 this patient. During this period, respondent saw the
16 patient approximately six times, all at the Winchester
17 Walk-In Clinic located at 41125 Winchester Road,
18 Temecula, California. The patient's history was
19 numerous surgeries following a work-related injury,
20 pain and numbness of the left lower back and abdominal
21 area. On the first visit, respondent looked at the
22 patient's surgery scars and prescribed valium.

23 B. In about late February or early March 1997, the
24 patient went to the clinic to go over some laboratory
25 results with respondent. On this visit, respondent
26 told the patient that she had some nerve damage and
27 that a pelvic exam was necessary. He gave the patient

1 a gown, told her to get undressed and he left the room.
2 A few minutes later, respondent returned. Respondent
3 wore a glove on his left hand but his right hand was
4 ungloved. Respondent performed a Pap smear with a
5 round dish and "Q-Tips". There was no nurse present.

6 C. When respondent was finished the Pap smear he
7 removed the glove from his left hand. Respondent then
8 placed his left hand on the patient's abdomen and
9 without any lubrication or a speculum, he inserted
10 three fingers of his ungloved right hand in the
11 patient's vagina. The patient cried out in pain and
12 told respondent he was hurting her. Respondent then
13 inserted two fingers of his ungloved right hand into
14 the patient's vagina. The patient again cried out in
15 pain. Respondent then inserted one finger into the
16 patient's vagina and "started to play around" by moving
17 his finger back and forth. Respondent asked the
18 patient if it felt good for him to move his finger
19 around inside the patient's vagina.

20 D. After a few minutes, respondent switched
21 hands and inserted one finger of his ungloved left hand
22 into the patient's vagina. Respondent then reached
23 into the patient's gown and began fondling the
24 patient's breast and nipples with his right hand.
25 Respondent fondled the patient's breast for about five
26 minutes and "played around" in her vagina for about ten
27 minutes all the while asking the patient whether it

1 felt good. Respondent also asked the patient whether
2 she liked it when "a man was on top of her or on her
3 back." The patient asked respondent to stop but he did
4 not. The patient sat up and pushed respondent away to
5 get him to stop. Respondent left the room and the
6 patient got dressed, picked up her x-rays and
7 laboratory reports and ran out of the room crying.

8 E. Sometime after the pelvic exam, the patient
9 telephoned respondent to complain that she had an
10 allergic reaction to a codeine medication respondent
11 had prescribed for her. The patient told respondent
12 she needed immediate help and provided respondent her
13 address. About an hour and a half later, respondent
14 arrived at the patient's home. The patient was alone
15 in the house. Respondent did not examine the patient
16 but gave the patient three shots and some medication to
17 control her vomiting. A few minutes later, respondent
18 asked the patient if she felt better. About 20 minutes
19 later, respondent began asking the patient questions
20 involving sex. Respondent asked the patient if she had
21 ever masturbated and whether she was having sex with
22 her roommate.

23 **FIFTH CAUSE FOR DISCIPLINE**

24 **(Gross Negligence)**

25 12. Respondent Philip Siegel, M.D. is further subject
26 to disciplinary based on 2234(b) in his care and treatment of
27 patient [REDACTED]. as follows:

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A. Respondent inserted the fingers of his ungloved hand in the vagina of a patient while performing a pelvic exam.

B. Respondent inserted a finger of his ungloved hand into the vagina of a patient and "played around" with his finger in the vagina of the patient.

C. Respondent fondled the breast and nipples of a patient while performing a pelvic exam.

D. During a pelvic exam of a patient, respondent asked the patient whether "it felt good" for him to "play around" with his finger in the patient's vagina and to fondle her breast and nipples.

E. During a pelvic exam of a patient, respondent asked the patient whether she liked it "when a man was on top of her or on her back."

F. Respondent performed a pelvic exam on a female patient without a nurse or a chaperon being present.

G. During a home visit with the patient, respondent asked the patient whether she had ever masturbated.

H. During a home visit with the patient, respondent asked the patient whether the patient was having sex with her roommate.

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SIXTH CAUSE FOR DISCIPLINE

(Repeated negligent acts)

13. Respondent Philip Siegel, M.D. is subject to disciplinary based on Code section 2234(c) in his care and treatment of patient Angela P. in that the conduct alleged in paragraphs 11 & 12 above, represents repeated acts of negligence.

SEVENTH CAUSE FOR DISCIPLINE

(Sexual abuse or misconduct)

14. Respondent Philip Siegel, M.D. is further subject to disciplinary based on 726 in his care and treatment of patient Angela P. in that the conduct alleged in paragraphs 11 & 12 above, represents acts of sexual abuse or misconduct involving a patient which are substantially related to the practice of medicine.

EIGHTH CAUSE FOR DISCIPLINE

(Acts involving dishonesty or corruption)

15. Respondent Philip Siegel, M.D. is further subject to disciplinary based on 2234(e) in his care and treatment of patient Angela P. in that the conduct alleged in paragraphs 11 & 12 above, represents acts of dishonesty or corruption which are substantially related to the practice of medicine.

Patient [REDACTED]

16. Respondent Philip Siegel, M.D. is subject to disciplinary action on account of the following:

A. In or about January 1997, respondent began providing services as a physician for this patient at

1 the Winchester Walk-In Clinic, Temecula. During the
2 patient's first visit, respondent performed a Pap smear
3 with a female nurse present. Respondent wore gloves
4 but took off the gloves before the third "Q-Tip"
5 scraping. While obtaining the third scraping,
6 respondent brushed his ungloved hand against the
7 patient's vagina area.

8 B. Approximately two weeks later, the patient
9 returned to the clinic with a complaint of asthma,
10 stomach problems, bladder infection and cramping.
11 Respondent asked for a urine specimen and performed a
12 pelvic exam. No nurse was present for the pelvic exam.

13 C. About three weeks later, the patient returned
14 to the clinic with a complaint of migraine headaches.
15 The patient was accompanied by her fiancé. During this
16 visit, the patient told respondent she wanted an HIV
17 test because she was sexually involved with a former
18 female roommate. Respondent said he "could get into
19 this." Respondent began asking about the patient's
20 sexual activity with her former roommate and other
21 female partners. Respondent also asked the patient if
22 the patient could find a sexual partner for him.
23 Respondent then turned to the patient's fiancé and
24 asked him how often he had sex with the patient. When
25 the patient's fiancé responded, respondent told him he
26 was a lucky man.

27 ///

1 D. About two weeks later, the patient returned
2 to the clinic with a complaint of yeast infection.
3 Respondent performed a pelvic exam. After the pelvic
4 exam, respondent began asking the patient questions
5 about her sex life. Respondent asked whether the
6 patient was sexually active and how often she had sex.
7 Respondent also asked whether the patient "hurt" during
8 sexual intercourse and whether the patient was engaging
9 in anal sex.

10 NINETH CAUSE FOR DISCIPLINE

11 (Gross Negligence)

12 17. Respondent Philip Siegel, M.D. is further subject
13 to disciplinary based on Code section 2234(b) in his care and
14 treatment of patient B██████████. as follows:

15 A. Respondent brushed his ungloved hand against the
16 patient's vagina area in the course of performing a Pap
17 smear.

18 B. Respondent performed a pelvic exam without the
19 presence of a female nurse or chaperon.

20 C. During examination of a female patient, respondent
21 asked the patient questions about sexual activity with her
22 former female roommate and other female lovers.

23 D. During a medical visit by a female patient
24 accompanied by her fiancé, respondent told the fiancé
25 he was a lucky man for having sex with the patient.

26 E. During a medical visit by a female patient,
27 respondent asked the patient whether it "hurt" when she

1 had sex, and whether she engaged in anal sex.

2 TENTH CAUSE FOR DISCIPLINE

3 (Repeated negligence acts)

4 18. Respondent Philip Siegel, M.D. is subject to
5 disciplinary based on Code section 2234(c) in his care and
6 treatment of patient ██████████ in that the conduct alleged in
7 paragraphs 16 & 17 above, represents repeated acts of negligence.

8 ELEVENTH CAUSE FOR DISCIPLINE

9 (Acts of dishonesty and corruption)

10 19. Respondent Philip Siegel, M.D. is further subject
11 to disciplinary based on Code section 2234(e) in his care and
12 treatment of patient ██████████. in that the conduct alleged in
13 paragraphs 16 & 17 above, represents acts of sexual abuse or
14 misconduct involving a patient which are substantially related to
15 the practice of medicine.

16 TWELFTH CAUSE FOR DISCIPLINE

17 (Sexual abuse or conduct)

18 20. Respondent Philip Siegel, M.D. is further subject
19 to disciplinary based on Code section 726 in his care and
20 treatment of patient ██████████. in that the conduct alleged in
21 paragraph 16 & 17 above, represent acts of dishonesty or
22 corruption which are substantially related to the practice of
23 medicine.

24

25 Patient ██████████

26 21. Respondent Philip Siegel, M.D. is subject to
27 disciplinary action on account of the following:

1 A. Since about 1992, this patient has been
2 receiving medical services at the Winchester Walk-In
3 Clinic located at 41125 Winchester Road, Temecula. In
4 about January or early February 1997, respondent began
5 treating the patient at the clinic. On the first visit
6 with respondent, the patient complained of weight gain
7 and wanted to be put on a diet. Respondent performed a
8 physical examination, performed some tests, and took a
9 history which included questions about the patient's
10 sex life. Respondent asked the patient whether she was
11 sexually active and whether she had pain during sexual
12 intercourse. After the examination, respondent gave
13 the patient his business card and hand-wrote his pager
14 number on the card. Respondent asked her to call him
15 for the test results.

16 B. Approximately two days later, the patient called
17 the pager number respondent had provided. Respondent
18 returned the page and left three messages on the
19 patient's answering machine. The messages stated it
20 was "very important" for the patient to call back.
21 Before the patient could return the call, respondent
22 called again. He told the patient that he was leaving
23 work and wanted to know if the patient would have
24 dinner with him at Cocos. The patient declined and
25 said she wanted her test results. The next evening,
26 respondent called the patient and again asked the
27 patient to go to dinner with him. Some time later,

1 respondent again called the patient and left a message
2 on the patient's answering machine. He asked the
3 patient to go to lunch with him.

4 C. Approximately eight or nine days after the visit
5 with respondent, the patient returned to the clinic for
6 her test results. Respondent reviewed the patient's
7 test results with her. During this visit, respondent
8 told the patient he was not married. Respondent
9 commented on the patient's hispanic last name and
10 stated his ex-wife was Hispanic. Respondent prescribed
11 Phentermine.

12 D. Approximately two weeks later, the patient
13 returned to the clinic. The patient was wearing a red
14 cotton dress, about mid-calf length, with buttons on
15 the front from the neck down to the hem of the dress. The
16 patient told respondent she did not like Phentermine
17 and wanted to be placed on a low calorie diet.
18 Respondent did not weigh the patient but told the
19 patient she did not look overweight. He prescribed
20 Prozac.

21 E. During the visit, respondent tapped the
22 patient's shoulder and told her she would have to undo
23 her dress. The patient assumed respondent wanted to
24 listen to her heart so she unbuttoned the two top
25 buttons of her dress. Respondent however handed the
26 patient a gown and told the patient she would be more
27 comfortable in the gown. The patient declined the

1 gown. Respondent placed the stethoscope on the
2 patient's bare breast. While respondent listened to
3 the patient's heart, his hand rested on the patient's
4 breast for about 30 seconds.

5 F. Respondent next told the patient that an
6 abdominal exam was necessary. There was no female
7 nurse in the room. As the patient was about to lie
8 down on the examining table, respondent began to
9 unbutton two buttons near the patient's crotch area.
10 The patient sat back and asked respondent why he was
11 unbuttoning her dress. Respondent again handed a gown
12 to the patient and told her to put it on so "he could
13 have the freedom to do what he needed to do."
14 Respondent then sat on a chair waiting for the patient
15 to undress. The patient refused the gown, refused to
16 undress and eventually left.

17 THIRTEENTH CAUSE FOR DISCIPLINE

18 (Gross Negligence)

19 22. Respondent Philip Siegel, M.D. is further subject
20 to disciplinary based on Code section 2234(b) in his care and
21 treatment of patient E. V. as follows:

22 A. In the course of obtaining the history of a
23 patient who complained of weight gain, respondent asked the
24 patient how often she had sexual intercourse and whether
25 she experienced pain during sexual intercourse.

26 B. Respondent repeatedly asked a female
27 patient out on a date.

1 C. Respondent touched the breast of a patient for
 2 about 30 seconds while listening to the heart of a
 3 patient.

4 D. Respondent requested a female patient to submit to
 5 a pelvic exam without a female nurse or chaperon being
 6 present.

7 E. Respondent attempted to unbutton the dress of a
 8 female patient so he could perform a pelvic exam.

9 F. Respondent attempted to watch a female patient
 10 undress for pelvic exam.

11 FOURTEENTH CAUSE FOR DISCIPLINE

12 (Repeated negligence acts)

13 23. Respondent Philip Siegel, M.D. is subject to
 14 disciplinary based on Code section 2234(c) in his care and
 15 treatment of patient ██████. in that the conduct alleged in
 16 paragraphs 21 & 22 above, represents repeated acts of negligence.

17 FIFTEENTH CAUSE FOR DISCIPLINE

18 (Acts of dishonesty or corruption)

19 24. Respondent Philip Siegel, M.D. is further subject
 20 to disciplinary based on Code section 2234(e) in his care and
 21 treatment of patient ██████. in that the conduct alleged in
 22 paragraphs 21 & 22 above, represents acts of sexual abuse or
 23 misconduct involving a patient which are substantially related to
 24 the practice of medicine.

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1 SIXTEENTH CAUSE FOR DISCIPLINE

2 - (Sexual abuse or misconduct)

3 25. Respondent Philip Siegel, M.D. is further subject
4 to disciplinary based on Code section 726 in his care and
5 treatment of patient ██████. in that the conduct alleged in
6 paragraph 21 & 22 above, represents acts of dishonesty or
7 corruption which are substantially related to the practice of
8 medicine.

9 SEVENTEENTH CAUSE FOR DISCIPLINE

10 (Acts which would warrant denial of certificate)

11 26. Respondent Philip Siegel, M.D. is further subject
12 to disciplinary based on Code section 2234(f) in that the conduct
13 described in paragraphs 6, 7, 11, 12, 16, 17, 21 & 12 above,
14 would warrant the denial of certificate on the grounds of gross
15 negligence and sexual misconduct and acts involving dishonesty
16 and corruption.

17 EIGHTEENTH CAUSE FOR DISCIPLINE

18 (Unprofessional conduct)

19 25. Respondent Philip Siegel, M.D. is further subject
20 to disciplinary based on unprofessional conduct under Code
21 section 2234 in that the conduct described in paragraphs 6, 7,
22 11, 12, 16, 17, 21 & 22 above, demonstrates respondent's
23 unfitness to practice medicine, and is conduct that breaches the
24 ethical code of the medical profession, and further, is conduct
25 unbecoming a member of good standing in the medical profession.

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PRAYER

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2 WHEREFORE, complainant requests that the Division hold
3 a hearing on the matters alleged herein, and that following said
4 hearing, the Division issue a decision:

- 5 1. Revoking or suspending Physician's and Surgeon's
6 Certificate No. G 14429, heretofore issued to
7 respondent Philip Siegel, M.D.;
- 8 2. Revoking or suspending Physician Assistant
9 Supervisor Certificate No. SA 25219, heretofore
10 issued to respondent Philip Siegel, M.D.
- 11 3. Directing respondent Philip Siegel, M.D. to pay to
12 the Board a reasonable sum for its investigative
13 and enforcement costs of this action; and
- 14 4. Taking such other and further action as the
15 Division deems appropriate to protect the public
16 health, safety and welfare.

17 DATED: 8/8/97

18
19 Samuel K. Hammond, for
20 Ron Joseph
21 Executive Director
22 Medical Board of California
23 Department of Consumer Affairs
24 State of California
25
26 Complainant
27

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