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THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK

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PUBLIC

April 8, 2004

Shashi D. Ganti, Physician
776 Pradera Way
San Ramon, California 94583

Re: Application for Restoration

Dear Dr Ganti:

Enclosed please find the Commissioner's Order regarding Case No.CP-04-04 which is in reference to Calendar No. 20211. This order and any decision contained therein goes into effect five (5) days after the date of this letter.

Very truly yours,

Daniel J. Kelleher
Director of Investigations

By: *Gustave Martine*
Gustave Martine
Supervisor

cc:

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MEDICAL CONDUCT

The
University of the
Education  State of New York
Department

IN THE MATTER

of the

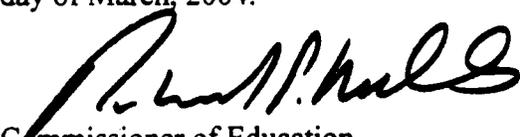
Application of SHASHI D. GANTI
for restoration of his license to
practice as a physician in the State of
New York.

Case No. CP-04-04

It appearing that the license of SHASHI D. GANTI, 776 Pradera Way, San Ramon, California 94583, to practice as a physician in the State of New York, was surrendered pursuant to a consent order of the Department of Health, State Board for Professional Medical Conduct, effective July 25, 1995, and he having petitioned the Board of Regents for restoration of said license, and the Regents having given consideration to said petition and having agreed with and accepted the recommendations of the Peer Committee and the Committee on the Professions, now, pursuant to action taken by the Board of Regents on February 23, 2004, it is hereby

ORDERED that the petition for restoration of License No. 162239, authorizing SHASHI D. GANTI to practice as a physician in the State of New York, is denied.

IN WITNESS WHEREOF, I, Richard P. Mills,
Commissioner of Education of the State of New York for
and on behalf of the State Education Department, do
hereunto set my hand and affix the seal of the State
Education Department, at the City of Albany, this 23rd
day of March, 2004.



Commissioner of Education

Case No. CP-04-04

It appearing that the license of SHASHI D. GANTI, 776 Pradera Way, San Ramon, California 94583, to practice as a physician in the State of New York, was surrendered pursuant to a consent order of the Department of Health, State Board for Professional Medical Conduct, effective July 25, 1995, and he having petitioned the Board of Regents for restoration of said license, and the Regents having given consideration to said petition and having agreed with and accepted the recommendations of the Peer Committee and the Committee on the Professions, now, pursuant to action taken by the Board of Regents on February 23, 2004, it was

VOTED that the petition for restoration of License No. 162239, authorizing SHASHI D. GANTI to practice as a physician in the State of New York, be denied.

Case number
CP-04-04
January 16, 2004

THE UNIVERSITY OF THE STATE OF NEW YORK
The State Education Department

Report of the Committee on the Professions
Application for Restoration of Physician License

Re: Shashi D. Ganti

Not Represented by an Attorney

Shashi D. Ganti, 776 Pradera Way, San Ramon, California 94583, petitioned for restoration of his physician license. The chronology of events is as follows:

- 05/24/85 Issued license number 162239 to practice as a physician in New York State.
- 06/--/95 Charged with professional misconduct by Department of Health. (See "Disciplinary History.")
- 06/27/95 Submitted application to surrender physician license to Department of Health.
- 07/25/95 Effective date of surrender.
- 06/20/01 Complete application for restoration received.
- 08/07/02 Peer Committee restoration review.
- 08/28/03 Report and recommendation of Peer Committee. (See "Report of the Peer Committee.")
- 11/04/03 Committee on the Professions restoration review.
- 01/16/04 Report and recommendation of Committee on the Professions. (See "Report of the Committee on the Professions.")

Disciplinary History. (See attached "Application to Surrender License.") On June 27, 1995, Dr. Ganti submitted an application to surrender his physician license after the Department of Health charged him with professional misconduct based upon his having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct would, if committed in New York State, constitute professional misconduct under the laws of New York State. The charges stated that the Medical Board of California revoked his license to practice medicine effective June 12, 1995. The

California order was based upon a finding the Dr. Ganti had, inter alia, committed sexual assault and gross negligence in his care and treatment of a patient. In his surrender application, Dr. Ganti admitted the allegations in the specification of professional misconduct in full satisfaction of the Statement of Charges. The Department of Health accepted the surrender application and the surrender became effective July 25, 1995.

As stated in the Medical Board of California's decision of July 5, 2001, in any Dr. Ganti's petition for reinstatement, the facts and circumstances of Dr. Ganti's unprofessional conduct may be summarized as follows:

On or about May 10, 1993, respondent saw a female patient for the first time for treatment of a possible eye infection and consultation for radial keratotomy surgery. The patient expressed fears about the pain from the procedure. Respondent offered to help the patient overcome her reservations about the radial keratotomy. Respondent gave the patient two .25 milligram tablets of Halcion, a sedative, and instructed her to ingest the tablets when she arrived home. Respondent indicated he would then come to her home to evaluate her response.

Later that day, respondent called the patient at her home; the patient indicated she had taken the sedative and gave her address to him. When respondent arrived at the patient's home at 6:30 p.m., she was already experiencing the effects of the sedative. The patient collapsed on her living room sofa. Respondent told the patient she needed to lie down on her bed in order for him to evaluate her response to an eye speculum.

In the bedroom, while the patient was under the influence of the sedative and falling asleep and unable to resist, respondent sexually abused the patient by kissing her, touching her breasts, legs, and vagina, and placing the patient's hand on his pants and erect penis underneath.

Respondent's unprofessional conduct was egregious and serious in nature. He took advantage of his position of authority as a physician and violated the trust of a patient for his own sexual gratification. As such, for purposes of this petition for reinstatement, it behooves respondent to present significant evidence of his rehabilitation.

In January 1996, before the Municipal Court, County of Los Angeles, respondent was convicted of violating Penal Code Section 243.4(d) (sexual battery) and placed on probation on condition, in part, that he pay a fine of \$815. In September 1996, respondent's criminal case was dismissed and set aside.

On June 20, 2001, the Department received Dr. Ganti's application for restoration of his physician license.

Recommendation of the Peer Committee. (See attached "Report of the Peer Committee.") The Peer Committee (Kavaler, Coumos, Lerner) met with Dr. Ganti on August 7, 2002 to review his application for restoration. In its report, dated August 28,

2003, the Committee voted unanimously to recommend that his application for restoration of his physician license be denied.

Recommendation of the Committee on the Professions. On November 4, 2003, the Committee on the Professions (Duncan-Poitier, Porter, Munoz) met with Dr. Ganti to review his application for restoration. An attorney did not accompany him.

The Committee asked Dr. Ganti to explain why he lost his license. He replied that on May 10, 1993, he "committed very grave and egregious misconduct of my career." He said that it was the worst thing a physician could do and that he is fully responsible. He stated, "I was not fully conscious of what had happened." Dr. Ganti indicated that through the years, with the assistance of counseling and retrospection, he came to understand his responsibility. He said that he currently does not hold the patient responsible.

The Committee asked Dr. Ganti to describe what happened more fully. He replied that it was ten and one-half years ago and would relate "what I can recollect." He reported that he saw and examined the patient at 2:30 p.m. and that she was nervous about a procedure on her eyes. He said that he suggested she have the procedure with medication and gave her some of the medication so that she could experience it and he could then evaluate its effects. Dr. Ganti stated, "I was not aware that I was substantially attracted to her." He reported that he later went to her house with the intention of examining her. He said, "Underlying, I was not sure what was happening." He indicated that while examining her on her bed, his "left hand brushed her rigid breast." Dr. Ganti told the Committee, "It was a very serious error of my career. I just did what she said I did. I kissed and fondled her breast and vaginal area and then got up and walked away." The Committee asked Dr. Ganti if he routinely made house calls. He replied, "As a senior student I did make house calls."

The Committee asked Dr. Ganti for his reaction to the Department of Health's recommendation strongly opposing the restoration of his license. He said that, looking back, he could understand the recommendation, as he couldn't give a complete and coherent story of what happened during the initial disciplinary hearing. He reported that during the first hearing to get his license reinstated in California, he was nervous but tried to answer questions to the best of his ability. He indicated that he repitioned for restoration of his license in California in January 2003 and had it restored on March 31, 2003.

The Committee noted that his giving the patient a sedative and later going to her home creates the impression of intent, and asked Dr. Ganti to clarify this impression. He replied that from the facts, it looks premeditated. He indicated that it was "not consciously" his intent to sexually abuse the patient after giving her a sedative. He said that through group therapy he has come to understand that the patient "was very much like a former friend." Dr. Ganti stated, "Subconsciously or consciously, I do not deny the intent." He said that he made the decision to engage in the conduct and he doesn't blame the patient. Dr. Ganti stated that subconsciously he was attracted to the patient and thought she felt the same way. He indicated that he understands he destroyed her trust and that it will likely take a long time for her to interact with other professionals.

The Committee asked Dr. Ganti to describe what steps he has taken to make certain his previous misconduct will not recur. He said that he worked with a "professional renewal center" in Kansas for a month and now understands the pain of the patient. He indicated that as part of his therapy he read a book about a patient who was sexually assaulted by her psychiatrist while on sodium penthanol. He said, "It paralleled my story." He explained that his therapy sessions in Kansas dealt with "boundary violations." Dr. Ganti explained that he came to understand that shame and confusion initially clouded his explanation of what happened but they also became the "seeds of his healing process." He indicated that he learned to see what happened from the patient's perspective rather than concentrating on himself and the loss of his license. He reported that his psychiatrist said that there is no longer any need to see him on a regular basis and that he only sees him periodically now.

The Committee asked for his reaction to the Report of the Peer Committee. He replied, "I didn't come across clearly. They had to repeat questions." He indicated that he now wishes he were more open and candid with them and acknowledged, "I was scared of them." He said that he thinks the Committee felt he was giving a varnished account of what happened.

The Committee asked what he would do if his license were restored in New York. He said that he would like to practice in New York because in California "they HMO you to death. You just don't get good cases." He stated, "I have a black mark that will go with me the rest of my life." He said that he realizes he violated a tremendous trust. He indicated that he has been thinking about what he did for a long time and realizes the patient may have difficulty with relationships with other men and professionals. Dr. Ganti told the Committee that he is truly a changed person. He said, "Every time I see a female, the past comes in front of me. It gives me a different perspective." He indicated that he is "not ashamed to discuss what happened and my rehabilitative process." Dr. Ganti said that he truly believes he can be an asset to his community and will not make the same mistake again.

The overarching concern in all restoration cases is public protection. Education Law §6511 gives the Board of Regents discretionary authority to make the final decision regarding applications for the restoration of a license to practice as a physician in New York State. 8NYCRR §24.7(2) charges the Committee on the Professions (COP) with submitting a recommendation to the Board of Regents on restoration applications. Although not mandated in law or regulation, the Board of Regents has instituted a process whereby a Peer Committee first meets with an applicant for restoration and provides a recommendation to the COP. A former licensee petitioning for restoration has the significant burden of satisfying the Board of Regents that there is a compelling reason that licensure should be granted in the face of misconduct so serious that it resulted in the loss of licensure. There must be clear and convincing evidence that the petitioner is fit to practice safely, that the misconduct will not recur, and that the root causes of the misconduct have been addressed and satisfactorily dealt with by the petitioner. It is not the role of the COP to merely accept, without question, the arguments presented by the petitioner but to weigh and evaluate all of the evidence submitted and to render a recommendation based upon the entire record.

The COP notes that the Medical Board of California stated in its decision to deny Dr. Ganti's first petition for restoration in that State, "Respondent's unprofessional

conduct was egregious and serious in nature. He took advantage of his position of authority as a physician and violated the trust of a patient for his own sexual gratification. As such, for purposes of this petition for reinstatement, it behooves respondent to present significant evidence of his rehabilitation." The COP, as well as the Peer Committee, finds that Dr. Ganti has not demonstrated "significant evidence of his rehabilitation" at this time. The COP finds that he is remorseful for his misconduct and, with the aid of therapy, is able to relate the immediate and long-term effects of his sexual misconduct on the patient he harmed. The COP recognizes the steps Dr. Ganti has taken thus far to identify the root causes of his behavior. However, the COP must carefully consider the seriousness of the misconduct and the potential danger in which patients might be placed were his license restored. California found the misconduct serious and egregious. The COP notes that Dr. Ganti crossed the physician-patient boundary and his sexual misconduct was highly damaging to the patient. He took advantage of the patient after giving her a sedative in his office, going to her home, and examining her on her bed. As the Peer Committee commented, Dr. Ganti "still fails to give a coherent account of what transpired in his incident with his patient." Dr. Ganti was not able to tell the COP whether his actions were subconscious or conscious, even after the therapy in which he has participated thus far. The COP agrees with the conclusion of the Peer Committee that Dr. Ganti's "inability to give a full accounting of the events of that day suggest that he has not put in a sufficient amount of time in therapy as of yet to gain a full understanding of how his internal controls were overridden to cause the boundary violations which occurred." Questions of credibility linger.

COP believes that Dr. Ganti needs to clearly articulate the trigger or triggers that led to his egregious behavior and fully comprehend whether his serious actions were subconscious or conscious. Without a clear and comprehensive understanding of the root causes of his misconduct, the COP cannot evaluate if Dr. Ganti has made the necessary rehabilitative changes in his life so that the public would not be placed in danger were his license restored. The Department of Health strongly opposes the restoration of Dr. Ganti's license and states, "...it has not been established that Dr. Ganti is rehabilitated from his unprofessional conduct. This is a physician who poses too great a risk to the public." Even though Dr. Ganti reported that California has now restored his medical license, the COP finds that at this time Dr. Ganti did not present a compelling case that would warrant the privilege of having his physician license restored in this State.

Therefore, after a careful review of the record and its meeting with him, the Committee on the Professions voted unanimously to concur with the recommendation of the Peer Committee to deny Dr. Ganti's application for restoration of his license to practice as a physician in New York State at this time.

Johanna Duncan-Poitier, Chair

Joseph B. Porter

Frank Munoz



The University of the State of New York

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL RESPONSIBILITY
STATE BOARD FOR MEDICINE

-----X
In the Matter of the Application of

SHASHI GANTI

**REPORT OF
THE PEER
COMMITTEE
CAL. NO. 20211**

for the restoration of his license to
practice as a physician in the State of
New York.

-----X

Petitioner, **SHASHI GANTI**, was authorized to practice as a
physician in the State of New York by the New York State Education
Department by the issuance to him of license No. 162239 on or
about May 24, 1985.

PRIOR DISCIPLINARY HISTORY

On or about July 25, 1995, petitioner's application to
surrender his license to practice medicine in the State of New
York became effective pursuant to an order issued by the Board
for Professional Medical Conduct of the New York State Department
of Health (DOH).

Petitioner surrendered his license in response to the
specification of professional misconduct with which he was
charged by the DOH. New York's disciplinary action was based
upon the order issued by the Division of Medical Quality of the

Medical Board of California, which revoked petitioner's license to practice medicine effective June 12, 1995. The California order was based upon a finding that petitioner had committed sexual assault and gross negligence in the care and treatment of a patient.

The facts, as taken from the California Medical Board's order denying petitioner's application for restoration in that state, are as follows. Petitioner was practicing as an ophthalmologist in Pasadena, California when, on May 10, 1993, he saw a female patient for the first time for treatment of a possible eye infection and consultation for radial keratotomy surgery. The patient expressed fears about the pain from the procedure. Petitioner offered to help the patient to overcome her reservations about the radial keratotomy. Petitioner gave the patient two .25 milligram tablets of Halcion, a sedative, and instructed her to ingest the tablets when she arrived home. Petitioner indicated he would then come to her home to evaluate her response.

Later that day, petitioner called the patient at her home; the patient indicated she had taken the sedative and gave her address to him. When petitioner arrived at the patient's home at 6:30 p.m., she was already experiencing the effects of the sedative. The patient collapsed on her living room sofa. Petitioner told the patient she needed to lie down on her bed in order for him to evaluate her response to an eye speculum.

In the bedroom, while the patient was under the influence of the sedative and falling asleep and unable to resist, petitioner

sexually abused the patient by kissing her, touching her breasts, legs, and vagina, and placing the patient's hand on his pants and erect penis underneath.

As a result of this misconduct petitioner was convicted of California Penal Code §243.4(d), relating to sexual battery, and placed on probation on condition, in part, that he pay a fine of \$815. Upon the satisfactory completion of his probation petitioner's criminal case was dismissed and set aside in 1996.

Petitioner was also the subject of a lawsuit by the patient he abused. The case was settled for \$100,000, of which petitioner paid \$25,000, and \$75,000 was paid by the insurance company. Petitioner admitted no wrongdoing on his part and he was given a general release by the patient.

Petitioner states in his application for restoration that he surrendered his New Jersey license to practice medicine in January of 1995, although the documentation submitted as part of the restoration packet indicates that he was in fact suspended from practice in that state at that time.

Petitioner's subsequent application for restoration of licensure in California was denied in 2000.

PEER COMMITTEE MEETING

On August 7, 2002 this Peer Committee met to review petitioner's application for restoration. Petitioner appeared in person and was represented by Anna Lynch, Esq. The Department was represented by Ihenji B. Young, Esq.

Petitioner's presentation to the committee began with the testimony of Scott C. Stacy, who is a doctor of psychology. Dr.

Stacy was part of the assessment and treatment team at the Professional Renewal Center located in Lawrence, Kansas which evaluated petitioner in 1991 regarding his past history of sexual misconduct. More specifically, the team was asked to address the question of whether petitioner would be able to return to the practice of medicine "with reasonable skill and safety."

According to Dr. Stacy, the Professional Renewal Center is a multi-disciplinary assessment program that specializes in evaluating and treating impaired professionals in a number of different fields. Dr. Stacy's testimony substantially reiterated the conclusions and recommendations contained in the letter from the Center to the panel which was made a part of the record. Dr. Stacy observed a growth in petitioner's level of insight into his behavior, disclosing personal items not previously revealed in earlier therapy.

These conclusions were that petitioner is capable of returning to the practice of medicine, specifically ophthalmology, with reasonable skill and safety, provided that he adhere to certain requirements, including the following:

- a) establishing a relationship with a professional mentor;
- b) completing any necessary continuing medical education requirements;
- c) enroll in a recovery network under the auspices of a state physician health program;
- d) secure the services of a therapist during the transition period back to practice;
- e) and certain other conditions.

The team at the Professional Renewal Center felt that petitioner has demonstrated the capacity to learn from past experience, made appropriate restitution to the victim and has conducted himself in a manner which justifies consideration of licensure.

Petitioner testified next. After giving some background about his educational history, he discussed the incident with the patient which led to his license revocation. He described how he told the patient, when she arrived home, to take a sedative he had previously given to her when she was in his office.

While she was sedated, petitioner testified before us that "I don't know what happened...I think my hand touched her breast during that time. I think I was attracted to her." He knew that he had crossed a boundary that he shouldn't have and feels terrible about it. He blames himself, saying the patient had nothing to do with it.

Petitioner sought treatment after this incident with several different therapists and said that it was very helpful. He now recognizes that it was wrong to accuse his patient of any wrongdoing and takes responsibility for his actions. He stated that "my patient comes first" and that he took unfair advantage of her.

Continuing on direct testimony, petitioner was asked about some alleged false information given by him on an application for hospital privileges in California. On said application petitioner never indicated that his license had been suspended or revoked, when in fact, his California license had already been

suspended as of the time of the application. Petitioner resigned his position from the hospital before further disciplinary action was taken.

Petitioner stated that he was unaware of the California action suspending his license at the time because he was in Watertown, New York and did not know that they had completed their proceedings.

When questioned on cross-examination about this, petitioner said that he had told them about his problem in California but could not remember mentioning about the medical board proceedings.

Through his treatment at the Professional Renewal Center petitioner gained the insight that the patient whom he sexually mistreated was "amazingly similar" to a woman that petitioner was formerly romantically involved with and which ended in a bad breakup.

Petitioner continued on cross-examination by saying that he is a different person now, with tremendous support services. He has his therapists, the Renewal Center and friends he can turn to if he comes across any problem.

Petitioner has not been employed since he lost his license, and takes care of his children while his wife supports him. He said that he learned cooking, cleaning and how to take care of his children during that time, and described himself as very happy doing so, although it was hard work. Petitioner testified that he has an opportunity to work in Rochester, New York with another physician if he is relicensed.

If he does not get relicensed, petitioner hopes to use his recently obtained masters degree in business administration to obtain a job.

Petitioner's current therapist, Dr. John Edward Zeitz, whose specialty is psychiatry with an emphasis on psychoanalysis, has treated petitioner since August of 2001. Dr. Seitz recommended petitioner's relicensure, believing that he has made much progress in his work with the doctor, in addition to petitioner's work with the Renewal Center. He also said that petitioner is highly motivated to rejoin the profession, but would require additional therapy to deal with the stresses of re-entry into medicine.

Petitioner's direct presentation of his case concluded with the testimony of Dr. Dinesh K. Chawla, whose specialty is ophthalmology. He operates a private practice in Rochester, New York. Dr. Chawla knows petitioner from petitioner's time as a fellow in the ophthalmology department at the University of Rochester, where Dr. Chawla was a presenter. He has a social as well as professional relationship with petitioner.

In accordance with the recommendations of the Renewal Center, Dr. Chawla would be willing to mentor petitioner and oversee his practice of medicine by reviewing his policies and procedures and patient charts, and would slowly ease him back into surgical practice by having petitioner assist on procedures.

He envisions petitioner helping out his practice at a satellite office of his which is located 30 minutes away from his main office.

Dr. Chawla believes that petitioner is rehabilitated and that his ethical and moral standards have matured now. He said that petitioner has been remorseful and open about what had happened.

In addition to the foregoing testimony provided by petitioner's witnesses, he supplied proof of community service, continuing medical education and supporting affidavits.

The Department's representative, Ms. Young, opposed the restoration of petitioner's license. In her closing argument she stated her belief that petitioner has not fully come to terms with the root causes of his malfeasance and his denial of the fact that it appeared to be a planned event, not a spontaneous occurrence as petitioner testified.

Ms. Young also believed that petitioner has not come to find a framework within which to deal with stress. She cited petitioner's response to how he would deal with stress, that is, to obtain more therapy, to not be realistic, given the daily pressures of practicing medicine. Given that, she finds this to be evidence that petitioner's rehabilitation is not complete and that therefore his application for restoration be denied.

Petitioner's counsel, Ms. Lynch, asserted that petitioner is deserving of relicensure. There is no issue of petitioner's competence in that his skill as an ophthalmologist is unquestioned.

With respect to petitioner's rehabilitation, petitioner has been evaluated and treated by specialists in the field of boundary issues, and they have come to the conclusion that

petitioner is a fit candidate to re-enter medicine under appropriate restrictions. He is remorseful and has worked through difficult issues involving his wife, his family and most importantly, the patient he harmed. He has a support system which consists of this family and his therapists and has been offered an opportunity to practice medicine by Dr. Chawla under his supervision. Given all this, petitioner represents a small risk to the public, and, after 10 years, is worthy of relicensure.

The Department of Health, through its letter from Dennis J. Graziano, the director of the Office of Professional Medical Conduct, opposed petitioner's restoration of licensure.

RECOMMENDATION

In evaluating petitioner's application for licensure, we apply the generally accepted criteria of remorse, rehabilitation and re-education. Additionally, we are charged with the responsibility of safekeeping the public's health, safety and welfare.

Another factor involved in our review of this petition is the legal burden on petitioner to submit evidence such as would "compel" the exercise of discretion in his favor. Matter of Jablon v. Board of Regents of Univ. of State of N.Y., 271 App. Div. 369, 373, 66 N.Y.S. 2d 340, aff'd. 73 N.E. 2d 904. Taking all of the above into consideration, we unanimously conclude that petitioner has not fulfilled these requirements and that therefore his application for restoration be denied.

Petitioner has made significant progress through his ongoing

therapy and his involvement with the Professional Renewal Center in his understanding of why he committed his professional misconduct. We are especially impressed by the Renewal Center and its conclusion that petitioner has shown remorse for his behavior and has developed insight into the fact that that he is vulnerable under stress. We agree to some extent with the conclusions of petitioner's witnesses that he poses a low risk to the public if he returned to practice.

However, for several reasons we feel that petitioner does not deserve relicensure at this time.

He still fails to give a coherent account of what transpired in his incident with his patient. In his direct testimony before us, petitioner said, "I don't know what happened, I don't know. I think my hand touched her breast during that time..." It was only on cross-examination that petitioner added that he "fondled her breast, kissed her...and touched her." No mention is made of touching her legs or vagina, or of placing the patient's hand on his pants with his erect penis underneath, as the Medical Board of California found in its findings revoking petitioner's license to practice in that state.

Petitioner's inability to give a full accounting of the events of that day suggest that he has not put in a sufficient amount of time in therapy as of yet to gain a full understanding of how his internal controls were overridden to cause the boundary violations which occurred.

We also note that petitioner appears either indifferent or oblivious to the fact that his sexual assault on the patient

SHASHI GANTI (20211)

gives the appearance of having been a planned event.

We would be more favorably inclined to grant petitioner's application at some future date if he continues in treatment and demonstrates that he can give a full and unvarnished account of his misconduct without prompting.

Further, although petitioner has completed a considerable amount of continuing medical education, he does recognize his need for further training and a mentor to ease his re-entry into practicing medicine again.

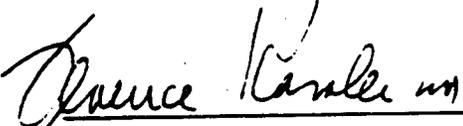
For the foregoing reasons, we unanimously recommend that petitioner's application for restoration of licensure as a physician in New York be denied at this time.

Respectfully submitted,

Florence Kavalier, M.D.,
Chairperson

Francine Cournos, M.D.

Robert G. Lerner, M.D.

 8/28/03

Chairperson

Dated