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

12 In the Matter of the Accusation Against;
13 DAVID M. KLINE, M.D.
14 5510 Sierra Avenue
15 Richmond, CA 94805

No. 12-93-32543

ACCUSATION

16 Physician's and Surgeon's Certificate No. G30622

17 Respondent,

18 Complainant Dixon Arnett alleges as follows:

19 1. Complainant is the Executive Director of the Medical Board of
20 California, Department of Consumer Affairs, State of California (hereinafter referred to
21 as the "Board") and makes and files ,this Accusation solely in his official capacity and
22 not otherwise.

23 2. On or &Gut August 15, 1975, *the* Board issued to respondent,
24 David Kline, M.D.) (hereinafter referred to as "respondent") Physician and Surgeon's
25 Certificate No. G30622. Said certificate is presently in good standing with an expiration

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Exhibit A

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2 date of October 31, 1996. There is no Board record of prior disciplinary action having
3 been taken against respondent in the State of California. Respondent is not licensed
4 to supervise a physician's assistant

5 3. Respondent was certified in psychiatry by the American Board of
6 Psychiatry and Neurology in 1979.

7 **STATUTES**

8 4. Section 2001 of the Business and Professions Code¹ provides for
9 the existence of the Board.

10 5. Section 2003 provides for the existence of the Division of Medical
11 Quality (hereinafter referred to as the "Division") within the Board.

12 6. Section 2004 provides, inter alia, that the Division is responsible
13 for the administration and hearing of disciplinary actions involving enforcement of the
14 Medical Practice Act (§ 2000, et seq.) and the carrying out of disciplinary action
15 appropriate to findings made by a medical quality review committee, the division, or an
16 administrative law judge with respect to the quality of medical practice carried out by
17 physician and surgeon certificate holders.

18 7. Section 2229 subdivision (a) provides that protection of the public
19 shall be the highest priority for the Division, a medical quality review - . committee, and
20 administrative law judges in exercising disciplinary authority. . - '

21 8. Sections 2220, 2234, and 2227 together provide that the Division
22 shall take disciplinary action against the holder of a physician's and surgeon's certificate
23 who is guilty of unprofessional conduct.

24 9. Section 2234 provides, in part, as follows:

25 The Division of Medical Quality shall take action
26 against any licensee who is charged with unprofessional
27 conduct. In addition to other provisions of this article,

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¹ AH statutory references are to the Business and Professions Code unless otherwise indicated.

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3 unprofessional conduct includes, but is not limited to the
4 following:

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

8 (b) Gross negligence.

9 (c) Repeated negligent acts.

10 (d) Incompetence."

11 10. Section 726 provided, in pertinent part, during all relevant times
12 herein mentioned:

13 "The commission of any act of sexual abuse, misconduct, or relations with
14 a patient, client, or customer which is substantially related to the
15 qualifications, functions, or duties of the occupation for which a license
16 was issued constitutes unprofessional conduct and grounds for disciplinary
17 action for any person licensed under this division. . . ."

18 **COST RECOVERY**

19 11. Section 125.3 provides, in pertinent part, that in any order issued
20 in resolution of a disciplinary proceeding before any board within the California
21 Department of Consumer Affairs, the Board may request the administrative law judge
22 to direct a licentiate found to have committed a violation/violations of the licensing act
23 to pay a sum not to exceed the reasonable costs of the investigation and enforcement
24 of the case.

25 **ACTS/OMISSIONS RE PATIENT C.G.²**

26 12. From about 1979 through 1985, respondent was the Co-Director of
27 Cathexis Institute ("Cathexis"). While with Cathexis, respondent treated schizophrenics
and other severely mentally disturbed patients. Respondent used parenting contracts
and regressive work as part of his "therapy." The other Co-Director of Cathexis was

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² To respect the privacy rights of the patients, all patients' names will be kept confidential and will be furnished to respondent at the time of discovery in this case.

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3 Ms. Jacqui Schiff who was not licensed in California as an M.D., as a psychologist,
4 M.F.C.C., licensed clinical social worker, or in any other mental health field. Cathexis
5 was not accredited to give training toward any type of license.

6 13. The Cathexis office was located in Oakland. Respondent also later
7 maintained an office in Walnut Creek and used Ms. Schiff's residence in Alamo,
8 California also as his own office. Although Ms. Schiff was not licensed to operate a
9 residential care facility in California, some of respondent's patients resided with Ms. .
10 Schiff during the course of their treatment.

11 14. In or about January 1981, respondent began treating patient C.G.,
12 a then twenty-five-year old woman, in his individual practice. Patient C.G. was referred
13 to respondent by her former therapist. Patient C.G. had a history of psychiatric
14 hospitalizations, suicide attempts, eating disorders, learning disabilities and sexual abuse.
15 Respondent did not document a medical history and did not seek to obtain records of
16 the patient's previous hospitalizations.

17 15. Respondent's initial diagnosis of patient C.G. was "chronic
18 undifferentiated schizophrenia," and his diagnosis did not change during the
19 approximately eight years of treatment. In May 1981, respondent described patient
20 C.G. as suffering from "hebephrenia."

21 16. From about 1981 to 1989, patient C.G. saw respondent
22 approximately twice weekly for 50-60 minute therapy sessions. Respondent did not
23 keep notes for each visit with patient C.G.

24 17. In or about the fall of 1981, respondent and patient C.G. entered
25 into an oral "parenting" contract whereby, among other things, patient C.G. agreed to
26 call respondent "father," and respondent agreed to relate to patient C.G. as he would a
27 daughter, but without taking on any financial responsibility for her.

28 18. On at least two occasions during his treatment, respondent tried to
29 convince patient C.G. to join Cathexis, where respondent was using reparenting and

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3 regressive work in a group setting. Patient C.G. refused to be involved with Cathexis,
4 and respondent treated patient C.G. individually. Patient C.G. was the only patient
5 with whom respondent did re-parenting and regressive work "therapy" who was not a
6 member of cathexis.

7 19. In or about 1986, patient C.G. spent one day at Ms. Schiff's home
8 in Alamo as part of her treatment with respondent, during which patient C.G.
9 reenacted her birth in the presence of respondent and another therapist, Monique
10 Kane.

11 20. During his treatment of patient C.G. from about 1981 to 1989,
12 respondent and his wife and family socialized with patient C.G., exchanged gifts, and
13 went on excursions such as baseball games and trips to Yosemite. Patient C.G. also
14 did yard work for respondent and mowed respondent's lawn. During said social
15 interactions, respondent divulged confidential information about patient C.G. to his
16 family.

17 21. During his treatment of patient C.G. from about 1981 to 1989;
18 respondent used regressive work techniques. As part of the regressive "therapy,"
19 respondent diapered the patient C.G. by removing her clothes and underwear, applying
20 a diaper, changing the diaper when soiled, and washing/wiping the patient's genital
21 area.

22 22. Other regressive work techniques used by respondent with patient
23 C.G. included holding patient C.G. like a baby and giving her bottles from which to
24 drink and/or spoonfeeding patient C.G.

25 23. During his treatment of patient C.G. from about 1981 to 1989,
26 respondent spanked patient C.G. on the buttocks while lying across his lap numerous
27 times and regularly hit or "thumped" patient C.G. in the head as forms of punishment.

28 24. During his treatment of patient C.G. from about 1981 to 1989,
29 respondent would sometime restrain patient C.G.'s hands and/or legs with plastic

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4 climbing webbing. Respondent used restraints as forms of punishment or "therapy" and
5 not because of any particular and immediate danger.

6 25. During his treatment of patient C.G. from about 1981 to 1989,
7 respondent would lie on top of patient C.G. as she lay on her back and pin her arms
8 so that she could not move. During said physical contacts and restraints, patient C.G.
9 would often feel and/or see that respondent had an erection. Respondent explained to
10 patient C.G. that this "therapy" technique was so that she would have skin contact with
11 him.

12 26. During his treatment of patient C.G. from about 1981 to 1989,
13 respondent would frequently (more than half of the time) remove his clothing so that
14 he was either shirtless or only in his underwear during the sessions. For more than
15 half of the sessions with patient C.G., respondent had patient C.G. undress so that she
16 was totally nude or in diapers.

17 27. During his treatment of patient C.G. from about 1981 to 1989,
18 respondent encouraged patient to masturbate whenever patient C.G. was upset or
19 angry about something. On numerous occasions during therapy sessions while
20 respondent was present, patient C.G. masturbated in respondent's office. On one of
21 said occasions, another patient of respondent's, patient L.F., was also present in
22 respondent's office along with respondent while patient C.G. masturbated.

23 28. In or about June 1983, respondent and patient C.G. both attended
24 a re-parenting conference in Minnesota. At this conference, respondent and patient
25 CG. shared a hot tub while they both were naked. During this experience, patient
26 C.G. observed respondent with an erection.

27 29. In or about June 1983, patient C.G. tested normal in an MMPI
28 test. Despite said test results, respondent did not change his treatment or diagnosis of
29 patient C .G.

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4 30. In or about March 1987, during an individual therapy session with
5 patient C.G. in his Walnut Creek office, respondent, clad only in his underwear, lay on
6 top of patient C.G., dressed in a shirt and shorts, and restrained her. Patient C.G.
7 cried and screamed so loudly that the Walnut Creek police were called by a neighbor.
8 The Walnut Creek police responded, and a police report was written and filed.

9 31. During his treatment of patient C.G. from about 1981 to 1989,
10 respondent did not prescribe any medications in an attempt to treat patient C.G.'s
11 illness.

12 32. During his treatment of patient C.G. from about 1981 to 1989,
13 respondent did not hospitalize patient C.G. in a psychiatric facility in an attempt to
14 treat patient C.G.'s illness.

15 33. During his treatment of patient C.G. from about 1981 to 1989,
16 respondent made inappropriate physical attacks and punishments upon patient C.G.

17 34. During his treatment of patient C.G. from about 1981 to 1989,
18 respondent used regressive work far beyond any therapeutic usefulness.

19 35. During his treatment of patient C.G. from about 1981 to 1989,
20 respondent failed to maintain the appropriate and necessary boundaries of the
21 psychiatrist/client relationship.

22 **FIRST CAUSE FOR DISCIPLINARY ACTION (Re: Patient C.G.)**

23 36. Respondent's conduct as set forth in paragraphs 12 through 35
24 hereinabove constitutes general unprofessional conduct and is cause for disciplinary
25 action pursuant to section 2234 of the Business and Professions Code.

26 **SECOND CAUSE FOR DISCIPLINARY ACTION (Re: Patient C.G.)**

27 37. Respondent's conduct as set forth in paragraphs 12 through 35
28 hereinabove constitutes gross negligence and" is cause for disciplinary action pursuant to
29 section 2234(b).

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4 **THIRD CAUSE FOR DISCIPLINARY ACTION (Re: Patient C.G.)**

5 38. Respondent's conduct as set forth in paragraphs 12 through 35
6 hereinabove constitutes repeated negligent acts and is cause for disciplinary action
7 pursuant to section 2234(c).

8 **FOURTH CAUSE FOR DISCIPLINARY ACTION (Re: Patient C.G.)**

9 39. Respondent's conduct as set forth in paragraphs 12 through 35
10 hereinabove constitutes incompetence and is cause for disciplinary action pursuant to
11 section 2234(d).

12 **FIFTH CAUSE FOR DISCIPLINARY ACTION (Re: Patient C.G.)**

13 40. Respondent's conduct as set forth in paragraphs 12 through 35
14 hereinabove constitutes sexual misconduct and is cause for disciplinary action pursuant
15 to section 726.

16 **ACTS/OMISSIONS RE PATIENT L.F.**

17 41. On or about April 30, 1979, respondent began treating patient
18 L.F., a then 22 year-old woman, through the Cathexis program. Patient L.F. had a
19 history of psychiatric hospitalizations and electroshock therapy following the suicide of
20 her father. Respondent's initial diagnosis of patient L.F. was "schizophrenia" and this
21 diagnosis did not change during the approximately nine years of treatment.

22 42. Patient L.F. saw respondent for treatment through Cathexis until
23 about 1986 and continued to see respondent for treatment individually at his private
24 practice until about the end of 1988.

25 43. As part of the Cathexis "drop-in" program, patient L.F. attended
26 daily three-hour group therapy sessions five days a week, Monday through Friday.
27 Patient L.F. was also with a Cathexis "treatment group" that met once a week after a
drop-in session.

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6 44. In or about June 1980, respondent and patient L.F. entered into
7 an oral "parenting" contract whereby, among other things, patient agreed to call
8 respondent "father," and respondent agreed to relate to patient L.F. as he would a
9 daughter, but without taking on any financial responsibility for her.

10 45. During his treatment of patient L. F. from about 1980 to 1988,
11 respondent and his wife and family socialized with patient' L.F.. Patient L.F. spent the
12 night at respondent's home on one or two occasions and was paid for baby sitting his
13 children and doing housecleaning. During her treatment with respondent, patient L.F.
14 did a "work study" through which respondent took a percentage of her job earnings.

15 46. In or about October 1982, during a drop-in therapy session,
16 respondent hit patient L.F. in the head and ruptured her ear drum, for which she had
17 later sought medical treatment.

18 47. During his treatment of patient L.F., respondent hit patient L.F.
19 many times during "therapy" as a form of punishment.

20 48. In or about 1982 or 1983, during his treatment of patient L.F. a:
21 the Cathexis facility in Oakland, respondent on several occasions punished patient L.F.
22 by hitting her on the buttocks with a cut-off broom handle while she lay across
23 respondent's lap. On at least one of said occasions, respondent hit patient L.F. while
24 her ankles were tied with rope and her hands were handcuffed behind her back.
25 Bruises resulted from these beatings by. respondent.

26 49. During patient L.F.'s treatment with Cathexis, patient L.F. was "put
27 on the rope" to prevent her from running away. This technique involved tying a
28 climbing rope around the waist and then tying the rope around another
29 person's waist.

30 50. During his treatment of patient L.F., respondent required patient
31 L.F. to stand in the comer of the room. On at least one occasion, respondent had . .
32 patient stand in the corner for more than four hours with her hands and feet bound.

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5 51. During his treatment of patient L.F., respondent used regressive
6 work techniques with -patient L.F. As part of the regressive "therapy," respondent
7 diapered patient L.F. by removing her clothes and underwear, applying a diaper,
8 changing the diaper when soiled, and washing/wiping the patient's genital area.

9 52. Other regressive techniques used by respondent during his
10 treatment of patient L.F. included holding patient L.F. like a baby and giving her
11 bottles from which to drink.

12 53. On numerous occasions during his treatment of patient L.F.,
13 respondent spanked patient L.F. on the buttocks while lying across his lap.

14 54. In or about 1982 or 1983, and during her treatment with
15 respondent at Cathexis, patient L.F. participated in the "smothering" of patient J.K, in
16 which respondent covered the patient J.K's face with his hands while patient L.F. and
17 other patients restrained her. During this "smothering," patient J.K lost consciousness.

18 55. During his treatment of patient L.F., respondent sometimes
19 restrained her hands and/or legs with plastic climbing webbing as a form of punishment
20 and/or "therapy."

21 56. During one private session with respondent at his office in Walnut
22 Creek, patient L.F. was held by respondent and given a bottle while respondent was
23 wearing running shorts and a t-shirt. Patient L.F. was embarrassed when she observed
24 that respondent's shorts were wet in the front.

25 57. During his treatment of patient L.F., respondent would occasionally
26 raise his shirt and hold patient L.F. so that she would have "skin-to-skin" contact.

27 58. During her treatment with respondent, patient L.F. attended a
therapy session of patient C.G. during which patient C.G. masturbated while both
respondent and patient L.F. were present.

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7 59. During his treatment of patient L.F. from about 1980 to 1988,
8 respondent did not prescribe any medications in an attempt to treat patient L.F.'s
9 illness.

10 60. During his treatment of patient L.F. from about 1980 to 1988,
11 respondent did not hospitalize patient L.F. in a psychiatric facility in an attempt to
12 treat patient L.F.'s illness.

13 61. During his treatment of patient L.F. from about 1980 to 1988,
14 respondent made inappropriate physical attacks and punishments upon patient L.F.

15 62. During his treatment of patient L.F. from about 1980 to 1988,
16 respondent used regressive work far beyond any therapeutic usefulness.

17 63. During his treatment of patient L.F. from about 1980 to 1988,
18 respondent failed to maintain the appropriate and necessary boundaries of the
19 psychiatrist/client relationship.

20 **SIXTH CAUSE FOR DISCIPLINARY ACTION (Re: Patient L.F.)**

21 64. Respondent's conduct as set forth in paragraphs 41 through 63
22 hereinabove constitutes general unprofessional conduct and is cause for disciplinary
23 action pursuant to section 2234 of the Business and Professions Code.

24 **SEVENTH CAUSE FOR DISCIPLINARY ACTION (Re: Patient L.F.)**

25 65. Respondent's conduct as set forth in paragraphs 41 through 63
26 herein above constitutes gross negligence and is cause for disciplinary action pursuant to
27 section 2234(b).

EIGHTH CAUSE FOR DISCIPLINARY ACTION (Re: Patient L.F.)

66. Respondent's conduct as set forth in 41 through 63
herein above constitutes repeated negligent acts and is cause for disciplinary action
pursuant to section 2234(c).

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7 **NINTH CAUSE FOR DISCIPLINARY ACTION (Re: Patient L.F.)**

8 67. Respondent's conduct as set forth in paragraphs 41 through 63
9 hereinabove constitutes incompetence and is cause for disciplinary action pursuant to
10 section 2234(d).

11 **TENTH CAUSE FOR DISCIPLINARY ACTION (Re: Patient L.F.)**

12 68. Respondent's conduct as set forth in paragraphs 41 through 63
13 hereinabove constitutes sexual misconduct and is cause for disciplinary action pursuant
14 to section 726.

15 **ACTS/OMISSIONS RE PATIENT J.K.**

16 69. In or about March 1980, respondent began treating patient J.K, a
17 then 27 year-old woman, through the Cathexis program. Patient J.K. was a self-referral
18 who had been to several therapists before coming to Cathexis but had no history of
19 psychiatric hospitalizations or suicide attempts. Patient J.K continued treatment with
20 respondent and Cathexis until about October 1985.

21 70. Respondent's initial diagnosis of patient J.K. was "paranoid
22 schizophrenia." La or about 1983, patient J.K was told by a Cathexis "therapist" that
23 she was "hebephrenic."

24 71. As part of the Cathexis "drop-in" program, patient L.F. attended -
25 daily two to three hour group therapy sessions five days a week, Monday through
26 Friday. Patient L.F. was also with a Cathexis "treatment group" that met once a week
27 after a drop-in session. During the Spring of 1985, the "drop-in" sessions attended by
patient L.F. were held at the residence of Ms. Jacqui Schiff in Alamo, California.

72. On or about October 14, 1980, respondent and patient J.K
entered into an oral "parenting" contract whereby, among other things, patient J.K.
agreed to call respondent "father" and respondent would relate to patient J.K as he
would a daughter, but without taking on any financial responsibility for her.

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7 73. During his treatment of patient J X from about 1980 through 1985,
8 respondent and his wife and family socialized with patient J~K Patient J.K visited ,
9 respondent's house for holidays and celebrations. Patient J.K. also did housecleaning
10 for respondent

11 74. During his treatment of patient J.K from about 1980 through 198;
12 respondent used regressive work techniques with patient J.K. As part of the regressive
13 "therapy," respondent diapered patient J.K by removing her clothes and underwear,
14 applying, a diaper, changing the diaper when soiled and washing/wiping the patient's
15 genital area. Respondent changed patient J.K's diapers while there were other
16 patients or therapists" in the room.

17 75. Other regressive techniques used by respondent during his
18 treatment of patient J.K included holding patient J.K like a baby and giving her
19 bottles from which to drink.

20 76. During his treatment of patient J.K, respondent did "clinging work"
21 which required patient J.K to hold on to respondent's arm or leg during "therapy in
22 order to make a physical attachment with respondent.

23 77. During his treatment of patient J.K through Cathexis, respondent
24 used restraints as punishment. Patient J.K. was "put on the rope" to prevent her from
25 running away. This technique involved tying a climbing webbing around the patient's
26 waist and then tying the rope around another person's waist. For about two months
27 during her treatment with respondent and Cathexis, patient J.K was tied to another
28 patient for the entire two-three hours of each drop-in session.

29 78. During her treatment with respondent and Cathexis, patient J.K
30 suffered many "physical interventions," which included spankings, slappings,
31 suffocations, corner stands, and ticklings.

32 79. During his treatment of patient LK., respondent spanked patient
33 J.K. with a long wooden spoon. Patient J.K was spanked on the buttocks and back

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7 thighs while patient was either clothed or wearing only her underwear. Patient J.K
8 was spanked by respondent many times as punishment, e.g., for not properly recording
9 her eating or for "messing up" her digestive system. Patient J.K suffered bruises from
10 respondent's spankings.

11 80. In or about 1982, during her treatment with respondent and
12 Cathexis, patient J.K. was repeatedly beaten by another Cathexis "therapist" and
13 suffered severe bruises. Respondent, Director of Cathexis, was aware at the time that
14 patient J.K was being beaten and was aware of the extensive bruises she suffered.

15 81. During his treatment of patient J.K, respondent required patient
16 J.K to stand in the corner of the room numerous times. On one occasion, patient J.K.
17 was made to stand in a corner for four hours.

18 82. During his treatment of patient J.K, respondent suffocated patient
19 J.K with his hands on at least four occasions in the playroom at Cathexis. During at
20 least one of said suffocations, patient J.K. was restrained by other patients, including
21 patient L.F. On at least one occasion, patient J.K could feel that respondent had an
22 erection as he held her down and restrained her.

23 83. During his treatment of patient J.K, respondent would remove his
24 shirt during the therapy session.

25 84. During his treatment of patient J.K, respondent would regularly
26 begin individual private appointments by physically fighting and wrestling with patient
27 J.K.

85. Starting in or about March 1981, patient J.K began individual
'intensive work" with respondent. During this "intensive work", respondent often held
patient J.K, gave her baby bottles, had patient J.K "cling" to him, and had patient J.K
tied to his waist ("on the rope").

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7 86. During said intensive work with patient J.K., respondent would
8 sometimes lie on the floor and have patient J.K lie on top of him with blankets
9 between them.

10 87. During individual "therapy" sessions, respondent would lie on top
11 of patient J.K. and hold her wrists down near her head.

12 88. After about March 1981, respondent's treatment of patient J.K
13 included giving her showers for stimulation. Respondent had patient J.K completely
14 undress, put her in the shower, turned the water on from very warm to very cold, and
15 scrubbed patient J.K's body hard with a brush or washcloth.

16 89. In or about November 1982, during the treatment of patient J.K,
17 respondent and another "therapist" held a joint appointment with patient J.K during
18 which they both beat, slapped and suffocated patient J.K

19 90. During his treatment of patient J.K from about 1980 to 1985,
20 respondent did not prescribe any medications in an attempt to treat patient J.K's
21 illness.

22 91. During his treatment of patient J.K. from about 1980 to 1985,
23 respondent did not hospitalize patient J.K in a psychiatric facility in an attempt to
24 treat patient J.K's illness.

25 92. During his treatment of patient J.K from about 1980 to 1985,
26 respondent made inappropriate physical attacks and punishments upon patient J.K

27 93. During his treatment of patient J.K from about 1980 to 1985,
28 respondent 'used regressive work far beyond any therapeutic usefulness.

29 94. During his treatment of patient J.L from about 1980 to 1985,
30 respondent-failed to maintain the appropriate and necessary boundaries of the
31 psychiatrist/client relationship.

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7 **ELEVENTH CAUSE FOR DISCIPLINARY ACTION (Re: Patient J.K.)**

8 95. Respondent's conduct as set forth in paragraphs 69 through 94
9 hereinabove constitutes general unprofessional conduct and is cause for disciplinary
10 action pursuant to section 2234 of the Business and Professions Code.

11 **TWELFTH CAUSE FOR DISCIPLINARY ACTION (Re: Patient J.K.)**

12 96. Respondent's conduct as set forth in paragraphs 69 through 94
13 hereinabove constitutes gross negligence and is cause for disciplinary action pursuant to
14 section 2234(b).

15 **THIRTEENTH CAUSE FOR DISCIPLINARY ACTION (Re: Patient J.K.)**

16 97. Respondent's conduct as set forth in paragraphs 69 through 94
17 hereinabove constitutes repeated negligent acts and is cause for disciplinary action
18 pursuant to section 2234(c).

19 **FOURTEENTH CAUSE FOR DISCIPLINARY ACTION**
20 **(Re: Patient J.K.)**

21 98. Respondent's conduct as set forth in paragraphs 69 through 94
22 hereinabove constitutes incompetence and is cause for disciplinary action pursuant to
23 section 2234(d).

24 **FIFTEENTH CAUSE FOR DISCIPLINARY ACTION ("Re: Patient J.K.)**

25 99. Respondent's conduct as set forth in paragraphs 69 through 94
26 herein above constitutes general unprofessional conduct and is cause for disciplinary
27 action pursuant to section 2234 of the Business and Professions Code.

SIXTEENTH CAUSE FOR DISCIPLINARY ACTION (Re: All Patients)

100. Respondent's conduct as set forth in paragraphs 12 through 94
herein above constitutes gross negligence and is cause for disciplinary action pursuant to
section 2234@).

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7 **SEVENTEENTH CAUSE FOR DISCIPLINARY ACTION**
8 **(Re: All Patients)**

9 101. Respondent's conduct as set forth in paragraphs 12 through 94
10 herein above constitutes repeated negligent acts and is cause for disciplinary action
11 pursuant to section 2234(c).

12 **EIGHTEENTH CAUSE FOR DISCIPLINARY ACTION (Re: All Patients)**

13 102. Respondent's conduct as set forth in paragraphs 12 through 94
14 herein above constitutes incompetence and is cause for disciplinary action pursuant to
15 section 2234(d).

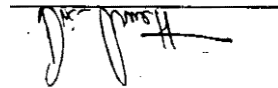
16 **WHEREFORE**, complainant requests that a hearing be held and that thereafter the
17 board issue an order:

18 1. Revoking or suspending respondent's Physician's and Surgeon's
19 Certificate Number G30622, heretofore issued to respondent David M. Kline, M.D.;

20 2. Directing respondent to pay to the Board a reasonable sum for its
21 investigative and enforcement costs of this action; and

22 3. Taking such other and further action as is deemed just and proper to
23 protect the public health, safety, and welfare.

24 DATED: JUNE 7, 1995



25 Dixon Arnett
26 Executive Director
27 Medical Board of California
State of California

Complainant